

2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ABILIFY INJ 9.75MG	2		
ABILIFY SOL 1MG/ML	2		
ABILIFY TAB 10MG	2		
ABILIFY TAB 15MG	2		
ABILIFY TAB 20MG	2		
ABILIFY TAB 2MG	2		
ABILIFY TAB 30MG	2		
ABILIFY TAB 5MG	2		
ABILIFY DISC TAB 10MG	2		
ABILIFY DISC TAB 15MG	2		
ACARBOSE TAB 100MG	1		
ACARBOSE TAB 25MG	1		
ACARBOSE TAB 50MG	1		
ACCOLATE TAB 10MG	2		
ACCOLATE TAB 20MG	2		
ACE ACD/ALUM SOL 2% OTIC	1		
ACEBUTOLOL CAP 200MG	1		
ACEBUTOLOL CAP 400MG	1		
ACETASOL HC SOL OTIC	1		
ACETAZOLAMID CAP 500MG	1		
ACETAZOLAMID INJ 500MG	1		
ACETAZOLAMID TAB 125MG	1		
ACETAZOLAMID TAB 250MG	1		
ACETIC ACID DRO /HC OTIC	1		
ACETIC ACID SOL 2% OTIC	1		
ACETYLCYST SOL 10%	1		
ACETYLCYST SOL 20%	1		
ACTHIB INJ	2		
ACTICIN CRE 5%	1		
ACTIMMUNE INJ 2MU/0.5	3		
ACTOPLUS MET TAB 15/500MG	2		
ACTOPLUS MET TAB 15/850MG	2		
ACTOS TAB 15MG	2		
ACTOS TAB 30MG	2		
ACTOS TAB 45MG	2		
ACULAR SOL 0.5% OP	2		
ACULAR LS SOL 0.4%	2		
ACYCLOVIR CAP 200MG	1		
ACYCLOVIR SUS 200/5ML	1		
ACYCLOVIR TAB 400MG	1		
ACYCLOVIR TAB 800MG	1		
ACYCLOVIR NA INJ 500MG	1		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ADACEL INJ	2		
ADAGEN INJ 250/ML	3		
ADCIRCA TAB 20MG	3		Prior Authorization Required
ADRIAMYCIN INJ 2MG/ML	1		
ADVAIR DISKU MIS 100/50	2	Restrictions Apply	
ADVAIR DISKU MIS 250/50	2	Restrictions Apply	
ADVAIR DISKU MIS 500/50	2	Restrictions Apply	
ADVAIR HFA AER 115/21	2	Restrictions Apply	
ADVAIR HFA AER 230/21	2	Restrictions Apply	
ADVAIR HFA AER 45/21	2	Restrictions Apply	
AFEDITAB TAB 30MG CR	1		
AFEDITAB TAB 60MG CR	1		
AFINITOR TAB 10MG	3		PA Required for New Treatments
AFINITOR TAB 5MG	3		PA Required for New Treatments
AGGRENOX CAP 25-200MG	2		
A-HYDROCORT INJ 100MG	1		
AK-CON SOL 0.1% OP	1		
AK-POLY-BAC OIN OP	1		
AK-TOB SOL 0.3% OP	1		
ALA CORT CRE 1%	1		
ALA-CORT LOT 1%	1		
ALBENZA TAB 200MG	2		
ALBUTEROL NEB 0.083%	1	Restrictions Apply	
ALBUTEROL NEB 0.5%	1	Restrictions Apply	
ALBUTEROL NEB 0.63MG/3	1	Restrictions Apply	
ALBUTEROL NEB 1.25MG/3	1	Restrictions Apply	
ALBUTEROL SYP 2MG/5ML	1		
ALBUTEROL TAB 2MG	1		
ALBUTEROL TAB 4MG	1		
ALBUTEROL TAB 4MG ER	1		
ALBUTEROL TAB 8MG ER	1		
ALCLOMETASON CRE 0.05%	1		
ALCLOMETASON OIN 0.05%	1		
ALCOHOL PREP PAD	2		
ALCOHOL/D5W INJ 5%	1		
ALDACTAZIDE TAB 50/50	2		
ALDARA CRE 5%	2		
ALDURAZYME INJ 2.9MG/5M	3		
ALENDRONATE TAB 10MG	1		
ALENDRONATE TAB 35MG	1		
ALENDRONATE TAB 40MG	1		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ALENDRONATE TAB 5MG	1		
ALENDRONATE TAB 70MG	1		
ALIMTA INJ 500MG	3		
ALINIA SUS 100MG/5M	2	Restrictions Apply	
ALINIA TAB 500MG	2	Restrictions Apply	
ALKERAN INJ 50MG	2		
ALLOPURINOL INJ 500MG	1		
ALLOPURINOL TAB 100MG	1		
ALLOPURINOL TAB 300MG	1		
ALORA DIS 0.025MG	2		
ALORA DIS 0.05MG	2		
ALORA DIS 0.075MG	2		
ALORA DIS 0.1MG	2		
ALPHAGAN P SOL 0.1%	2		
ALPHAGAN P SOL 0.15%	2		
ALREX SUS 0.2%	2		
ALTABAX OIN 1%	2		
AMANTADINE CAP 100MG	1		
AMANTADINE TAB 100MG	1		
AMCINONIDE CRE 0.1%	1		
AMCINONIDE LOT 0.1%	1		
AMCINONIDE OIN 0.1%	1		
A-METHAPRED INJ 125MG	1		
A-METHAPRED INJ 40MG	1		
AMIFOSTINE INJ 500MG	1		
AMIKACIN INJ 100/2ML	1		
AMIKACIN INJ 500/2ML	1		
AMILOR/HCTZ TAB 5-50	1		
AMILORIDE TAB 5MG	1		
AMINOPHYLLIN INJ 25MG/ML	1		
AMINOPHYLLIN TAB 100MG	1		
AMINOPHYLLIN TAB 200MG	1		
AMINOSYN INJ 10%	2		
AMINOSYN INJ 3.5%	2		
AMINOSYN INJ 5%	2		
AMINOSYN INJ 7%	2		
AMINOSYN INJ 8.5%	2		
AMINOSYN INJ 8.5/LYTE	1		
AMINOSYN 7% INJ /LYTES	2		
AMINOSYN II INJ 10%	2		
AMINOSYN II INJ 15%	2		
AMINOSYN II INJ 3.5/D25	2		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
AMINOSYN II INJ 3.5/D5	2		
AMINOSYN II INJ 4.25/D10	2		
AMINOSYN II INJ 4.25/D20	2		
AMINOSYN II INJ 4.25/D25	2		
AMINOSYN II INJ 5/D25	2		
AMINOSYN II INJ 7%	2		
AMINOSYN II INJ 8.5%	2		
AMINOSYN II INJ 8.5/LYTE	1		
AMINOSYN IIM INJ 3.5%/D5W	2		
AMINOSYN M INJ 3.5%	2		
AMINOSYN/D25 INJ II 3.5%	2		
AMINOSYN/D25 INJ II 4.25%	2		
AMINOSYN-HBC INJ 7%	2		
AMINOSYN-HF INJ 8%	1		
AMINOSYN-PF INJ 10%	2		
AMINOSYN-PF INJ 7%	2		
AMIODARONE INJ 50MG/ML	1		
AMIODARONE TAB 200MG	1		
AMIODARONE TAB 400MG	1		
AMITIZA CAP 24MCG	2		
AMITIZA CAP 8MCG	2		
AMITRIPTYLIN TAB 100MG	1		
AMITRIPTYLIN TAB 10MG	1		
AMITRIPTYLIN TAB 150MG	1		
AMITRIPTYLIN TAB 25MG	1		
AMITRIPTYLIN TAB 50MG	1		
AMITRIPTYLIN TAB 75MG	1		
AMLOD/BENAZP CAP 10-20MG	1		
AMLOD/BENAZP CAP 2.5-10MG	1		
AMLOD/BENAZP CAP 5-10MG	1		
AMLOD/BENAZP CAP 5-20MG	1		
AMLODIPINE TAB 10MG	1		
AMLODIPINE TAB 2.5MG	1		
AMLODIPINE TAB 5MG	1		
AMMONIUM LAC CRE 12%	1		
AMMONIUM LAC LOT 12%	1		
AMNESTEEM CAP 10MG	1		
AMNESTEEM CAP 20MG	1		
AMNESTEEM CAP 40MG	1		
AMOCLAN SUS 200/5ML	1		
AMOCLAN SUS 400/5ML	1		
AMOX/K CLAV CHW 200MG	1		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
AMOX/K CLAV CHW 400MG	1		
AMOX/K CLAV SUS 200/5ML	1		
AMOX/K CLAV SUS 250/5ML	1		
AMOX/K CLAV SUS 400/5ML	1		
AMOX/K CLAV SUS 600/5ML	1		
AMOX/K CLAV TAB 250MG	1		
AMOX/K CLAV TAB 500MG	1		
AMOX/K CLAV TAB 875MG	1		
AMOXAPINE TAB 100MG	1		
AMOXAPINE TAB 150MG	1		
AMOXAPINE TAB 25MG	1		
AMOXAPINE TAB 50MG	1		
AMOXICILLIN CAP 250MG	1		
AMOXICILLIN CAP 500MG	1		
AMOXICILLIN CHW 125MG	1		
AMOXICILLIN CHW 200MG	1		
AMOXICILLIN CHW 250MG	1		
AMOXICILLIN CHW 400MG	1		
AMOXICILLIN SUS 125/5ML	1		
AMOXICILLIN SUS 200/5ML	1		
AMOXICILLIN SUS 250/5ML	1		
AMOXICILLIN SUS 400/5ML	1		
AMOXICILLIN TAB 500MG	1		
AMOXICILLIN TAB 875MG	1		
AMOXIL CAP 500MG	1		
AMOXIL SUS 250/5ML	1		
AMPHETAMINE TAB 10MG	1		Prior Authorization Required
AMPHETAMINE TAB 12.5MG	1		Prior Authorization Required
AMPHETAMINE TAB 15MG	1		Prior Authorization Required
AMPHETAMINE TAB 20MG	1		Prior Authorization Required
AMPHETAMINE TAB 30MG	1		Prior Authorization Required
AMPHETAMINE TAB 5MG	1		Prior Authorization Required
AMPHETAMINE TAB 7.5MG	1		Prior Authorization Required
AMPHOTERICIN INJ 50MG	1		
AMPICILLIN CAP 250MG	1		
AMPICILLIN CAP 500MG	1		
AMPICILLIN INJ 10GM	1		
AMPICILLIN INJ 125MG	1		
AMPICILLIN INJ 1GM	1		
AMPICILLIN SUS 125/5ML	1		
AMPICILLIN SUS 250/5ML	1		
AMP-SULBACTA INJ 15GM	1		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
AMP-SULBACTA INJ 3GM	1		
ANAGRELIDE CAP 0.5MG	1		
ANAGRELIDE CAP 1MG	1		
ANCOBON CAP 250MG	2		
ANCOBON CAP 500MG	2		
ANDRODERM DIS 2.5MG/24	2		Prior Authorization Required
ANDRODERM DIS 5MG/24HR	2		Prior Authorization Required
ANDROGEL GEL 1%(50MG)	2		Prior Authorization Required
ANESTACON GEL 2% JELLY	1		
ANTABUSE TAB 250MG	2		
ANTIVERT TAB 50MG	2		
APAP/CODEINE SOL 120-12/5	1		
APAP/CODEINE TAB 300-15MG	1		
APAP/CODEINE TAB 300-30MG	1		
APAP/CODEINE TAB 300-60MG	1		
APIDRA INJ SOLOSTAR	2		
APIDRA INJ U-100	2		
APOKYN INJ	3		
APRACLONIDIN SOL 0.5% OP	1		
APRI TAB	1		
APRISO CAP 0.375GM	2		
APTIVUS CAP 250MG	2		
APTIVUS SOL	2		
ARALAST NP INJ 400MG	3		
ARANELLE TAB	1		
ARANESP INJ 100MCG	3		Prior Authorization Required
ARANESP INJ 100MCG	3		Prior Authorization Required
ARANESP INJ 150MCG	3		Prior Authorization Required
ARANESP INJ 200MCG	3		Prior Authorization Required
ARANESP INJ 200MCG	3		Prior Authorization Required
ARANESP INJ 25MCG	2		Prior Authorization Required
ARANESP INJ 25MCG	2		Prior Authorization Required
ARANESP INJ 300MCG	3		Prior Authorization Required
ARANESP INJ 300MCG	3		Prior Authorization Required
ARANESP INJ 40MCG	3		Prior Authorization Required
ARANESP INJ 40MCG	3		Prior Authorization Required
ARANESP INJ 500MCG	3		Prior Authorization Required
ARANESP INJ 60MCG	3		Prior Authorization Required
ARANESP INJ 60MCG	3		Prior Authorization Required
ARICEPT TAB 10MG	2		
ARICEPT TAB 5MG	2		
ARICEPT ODT TAB 10MG	2		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ARICEPT ODT TAB 5MG	2		
ARIMIDEX TAB 1MG	2		
ARIXTRA SOL 10/0.8	2		
ARIXTRA SOL 2.5/0.5	2		
ARIXTRA SOL 5.0/0.4	2		
ARIXTRA SOL 7.5/0.6	2		
AROMASIN TAB 25MG	2		
ASCOMP/COD CAP 30MG	1		
ASMANEX 120 AER 220MCG	2	Restrictions Apply	
ASMANEX 14 AER 220MCG	2	Restrictions Apply	
ASMANEX 30 AER 220MCG	2	Restrictions Apply	
ASMANEX 60 AER 220MCG	2	Restrictions Apply	
ASTELIN NASA SPR 137MCG	2	Restrictions Apply	
ASTEPRO SPR 137MCG	2	Restrictions Apply	
ASTRAMORPH INJ 0.5MG/ML	1		
ASTRAMORPH INJ 1MG/ML	1		
ATAMET TAB 25-250MG	1		
ATENOL/CHLOR TAB 100-25MG	1		
ATENOL/CHLOR TAB 50-25MG	1		
ATENOLOL TAB 100MG	1		
ATENOLOL TAB 25MG	1		
ATENOLOL TAB 50MG	1		
ATRIPLA TAB	3		
ATROPINE SUL INJ 0.05MG/1	1		
ATROPINE SUL INJ 0.1MG/ML	1		
ATROVENT HFA AER 17MCG	2	Restrictions Apply	
ATTENUVAX INJ LIVE	2		
AUG BETAMET CRE 0.05%	1		
AUG BETAMET GEL 0.05%	1		
AUG BETAMET LOT 0.05%	1		
AUG BETAMET OIN 0.05%	1		
AVALIDE TAB 150-12.5	2		
AVALIDE TAB 300-12.5	2		
AVALIDE TAB 300-25MG	2		
AVANDAMET TAB 2-1000MG	2		
AVANDAMET TAB 2-500MG	2		
AVANDAMET TAB 4-1000MG	2		
AVANDAMET TAB 4-500MG	2		
AVANDARYL TAB 4-1MG	2		
AVANDARYL TAB 4-2MG	2		
AVANDARYL TAB 4-4MG	2		
AVANDARYL TAB 8-2MG	2		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
AVANDARYL TAB 8-4MG	2		
AVANDIA TAB 2MG	2		
AVANDIA TAB 4MG	2		
AVANDIA TAB 8MG	2		
AVAPRO TAB 150MG	2		
AVAPRO TAB 300MG	2		
AVAPRO TAB 75MG	2		
AVASTIN INJ	3		
AVELOX INJ	2		
AVELOX TAB 400MG	2		
AVELOX ABC TAB 400MG	2		
AVIANE TAB	1		
AVINZA CAP 120MG	2	Restrictions Apply	
AVINZA CAP 30MG	2	Restrictions Apply	
AVINZA CAP 45MG	2	Restrictions Apply	
AVINZA CAP 60MG	2	Restrictions Apply	
AVINZA CAP 75MG	2	Restrictions Apply	
AVINZA CAP 90MG	2	Restrictions Apply	
AVITA CRE 0.025%	1		Prior Authorization Required
AVITA GEL 0.025%	1		Prior Authorization Required
AVODART CAP 0.5MG	2		
AVONEX KIT 30MCG	3		
AVONEX PREFL KIT 30MCG	3		
AZASAN TAB 100MG	2		* Prior Authorization Required
AZASAN TAB 75 MG	2		* Prior Authorization Required
AZASITE SOL 1%	2		
AZATHIOPRINE INJ 100MG	1		
AZATHIOPRINE TAB 50MG	1		* Prior Authorization Required
AZELASTINE DRO 0.05%	1		
AZELEX CRE 20%	2		
AZILECT TAB 0.5MG	2		
AZILECT TAB 1MG	2		
AZITHROMYCIN INJ 500MG	1		
AZITHROMYCIN SUS 100/5ML	1		
AZITHROMYCIN SUS 200/5ML	1		
AZITHROMYCIN TAB 250MG	1		
AZITHROMYCIN TAB 500MG	1		
AZITHROMYCIN TAB 600MG	1		
AZOPT SUS 1% OP	2		
BAC/POLY/NEO OIN /HC 1%OP	1		
BACIIM INJ 50000UNT	1		
BACIT/POLYMY OIN OP	1		

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DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
BACITRACIN OIN OP	1		
BACLOFEN TAB 10MG	1		
BACLOFEN TAB 20MG	1		
BACTROBAN CRE 2%	2		
BALACET 325 TAB	1		
BALSALAZIDE CAP 750MG	1		
BALZIVA TAB	1		
BANZEL TAB 200MG	2		
BANZEL TAB 400MG	2		
BARACLUDE SOL .05MG/ML	2		
BARACLUDE TAB 0.5MG	2		
BARACLUDE TAB 1MG	2		
BENZAEPRI/HCZ TAB 10-12.5	1		
BENZAEPRI/HCZ TAB 20-12.5	1		
BENZAEPRI/HCZ TAB 20-25MG	1		
BENZAEPRI/HCZ TAB 5-6.25	1		
BENZAEPRI TAB 10MG	1		
BENZAEPRI TAB 20MG	1		
BENZAEPRI TAB 40MG	1		
BENZAEPRI TAB 5MG	1		
BENZTROPINE INJ 1MG/ML	1		
BENZTROPINE TAB 0.5MG	1		
BENZTROPINE TAB 1MG	1		
BENZTROPINE TAB 2MG	1		
BETA DIPROP GEL 0.05%	1		
BETAMETHASONE DIP CRE 0.05%	1		
BETAMETHASONE DIP OIN 0.05%	1		
BETAMETHASONE VAL CRE 0.1%	1		
BETAMETHASONE VAL LOT 0.1%	1		
BETAMETHASONE VAL OIN 0.1%	1		
BETASERON INJ 0.3MG	3		
BETA-VAL CRE 0.1%	1		
BETA-VAL LOT 0.1%	1		
BETAXOLOL SOL 0.5% OP	1		
BETAXOLOL TAB 10MG	1		
BETAXOLOL TAB 20MG	1		
BETHANECHOL TAB 10MG	1		
BETHANECHOL TAB 25MG	1		
BETHANECHOL TAB 50MG	1		
BETHANECHOL TAB 5MG	1		
BETOPTIC-S SUS 0.25% OP	2		
BICALUTAMIDE TAB 50MG	1		

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BICILLIN C-R INJ 1200000	2		
BICILLIN C-R INJ 900/300	2		
BICILLIN L-A INJ 1200000	2		
BICILLIN L-A INJ 2400000	2		
BICILLIN L-A INJ 600000	2		
BICNU INJ 100MG	2		
BIDIL TAB	2		
BISOPROLOL/HCTZ TAB 10/6.25	1		
BISOPROLOL/HCTZ TAB 2.5/6.25	1		
BISOPROLOL/HCTZ TAB 5/6.25MG	1		
BISOPROLOL FUM TAB 10MG	1		
BISOPROLOL FUM TAB 5MG	1		
BLEOMYCIN INJ 30UNIT	1		
BLEPHAMIDE OIN S.O.P.	2		
BONIVA KIT 3MG/3ML	2		
BONIVA TAB 150MG	2		
BONIVA TAB 2.5MG	2		
BOOSTRIX INJ	2		
BOROFAIR SOL 2% OTIC	1		
BRIMONIDINE SOL 0.2% OP	1		
BROMOCRIPTIN CAP 5MG	1		
BROMOCRIPTIN TAB 2.5MG	1		
BUDEPRION TAB 100MG SR	1		
BUDEPRION TAB 150MG SR	1		
BUDEPRION XL TAB 150MG	1		
BUDEPRION XL TAB 300MG	1		
BUMETANIDE INJ 0.25/ML	1		
BUMETANIDE TAB 0.5MG	1		
BUMETANIDE TAB 1MG	1		
BUMETANIDE TAB 2MG	1		
BUPHENYL TAB 500MG	3		
BUPRENORPHIN INJ 0.3MG/ML	1		
BUPRENORPHIN SUB 2MG	1		
BUPRENORPHIN SUB 8MG	1		
BUPROBAN TAB 150MG	1		
BUPROPION TAB 100MG	1		
BUPROPION TAB 100MG SR	1		
BUPROPION TAB 150MG	1		
BUPROPION TAB 200MG SR	1		
BUPROPION TAB 75MG	1		
BUSPIRONE TAB 10MG	1		
BUSPIRONE TAB 15MG	1		

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BUSPIRONE TAB 30MG	1		
BUSPIRONE TAB 5MG	1		
BUSPIRONE TAB 7.5MG	1		
BUSULFEX INJ 6MG/ML	2		
BUT/APAP/CAF CAP CODEINE	1		
BUTORPHANOL INJ 1MG/ML	1		
BUTORPHANOL INJ 2MG/ML	1		
BUTORPHANOL SOL 10MG/ML	1	Restrictions Apply	
BYETTA INJ 10MCG	2		
BYETTA INJ 5MCG	2		
BYSTOLIC TAB 10MG	2		
BYSTOLIC TAB 2.5MG	2		
BYSTOLIC TAB 20MG	2		
BYSTOLIC TAB 5MG	2		
CABERGOLINE TAB 0.5MG	1		
CALCIUM ACETATE CAP 667MG	1		
CALCIPOTRIEN SOL 0.005%	1		
CALCITONIN SPR 200/ACT	1		
CALCITRIOL CAP 0.25MCG	1		
CALCITRIOL CAP 0.5MCG	1		
CALCITRIOL INJ 1MCG/ML	1		
CALCITRIOL INJ 2MCG/ML	2		
CALCITRIOL SOL 1MCG/ML	1		
CAMILA TAB 0.35MG	1		
CAMPATH INJ 30MG/ML	2		
CAMPRAL TAB 333MG	2		
CAMPTOSAR INJ 20MG/ML	3		
CANASA SUP 1000MG	2		
CANCIDAS INJ 50MG	2		
CANCIDAS INJ 70MG	2		
CAPASTAT SUL INJ 1GM	2		
CAPTOPRIL/HCTZ TAB 25-15MG	1		
CAPTOPRIL/HCTZ TAB 25-25MG	1		
CAPTOPRIL/HCTZ TAB 50-15MG	1		
CAPTOPRIL/HCTZ TAB 50-25MG	1		
CAPTOPRIL TAB 100MG	1		
CAPTOPRIL TAB 12.5MG	1		
CAPTOPRIL TAB 25MG	1		
CAPTOPRIL TAB 50MG	1		
CARAC CRE 0.5%	2		
CARAFATE SUS 1GM/10ML	2		
CARBIDOPA/LEVO TAB 10-100MG	1		

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CARBIDOPA/LEVO TAB 10-100MG	1		
CARBIDOPA/LEVO TAB 25-100MG	1		
CARBIDOPA/LEVO TAB 25-100MG	1		
CARBIDOPA/LEVO TAB 25-250MG	1		
CARBIDOPA/LEVO TAB 25-250MG	1		
CARBIDOPA/LEVO ER TAB 25/100	1		
CARBIDOPA/LEVO SR TAB 50-200MG	1		
CARBAMAZEPIN CHW 100MG	1		
CARBAMAZEPIN SUS 100/5ML	1		
CARBAMAZEPIN TAB 200MG	1		
CARBAMAZEPIN TAB 200MG ER	1		
CARBAMAZEPIN TAB 400MG ER	1		
CARBATROL CAP 100MG	2		
CARBATROL CAP 200MG	2		
CARBATROL CAP 300MG	2		
CARBINOXAMIN LIQ 4MG/5ML	1		
CARBINOXAMIN TAB 4MG	1		
CARBOPLATIN INJ 150/15ML	1		
CARDIZEM CD CAP 360MG/24	2		
CARISOPRODOL/ASA TAB 200-325	1		
CARISOPRODOL TAB 350MG	1		
CARISOPRODOL TAB ASA/COD	1		
CARTEOLOL SOL 1% OP	1		
CARTIA XT CAP 120/24HR	1		
CARTIA XT CAP 180/24HR	1		
CARTIA XT CAP 240/24HR	1		
CARTIA XT CAP 300/24HR	1		
CARVEDILOL TAB 12.5MG	1		
CARVEDILOL TAB 25MG	1		
CARVEDILOL TAB 3.125MG	1		
CARVEDILOL TAB 6.25MG	1		
CATAPRES-TTS DIS 0.1/24HR	2		
CATAPRES-TTS DIS 0.2/24HR	2		
CATAPRES-TTS DIS 0.3/24HR	2		
CDP/AMITRIP TAB 10-25MG	1		
CDP/AMITRIP TAB 5-12.5MG	1		
CEENU CAP 100MG	2		
CEENU CAP 10MG	2		
CEENU CAP 40MG	2		
CEFACLOR CAP 250MG	1		
CEFACLOR CAP 500MG	1		
CEFACLOR SUS 125/5ML	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
CEFACLOR SUS 250/5ML	1		
CEFACLOR SUS 375/5ML	1		
CEFACLOR ER TAB 500MG	1		
CEFADROXIL CAP 500MG	1		
CEFADROXIL SUS 250/5ML	1		
CEFADROXIL SUS 500/5ML	1		
CEFADROXIL TAB 1GM	1		
CEFAZOLIN INJ 1GM	1		
CEFAZOLIN INJ 1GM/50ML	2		
CEFAZOLIN INJ 20GM	1		
CEFAZOLIN INJ 500MG	2		
CEFAZOLIN INJ 500MG	1		
CEFDINIR CAP 300MG	1		
CEFDINIR SUS 125/5ML	1		
CEFDINIR SUS 250/5ML	1		
CEFEPIME INJ 1GM	1		
CEFEPIME INJ 2GM	1		
CEFOTAXIME INJ 10GM	1		
CEFOTAXIME INJ 1GM	1		
CEFOTAXIME INJ 2GM	1		
CEFOTAXIME INJ 500MG	1		
CEFOXITIN INJ 10GM	1		
CEFOXITIN INJ 1GM	1		
CEFOXITIN INJ 2GM	1		
CEFPODO PROX SUS 100/5ML	1		
CEFPODO PROX SUS 50MG/5ML	1		
CEFPODOXIME TAB 100MG	1		
CEFPODOXIME TAB 200MG	1		
CEFPROZIL SUS 125/5ML	1		
CEFPROZIL SUS 250/5ML	1		
CEFPROZIL TAB 250MG	1		
CEFPROZIL TAB 500MG	1		
CEFTAZIDIME INJ 1GM	1		
CEFTAZIDIME INJ 2GM	1		
CEFTAZIDIME INJ 6GM	1		
CEFTRIAZONE INJ 10GM	1		
CEFTRIAZONE INJ 250MG	1		
CEFTRIAZONE INJ 500MG	1		
CEFUROX/DEXT INJ 750MG	2		
CEFUROXIME INJ 1.5GM	1		
CEFUROXIME INJ 7.5GM	1		
CEFUROXIME INJ 750MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
CEFUROXIME SUS 125/5ML	1		
CEFUROXIME SUS 250/5ML	1		
CEFUROXIME TAB 250MG	1		
CEFUROXIME TAB 500MG	1		
CELEBREX CAP 100MG	2		
CELEBREX CAP 200MG	2		Prior Authorization Required
CELEBREX CAP 400MG	2		Prior Authorization Required
CELEBREX CAP 50MG	2		Prior Authorization Required
CELLCEPT CAP 250MG	2		* Prior Authorization Required
CELLCEPT SUS 200MG/ML	2		* Prior Authorization Required
CELLCEPT TAB 500MG	2		* Prior Authorization Required
CELONTIN CAP 300MG	2		
CEPHALEXIN CAP 250MG	1		
CEPHALEXIN CAP 500MG	1		
CEPHALEXIN SUS 125/5ML	1		
CEPHALEXIN SUS 250/5ML	1		
CEPHALEXIN TAB 250MG	1		
CEPHALEXIN TAB 500MG	1		
CEREZYME INJ 200UNIT	3		
CESIA PAK	1		
CHANTIX PAK 0.5& 1MG	2		Prior Authorization Required
CHANTIX TAB 0.5MG	2		Prior Authorization Required
CHANTIX TAB 1MG	2		Prior Authorization Required
CHLORAMPHEN INJ 1GM	1		
CHLORHEX GLU SOL 0.12%	1		
CHLOROQUINE TAB 250MG	1		
CHLOROQUINE TAB 500MG	1		
CHLOROTHIAZ TAB 250MG	1		
CHLOROTHIAZ TAB 500MG	1		
CHLORPROMAZ INJ 25MG/ML	1		
CHLORPROMAZ TAB 100MG	1		
CHLORPROMAZ TAB 10MG	1		
CHLORPROMAZ TAB 200MG	1		
CHLORPROMAZ TAB 25MG	1		
CHLORPROMAZ TAB 50MG	1		
CHLORPROPAM TAB 100MG	1		
CHLORPROPAM TAB 250MG	1		
CHLORTHALID TAB 25MG	1		
CHLORTHALID TAB 50MG	1		
CHLORZOXAZON TAB 250MG	1		
CHLORZOXAZON TAB 500MG	1		
CHOLESTYRAM POW 4GM	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
CHOLESTYRAM POW 4GM	1		
CHOLESTYRAM POW 4GM LITE	1		
CHOLESTYRAM POW 4GM LITE	1		
CHOR GONADOT INJ 10000UNT	1		* Prior Authorization Required
CICLOPIROX CRE 0.77%	1		
CICLOPIROX GEL 0.77%	1		
CICLOPIROX SHA 1%	1		
CICLOPIROX SOL 8%	1		
CICLOPIROX SUS 0.77%	1		
CILOSTAZOL TAB 100MG	1		
CILOSTAZOL TAB 50MG	1		
CILOXAN OIN 0.3% OP	2		
CIMETIDINE INJ 150MG/ML	1		
CIMETIDINE SOL 300/5ML	1		
CIMETIDINE TAB 200MG	1		
CIMETIDINE TAB 300MG	1		
CIMETIDINE TAB 400MG	1		
CIMETIDINE TAB 800MG	1		
CIMZIA KIT	3		Prior Authorization Required
CIMZIA KIT 200MG/ML	3		Prior Authorization Required
CIPRO (10%) SUS 500MG/5	2		
CIPRO (5%) SUS 250MG/5	2		
CIPROFLOXACN INJ 400MG	1		
CIPROFLOXACN SOL 0.3% OP	1		
CIPROFLOXACN TAB 1000MG	1		
CIPROFLOXACN TAB 100MG	1		
CIPROFLOXACN TAB 250MG	1		
CIPROFLOXACN TAB 500MG	1		
CIPROFLOXACN TAB 500MG ER	1		
CIPROFLOXACN TAB 750MG	1		
CISPLATIN INJ 100MG	1		
CITALOPRAM SOL 10MG/5ML	1		
CITALOPRAM TAB 10MG	1		
CITALOPRAM TAB 20MG	1		
CITALOPRAM TAB 40MG	1		
CLADRIBINE INJ 1MG/ML	1		
CLARAVIS CAP 10MG	1		
CLARAVIS CAP 20MG	1		
CLARAVIS CAP 30MG	1		
CLARAVIS CAP 40MG	1		
CLARITHROMYC SUS 125/5ML	1		
CLARITHROMYC SUS 250/5ML	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
CLARITHROMYC TAB 250MG	1		
CLARITHROMYC TAB 500MG	1		
CLARITHROMYC TAB 500MG ER	1		
CLEMASTINE SYP 0.5/5ML	1		
CLEMASTINE TAB 2.68MG	1		
CLEOCIN CAP 75MG	2		
CLEOCIN SUP 100MG	2		
CLEOCIN PED SOL 75MG/5ML	2		
CLIMARA PRO DIS WEEKLY	2		
CLINDAMY/BEN GEL 1-5%	1		
CLINDAMYCIN CAP 150MG	1		
CLINDAMYCIN CAP 300MG	1		
CLINDAMYCIN CRE 2% VAG	1		
CLINDAMYCIN GEL 1%	1		
CLINDAMYCIN INJ 150MG/ML	1		
CLINDAMYCIN LOT 1%	1		
CLINDAMYCIN PAD 1%	1		
CLINDAMYCIN SOL 1%	1		
CLINIMIX INJ 2.75/D5W	2		
CLINIMIX INJ 4.25/D10	1		
CLINIMIX INJ 4.25/D20	1		
CLINIMIX INJ 4.25/D25	1		
CLINIMIX INJ 4.25/D5W	2		
CLINIMIX INJ 5%/D15W	2		
CLINIMIX INJ 5%/D20W	2		
CLINIMIX INJ 5%/D25W	2		
CLINIMIX E INJ 2.75/D10	2		
CLINIMIX E INJ 2.75/D5W	2		
CLINIMIX E INJ 4.25/D25	2		
CLINIMIX E INJ 4.25/D5W	2		
CLINIMIX E INJ 5%/D15W	2		
CLINIMIX E INJ 5%/D20W	2		
CLINIMIX E INJ 5%/D25W	2		
CLINIMIX E INJ 5%/D35W	2		
CLINISOL SF INJ 15%	1		
CLOBETASOL AER 0.05%	1		
CLOBETASOL GEL 0.05%	1		
CLOBETASOL OIN 0.05%	1		
CLOBETASOL SOL 0.05%	1		
CLOBETASOL E CRE 0.05%	1		
CLOMIPRAMINE CAP 25MG	1		
CLOMIPRAMINE CAP 50MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
CLOMIPRAMINE CAP 75MG	1		
CLONIDINE DIS 0.1/24HR	1		
CLONIDINE DIS 0.2/24HR	1		
CLONIDINE DIS 0.3/24HR	1		
CLONIDINE TAB 0.1MG	1		
CLONIDINE TAB 0.2MG	1		
CLONIDINE TAB 0.3MG	1		
CLOTRIM/BETA CRE DIPROP	1		
CLOTRIM/BETA LOT DIPROP	1		
CLOTRIMAZOLE CRE 1%	1		
CLOTRIMAZOLE SOL 1%	1		
CLOTRIMAZOLE TRO 10MG	1		
CLOZAPINE TAB 100MG	1		
CLOZAPINE TAB 200MG	1		
CLOZAPINE TAB 25MG	1		
CLOZAPINE TAB 50MG	1		
CODEINE SULF TAB 15MG	1		
CODEINE SULF TAB 30MG	1		
CODEINE SULF TAB 60MG	1		
COGENTIN INJ 1MG/ML	2		
CO-GESIC TAB 500-5MG	1		
COLESTIPOL GRA 5GM	1		
COLESTIPOL TAB 1GM	1		
COLISTIMETH INJ 150MG	1		
COLOCORT ENE 100MG	1		
COMBIGAN SOL 0.2/0.5%	2		
COMBIPATCH DIS .05/.14	2		
COMBIPATCH DIS .05/.25	2		
COMBIVENT AER	2	Restrictions Apply	
COMBIVIR TAB	2		
COMPRO SUP 25MG	1		
COMTAN TAB 200MG	2		
COMVAX INJ	2		
CONSTULOSE SOL 10GM/15	1		
COPAXONE KIT 20MG/ML	3		
COREG CR CAP 10MG	2		
COREG CR CAP 20MG	2		
COREG CR CAP 40MG	2		
COREG CR CAP 80MG	2		
CORMAX CRE 0.05%	1		
CORTISONE AC TAB 25MG	1		
CORTOMYCIN SOL 1% OTIC	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
CORTOMYCIN SUS 1% OTIC	1		
COSMEGEN INJ 0.5MG	2		
COUMADIN TAB 10MG	2		
COUMADIN TAB 1MG	2		
COUMADIN TAB 2.5MG	2		
COUMADIN TAB 2MG	2		
COUMADIN TAB 3MG	2		
COUMADIN TAB 4MG	2		
COUMADIN TAB 5MG	2		
COUMADIN TAB 6MG	2		
COUMADIN TAB 7.5MG	2		
CREON CAP 12000UNT	2		
CREON CAP 24000UNT	2		
CREON CAP 6000UNIT	2		
CRESTOR TAB 10MG	2		
CRESTOR TAB 20MG	2		
CRESTOR TAB 40MG	2		
CRESTOR TAB 5MG	2		
CRIXIVAN CAP 100MG	2		
CRIXIVAN CAP 200MG	2		
CRIXIVAN CAP 333MG	2		
CRIXIVAN CAP 400MG	2		
CROMOLYN SOD NEB 20MG/2ML	1	Restrictions Apply	
CROMOLYN SOD SOL 4% OP	1		
CRYSELLE-28 TAB 28 TABS	1		
CUBICIN SOL 500MG	3		
CUPRIMINE CAP 125MG	2		
CUPRIMINE CAP 250MG	2		
CURITY GAUZE PAD 2"X2"	2		
CYCLOBENZAPR TAB 10MG	1		
CYCLOBENZAPR TAB 5MG	1		
CYCLOPHOSPH INJ 1GM	2		
CYCLOPHOSPH INJ 500MG	2		
CYCLOPHOSPH TAB 25MG	1		
CYCLOPHOSPH TAB 50MG	1		
CYCLOSPORINE CAP 100MG	1		* Prior Authorization Required
CYCLOSPORINE CAP 100MG MD	1		* Prior Authorization Required
CYCLOSPORINE CAP 25MG	1		* Prior Authorization Required
CYCLOSPORINE INJ 50MG/ML	1		
CYCLOSPORINE SOL MODIFIED	1		* Prior Authorization Required
CYKLOKAPRON INJ 100MG/ML	2		
CYMBALTA CAP 20MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
CYMBALTA CAP 30MG	2		
CYMBALTA CAP 60MG	2		
CYPROHEPTAD SYP 2MG/5ML	1		
CYPROHEPTAD TAB 4MG	1		
CYSTADANE POW	2		
CYSTAGON CAP 150MG	2		
CYSTAGON CAP 50MG	2		
CYTARABINE INJ 100MG/ML	1		
CYTARABINE INJ 20MG/ML	1		
CYTARABINE INJ 500MG	1		
CYTOVENE INJ 500MG	2		
D10W/NACL INJ 0.2%	1		
D10W/NACL INJ 0.45%	1		
D2.5W/NACL INJ 0.45%	1		
D5W/LR INJ	1		
D5W/LYTES INJ #48	2		
D5W/NACL INJ 0.2%	1		
D5W/NACL INJ 0.225%	1		
D5W/NACL INJ 0.33%	1		
D5W/NACL INJ 0.45%	1		
D5W/NACL INJ 0.9%	1		
DACARBAZINE INJ 200MG	1		
DANAZOL CAP 100MG	1		
DANAZOL CAP 200MG	1		
DANAZOL CAP 50MG	1		
DANTROLENE CAP 100MG	1		
DANTROLENE CAP 25MG	1		
DANTROLENE CAP 50MG	1		
DAPSONE TAB 100MG	1		
DAPSONE TAB 25MG	1		
DAPTACEL INJ	2		
DARAPRIM TAB 25MG	2		
DAUNORUBICIN INJ 5MG/ML	2		
DAUNOXOME INJ 2MG/ML	2		
DDAVP SPR 0.01%	1		
DECAVAC INJ 5-2LF	2		* Prior Authorization Required
DEL-BETA LOT 0.05%	1		
DEMADEX INJ 50MG/5ML	2		
DEMECLOCYCL TAB 150MG	1		
DEMECLOCYCL TAB 300MG	1		
DENAVIR CRE 1%	2		
DEPADE TAB 50MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
DEPO-PROVERA INJ 400/ML	2		
DERMA-SMOOTH OIL /FS BODY	2		
DERMOTIC OIL 0.01%	2		
DESIPRAMINE TAB 100MG	1		
DESIPRAMINE TAB 10MG	1		
DESIPRAMINE TAB 150MG	1		
DESIPRAMINE TAB 25MG	1		
DESIPRAMINE TAB 50MG	1		
DESIPRAMINE TAB 75MG	1		
DESMOPRESSIN INJ 4MCG/ML	1		
DESMOPRESSIN SOL 0.01%	1		
DESMOPRESSIN SPR 0.01%	1		
DESMOPRESSIN TAB 0.1MG	1		
DESMOPRESSIN TAB 0.2MG	1		
DESONIDE CRE 0.05%	1		
DESONIDE LOT 0.05%	1		
DESONIDE OIN 0.05%	1		
DESOWEN OINT KIT 0.05%	2		
DESOXIMETAS CRE 0.05%	1		
DESOXIMETAS CRE 0.25%	1		
DESOXIMETAS GEL 0.05%	1		
DESOXIMETAS OIN 0.25%	1		
DETROL LA CAP 2MG	2		
DETROL LA CAP 4MG	2		
DEXAMETH PHO INJ 4MG/ML	1		
DEXAMETH PHO SOL 0.1% OP	1		
DEXAMETHASON CON 1MG/ML	1		
DEXAMETHASON ELX 0.5/5ML	1		
DEXAMETHASON TAB 0.5MG	1		
DEXAMETHASON TAB 0.75MG	1		
DEXAMETHASON TAB 1.5MG	1		
DEXAMETHASON TAB 1MG	1		
DEXAMETHASON TAB 2MG	1		
DEXAMETHASON TAB 4MG	1		
DEXAMETHASON TAB 6MG	1		
DEXASPORIN SUS 0.1% OP	1		
DEXCHLORPHEN SYP 2MG/5ML	1		
DEXMETHYLPH TAB 10MG	1		Prior Authorization Required
DEXMETHYLPH TAB 2.5MG	1		Prior Authorization Required
DEXMETHYLPH TAB 5MG	1		Prior Authorization Required
DEXPAK PAK 13 DAY	2		
DEXRAZOXANE INJ 500MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
DEXTROAMPHET CAP 10MG ER	1		
DEXTROAMPHET CAP 15MG ER	1		
DEXTROAMPHET CAP 5MG ER	1		
DEXTROAMPHET TAB 10MG	1		Prior Authorization Required
DEXTROAMPHET TAB 5MG	1		Prior Authorization Required
DEXTROSE INJ 10%	1		
DEXTROSE INJ 5%	1		
DICLOFEN POT TAB 50MG	1		
DICLOFENAC SOL 0.1% OP	1		
DICLOFENAC TAB 100MG XR	1		
DICLOFENAC TAB 25MG EC	1		
DICLOFENAC TAB 50MG EC	1		
DICLOFENAC TAB 75MG DR	1		
DICLOXACILL CAP 250MG	1		
DICLOXACILL CAP 500MG	1		
DICYCLOMINE CAP 10MG	1		
DICYCLOMINE INJ 10MG/ML	1		
DICYCLOMINE SOL 10MG/5ML	1		
DICYCLOMINE TAB 20MG	1		
DIDANOSINE CAP 125MG	1		
DIDANOSINE CAP 200MG	1		
DIDANOSINE CAP 250MG	1		
DIDANOSINE CAP 400MG	1		
DIFFERIN CRE 0.1%	2		Prior Authorization Required
DIFFERIN GEL 0.1%	2		Prior Authorization Required
DIFFERIN GEL 0.3%	2		Prior Authorization Required
DIFLORASONE CRE 0.05%	1		
DIFLORASONE OIN 0.05%	1		
DIFLUNISAL TAB 500MG	1		
DIGOXIN INJ 0.25MG/1	1		
DIGOXIN SOL 50MCG/ML	1		
DIGOXIN TAB 0.125MG	1		
DIGOXIN TAB 0.25MG	1		
DIHYDROERGOT INJ 1MG/ML	1		
DILANTIN CAP 100MG	2		
DILANTIN CAP 30MG	2		
DILANTIN CHW 50MG	2		
DILANTIN-125 SUS 125/5ML	2		
DILAUDID-5 LIQ 1MG/ML	2		
DILT-CD CAP 120MG	1		
DILT-CD CAP 180MG	1		
DILT-CD CAP 300MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
DILTIAZEM CAP 120MG CD	1		
DILTIAZEM CAP 120MG ER	1		
DILTIAZEM CAP 240MG CD	1		
DILTIAZEM CAP 300MG CD	1		
DILTIAZEM CAP 360MG/24	1		
DILTIAZEM CAP 420MG/24	1		
DILTIAZEM CAP 60MG ER	1		
DILTIAZEM CAP 90MG ER	1		
DILTIAZEM INJ 25MG/5ML	1		
DILTIAZEM TAB 120MG	1		
DILTIAZEM TAB 30MG	1		
DILTIAZEM TAB 60MG	1		
DILTIAZEM TAB 90MG	1		
DILT-XR CAP 180MG	1		
DILT-XR CAP 240MG	1		
DILTZAC CAP 120MG/24	1		
DILTZAC CAP 180MG/24	1		
DILTZAC CAP 240MG/24	1		
DILTZAC CAP 300MG/24	1		
DILTZAC CAP 360MG/24	1		
DIOVAN TAB 160MG	2		
DIOVAN TAB 320MG	2		
DIOVAN TAB 40MG	2		
DIOVAN TAB 80MG	2		
DIOVAN HCT TAB 160/12.5	2		
DIOVAN HCT TAB 160/25MG	2		
DIOVAN HCT TAB 320/12.5	2		
DIOVAN HCT TAB 320/25MG	2		
DIOVAN HCT TAB 80/12.5	2		
DIP/TET PED INJ 6.7-5LF	2		* Prior Authorization Required
DIPENTUM CAP 250MG	2		
DIPHEN/ATROP LIQ 2.5/5	1		
DIPHEN/ATROP TAB 2.5MG	1		
DIPHENHYDRAM CAP 25MG	1		
DIPHENHYDRAM CAP 50MG	1		
DIPHENHYDRAM ELX 12.5/5ML	1		
DIPHENHYDRAM INJ 50MG/ML	1		
DIPIVEFRIN SOL 0.1% OP	1		
DIPYRIDAMOLE TAB 25MG	1		
DIPYRIDAMOLE TAB 50MG	1		
DIPYRIDAMOLE TAB 75MG	1		
DISOPYRAMIDE CAP 100MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
DISOPYRAMIDE CAP 150MG	1		
DIVALPROEX CAP 125MG	1		
DIVALPROEX TAB 125MG DR	1		
DIVALPROEX TAB 250MG DR	1		
DIVALPROEX TAB 250MG ER	1		
DIVALPROEX TAB 500MG DR	1		
DIVALPROEX TAB 500MG ER	1		
DORZOL/TIMOL SOL 2-0.5% OP	1		
DORZOLAMIDE SOL 2% OP	1		
DOVONEX CRE 0.005%	2		
DOXAZOSIN TAB 1MG	1		
DOXAZOSIN TAB 2MG	1		
DOXAZOSIN TAB 4MG	1		
DOXAZOSIN TAB 8MG	1		
DOXEPIN HCL CAP 100MG	1		
DOXEPIN HCL CAP 10MG	1		
DOXEPIN HCL CAP 150MG	1		
DOXEPIN HCL CAP 25MG	1		
DOXEPIN HCL CAP 50MG	1		
DOXEPIN HCL CAP 75MG	1		
DOXEPIN HCL CON 10MG/ML	1		
DOXIL INJ 2MG/ML	3		
DOXORUBICIN INJ 2MG/ML	1		
DOXY-CAPS CAP 100MG	1		
DOXYCYC MONO TAB 150MG	1		
DOXYCYC MONO TAB 50MG	1		
DOXYCYC MONO TAB 75MG	1		
DOXYCYCL HYC CAP 100MG	1		
DOXYCYCL HYC CAP 50MG	1		
DOXYCYCL HYC INJ 100MG	1		
DOXYCYCL HYC INJ 100MG	1		
DOXYCYCL HYC TAB 100MG	1		
DOXYCYCLINE SUS 25MG/5ML	1		
DOXYCYCLINE TAB 20MG	1		
DRONABINOL CAP 10MG	3	Restrictions Apply	
DRONABINOL CAP 2.5MG	1	Restrictions Apply	
DRONABINOL CAP 5MG	1	Restrictions Apply	
DROXIA CAP 200MG	2		
DROXIA CAP 300MG	2		
DROXIA CAP 400MG	2		
DUETACT TAB 30-2MG	2		
DUETACT TAB 30-4MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
DURAMORPH INJ 0.5MG/ML	1		
DURAMORPH INJ 1MG/ML	1		
E.E.S. 400 TAB 400MG	1		
ECONAZOLE CRE 1%	1		
ED K+10 TAB 10MEQ CR	1		
EES/SULFISOX SUS 200-600	1		
EFFEXOR XR CAP 150MG	2		
EFFEXOR XR CAP 37.5MG	2		
EFFEXOR XR CAP 75MG	2		
ELAPRASE INJ 6MG/3ML	3		
ELIDEL CRE 1%	2		
ELITEK INJ 1.5MG	3		
ELIXOPHYLLIN ELX 80/15ML	2		
ELLECE INJ 2MG/ML	2		
ELMIRON CAP 100MG	2		
ELOXATIN INJ 100MG	3		
ELSPAR INJ 10000UNT	2		
EMCYT CAP 140MG	2		
EMEND CAP 125MG	2	Restrictions Apply	* Prior Authorization Required
EMEND CAP 40MG	2		
EMEND CAP 80MG	2	Restrictions Apply	* Prior Authorization Required
EMEND PAK 80 & 125	2	Restrictions Apply	* Prior Authorization Required
EMSAM DIS 12MG/24H	2		
EMSAM DIS 6MG/24HR	2		
EMSAM DIS 9MG/24HR	2		
EMTRIVA CAP 200MG	2		
EMTRIVA SOL 10MG/ML	2		
ENABLEX TAB 15MG	2		
ENABLEX TAB 7.5MG	2		
ENALAPR/HCTZ TAB 10-25MG	1		
ENALAPR/HCTZ TAB 5-12.5MG	1		
ENALAPRIL TAB 10MG	1		
ENALAPRIL TAB 2.5MG	1		
ENALAPRIL TAB 20MG	1		
ENALAPRIL TAB 5MG	1		
ENBREL INJ 25MG	3		Prior Authorization Required
ENBREL INJ 50MG/ML	3		Prior Authorization Required
ENBREL SRCLK INJ 50MG/ML	3		Prior Authorization Required
ENDOCET TAB 10-325MG	1		
ENDOCET TAB 10-650MG	1		
ENDOCET TAB 5-325MG	1		
ENDOCET TAB 7.5-325M	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ENDOCET TAB 7.5-500M	1		
ENDODAN TAB	1		
ENGERIX-B INJ 10/0.5ML	2		* Prior Authorization Required
ENGERIX-B INJ 10/0.5ML	2		* Prior Authorization Required
ENGERIX-B INJ 20MCG/ML	2		* Prior Authorization Required
ENPRESSE-28 TAB	1		
ENTOCORT EC CAP 3MG/24HR	2		
ENULOSE SOL 10GM/15	1		
EPINEPHRINE INJ 0.1MG/ML	1		
EPIPEN 2-PAK INJ 0.3MG	2		
EPIPEN-JR INJ 2-PAK	2		
EPIRUBICIN INJ 50/25ML	1		
EPITOL TAB 200MG	1		
EPIVIR SOL 10MG/ML	2		
EPIVIR TAB 150MG	2		
EPIVIR TAB 300MG	2		
EPIVIR HBV SOL 5MG/ML	2		
EPIVIR HBV TAB 100MG	2		
EPLERENONE TAB 25MG	1		
EPLERENONE TAB 50MG	1		
EPZICOM TAB	2		
ERGOLOID MES TAB 1MG ORAL	1		
ERGOTAM/CAFF TAB 1/100	1		
ERRIN TAB 0.35MG	1		
ERY PAD 2%	1		
ERYPED 200 SUS 200/5ML	2		
ERYTHROCIN INJ 500MG	2		
ERYTHROCIN TAB 250MG	1		
ERYTHROCIN TAB 500MG	1		
ERYTHROMYCIN GEL /BENZOYL	1		
ERYTHROMYCIN GEL 2%	1		
ERYTHROMYCIN OIN OP	1		
ERYTHROMYCIN SOL 2%	1		
ERYTHROMYCIN TAB 250MG BS	1		
ERYTHROMYCIN TAB 500MG BS	1		
ESTRA/NORETH TAB 1-0.5MG	1		
ESTRAD VAL INJ 10MG/ML	1		
ESTRAD VAL INJ 20MG/ML	1		
ESTRAD VAL INJ 40MG/ML	1		
ESTRADERM DIS 0.05MG	2		
ESTRADERM DIS 0.1MG	2		
ESTRADIOL DIS 0.025MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ESTRADIOL DIS 0.0375MG	1		
ESTRADIOL DIS 0.05MG	1		
ESTRADIOL DIS 0.06MG	1		
ESTRADIOL DIS 0.075MG	1		
ESTRADIOL DIS 0.1MG	1		
ESTRADIOL TAB 0.5MG	1		
ESTRADIOL TAB 1MG	1		
ESTRADIOL TAB 2MG	1		
ESTROPIPATE TAB 0.75MG	1		
ESTROPIPATE TAB 1.5MG	1		
ESTROPIPATE TAB 3MG	1		
ETHAMBUTOL TAB 100MG	1		
ETHAMBUTOL TAB 400MG	1		
ETHOSUXIMIDE CAP 250MG	1		
ETHOSUXIMIDE SOL 250/5ML	1		
ETIDRON DISD TAB 200MG	1		
ETIDRON DISD TAB 400MG	1		
ETODOLAC CAP 200MG	1		
ETODOLAC CAP 300MG	1		
ETODOLAC TAB 400MG	1		
ETODOLAC TAB 500MG	1		
ETODOLAC ER TAB 400MG	1		
ETODOLAC ER TAB 500MG	1		
ETODOLAC ER TAB 600MG	1		
ETOPOSIDE INJ 20MG/ML	1		
EURAX CRE 10%	2		
EURAX LOT 10%	2		
EVISTA TAB 60MG	2		
EVOXAC CAP 30MG	2		
EXELON CAP 1.5MG	2		
EXELON CAP 3MG	2		
EXELON CAP 4.5MG	2		
EXELON CAP 6MG	2		
EXELON DIS 4.6MG/24	2		
EXELON DIS 9.5MG/24	2		
EXELON SOL 2MG/ML	2		
EXFORGE TAB 10-160MG	2		
EXFORGE TAB 10-320MG	2		
EXFORGE TAB 5-160MG	2		
EXFORGE TAB 5-320MG	2		
EXFORGE HCT TAB	2		
EXFORGE HCT TAB	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
EXFORGE HCT TAB	2		
EXFORGE HCT TAB	2		
EXFORGE HCT TAB	2		
EXJADE TAB 125MG	3		
EXJADE TAB 250MG	3		
EXJADE TAB 500MG	3		
EXTAVIA INJ 0.3MG	3		
FABRAZYME INJ 35MG	3		
FAMCICLOVIR TAB 125MG	1		
FAMCICLOVIR TAB 250MG	1		
FAMCICLOVIR TAB 500MG	1		
FAMOTIDINE INJ 10MG/ML	1		
FAMOTIDINE INJ 20MG/50M	1		
FAMOTIDINE TAB 20MG	1		
FAMOTIDINE TAB 40MG	1		
FANAPT PAK	2		
FANAPT TAB 10MG	2		
FANAPT TAB 12MG	2		
FANAPT TAB 1MG	2		
FANAPT TAB 2MG	2		
FANAPT TAB 4MG	2		
FANAPT TAB 6MG	2		
FANAPT TAB 8MG	2		
FARESTON TAB 60MG	2		
FASLODEX INJ 125MG	2		
FASLODEX INJ 250MG	2		
FAZACLO TAB 100MG	2		
FAZACLO TAB 12.5MG	2		
FAZACLO TAB 25MG	2		
FELBATOL SUS 600/5ML	2		
FELBATOL TAB 400MG	2		
FELBATOL TAB 600MG	2		
FELODIPINE TAB 10MG ER	1		
FELODIPINE TAB 2.5MG ER	1		
FELODIPINE TAB 5MG ER	1		
FEMARA TAB 2.5MG	2		
FENOFIBRATE CAP 134MG	1		
FENOFIBRATE CAP 200MG	1		
FENOFIBRATE CAP 67MG	1		
FENOFIBRATE TAB 160MG	1		
FENOFIBRATE TAB 54MG	1		
FENOPROFEN TAB 600MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
FENTANYL DIS 100MCG/H	1	Restrictions Apply	
FENTANYL DIS 12MCG/HR	1	Restrictions Apply	
FENTANYL DIS 25MCG/HR	1	Restrictions Apply	
FENTANYL DIS 50MCG/HR	1	Restrictions Apply	
FENTANYL DIS 75MCG/HR	1	Restrictions Apply	
FENTANYL CIT INJ 0.05MG/1	1		
FENTANYL OT LOZ 1200MCG	3	Restrictions Apply	Prior Authorization Required
FENTANYL OT LOZ 1600MCG	3	Restrictions Apply	Prior Authorization Required
FENTANYL OT LOZ 200MCG	3	Restrictions Apply	Prior Authorization Required
FENTANYL OT LOZ 400MCG	3	Restrictions Apply	Prior Authorization Required
FENTANYL OT LOZ 600MCG	3	Restrictions Apply	Prior Authorization Required
FENTANYL OT LOZ 800MCG	3	Restrictions Apply	Prior Authorization Required
FEXOFENADINE TAB 180MG	1		
FEXOFENADINE TAB 30MG	1		
FEXOFENADINE TAB 60MG	1		
FINASTERIDE TAB 5MG	1		
FLAVOXATE TAB 100MG	1		
FLECAINIDE TAB 100MG	1		
FLECAINIDE TAB 150MG	1		
FLECAINIDE TAB 50MG	1		
FLOMAX CAP 0.4MG	2		
FLOVENT DISK AER 100MCG	2	Restrictions Apply	
FLOVENT DISK AER 250MCG	2	Restrictions Apply	
FLOVENT DISK AER 50MCG	2	Restrictions Apply	
FLOVENT HFA AER 110MCG	2	Restrictions Apply	
FLOVENT HFA AER 220MCG	2	Restrictions Apply	
FLOVENT HFA AER 44MCG	2	Restrictions Apply	
FLUCONAZOLE SUS 10MG/ML	1		
FLUCONAZOLE SUS 40MG/ML	1		
FLUCONAZOLE TAB 100MG	1		
FLUCONAZOLE TAB 150MG	1		
FLUCONAZOLE TAB 200MG	1		
FLUCONAZOLE TAB 50MG	1		
FLUCONAZOLE/ INJ DEX 400	1		
FLUDARABINE INJ 50MG	1		
FLUDARABINE INJ 50MG/2ML	1		
FLUDROCORT TAB 0.1MG	1		
FLUNISOLIDE SPR 0.025%	1	Restrictions Apply	
FLUOCIN ACET CRE 0.01%	1		
FLUOCIN ACET CRE 0.025%	1		
FLUOCIN ACET OIN 0.025%	1		
FLUOCIN ACET SOL 0.01%	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
FLUOCINONIDE CRE 0.05%	1		
FLUOCINONIDE GEL 0.05%	1		
FLUOCINONIDE OIN 0.05%	1		
FLUOCINONIDE SOL 0.05%	1		
FLUOROMETHOL SUS 0.1% OP	1		
FLUOR-OP SUS 0.1% OP	1		
FLUOROPLEX CRE 1%	2		
FLUOROURACIL CRE 5%	1		
FLUOROURACIL INJ 500MG/10	2		
FLUOROURACIL SOL 2%	1		
FLUOROURACIL SOL 5%	1		
FLUOXETINE CAP 10MG	1		
FLUOXETINE CAP 20MG	1		
FLUOXETINE CAP 40MG	1		
FLUOXETINE SOL 20MG/5ML	1		
FLUOXETINE TAB 10MG	1		
FLUOXETINE TAB 20MG	1		
FLUPHENAZ DE INJ 25MG/ML	1		
FLUPHENAZINE CON 5MG/ML	1		
FLUPHENAZINE ELX 2.5/5ML	1		
FLUPHENAZINE INJ 2.5MG/ML	1		
FLUPHENAZINE TAB 10MG	1		
FLUPHENAZINE TAB 1MG	1		
FLUPHENAZINE TAB 2.5MG	1		
FLUPHENAZINE TAB 5MG	1		
FLURBIPROFEN SOL 0.03% OP	1		
FLURBIPROFEN TAB 100MG	1		
FLURBIPROFEN TAB 50MG	1		
FLUTAMIDE CAP 125MG	1		
FLUTICASONE CRE 0.05%	1		
FLUTICASONE OIN 0.005%	1		
FLUTICASONE SPR 50MCG	1	Restrictions Apply	
FLUVOXAMINE TAB 100MG	1		
FLUVOXAMINE TAB 25MG	1		
FLUVOXAMINE TAB 50MG	1		
FML OIN 0.1% OP	2		
FORTEO SOL 600/2.4	3		Prior Authorization Required
FORTICAL SPR 200/ACT	1		
FOSCARNET INJ 24MG/ML	1		
FOSINOP/HCTZ TAB 10/12.5	1		
FOSINOP/HCTZ TAB 20/12.5	1		
FOSINOPRIL TAB 10MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
FOSINOPRIL TAB 20MG	1		
FOSINOPRIL TAB 40MG	1		
FOSPHENYTOIN INJ 100/2ML	1		
FREAMINE HBC INJ 6.9%	2		
FREAMINE III INJ 3%	2		
FREAMINE III INJ 8.5%	1		
FUROSEMIDE INJ 10MG/ML	1		
FUROSEMIDE SOL 10MG/ML	1		
FUROSEMIDE SOL 8MG/ML	1		
FUROSEMIDE TAB 20MG	1		
FUROSEMIDE TAB 40MG	1		
FUROSEMIDE TAB 80MG	1		
FUZEON KIT	3		
GABAPENTIN CAP 100MG	1	Restrictions Apply	
GABAPENTIN CAP 300MG	1	Restrictions Apply	
GABAPENTIN CAP 400MG	1	Restrictions Apply	
GABAPENTIN TAB 600MG	1	Restrictions Apply	
GABAPENTIN TAB 800MG	1	Restrictions Apply	
GABITRIL TAB 12MG	2		
GABITRIL TAB 16MG	2		
GABITRIL TAB 2MG	2		
GABITRIL TAB 4MG	2		
GALANTAMINE CAP 16MG ER	1		
GALANTAMINE CAP 24MG ER	1		
GALANTAMINE CAP 8MG ER	1		
GALANTAMINE SOL 4MG/ML	1		
GALANTAMINE TAB 12MG	1		
GALANTAMINE TAB 4MG	1		
GALANTAMINE TAB 8MG	1		
GAMASTAN S/D INJ	2		
GAMMAGARD INJ 2.5GM/25	3		Prior Authorization Required
GAMUNEX INJ 10%	3		Prior Authorization Required
GANCICLOVIR CAP 250MG	1		
GANCICLOVIR CAP 500MG	3		
GARDASIL INJ	2		
GASTROCROM CON 100/5ML	2		
GAVILYTE-C SOL	1		
GAVILYTE-G SOL	1		
GAVILYTE-N SOL FLAV PK	1		
GEMFIBROZIL TAB 600MG	1		
GEMZAR INJ 1 GM	2		
GENERLAC SOL 10GM/15	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
GENGRAF CAP 100MG	1		* Prior Authorization Required
GENGRAF CAP 25MG	1		* Prior Authorization Required
GENGRAF SOL 100MG/ML	1		* Prior Authorization Required
GENOPTIC SOL 0.3% OP	1		
GENTAK OIN 0.3% OP	1		
GENTAK SOL 0.3% OP	1		
GENTAM/NAACL INJ 100MG	1		
GENTAM/NAACL INJ 60MG	1		
GENTAM/NAACL INJ 60MG	1		
GENTAM/NAACL INJ 80MG	1		
GENTAM/NAACL INJ 80MG	1		
GENTAMICIN CRE 0.1%	1		
GENTAMICIN INJ 10MG/ML	1		
GENTAMICIN INJ 40MG/ML	1		
GENTAMICIN OIN 0.1%	1		
GENTAMICIN OIN 0.3% OP	1		
GENTAMICIN SOL 0.3% OP	1		
GENTASOL SOL 0.3% OP	1		
GEODON CAP 20MG	2		
GEODON CAP 40MG	2		
GEODON CAP 60MG	2		
GEODON CAP 80MG	2		
GEODON INJ 20MG	2		
GLEEVEC TAB 100MG	3		
GLEEVEC TAB 400MG	3		
GLIMEPIRIDE TAB 1MG	1		
GLIMEPIRIDE TAB 2MG	1		
GLIMEPIRIDE TAB 4MG	1		
GLIP/METFORM TAB 2.5-250M	1		
GLIP/METFORM TAB 2.5-500M	1		
GLIP/METFORM TAB 5-500MG	1		
GLIPIZIDE TAB 10MG	1		
GLIPIZIDE TAB 5MG	1		
GLIPIZIDE ER TAB 2.5MG	1		
GLIPIZIDE XL TAB 10MG	1		
GLIPIZIDE XL TAB 5MG	1		
GLUCAGEN INJ HYPOKIT	2		
GLUCAGON KIT 1MG	2		
GLYB/METFORM TAB 1.25-250	1		
GLYB/METFORM TAB 2.5-500	1		
GLYB/METFORM TAB 5-500MG	1		
GLYBURID MCR TAB 1.5MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
GLYBURID MCR TAB 3MG	1		
GLYBURID MCR TAB 6MG	1		
GLYBURIDE TAB 1.25MG	1		
GLYBURIDE TAB 2.5MG	1		
GLYBURIDE TAB 5MG	1		
GLYCOPYRROL INJ 0.2MG/ML	1		
GLYCOPYRROL TAB 1MG	1		
GLYCOPYRROL TAB 2MG	1		
GLYCRON TAB 1.5MG	1		
GLYCRON TAB 3MG	1		
GLYCRON TAB 6MG	1		
GRANISETRON INJ 0.1MG/ML	1		
GRANISETRON INJ 1MG/ML	1		
GRANISETRON TAB 1MG	1		* Prior Authorization Required
GRANISOL SOL 2MG/10ML	1		* Prior Authorization Required
GRISEOFULVIN SUS 125/5ML	1		
GRIS-PEG TAB 125MG	2		
GRIS-PEG TAB 250MG	2		
GUANABENZ TAB 4MG	1		
GUANABENZ TAB 8MG	1		
GUANFACINE TAB 1MG	1		
GUANFACINE TAB 2MG	1		
GUANIDINE TAB 125MG	2		
GYNODIOL TAB 0.5MG	1		
GYNODIOL TAB 1.5MG	2		
GYNODIOL TAB 1MG	1		
GYNODIOL TAB 2MG	1		
HALFLYTELY KIT BWL-PREP	2		
HALOBETASOL CRE 0.05%	1		
HALOBETASOL OIN 0.05%	1		
HALOPER DEC INJ 100MG/ML	1		
HALOPER DEC INJ 50MG/ML	1		
HALOPER LAC INJ 5MG/ML	1		
HALOPERIDOL CON 2MG/ML	1		
HALOPERIDOL TAB 0.5MG	1		
HALOPERIDOL TAB 10MG	1		
HALOPERIDOL TAB 1MG	1		
HALOPERIDOL TAB 20MG	1		
HALOPERIDOL TAB 2MG	1		
HALOPERIDOL TAB 5MG	1		
HAVRIX INJ 1440UNIT	2		
HAVRIX INJ 720UNIT	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
HC BUTYRATE CRE 0.1%	1		
HC BUTYRATE OIN 0.1%	1		
HC BUTYRATE SOL 0.1%	1		
HC VALERATE CRE 0.2%	1		
HC VALERATE OIN 0.2%	1		
HECTOROL CAP 0.5MCG	2		
HECTOROL CAP 1MCG	2		
HECTOROL CAP 2.5MCG	2		
HECTOROL INJ 4MCG/2ML	2		
HEP SOD/D5W INJ 20000UNT	1		
HEP SOD/D5W INJ 25000UNT	2		
HEP SOD/D5W INJ 25000UNT	1		
HEP SOD/NACL INJ 1000UNIT	1		
HEP SOD/NACL INJ 2UNIT/ML	1		
HEPARIN SOD INJ 1000/ML	1		
HEPARIN SOD INJ 10000/ML	1		
HEPARIN SOD INJ 2000/ML	2		
HEPARIN SOD INJ 20000/ML	1		
HEPARIN SOD INJ 2500/ML	2		
HEPARIN SOD INJ 5000/ML	1		
HEPATAMINE SOL 8%	1		
HEPATASOL INJ 8%	2		
HEPSERA TAB 10MG	3		
HERCEPTIN INJ 440MG	3		
HEXALEN CAP 50MG	3		
HUMALOG INJ 100/ML	2		
HUMALOG MIX INJ 50/50	2		
HUMALOG MIX SUS 75/25	2		
HUMALOG PEN INJ 100/ML	2		
HUMALOG PEN INJ 50/50	2		
HUMALOG PEN INJ 75/25	2		
HUMIRA KIT 20MG/0.4	3		Prior Authorization Required
HUMIRA KIT 40MG/0.8	3		Prior Authorization Required
HUMIRA PEN KIT CROHNS	3		Prior Authorization Required
HUMULIN INJ 50/50	2		
HUMULIN INJ 70/30	2		
HUMULIN N INJ U-100	2		
HUMULIN N PN INJ U-100	2		
HUMULIN PEN INJ 70/30	2		
HUMULIN R INJ U-100	2		
HUMULIN R INJ U-500	2		
HYCAMTIN INJ 4MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
HYDRALAZINE INJ 20MG/ML	1		
HYDRALAZINE TAB 100MG	1		
HYDRALAZINE TAB 10MG	1		
HYDRALAZINE TAB 25MG	1		
HYDRALAZINE TAB 50MG	1		
HYDROCHLOROT CAP 12.5MG	1		
HYDROCHLOROT TAB 12.5MG	1		
HYDROCHLOROT TAB 25MG	1		
HYDROCHLOROT TAB 50MG	1		
HYDROCO/APAP TAB 10-325MG	1		
HYDROCO/APAP TAB 10-500MG	1		
HYDROCO/APAP TAB 10-650MG	1		
HYDROCO/APAP TAB 10-660MG	1		
HYDROCO/APAP TAB 10-750MG	1		
HYDROCO/APAP TAB 2.5-500	1		
HYDROCO/APAP TAB 5-325MG	1		
HYDROCO/APAP TAB 5-500MG	1		
HYDROCO/APAP TAB 7.5-325	1		
HYDROCO/APAP TAB 7.5-500	1		
HYDROCO/APAP TAB 7.5-650	1		
HYDROCO/APAP TAB 7.5-750	1		
HYDROCOD/IBU TAB 7.5-200	1		
HYDROCODONE/ SOL APAP	1		
HYDROCORT CRE 1%	1		
HYDROCORT CRE 2.5%	1		
HYDROCORT ENE 100MG	1		
HYDROCORT LOT 1%	1		
HYDROCORT LOT 2.5%	1		
HYDROCORT OIN 1%	1		
HYDROCORT OIN 2.5%	1		
HYDROCORT TAB 10MG	1		
HYDROCORT TAB 20MG	1		
HYDROCORT TAB 5MG	1		
HYDROCORT/AB OIN 1%	1		
HYDROMORPHON INJ 10MG/ML	1		
HYDROMORPHON TAB 2MG	1		
HYDROMORPHON TAB 4MG	1		
HYDROMORPHON TAB 8MG	1		
HYDROXYCHLOR TAB 200MG	1		
HYDROXYUREA CAP 500MG	1		
HYDROXYZ HCL INJ 25MG/ML	1		
HYDROXYZ HCL INJ 50MG/ML	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
HYDROXYZ HCL SYP 10MG/5ML	1		
HYDROXYZ HCL TAB 10MG	1		
HYDROXYZ HCL TAB 25MG	1		
HYDROXYZ HCL TAB 50MG	1		
HYDROXYZ PAM CAP 100MG	1		
HYDROXYZ PAM CAP 25MG	1		
HYDROXYZ PAM CAP 50MG	1		
IBUPROFEN SUS 100/5ML	1		
IBUPROFEN TAB 400MG	1		
IBUPROFEN TAB 600MG	1		
IBUPROFEN TAB 800MG	1		
IDARUBICIN INJ 10MG/10M	1		
IFEX INJ 3GM	2		
IFOSFAMIDE INJ 1GM	1		
IFOSFAMIDE KIT MESNA	1		
IFOSFAMIDE KIT MESNA	1		
IMIPRAM HCL TAB 10MG	1		
IMIPRAM HCL TAB 25MG	1		
IMIPRAM HCL TAB 50MG	1		
IMIPRAM PAM CAP 100MG	1		
IMIPRAM PAM CAP 125MG	1		
IMIPRAM PAM CAP 150MG	1		
IMIPRAM PAM CAP 75MG	1		
IMOVAX RABIE INJ 2.5/ML	2		
INCRELEX INJ 40MG/4ML	3		Prior Authorization Required
INDAPAMIDE TAB 1.25MG	1		
INDAPAMIDE TAB 2.5MG	1		
INDOCIN SUS 25MG/5ML	2		
INDOMETHACIN CAP 25MG	1		
INDOMETHACIN CAP 50MG	1		
INDOMETHACIN CAP 75MG ER	1		
INFANRIX INJ	2		
INFERGEN INJ 9MCG	3		Prior Authorization Required
INSULIN SYRG MIS 0.3/31G	2		
INSULIN SYRG MIS 0.5/30G	2		
INSULIN SYRG MIS 1ML/29G	2		
INSULIN SYRG MIS 1ML/31G	2		
INTELENCE TAB 100MG	2		
INTRALIPID INJ 20%	1		
INTRALIPID INJ 30%	2		
INTRON-A INJ 10MU	2		
INTRON-A INJ 10MU PEN	3		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
INTRON-A INJ 18MU	3		
INTRON-A INJ 3MU PEN	3		
INTRON-A INJ 5MU PEN	3		
INVANZ INJ 1GM	2		
INVEGA TAB 1.5MG	2		
INVEGA TAB 3MG	2		
INVEGA TAB 6MG	2		
INVEGA TAB 9MG	2		
INVEGA SUST INJ 117/0.75	3		
INVEGA SUST INJ 156MG/ML	3		
INVEGA SUST INJ 234/1.5	3		
INVEGA SUST INJ 39/0.25	2		
INVEGA SUST INJ 78/0.5ML	2		
INVIRASE CAP 200MG	2		
INVIRASE TAB 500MG	2		
IONOSOL-B/ INJ D5W	2		
IONOSOL-MB INJ /D5W	2		
IONOSOL-T INJ /D5W	2		
IPOL INJ INACTIVE	2		
IPRATROPIUM SOL INHAL	1	Restrictions Apply	
IPRATROPIUM SPR 0.03%	1		
IPRATROPIUM SPR 0.06%	1		
IPRATROPIUM/ SOL ALBUTER	1	Restrictions Apply	
IRINOTECAN INJ 100/5ML	1		
ISENTRESS TAB 400MG	3		
ISOCHRON TAB 40MG CR	1		
ISOLYTE-H INJ /D5W	2		
ISOLYTE-M INJ /D5W	1		
ISOLYTE-P INJ /D5W	2		
ISOLYTE-S INJ	2		
ISOLYTE-S INJ /D5W	2		
ISONARIF CAP	1		
ISONIAZID INJ 100MG/ML	1		
ISONIAZID SYP 50MG/5ML	1		
ISONIAZID TAB 100MG	1		
ISONIAZID TAB 300MG	1		
ISORDIL TAB 40MG	2		
ISOSORB DIN SUB 2.5MG	1		
ISOSORB DIN SUB 5MG	1		
ISOSORB DIN TAB 10MG	1		
ISOSORB DIN TAB 20MG	1		
ISOSORB DIN TAB 30MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ISOSORB DIN TAB 40MG ER	1		
ISOSORB DIN TAB 5MG	1		
ISOSORB MONO TAB 10MG	1		
ISOSORB MONO TAB 120MG ER	1		
ISOSORB MONO TAB 20MG	1		
ISOSORB MONO TAB 30MG ER	1		
ISOSORB MONO TAB 60MG ER	1		
ISOVATE CRE 0.05%	1		
ISRADIPINE CAP 2.5MG	1		
ISRADIPINE CAP 5MG	1		
ITRACONAZOLE CAP 100MG	1		Prior Authorization Required
JANTOVEN TAB 10MG	1		
JANTOVEN TAB 1MG	1		
JANTOVEN TAB 2.5MG	1		
JANTOVEN TAB 2MG	1		
JANTOVEN TAB 3MG	1		
JANTOVEN TAB 4MG	1		
JANTOVEN TAB 5MG	1		
JANTOVEN TAB 6MG	1		
JANTOVEN TAB 7.5MG	1		
JANUMET TAB 50-1000	2		
JANUMET TAB 50-500MG	2		
JANUVIA TAB 100MG	2		
JANUVIA TAB 25MG	2		
JANUVIA TAB 50MG	2		
JE-VAX INJ	2		
JOLIVETTE TAB 0.35MG	1		
JUNEL 1.5/30 TAB	1		
JUNEL 1/20 TAB	1		
JUNEL FE TAB 1.5/30	1		
JUNEL FE TAB 1/20	1		
KADIAN CAP 100MG CR	2	Restrictions Apply	
KADIAN CAP 10MG CR	2	Restrictions Apply	
KADIAN CAP 200MG CR	2	Restrictions Apply	
KADIAN CAP 20MG CR	2	Restrictions Apply	
KADIAN CAP 30MG CR	2	Restrictions Apply	
KADIAN CAP 50MG CR	2	Restrictions Apply	
KADIAN CAP 60MG CR	2	Restrictions Apply	
KADIAN CAP 80MG CR	2	Restrictions Apply	
KALETRA SOL	2		
KALETRA TAB 100-25MG	2		
KALETRA TAB 200-50MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
KANAMYCIN INJ 333MG/ML	1		
KAON-CL-10 TAB 10MEQ CR	1		
KAPIDEX CAP 30MG DR	2	Restrictions Apply	
KAPIDEX CAP 60MG DR	2	Restrictions Apply	
KARIVA TAB 28 DAY	1		
KCL IN NAACL SOL	2		
KCL/D10/NAACL INJ 0.15/0.2	2		
KCL/D5W INJ 0.075%	2		
KCL/D5W INJ 0.15%	1		
KCL/D5W INJ 0.224%	1		
KCL/D5W INJ 0.3%	1		
KCL/D5W/LR INJ 0.15%	2		
KCL/D5W/LR INJ 0.3%	2		
KCL/D5W/NAACL INJ .075/.2%	1		
KCL/D5W/NAACL INJ .075/.45	1		
KCL/D5W/NAACL INJ .15/.33%	1		
KCL/D5W/NAACL INJ .15/.45%	1		
KCL/D5W/NAACL INJ .22/.45	1		
KCL/D5W/NAACL INJ .224/.33	1		
KCL/D5W/NAACL INJ .224/0.2	1		
KCL/D5W/NAACL INJ 0.15/0.2	2		
KCL/D5W/NAACL INJ 0.15/0.2	1		
KCL/D5W/NAACL INJ 0.15/0.9	1		
KCL/D5W/NAACL INJ 0.3/0.2%	1		
KCL/D5W/NAACL INJ 0.3/0.45	1		
KCL/D5W/NAACL INJ 0.3/0.9%	2		
KCL/NAACL INJ 0.15-0.9	1		
KCL/NAACL INJ 0.3-0.9	2		
KELNOR TAB 1/35	1		
KENALOG AER SPRAY	2		
KEPPRA INJ 500/5ML	2		
KETOCONAZOLE CRE 2%	1		
KETOCONAZOLE SHA 2%	1		
KETOCONAZOLE TAB 200MG	1		
KETOPROFEN CAP 200MG ER	1		
KETOPROFEN CAP 50MG	1		
KETOPROFEN CAP 75MG	1		
KETOROLAC INJ 15MG/ML	1		
KETOROLAC INJ 30MG/ML	1		
KETOROLAC SOL 0.4%	1		
KETOROLAC SOL 0.5%	1		
KETOROLAC TAB 10MG	1	Restrictions Apply	

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
KIONEX POW USP	1		
KLOR-CON 10 TAB 10MEQ ER	1		
KLOR-CON 8 TAB 8MEQ ER	1		
KLOR-CON M15 TAB	1		
KLOR-CON M20 TAB 20MEQ ER	1		
KURIC CRE 2%	1		
KUVAN TAB 100MG	3		
LABETALOL INJ 5MG/ML	1		
LABETALOL TAB 100MG	1		
LABETALOL TAB 200MG	1		
LABETALOL TAB 300MG	1		
LACLOTION LOT 12%	1		
LACRISERT MIS 5MG OP	2		
LACTATED RIN INJ	1		
LACTATED RIN INJ	1		
LACTATED RIN SOL IRRIGAT	1		
LACTULOSE SOL 10GM/15	1		
LAMOTRIGINE CHW 25MG	1		
LAMOTRIGINE CHW 5MG	1		
LAMOTRIGINE TAB 100MG	1		
LAMOTRIGINE TAB 150MG	1		
LAMOTRIGINE TAB 200MG	1		
LAMOTRIGINE TAB 25MG	1		
LANOXIN TAB 0.125MG	2		
LANOXIN TAB 0.25MG	2		
LANSOPRAZOLE CAP 15MG	1	Restrictions Apply	
LANSOPRAZOLE CAP 30MG	1	Restrictions Apply	
LANTUS INJ 100/ML	2		
LANTUS INJ SOLOSTAR	2		
LEENA TAB	1		
LEFLUNOMIDE TAB 10MG	1		
LEFLUNOMIDE TAB 20MG	1		
LESSINA-28 TAB	1		
LETAIRIS TAB 10MG	3		
LETAIRIS TAB 5MG	3		
LEUCOVOR CA INJ 100MG	1		
LEUCOVOR CA INJ 350MG	1		
LEUCOVOR CA TAB 10MG	1		
LEUCOVOR CA TAB 15MG	1		
LEUCOVOR CA TAB 25MG	1		
LEUCOVOR CA TAB 5MG	1		
LEUKERAN TAB 2MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
LEUPROLIDE INJ 1MG/0.2	1		
LEVAQUIN INJ 25MG/ML	2		
LEVAQUIN SOL 25MG/ML	2		
LEVAQUIN TAB 250MG	2		
LEVAQUIN TAB 500MG	2		
LEVAQUIN TAB 750MG	2		
LEVAQUIN/D5W INJ 250/50ML	2		
LEVEMIR INJ	2		
LEVEMIR INJ FLEXPEN	2		
LEVETIRACETA SOL 100MG/ML	1		
LEVETIRACETA TAB 1000MG	1		
LEVETIRACETA TAB 250MG	1		
LEVETIRACETA TAB 500MG	1		
LEVETIRACETA TAB 750MG	1		
LEVOBUNOLOL SOL 0.25% OP	1		
LEVOBUNOLOL SOL 0.5% OP	1		
LEVOCARNITIN INJ 200MG/ML	1		
LEVOCARNITIN SOL 1GM/10ML	1		
LEVOCARNITIN TAB 330MG	1		
LEVORA-28 TAB 0.15/30	1		
LEVORPHANOL TAB 2MG	1		
LEVOTHROID TAB 100MCG	1		
LEVOTHROID TAB 112MCG	1		
LEVOTHROID TAB 125MCG	1		
LEVOTHROID TAB 137MCG	1		
LEVOTHROID TAB 150MCG	1		
LEVOTHROID TAB 175MCG	1		
LEVOTHROID TAB 200MCG	1		
LEVOTHROID TAB 25MCG	1		
LEVOTHROID TAB 300MCG	1		
LEVOTHROID TAB 50MCG	1		
LEVOTHROID TAB 75MCG	1		
LEVOTHROID TAB 88MCG	1		
LEVOTHYROXIN TAB 100MCG	1		
LEVOTHYROXIN TAB 112MCG	1		
LEVOTHYROXIN TAB 125MCG	1		
LEVOTHYROXIN TAB 137MCG	1		
LEVOTHYROXIN TAB 150MCG	1		
LEVOTHYROXIN TAB 175MCG	1		
LEVOTHYROXIN TAB 200MCG	1		
LEVOTHYROXIN TAB 25MCG	1		
LEVOTHYROXIN TAB 300MCG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
LEVOTHYROXIN TAB 50MCG	1		
LEVOTHYROXIN TAB 75MCG	1		
LEVOTHYROXIN TAB 88MCG	1		
LEVOXYL TAB 100MCG	1		
LEVOXYL TAB 112MCG	1		
LEVOXYL TAB 125MCG	1		
LEVOXYL TAB 137MCG	1		
LEVOXYL TAB 150MCG	1		
LEVOXYL TAB 175MCG	1		
LEVOXYL TAB 200MCG	1		
LEVOXYL TAB 25MCG	1		
LEVOXYL TAB 50MCG	1		
LEVOXYL TAB 75MCG	1		
LEVOXYL TAB 88MCG	1		
LEXAPRO SOL 5MG/5ML	2		
LEXAPRO TAB 10MG	2		
LEXAPRO TAB 20MG	2		
LEXAPRO TAB 5MG	2		
LEXIVA SUS 50MG/ML	2		
LEXIVA TAB 700MG	2		
LIALDA TAB 1.2GM	2		
LIDOC/PRILOC CRE 2.5-2.5%	1		
LIDOCAINE GEL 2%	1		
LIDOCAINE GEL 2% JELLY	1		
LIDOCAINE INJ 0.5%	1		
LIDOCAINE INJ 1%	1		
LIDOCAINE OIN 5%	1		
LIDOCAINE SOL 2% VISC	1		
LIDOCAINE SOL 4%	1		
LIDODERM DIS 5%	2		Prior Authorization Required
LINDANE LOT 1%	1		
LINDANE SHA 1%	1		
LIOTHYRONINE INJ 10MCG/ML	1		
LIOTHYRONINE TAB 25MCG	1		
LIOTHYRONINE TAB 50MCG	1		
LIOTHYRONINE TAB 5MCG	1		
LIPITOR TAB 10MG	2		
LIPITOR TAB 20MG	2		
LIPITOR TAB 40MG	2		
LIPITOR TAB 80MG	2		
LIPOSYN II INJ 10%	2		
LIPOSYN II INJ 20%	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
LIPOSYN III INJ 10%	2		
LIPOSYN III INJ 20%	2		
LIPOSYN III INJ 30%	1		
LIPRAM 4500 CAP	2		
LIPRAM-PN10 CAP	2		
LIPRAM-PN16 CAP	2		
LIPRAM-PN20 CAP	2		
LIPRAM-UL12 CAP	2		
LIPRAM-UL18 CAP	2		
LIPRAM-UL20 CAP	2		
LISINOP/HCTZ TAB 10-12.5	1		
LISINOP/HCTZ TAB 20-12.5	1		
LISINOP/HCTZ TAB 20-25MG	1		
LISINOPRIL TAB 10MG	1		
LISINOPRIL TAB 2.5MG	1		
LISINOPRIL TAB 20MG	1		
LISINOPRIL TAB 30MG	1		
LISINOPRIL TAB 40MG	1		
LISINOPRIL TAB 5MG	1		
LITHIUM CARB CAP 150MG	1		
LITHIUM CARB CAP 300MG	1		
LITHIUM CARB CAP 600MG	1		
LITHIUM CARB TAB 300MG	1		
LITHIUM CARB TAB 300MG ER	1		
LITHIUM CARB TAB 450MG ER	1		
LITHIUM CITR SYP 8MEQ/5ML	1		
LOKARA LOT 0.05%	1		
LONOX TAB 2.5MG	1		
LOPERAMIDE CAP 2MG	1		
LOPROX SHA 1%	2		
LOTREL CAP 10-40MG	2		
LOTREL CAP 5-40MG	2		
LOTRONEX TAB 0.5MG	2		
LOTRONEX TAB 1MG	2		
LOVASTATIN TAB 10MG	1		
LOVASTATIN TAB 20MG	1		
LOVASTATIN TAB 40MG	1		
LOVENOX INJ 100/1ML	2		
LOVENOX INJ 120/0.8	2		
LOVENOX INJ 150/1ML	2		
LOVENOX INJ 30/0.3ML	2		
LOVENOX INJ 300/3ML	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
LOVENOX INJ 40/0.4ML	2		
LOVENOX INJ 60/0.6ML	2		
LOVENOX INJ 80/0.8ML	2		
LOW-OGESTREL TAB	1		
LOXAPINE CAP 10MG	1		
LOXAPINE CAP 25MG	1		
LOXAPINE CAP 50MG	1		
LOXAPINE CAP 5MG	1		
LUMIGAN SOL 0.03%	2		
LUPR DEP-PED INJ 11.25MG	3		
LUPR DEP-PED INJ 15MG	3		
LUPRON DEPOT INJ 11.25MG	2		
LUPRON DEPOT INJ 22.5MG	3		
LUPRON DEPOT INJ 3.75MG	2		
LUPRON DEPOT INJ 30MG	3		
LUPRON DEPOT INJ 7.5MG	3		
LUTERA TAB	1		
LYRICA CAP 100MG	2	Restrictions Apply	
LYRICA CAP 150MG	2	Restrictions Apply	
LYRICA CAP 200MG	2	Restrictions Apply	
LYRICA CAP 225MG	2	Restrictions Apply	
LYRICA CAP 25MG	2	Restrictions Apply	
LYRICA CAP 300MG	2	Restrictions Apply	
LYRICA CAP 50MG	2	Restrictions Apply	
LYRICA CAP 75MG	2	Restrictions Apply	
LYSODREN TAB 500MG	2		
MACRODANTIN CAP 25MG	2		
MAGNESIUM SU INJ 50%	1		
MALARONE TAB 250-100	2		
MALARONE TAB 62.5/25	2		
MALATHION LOT 0.5%	1		
MAPROTILINE TAB 25MG	1		
MAPROTILINE TAB 50MG	1		
MAPROTILINE TAB 75MG	1		
MARGESIC-H CAP 500-5MG	1		
MARPLAN TAB 10MG	2		
MATULANE CAP 50MG	2		
MAXALT TAB 10MG	2	Restrictions Apply	
MAXALT TAB 5MG	2	Restrictions Apply	
MAXALT-MLT TAB 10MG	2	Restrictions Apply	
MAXALT-MLT TAB 5MG	2	Restrictions Apply	
MEBENDAZOLE CHW 100MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
MECLIZINE TAB 12.5MG	1		
MECLIZINE TAB 25MG	1		
MECLOFEN SOD CAP 100MG	1		
MECLOFEN SOD CAP 50MG	1		
MEDROL TAB 2MG	2		
MEDROXYPR AC INJ 150MG/ML	1		
MEDROXYPR AC TAB 10MG	1		
MEDROXYPR AC TAB 2.5MG	1		
MEDROXYPR AC TAB 5MG	1		
MEFLOQUINE TAB 250MG	1		
MEGACE ES SUS	2		
MEGESTROL AC SUS 40MG/ML	1		
MEGESTROL AC TAB 20MG	1		
MEGESTROL AC TAB 40MG	1		
MELOXICAM SUS 7.5/5ML	1		
MELOXICAM TAB 15MG	1		
MELOXICAM TAB 7.5MG	1		
MELPHALAN INJ 50MG	1		
MENACTRA INJ	2		
MENOMUNE INJ A/C/Y/W	2		
MEPERIDINE INJ 100MG/ML	1		
MEPERIDINE INJ 10MG/ML	1		
MEPERIDINE INJ 25MG/ML	1		
MEPERIDINE INJ 50MG/ML	1		
MEPERIDINE INJ 75MG/ML	1		
MEPERIDINE SOL 50MG/5ML	1		
MEPERIDINE TAB 100MG	1		
MEPERIDINE TAB 50MG	1		
MEPROBAMATE TAB 200MG	1		
MEPROBAMATE TAB 400MG	1		
MERCAPTOPUR TAB 50MG	1		
MERUVAX II INJ LIVE	2		
MESALAMINE ENE 4GM	1		
MESNA INJ 1GM	1		
MESNEX TAB 400MG	2		
MESTINON SYP 60MG/5ML	2		
MESTINON TAB TIMESPAN	2		
METADATE TAB 20MG ER	1		Prior Authorization Required
METAPROTEREN SYP 10MG/5ML	1		
METAPROTEREN TAB 10MG	1		
METAPROTEREN TAB 20MG	1		
METFORMIN TAB 1000MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
METFORMIN TAB 500MG	1		
METFORMIN TAB 500MG ER	1		
METFORMIN TAB 750MG ER	1		
METFORMIN TAB 850MG	1		
METHADONE CON 10MG/ML	1		
METHADONE SOL 10MG/5ML	1		
METHADONE SOL 5MG/5ML	1		
METHADONE TAB 10MG	1	Restrictions Apply	
METHADONE TAB 5MG	1	Restrictions Apply	
METHADOSE TAB 10MG	1	Restrictions Apply	
METHADOSE TAB 5MG	1	Restrictions Apply	
METHAZOLAMID TAB 25MG	1		
METHAZOLAMID TAB 50MG	1		
METHENAM HIP TAB 1GM	1		
METHIMAZOLE TAB 10MG	1		
METHIMAZOLE TAB 5MG	1		
METHOCARBAM TAB 500MG	1		
METHOCARBAM TAB 750MG	1		
METHOTREXATE INJ 1GM	1		
METHOTREXATE INJ 25MG/ML	1		
METHOTREXATE TAB 2.5MG	1		
METHSCOPOLAM TAB 2.5MG	1		
METHSCOPOLAM TAB 5MG	1		
METHYCLOTHIA TAB 5MG	1		
METHYLD/HCTZ TAB 250/15	1		
METHYLD/HCTZ TAB 250/25	1		
METHYLDOPA TAB 250MG	1		
METHYLDOPA TAB 500MG	1		
METHYLDOPATE INJ 250/5ML	1		
METHYLIN TAB 10MG	1		Prior Authorization Required
METHYLIN TAB 20MG	1		Prior Authorization Required
METHYLIN TAB 5MG	1		Prior Authorization Required
METHYLIN ER TAB 10MG	1		
METHYLIN ER TAB 20MG	1		
METHYLPHENID TAB 10MG	1		Prior Authorization Required
METHYLPHENID TAB 20MG	1		Prior Authorization Required
METHYLPHENID TAB 20MG SR	1		Prior Authorization Required
METHYLPHENID TAB 5MG	1		Prior Authorization Required
METHYLPR ACE INJ 40MG/ML	1		
METHYLPR ACE INJ 80MG/ML	1		
METHYLPR SS INJ 1000MG	1		
METHYLPR SS INJ 125MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
METHYLPR SS INJ 40MG	1		
METHYLPRED PAK 4MG	1		
METHYLPRED TAB 16MG	1		
METHYLPRED TAB 32MG	1		
METHYLPRED TAB 4MG	1		
METHYLPRED TAB 8MG	1		
METIPRANOLOL SOL 0.3% OPH	1		
METOCLOPRAM INJ 5MG/ML	1		
METOCLOPRAM SOL 5MG/5ML	1		
METOCLOPRAM TAB 10MG	1		
METOCLOPRAM TAB 5MG	1		
METOLAZONE TAB 10MG	1		
METOLAZONE TAB 2.5MG	1		
METOLAZONE TAB 5MG	1		
METOPRL/HCTZ TAB 100-25MG	1		
METOPRL/HCTZ TAB 100-50MG	1		
METOPRL/HCTZ TAB 50-25MG	1		
METOPROL TAR TAB 100MG	1		
METOPROL TAR TAB 25MG	1		
METOPROL TAR TAB 50MG	1		
METOPROLOL INJ 1MG/ML	1		
METOPROLOL TAB 100MG ER	1		
METOPROLOL TAB 200MG ER	1		
METOPROLOL TAB 25MG ER	1		
METOPROLOL TAB 50MG ER	1		
METROGEL GEL 1%	2		
METRON/NACL INJ 500MG	1		
METRONIDAZOL CAP 375MG	1		
METRONIDAZOL CRE 0.75%	1		
METRONIDAZOL GEL 0.75%	1		
METRONIDAZOL GEL 0.75% VAG	1		
METRONIDAZOL LOT 0.75%	1		
METRONIDAZOL TAB 250MG	1		
METRONIDAZOL TAB 500MG	1		
MEXILETINE CAP 150MG	1		
MEXILETINE CAP 200MG	1		
MEXILETINE CAP 250MG	1		
MG SO4/D5W INJ 10MG/ML	2		
MIACALCIN INJ 200/ML	2		
MICONAZOLE 3 SUP 200MG	1		
MICROGESTIN TAB 1.5/30	1		
MICROGESTIN TAB 1/20	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
MICROGESTIN TAB FE 1/20	1		
MICROGESTIN TAB FE1.5/30	1		
MIDODRINE TAB 10MG	1		
MIDODRINE TAB 2.5MG	1		
MIDODRINE TAB 5MG	1		
MIGERGOT SUP 2/100	1		
MIGRANAL SPR 4MG/ML	2	Restrictions Apply	
MINITRAN DIS 0.1MG/HR	1		
MINITRAN DIS 0.2MG/HR	1		
MINITRAN DIS 0.4MG/HR	1		
MINITRAN DIS 0.6MG/HR	1		
MINOCYCLINE CAP 100MG	1		
MINOCYCLINE CAP 50MG	1		
MINOCYCLINE CAP 75MG	1		
MINOCYCLINE TAB 100MG	1		
MINOCYCLINE TAB 100MG	1		
MINOCYCLINE TAB 50MG	1		
MINOCYCLINE TAB 50MG	1		
MINOCYCLINE TAB 75MG	1		
MINOCYCLINE TAB 75MG	1		
MINOXIDIL TAB 10MG	1		
MINOXIDIL TAB 2.5MG	1		
MIRAPEX TAB 0.125MG	2		
MIRAPEX TAB 0.25MG	2		
MIRAPEX TAB 0.5MG	2		
MIRAPEX TAB 0.75MG	2		
MIRAPEX TAB 1.5MG	2		
MIRAPEX TAB 1MG	2		
MIRTAZAPINE TAB 15MG	1		
MIRTAZAPINE TAB 15MG ODT	1		
MIRTAZAPINE TAB 30MG	1		
MIRTAZAPINE TAB 30MG ODT	1		
MIRTAZAPINE TAB 45MG	1		
MIRTAZAPINE TAB 45MG ODT	1		
MIRTAZAPINE TAB 7.5MG	1		
MISOPROSTOL TAB 100MCG	1		
MISOPROSTOL TAB 200MCG	1		
MITOMYCIN INJ 20MG	1		
MITOXANTRON INJ 2MG/ML	1		
M-M-R II INJ LIVE	2		
MOBAN TAB 10MG	2		
MOBAN TAB 25MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
MOBAN TAB 50MG	2		
MOBAN TAB 5MG	2		
MOEXIPR/HCTZ TAB 15-12.5	1		
MOEXIPR/HCTZ TAB 15-25MG	1		
MOEXIPR/HCTZ TAB 7.5-12.5	1		
MOEXIPRIL TAB 15MG	1		
MOEXIPRIL TAB 7.5MG	1		
MOMETASONE CRE 0.1%	1		
MOMETASONE OIN 0.1%	1		
MOMETASONE SOL 0.1%	1		
MONONESSA TAB	1		
MORPHINE SUL INJ 0.5MG/ML	1		
MORPHINE SUL INJ 1MG/ML	1		
MORPHINE SUL INJ 5MG/ML	1		
MORPHINE SUL SOL 10MG/5ML	2		
MORPHINE SUL SOL 20MG/5ML	2		
MORPHINE SUL SOL 20MG/ML	1		
MORPHINE SUL TAB 100MG ER	1	Restrictions Apply	
MORPHINE SUL TAB 15MG	1		
MORPHINE SUL TAB 15MG ER	1	Restrictions Apply	
MORPHINE SUL TAB 200MG ER	1	Restrictions Apply	
MORPHINE SUL TAB 30MG	1		
MORPHINE SUL TAB 30MG ER	1	Restrictions Apply	
MORPHINE SUL TAB 60MG ER	1	Restrictions Apply	
MULTAQ TAB 400MG	2		
MUPIROCIN OIN 2%	1		
MUSTARGEN INJ 10MG	2		
MYCOBUTIN CAP 150MG	2		
MYCOPHENOLAT CAP 250MG	1		* Prior Authorization Required
MYCOPHENOLAT TAB 500MG	1		* Prior Authorization Required
MYDRAL SOL 0.5% OP	1		
MYDRAL SOL 1% OP	1		
MYFORTIC TAB 180MG	2		* Prior Authorization Required
MYFORTIC TAB 360MG	2		* Prior Authorization Required
MYOZYME SOL 50MG	3		
NABUMETONE TAB 500MG	1		
NABUMETONE TAB 750MG	1		
NADOLOL TAB 160MG	1		
NADOLOL TAB 20MG	1		
NADOLOL TAB 40MG	1		
NADOLOL TAB 80MG	1		
NADOLOL/BEND TAB 40-5MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
NADOLOL/BEND TAB 80-5MG	1		
NAFCILLIN INJ 10GM	1		
NAFCILLIN INJ 1GM	1		
NAGLAZYME INJ 1MG/ML	3		
NALBUPHINE INJ 10MG/ML	1		
NALBUPHINE INJ 20MG/ML	1		
NALOXONE INJ 0.4MG/ML	1		
NALOXONE INJ 1MG/ML	1		
NALTREXONE TAB 50MG	1		
NAMENDA SOL 10MG/5ML	2		
NAMENDA TAB 10MG	2		
NAMENDA TAB 5-10MG	2		
NAMENDA TAB 5MG	2		
NAPHAZOLINE SOL 0.1% OP	1		
NAPROXEN SUS 125/5ML	1		
NAPROXEN TAB 250MG	1		
NAPROXEN TAB 375MG	1		
NAPROXEN DR TAB 375MG	1		
NAPROXEN DR TAB 500MG	1		
NAPROXEN SOD TAB 275MG	1		
NAPROXEN SOD TAB 550MG	1		
NAPROXEN SOD TAB 550MG	1		
NARDIL TAB 15MG	2		
NASACORT AQ AER 55MCG/AC	2	Restrictions Apply	
NATACYN SUS 5% OP	2		
NATEGLINIDE TAB 120MG	1		
NATEGLINIDE TAB 60MG	1		
NAVANE CAP 20MG	2		
NECON TAB 0.5/35	1		
NECON TAB 1/35-28	1		
NECON TAB 1/50-28	1		
NECON TAB 10/11-28	2		
NECON 7/7/7 TAB 28 DAY	1		
NEFAZODONE TAB 100MG	1		
NEFAZODONE TAB 150MG	1		
NEFAZODONE TAB 200MG	1		
NEFAZODONE TAB 250MG	1		
NEFAZODONE TAB 50MG	1		
NEO/BAC/POLY OIN OP	1		
NEO/POLY GU SOL 40/ML IR	1		
NEO/POLY/DEX OIN 0.1% OP	1		
NEO/POLY/DEX SUS 0.1% OP	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
NEO/POLY/GRA SOL OP	1		
NEO/POLY/HC SOL 1% OTIC	1		
NEO/POLY/HC SUS 1% OTIC	1		
NEO/POLY/HC SUS OP	1		
NEOMYCIN TAB 500MG	1		
NEORAL CAP 100MG	2		* Prior Authorization Required
NEORAL CAP 25MG	2		* Prior Authorization Required
NEORAL SOL 100MG/ML	2		* Prior Authorization Required
NEPHRAMINE INJ 5.4%	2		
NEULASTA INJ 6MG/0.6M	3		Prior Authorization Required
NEUPOGEN INJ 300/0.5	3		Prior Authorization Required
NEUPOGEN INJ 480/0.8	3		Prior Authorization Required
NEUPOGEN INJ 480MCG	3		Prior Authorization Required
NEURONTIN SOL 250/5ML	2	Restrictions Apply	
NEXAVAR TAB 200MG	3		
NEXIUM CAP 20MG	2	Restrictions Apply	
NEXIUM CAP 40MG	2	Restrictions Apply	
NEXIUM GRA 10MG DR	2	Restrictions Apply	
NEXIUM GRA 20MG DR	2	Restrictions Apply	
NEXIUM GRA 40MG DR	2	Restrictions Apply	
NEXIUM I.V. INJ 20MG	2		
NEXIUM I.V. INJ 40MG	2		
NEXT CHOICE TAB 0.75MG	1		
NIACOR TAB 500MG	1		
NIASPAN TAB 1000 ER	2		
NIASPAN TAB 500MG ER	2		
NIASPAN TAB 750MG ER	2		
NICARDIPINE CAP 20MG	1		
NICARDIPINE CAP 30MG	1		
NICOTROL INH	2		
NIFEDIAC CC TAB 30MG ER	1		
NIFEDIAC CC TAB 60MG ER	1		
NIFEDIAC CC TAB 90MG ER	1		
NIFEDICAL XL TAB 30MG	1		
NIFEDICAL XL TAB 60MG	1		
NIFEDIPINE CAP 10MG	1		
NIFEDIPINE TAB 30MG ER	1		
NIFEDIPINE TAB 60MG ER	1		
NIFEDIPINE TAB 90MG ER	1		
NILANDRON TAB 150MG	2		
NIMODIPINE CAP 30MG	1		
NISOLDIPINE TAB 20MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
NISOLDIPINE TAB 30MG	1		
NISOLDIPINE TAB 40MG	1		
NITRO-DUR DIS 0.3MG/HR	2		
NITRO-DUR DIS 0.8MG/HR	2		
NITROFUR MAC CAP 50MG	1		
NITROFURANTN CAP 100MG	1		
NITROGLYCER DIS 0.1MG/HR	1		
NITROGLYCER DIS 0.2MG/HR	1		
NITROGLYCER DIS 0.4MG/HR	1		
NITROGLYCER INJ 5MG/ML	1		
NITROGLYCERI DIS 0.6MG/HR	1		
NITROLINGUAL SPR PUMPSPRA	2		
NITROSTAT SUB 0.3MG	2		
NITROSTAT SUB 0.4MG	2		
NITROSTAT SUB 0.6MG	2		
NIZATIDINE CAP 150MG	1		
NIZATIDINE CAP 300MG	1		
NIZATIDINE SOL 15MG/ML	1		
NORA-BE TAB 0.35MG	1		
NORDITROPIN INJ 10/1.5ML	3		Prior Authorization Required
NORDITROPIN INJ 15/1.5ML	3		Prior Authorization Required
NORDITROPIN INJ 15/1.5ML	3		Prior Authorization Required
NORDITROPIN INJ 5/1.5ML	3		Prior Authorization Required
NORDITROPIN INJ 5/1.5ML	3		Prior Authorization Required
NORETHIN ACE TAB 5MG	1		
NORMOSOL -M INJ /D5W	1		
NORMOSOL -R INJ /D5W	1		
NORMOSOL-R INJ PH 7.4	2		
NORPACE CAP 100MG CR	2		
NORTREL (21) TAB 1/35	1		
NORTREL (28) TAB 1/35	1		
NORTREL 28 TAB 0.5/35	1		
NORTREL7/7/7 TAB 28 DAYS	1		
NORTRIPTYLIN CAP 10MG	1		
NORTRIPTYLIN CAP 25MG	1		
NORTRIPTYLIN CAP 50MG	1		
NORTRIPTYLIN CAP 75MG	1		
NORTRIPTYLIN SOL 10MG/5ML	1		
NORVIR CAP 100MG	2		
NORVIR SOL 80MG/ML	2		
NOVAMINE INJ 15%	1		
NOVAREL INJ 10000UNT	1		* Prior Authorization Required

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
NOVOLIN INJ 70/30	2		
NOVOLIN 70/ INJ 30 INNLT	2		
NOVOLIN N INJ INNOLET	2		
NOVOLIN N INJ U-100	2		
NOVOLIN R INJ INNOLET	2		
NOVOLIN R INJ U-100	2		
NOVOLOG INJ 100/ML	2		
NOVOLOG INJ FLEXPEN	2		
NOVOLOG MIX INJ 70/30	2		
NOVOLOG MIX INJ FLEXPEN	2		
NUVARING MIS	2		
NYAMYC POW 100000	1		
NYSTAT/TRIAM CRE	1		
NYSTAT/TRIAM OIN	1		
NYSTATIN CRE 100000	1		
NYSTATIN OIN 100000	1		
NYSTATIN POW 100000	1		
NYSTATIN SUS 100000	1		
NYSTATIN TAB 500000	1		
NYSTOP POW 100000	1		
OCELLA TAB 3-0.03MG	1		
OCTREOTIDE INJ 1000MCG	3		Prior Authorization Required
OCTREOTIDE INJ 100MCG	3		Prior Authorization Required
OCTREOTIDE INJ 200MCG	3		Prior Authorization Required
OCTREOTIDE INJ 500MCG	3		Prior Authorization Required
OCTREOTIDE INJ 50MCG/ML	3		Prior Authorization Required
OCUSULF-10 SOL 10% OP	1		
OFLOXACIN DRO 0.3% OP	1		
OFLOXACIN DRO 0.3%OTIC	1		
OFLOXACIN TAB 200MG	1		
OFLOXACIN TAB 300MG	1		
OFLOXACIN TAB 400MG	1		
OGESTREL TAB	1		
OMEPRAZOLE CAP 10MG	1	Restrictions Apply	
OMEPRAZOLE CAP 20MG	1	Restrictions Apply	
OMEPRAZOLE CAP 40MG	1	Restrictions Apply	
ONCASPAR INJ 750/ML	2		
ONDANSETRON INJ 4MG/2ML	1		
ONDANSETRON SOL 4MG/5ML	1		* Prior Authorization Required
ONDANSETRON TAB 24MG	1		* Prior Authorization Required
ONDANSETRON TAB 4MG	1		* Prior Authorization Required
ONDANSETRON TAB 4MG ODT	1		* Prior Authorization Required

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ONDANSETRON TAB 8MG	1		* Prior Authorization Required
ONDANSETRON TAB 8MG ODT	1		* Prior Authorization Required
ONGLYZA TAB 2.5MG	2		
ONGLYZA TAB 5MG	2		
ONTAK INJ 150/ML	2		
ONXOL INJ 30MG/5ML	1		
OPANA ER TAB 10MG	2	Restrictions Apply	
OPANA ER TAB 15MG	2	Restrictions Apply	
OPANA ER TAB 20MG	2	Restrictions Apply	
OPANA ER TAB 30MG	2	Restrictions Apply	
OPANA ER TAB 40MG	2	Restrictions Apply	
OPANA ER TAB 5MG	2	Restrictions Apply	
OPANA ER TAB 7.5MG	2	Restrictions Apply	
ORACEA CAP 40MG	2		
ORAP TAB 1MG	2		
ORAP TAB 2MG	2		
ORFADIN CAP 10MG	3		
ORFADIN CAP 2MG	3		
ORFADIN CAP 5MG	3		
ORPH/ASA/CAF TAB	1		
ORPHEN CPD TAB DS	1		
ORPHENADRINE INJ 30MG/ML	1		
ORPHENADRINE TAB 100MG ER	1		
ORTHO EVRA DIS WEEK	2		
ORTHO TRI- TAB CYCLN LO	2		
ORTHO-EST TAB 0.625	1		
ORTHO-EST TAB 1.25	1		
OVIDE LOT 0.5%	2		
OXACILLIN INJ 10GM	1		
OXACILLIN INJ 1GM	1		
OXANDROLONE TAB 10MG	3		Prior Authorization Required
OXANDROLONE TAB 2.5MG	1		Prior Authorization Required
OXAPROZIN TAB 600MG	1		
OXCARBAZEPIN SUS 300MG/5M	1		
OXCARBAZEPIN TAB 150MG	1		
OXCARBAZEPIN TAB 300MG	1		
OXCARBAZEPIN TAB 600MG	1		
OXSORALEN-UL CAP 10MG	3		
OXYBUTYNIN SYP 5MG/5ML	1		
OXYBUTYNIN TAB 10MG ER	1		
OXYBUTYNIN TAB 15MG ER	1		
OXYBUTYNIN TAB 5MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
OXYBUTYNIN TAB 5MG ER	1		
OXYCOD/APAP CAP 5-500MG	1		
OXYCOD/APAP TAB 10-325MG	1		
OXYCOD/APAP TAB 10-650MG	1		
OXYCOD/APAP TAB 2.5-325	1		
OXYCOD/APAP TAB 5-325MG	1		
OXYCOD/APAP TAB 7.5-325	1		
OXYCOD/APAP TAB 7.5-500	1		
OXYCOD/ASA TAB	1		
OXYCOD/IBU TAB 5-400MG	1		
OXYCODONE TAB 15MG	1		
OXYCODONE TAB 30MG	1		
OXYCODONE TAB 5MG	1		
OXYCONTIN TAB 10MG CR	2	Restrictions Apply	
OXYCONTIN TAB 15MG CR	2	Restrictions Apply	
OXYCONTIN TAB 20MG CR	2	Restrictions Apply	
OXYCONTIN TAB 30MG CR	2	Restrictions Apply	
OXYCONTIN TAB 40MG CR	2	Restrictions Apply	
OXYCONTIN TAB 60MG CR	2	Restrictions Apply	
OXYCONTIN TAB 80MG CR	2	Restrictions Apply	
OXYTROL DIS 3.9MG/24	2		
PACERONE TAB 100MG	2		
PACERONE TAB 200MG	1		
PACERONE TAB 300MG	2		
PACLITAXEL INJ 300/50ML	1		
PAMIDRONATE INJ 30/10ML	1		
PAMIDRONATE INJ 90/10ML	1		
PANCRELIPASE TAB	2		
PANRETIN GEL 0.1%	3		
PANTOPRAZOLE TAB 20MG	1	Restrictions Apply	
PANTOPRAZOLE TAB 40MG	1	Restrictions Apply	
PARCAINE SOL 0.5% OP	1		
PAROMOMYCIN CAP 250MG	1		
PAROXETIN ER TAB 12.5MG	1		
PAROXETINE SUS 10MG/5ML	1		
PAROXETINE TAB 10MG	1		
PAROXETINE TAB 20MG	1		
PAROXETINE TAB 25MG ER	1		
PAROXETINE TAB 30MG	1		
PAROXETINE TAB 40MG	1		
PASER GRA 4GM	2		
PATADAY SOL 0.2%	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
PATANOL SOL 0.1% OP	2		
PEDIARIX INJ 0.5ML	2		
PEDI-DRI POW 100000	1		
PEDVAX HIB INJ	2		
PEG 3350 SOL ELECTROL	1		
PEGANONE TAB 250MG	2		
PEGASYS KIT	3		Prior Authorization Required
PEG-INTRON KIT 120 RP	3		Prior Authorization Required
PEG-INTRON KIT 120 RP	3		Prior Authorization Required
PEG-INTRON KIT 150 RP	3		Prior Authorization Required
PEG-INTRON KIT 150 RP	3		Prior Authorization Required
PEG-INTRON KIT 50MCG	3		Prior Authorization Required
PEG-INTRON KIT 50MCG RP	3		Prior Authorization Required
PEG-INTRON KIT 80MCG RP	3		Prior Authorization Required
PEG-INTRON KIT 80MCG RP	3		Prior Authorization Required
PEN G PROC INJ 600000	2		
PEN G SOD INJ 5000000	1		
PEN NEEDLES MIS 29GX1/2"	2		
PENICILLN GK INJ 20MU	1		
PENICILLN GK INJ 5MU	1		
PENICILLN VK SOL 125/5ML	1		
PENICILLN VK SOL 250/5ML	1		
PENICILLN VK TAB 250MG	1		
PENICILLN VK TAB 500MG	1		
PENTA/APAP TAB 25-650MG	1		
PENTASA CAP 250MG CR	2		
PENTASA CAP 500MG CR	2		
PENTAZOCINE/ TAB NALOXONE	1		
PENTOPAK TAB 400MG CR	1		
PENTOSTATIN INJ 10MG	1		
PENTOXIFYLLI TAB 400MG ER	1		
PENTOXIL TAB 400MG CR	1		
PEPCID SUS 40MG/5ML	2		
PERINDOPRIL TAB 2MG	1		
PERINDOPRIL TAB 4MG	1		
PERINDOPRIL TAB 8MG	1		
PERIOGARD SOL 0.12%	1		
PERMETHRIN CRE 5%	1		
PERPHEN/AMIT TAB 2-10MG	1		
PERPHEN/AMIT TAB 2-25MG	1		
PERPHEN/AMIT TAB 4-10MG	1		
PERPHEN/AMIT TAB 4-25MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
PERPHEN/AMIT TAB 4-50MG	1		
PERPHENAZINE TAB 16MG	1		
PERPHENAZINE TAB 2MG	1		
PERPHENAZINE TAB 4MG	1		
PERPHENAZINE TAB 8MG	1		
PFIZERPEN-G INJ 5MU	1		
PHENADOZ SUP 12.5MG	1		
PHENADOZ SUP 25MG	1		
PHENYTOIN INJ 50MG/ML	1		
PHENYTOIN SUS 125/5ML	1		
PHENYTOIN EX CAP 100MG	1		
PHOSLO CAP 667MG	2		
PHOTOFRIN INJ 75MG	2		
PHYSIOLYTE SOL	1		
PHYSIOSOL SOL IRRIGAT	1		
PILOCARPINE TAB 5MG	1		
PILOCARPINE TAB 7.5MG	1		
PILOPINE HS GEL 4% OP	2		
PINDOLOL TAB 10MG	1		
PINDOLOL TAB 5MG	1		
PIPER/TAZOBA INJ 3-0.375G	1		
PIROXICAM CAP 10MG	1		
PIROXICAM CAP 20MG	1		
PLAN B TAB 0.75MG	2		
PLASMA-LYTE INJ /D5W	2		
PLASMA-LYTE INJ -148	2		
PLASMA-LYTE INJ 56	2		
PLASMA-LYTE INJ 56/D5W	2		
PLASMA-LYTE INJ -A	2		
PLASMA-LYTE INJ -R	1		
PLAVIX TAB 300MG	2		
PLAVIX TAB 75MG	2		
PODOFILOX SOL 0.5%	1		
POLYCIN B OIN OP	1		
POLY-DEX OIN 0.1% OP	1		
POLY-DEX SUS 0.1% OP	1		
POLYETH GLYC POW 3350 NF	1		
POLYMYXIN B INJ 500000	1		
PORTIA-28 TAB	1		
POT CHLORIDE CAP 10MEQ ER	1		
POT CHLORIDE CAP 8MEQ ER	1		
POT CHLORIDE INJ 10MEQ	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
POT CHLORIDE INJ 10MEQ	1		
POT CHLORIDE INJ 20MEQ	1		
POT CHLORIDE INJ 2MEQ/ML	1		
POT CHLORIDE INJ 30MEQ	1		
POT CHLORIDE TAB 10MEQ CR	1		
POT CHLORIDE TAB 8MEQ SR	1		
POT CITRATE TAB 1080MG	1		
POT CITRATE TAB 540MG	1		
POT CL MICRO TAB 20MEQ ER	1		
PRANDIN TAB 0.5MG	2		
PRANDIN TAB 1MG	2		
PRANDIN TAB 2MG	2		
PRAVASTATIN TAB 10MG	1		
PRAVASTATIN TAB 20MG	1		
PRAVASTATIN TAB 40MG	1		
PRAVASTATIN TAB 80MG	1		
PRAZOSIN HCL CAP 1MG	1		
PRAZOSIN HCL CAP 2MG	1		
PRAZOSIN HCL CAP 5MG	1		
PRED SOD PHO SOL 1% OP	1		
PRED SOD PHO SOL 5MG/5ML	1		
PREDNICARBAT CRE 0.1%	1		
PREDNICARBAT OIN 0.1%	1		
PREDNISOLONE SOL 15MG/5ML	1		
PREDNISOLONE SUS 1% OP	1		
PREDNISON CON 5MG/ML	2		
PREDNISON SOL 5MG/5ML	1		
PREDNISON TAB 10MG	1		
PREDNISON TAB 1MG	1		
PREDNISON TAB 2.5MG	1		
PREDNISON TAB 20MG	1		
PREDNISON TAB 50MG	1		
PREDNISON TAB 5MG	1		
PREGNYL INJ 10000UNT	1		* Prior Authorization Required
PREMARIN INJ 25MG	2		
PREMARIN TAB 0.3MG	2		
PREMARIN TAB 0.45MG	2		
PREMARIN TAB 0.625MG	2		
PREMARIN TAB 0.9MG	2		
PREMARIN TAB 1.25MG	2		
PREMARIN VAG CRE 0.625MG	2		
PREMASOL SOL 10%	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
PREMASOL SOL 6%	1		
PREMPHASE TAB	2		
PREMPRO TAB .625-2.5	2		
PREMPRO TAB 0.3-1.5	2		
PREMPRO TAB 0.45-1.5	2		
PREMPRO TAB 0.625-5	2		
PRENATABS TAB OBN	1		
PREVALITE POW 4GM	1		
PREVALITE POW 4GM PK	1		
PREVIFEM TAB	1		
PREVPAC MIS	2		
PREZISTA TAB 400MG	3		
PREZISTA TAB 600MG	3		
PREZISTA TAB 75MG	2		
PRIFTIN TAB 150MG	2		
PRIMAXIN IM INJ 500MG	2		
PRIMAXIN IV INJ 250MG	2		
PRIMAXIN IV INJ 500MG	2		
PRIMIDONE TAB 250MG	1		
PRIMIDONE TAB 50MG	1		
PRISTIQ TAB 100MG	2		
PRISTIQ TAB 50MG	2		
PROAIR HFA AER	2	Restrictions Apply	
PROBEN/COLCH TAB 500-0.5	1		
PROBENECID TAB 500MG	1		
PROCALAMINE INJ 3%	2		
PROCHLORPER INJ 5MG/ML	1		
PROCHLORPER SUP 25MG	1		
PROCHLORPER TAB 10MG	1		
PROCHLORPER TAB 5MG	1		
PROCRIT INJ 10000/ML	3		Prior Authorization Required
PROCRIT INJ 2000/ML	2		Prior Authorization Required
PROCRIT INJ 20000/ML	3		Prior Authorization Required
PROCRIT INJ 3000/ML	2		Prior Authorization Required
PROCRIT INJ 4000/ML	2		Prior Authorization Required
PROCRIT INJ 40000/ML	3		Prior Authorization Required
PROCTOCREAM CRE -HC 2.5%	1		
PROCTO-PAK CRE 1%	1		
PROCTOSOL HC CRE 2.5%	1		
PROCTOZONE CRE -HC 2.5%	1		
PROGLYCEM SUS 50MG/ML	2		
PROGRAF CAP 0.5MG	2		* Prior Authorization Required

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
PROGRAF CAP 1MG	2		* Prior Authorization Required
PROGRAF CAP 5MG	2		* Prior Authorization Required
PROLEUKIN INJ 22MU	3		
PROMACTA TAB 25MG	3		
PROMACTA TAB 50MG	3		
PROMETHAZINE INJ 25MG/ML	1		
PROMETHAZINE INJ 50MG/ML	1		
PROMETHAZINE SUP 12.5MG	1		
PROMETHAZINE SUP 25MG	1		
PROMETHAZINE SYP 6.25/5ML	1		
PROMETHAZINE TAB 12.5MG	1		
PROMETHAZINE TAB 25MG	1		
PROMETHAZINE TAB 50MG	1		
PROMETHEGAN SUP 25MG	1		
PROMETHEGAN SUP 50MG	1		
PROPAFENONE TAB 150MG	1		
PROPAFENONE TAB 225MG	1		
PROPAFENONE TAB 300MG	1		
PROPANTHELIN TAB 15MG	1		
PROPARACAINE SOL 0.5% OP	1		
PROPO-N/APAP TAB 100-500	1		
PROPO-N/APAP TAB 100-650	1		
PROPO-N/APAP TAB 50/325	1		
PROPOXY HCL CAP 65MG	1		
PROPOXY/APAP TAB 65-650MG	1		
PROPRAN/HCTZ TAB 40/25	1		
PROPRAN/HCTZ TAB 80/25	1		
PROPRANOLOL CAP 120MG ER	1		
PROPRANOLOL CAP 160MG ER	1		
PROPRANOLOL CAP 60MG ER	1		
PROPRANOLOL CAP 80MG ER	1		
PROPRANOLOL INJ 1MG/ML	1		
PROPRANOLOL SOL 20MG/5ML	1		
PROPRANOLOL SOL 40MG/5ML	1		
PROPRANOLOL TAB 10MG	1		
PROPRANOLOL TAB 20MG	1		
PROPRANOLOL TAB 40MG	1		
PROPRANOLOL TAB 60MG	1		
PROPRANOLOL TAB 80MG	1		
PROPYLTHIOUR TAB 50MG	1		
PROQUAD INJ	2		
PROSOL INJ 20%	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
PROTOPIC OIN 0.03%	2		
PROTOPIC OIN 0.1%	2		
PROTRIPTYLIN TAB 10MG	1		
PROTRIPTYLIN TAB 5MG	1		
PROVIGIL TAB 100MG	2		Prior Authorization Required
PROVIGIL TAB 200MG	2		Prior Authorization Required
PULMOZYME SOL 1MG/ML	3		
PYRAZINAMIDE TAB 500MG	1		
PYRIDOSTIGM TAB 60MG	1		
QNAPRIL/HCTZ TAB 10-12.5	1		
QNAPRIL/HCTZ TAB 20-12.5	1		
QNAPRIL/HCTZ TAB 20-25MG	1		
QUALAQUIN CAP 324MG	2		
QUASENSE TAB	1		
QUINAPRIL TAB 10MG	1		
QUINAPRIL TAB 20MG	1		
QUINAPRIL TAB 40MG	1		
QUINAPRIL TAB 5MG	1		
QUINARETIC TAB 10-12.5	1		
QUINARETIC TAB 20-12.5	1		
QUINARETIC TAB 20-25MG	1		
QUINIDINE GL TAB 324MG CR	1		
QUINIDINE SU TAB 200MG	1		
QUINIDINE SU TAB 300MG	1		
QUINIDINE SU TAB 300MG ER	1		
QVAR AER 40MCG	2	Restrictions Apply	
QVAR AER 80MCG	2	Restrictions Apply	
RABAVERT INJ	2		
RAMIPRIL CAP 1.25MG	1		
RAMIPRIL CAP 10MG	1		
RAMIPRIL CAP 2.5MG	1		
RAMIPRIL CAP 5MG	1		
RANEXA TAB 1000MG	2		
RANEXA TAB 500MG	2		
RANITIDINE CAP 150MG	1		
RANITIDINE CAP 300MG	1		
RANITIDINE INJ 150/6ML	1		
RANITIDINE SYP 15MG/ML	1		
RANITIDINE TAB 150MG	1		
RANITIDINE TAB 300MG	1		
RAPAMUNE SOL 1MG/ML	2		* Prior Authorization Required
RAPAMUNE TAB 1MG	2		* Prior Authorization Required

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
RAPAMUNE TAB 2MG	2		* Prior Authorization Required
RAZADYNE SOL 4MG/ML	2		
REBETOL SOL 40MG/ML	3		Prior Authorization Required
REBIF INJ 22/0.5	3		
REBIF INJ 44/0.5	3		
REBIF TITRTN SOL PACK	3		
RECLIPSEN TAB	1		
RECOMBIVA-HB INJ 10MCG/ML	2		
RECOMBIVA-HB INJ 40MCG/ML	2		
REGONOL INJ 5MG/ML	2		
REGRANEX GEL 0.01%	3		Prior Authorization Required
RELENZA MIS DISKHALE	2		
RELION 70/30 INJ 100/ML	2		
RELION N INJ 100/ML	2		
RELION R INJ 100/ML	2		
RELISTOR INJ 12/0.6ML	2		
REMICADE INJ 100MG	3		Prior Authorization Required
RENAMIN INJ 6.5%	2		
RENVELA PAK 0.8GM	2		
RENVELA PAK 2.4GM	2		
RENVELA TAB 800MG	2		
RESCRIPTOR TAB 100 MG	2		
RESCRIPTOR TAB 200MG	2		
RESERPINE TAB 0.1MG	1		
RESERPINE TAB 0.25MG	1		
RESTASIS EMU 0.05%	2		
RETROVIR INJ 10MG/ML	2		
REVATIO TAB 20MG	3		Prior Authorization Required
REVLIMID CAP 10MG	3		PA Required for New Treatments
REVLIMID CAP 15MG	3		PA Required for New Treatments
REVLIMID CAP 25MG	3		PA Required for New Treatments
REVLIMID CAP 5MG	3		PA Required for New Treatments
REYATAZ CAP 100MG	2		
REYATAZ CAP 150MG	2		
REYATAZ CAP 200MG	2		
REYATAZ CAP 300MG	2		
RHEUMATREX TAB 2.5MG	2		
RIBAPAK PAK 1000/DAY	3		Prior Authorization Required
RIBAPAK PAK 1200/DAY	3		Prior Authorization Required
RIBAPAK PAK 800/DAY	3		Prior Authorization Required
RIBASPHERE CAP 200MG	3		Prior Authorization Required
RIBASPHERE TAB 200MG	1		Prior Authorization Required

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
RIBASPHERE TAB 400MG	3		Prior Authorization Required
RIBASPHERE TAB 600MG	3		Prior Authorization Required
RIBAVIRIN CAP 200MG	3		Prior Authorization Required
RIBAVIRIN TAB 200MG	1		Prior Authorization Required
RIBAVIRIN TAB 400MG	3		Prior Authorization Required
RIBAVIRIN TAB 600MG	3		Prior Authorization Required
RIDAURA CAP 3MG	2		
RIFAMPIN CAP 150MG	1		
RIFAMPIN CAP 300MG	1		
RIFAMPIN INJ 600 MG	1		
RILUTEK TAB 50MG	3		
RIMANTADINE TAB 100MG	1		
RINGERS INJ	1		
RINGERS IRR SOL	1		
RISPERDAL INJ 12.5MG	2		
RISPERDAL INJ 25MG	2		
RISPERDAL INJ 37.5MG	2		
RISPERDAL INJ 50MG	2		
RISPERDAL M TAB 1MG	2		
RISPERIDONE SOL 1MG/ML	1		
RISPERIDONE TAB 0.25 ODT	1		
RISPERIDONE TAB 0.25MG	1		
RISPERIDONE TAB 0.5MG	1		
RISPERIDONE TAB 0.5MG OD	1		
RISPERIDONE TAB 1MG	1		
RISPERIDONE TAB 1MG ODT	1		
RISPERIDONE TAB 2MG	1		
RISPERIDONE TAB 2MG ODT	1		
RISPERIDONE TAB 3MG	1		
RISPERIDONE TAB 3MG ODT	1		
RISPERIDONE TAB 4MG	1		
RISPERIDONE TAB 4MG ODT	1		
RITUXAN INJ 500MG	3		Prior Authorization Required
ROBAXIN INJ 100MG/ML	2		
ROMYCIN OIN OP	1		
ROPINIROLE TAB 0.25MG	1		
ROPINIROLE TAB 0.5MG	1		
ROPINIROLE TAB 1MG	1		
ROPINIROLE TAB 2MG	1		
ROPINIROLE TAB 3MG	1		
ROPINIROLE TAB 4MG	1		
ROPINIROLE TAB 5MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ROTATEQ SUS	2		
ROXICET SOL 5-325/5	2		
ROXICET TAB 5-325MG	1		
RYTHMOL SR CAP 225MG	2		
RYTHMOL SR CAP 325MG	2		
RYTHMOL SR CAP 425MG	2		
SABRIL POW 500MG	3		
SABRIL TAB 500MG	3		
SAIZEN INJ 5MG	3		Prior Authorization Required
SAIZEN INJ 8.8MG	3		Prior Authorization Required
SANCTURA TAB 20MG	2		
SANCTURA XR CAP 60MG	2		
SANCUSO DIS 3.1MG	2	Restrictions Apply	
SANDIMMUNE CAP 100MG	2		* Prior Authorization Required
SANDIMMUNE CAP 25MG	2		* Prior Authorization Required
SANDIMMUNE SOL 100MG/ML	2		* Prior Authorization Required
SANDOSTATIN KIT LAR 10MG	3		Prior Authorization Required
SANDOSTATIN KIT LAR 20MG	3		Prior Authorization Required
SANDOSTATIN KIT LAR 30MG	3		Prior Authorization Required
SANTYL OIN 250/GM	2		
SAPHRIS SUB 10MG	2		
SAPHRIS SUB 5MG	2		
SAVELLA MIS TITR PAK	2		
SAVELLA TAB 100MG	2		
SAVELLA TAB 12.5MG	2		
SAVELLA TAB 25MG	2		
SAVELLA TAB 50MG	2		
SELEGILINE CAP 5MG	1		
SELEGILINE TAB 5MG	1		
SELENIUM SUL SHA 2.5%	1		
SELFEMRA CAP 10MG	1		
SELFEMRA CAP 20MG	1		
SELZENTRY TAB 150MG	3		
SELZENTRY TAB 300MG	3		
SENSIPAR TAB 30MG	2		
SENSIPAR TAB 60MG	3		
SENSIPAR TAB 90MG	3		
SEREVENT DIS AER 50MCG	2	Restrictions Apply	
SEROMYCIN CAP 250MG	2		
SEROQUEL TAB 100MG	2		
SEROQUEL TAB 200MG	2		
SEROQUEL TAB 25MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
SEROQUEL TAB 300MG	2		
SEROQUEL TAB 400MG	2		
SEROQUEL TAB 50MG	2		
SEROQUEL XR TAB 150MG	2		
SEROQUEL XR TAB 200MG	2		
SEROQUEL XR TAB 300MG	2		
SEROQUEL XR TAB 400MG	2		
SEROQUEL XR TAB 50MG	2		
SERTRALINE CON 20MG/ML	1		
SERTRALINE TAB 100MG	1		
SERTRALINE TAB 25MG	1		
SERTRALINE TAB 50MG	1		
SILVER SULFA CRE 1%	1		
SIMCOR TAB 1000-20	2		
SIMCOR TAB 500-20MG	2		
SIMCOR TAB 750-20MG	2		
SIMVASTATIN TAB 10MG	1		
SIMVASTATIN TAB 20MG	1		
SIMVASTATIN TAB 40MG	1		
SIMVASTATIN TAB 5MG	1		
SIMVASTATIN TAB 80MG	1		
SINGULAIR CHW 4MG	2		
SINGULAIR CHW 5MG	2		
SINGULAIR GRA 4MG	2		
SINGULAIR TAB 10MG	2		
SKELAXIN TAB 800MG	2		
SMZ/TMP DS TAB 800-160	1		
SMZ-TMP INJ 400-80/5	1		
SMZ-TMP SUS 200-40/5	1		
SMZ-TMP TAB 400-80MG	1		
SOD BICARB INJ 7.5%	1		
SOD BICARB INJ 8.4%	1		
SOD CHLORIDE INJ 0.45%	1		
SOD CHLORIDE INJ 0.9%	1		
SOD CHLORIDE INJ 2.5/ML	1		
SOD CHLORIDE INJ 3%	1		
SOD CHLORIDE INJ 5%	1		
SOD FLUORIDE TAB 1MG F	1		
SOD LACTATE INJ 1/6M	1		
SOD LACTATE INJ 5MEQ/ML	1		
SOD POLY SUL POW	1		
SOD SULFACET SOL 10% OP	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
SODIUM CHLOR SOL 0.9% IRR	1		
SOLARAZE GEL 3% W/W	2		
SOLIA TAB	1		
SOLU-CORTEF INJ 250MG	2		
SOMATULINE INJ 120/.5ML	3		Prior Authorization Required
SOMATULINE INJ 90/0.3ML	3		Prior Authorization Required
SOMAVERT INJ 10MG	3		Prior Authorization Required
SOMAVERT INJ 15MG	3		Prior Authorization Required
SOMAVERT INJ 20MG	3		Prior Authorization Required
SORINE TAB 120MG	1		
SORINE TAB 160MG	1		
SORINE TAB 240MG	1		
SORINE TAB 80MG	1		
SOTALOL HCL TAB 120MG	1		
SOTALOL HCL TAB 160MG	1		
SOTALOL HCL TAB 240MG	1		
SOTALOL HCL TAB 80MG	1		
SOTRET CAP 10MG	1		
SOTRET CAP 20MG	1		
SOTRET CAP 30MG	1		
SOTRET CAP 40MG	1		
SPIRIVA CAP HANDIHLR	2	Restrictions Apply	
SPIRONO/HCTZ TAB 25/25	1		
SPIRONOLACT TAB 100MG	1		
SPIRONOLACT TAB 25MG	1		
SPIRONOLACT TAB 50MG	1		
SPRINTEC 28 TAB 28 DAY	1		
SPRYCEL TAB 100MG	3		
SPRYCEL TAB 20MG	3		
SPRYCEL TAB 50MG	3		
SPRYCEL TAB 70MG	3		
SRONYX TAB	1		
SSD CRE 1%	1		
STAGESIC CAP 500-5MG	1		
STALEVO 100 TAB	2		
STALEVO 125 TAB	2		
STALEVO 150 TAB	2		
STALEVO 200 TAB	2		
STALEVO 50 TAB	2		
STALEVO 75 TAB	2		
STAVUDINE CAP 15MG	1		
STAVUDINE CAP 20MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
STAVUDINE CAP 30MG	1		
STAVUDINE CAP 40MG	1		
STAVUDINE SOL 1MG/ML	1		
STERIL WATER SOL IRRIG	1		
STRATTERA CAP 100MG	2		Prior Authorization Required
STRATTERA CAP 10MG	2		Prior Authorization Required
STRATTERA CAP 18MG	2		Prior Authorization Required
STRATTERA CAP 25MG	2		Prior Authorization Required
STRATTERA CAP 40MG	2		Prior Authorization Required
STRATTERA CAP 60MG	2		Prior Authorization Required
STRATTERA CAP 80MG	2		Prior Authorization Required
STREPTOMYCIN INJ 1GM	1		
SUBOXONE SUB 2-0.5MG	2		
SUBOXONE SUB 8-2MG	2		
SUBUTEX SUB 2MG	2		
SUBUTEX SUB 8MG	2		
SUCRAID SOL 8500/ML	3		
SUCRALFATE TAB 1GM	1		
SULF/PRED NA SOL OP	1		
SULFACETAMID LOT 10%	1		
SULFADIAZINE TAB 500MG	1		
SULFASALAZIN TAB 500MG	1		
SULFATRIM SUS 200-40/5	1		
SULFAZINE TAB 500MG	1		
SULFAZINE EC TAB 500MG	1		
SULINDAC TAB 150MG	1		
SULINDAC TAB 200MG	1		
SUMATRIPTAN INJ 4MG/0.5	1	Restrictions Apply	
SUMATRIPTAN INJ 6MG/0.5	1	Restrictions Apply	
SUMATRIPTAN INJ 6MG/0.5	1	Restrictions Apply	
SUMATRIPTAN TAB 100MG	1	Restrictions Apply	
SUMATRIPTAN TAB 25MG	1	Restrictions Apply	
SUMATRIPTAN TAB 50MG	1	Restrictions Apply	
SUPRAX SUS 100/5ML	2		
SUPRAX SUS 200/5ML	2		
SUPRAX TAB 400MG	2		
SURMONTIL CAP 100MG	2		
SUSTIVA CAP 200MG	2		
SUSTIVA CAP 50MG	2		
SUSTIVA TAB 600MG	2		
SUTENT CAP 12.5MG	3		
SUTENT CAP 25MG	3		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
SUTENT CAP 50MG	3		
SYMBICORT AER 160-4.5	2	Restrictions Apply	
SYMBICORT AER 80-4.5	2	Restrictions Apply	
SYMLIN INJ 600MCG	2		
SYMLINPEN 60 INJ 1000MCG	2		
SYMLN PEN 120 INJ 1000MCG	2		
SYNAREL SOL 2MG/ML	2		
SYNTHROID TAB 100MCG	2		
SYNTHROID TAB 112MCG	2		
SYNTHROID TAB 125MCG	2		
SYNTHROID TAB 137MCG	2		
SYNTHROID TAB 150MCG	2		
SYNTHROID TAB 175MCG	2		
SYNTHROID TAB 200MCG	2		
SYNTHROID TAB 25MCG	2		
SYNTHROID TAB 300MCG	2		
SYNTHROID TAB 50MCG	2		
SYNTHROID TAB 75MCG	2		
SYNTHROID TAB 88MCG	2		
SYPRINE CAP 250MG	2		
TABLOID TAB 40MG	2		
TACROLIMUS CAP 0.5MG	1		* Prior Authorization Required
TACROLIMUS CAP 1MG	1		* Prior Authorization Required
TACROLIMUS CAP 5MG	1		* Prior Authorization Required
TAMIFLU CAP 30MG	2		
TAMIFLU CAP 45MG	2		
TAMIFLU CAP 75MG	2		
TAMIFLU SUS 12MG/ML	2		
TAMOXIFEN TAB 10MG	1		
TAMOXIFEN TAB 20MG	1		
TARCEVA TAB 100MG	3		
TARCEVA TAB 150MG	3		
TARCEVA TAB 25MG	3		
TARGRETIN CAP 75MG	3		
TARGRETIN GEL 1%	3		
TASIGNA CAP 200MG	3		
TAXOTERE INJ 80MG/2ML	3		
TAZICEF INJ 1GM	1		
TAZICEF INJ 2GM	1		
TAZICEF INJ 6GM	1		
TAZTIA XT CAP 120MG/24	1		
TAZTIA XT CAP 180MG/24	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
TAZTIA XT CAP 240MG/24	1		
TAZTIA XT CAP 300MG/24	1		
TAZTIA XT CAP 360MG/24	1		
TEGRETOL XR TAB 100MG	2		
TEKTURNA TAB 150MG	2		
TEKTURNA TAB 300MG	2		
TEKTURNA HCT TAB 150-12.5	2		
TEKTURNA HCT TAB 150-25MG	2		
TEKTURNA HCT TAB 300-12.5	2		
TEKTURNA HCT TAB 300-25MG	2		
TERAZOSIN CAP 10MG	1		
TERAZOSIN CAP 1MG	1		
TERAZOSIN CAP 2MG	1		
TERAZOSIN CAP 5MG	1		
TERBINAFINE TAB 250MG	1		Prior Authorization Required
TERBUTALINE INJ 1MG/ML	1		
TERBUTALINE TAB 2.5MG	1		
TERBUTALINE TAB 5MG	1		
TERCONAZOLE CRE 0.4%	1		
TERCONAZOLE CRE 0.8%	1		
TERCONAZOLE SUP 80MG	1		
TESTIM GEL 1%(50MG)	2		Prior Authorization Required
TESTOST CYP INJ 100MG/ML	1		
TESTOST ENAN INJ 200MG/ML	1		
TET/DIP TOX INJ 2-2 LF	2		
TETANUS TOX INJ 5LF ADS	2		
TETRACYCLINE CAP 250MG	1		
TETRACYCLINE CAP 500MG	1		
TEV-TROPIN INJ 5MG	3		Prior Authorization Required
TEXACORT SOL 2.5%	2		
THALITONE TAB 15MG	2		
THALOMID CAP 100MG	3		PA Required for New Treatments
THALOMID CAP 150MG	3		PA Required for New Treatments
THALOMID CAP 200MG	3		PA Required for New Treatments
THALOMID CAP 50MG	3		PA Required for New Treatments
THEO-24 CAP 100MG CR	2		
THEO-24 CAP 200MG CR	2		
THEO-24 CAP 300MG CR	2		
THEO-24 CAP 400MG ER	2		
THEOCHRON TAB 100MG CR	1		
THEOCHRON TAB 200MG CR	1		
THEOCHRON TAB 300MG CR	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
THEOPHYLLINE TAB 100MG ER	1		
THEOPHYLLINE TAB 200MG CR	1		
THEOPHYLLINE TAB 200MG ER	1		
THEOPHYLLINE TAB 300MG CR	1		
THEOPHYLLINE TAB 300MG ER	1		
THEOPHYLLINE TAB 400MG ER	1		
THEOPHYLLINE TAB 450MG ER	1		
THEOPHYLLINE TAB 600MG ER	1		
THERMAZENE CRE 1%	1		
THIOLA TAB 100MG	2		
THIORIDAZINE TAB 100MG	1		
THIORIDAZINE TAB 10MG	1		
THIORIDAZINE TAB 25MG	1		
THIORIDAZINE TAB 50MG	1		
THIOTEPA INJ 15MG	1		
THIOTHIXENE CAP 10MG	1		
THIOTHIXENE CAP 1MG	1		
THIOTHIXENE CAP 2MG	1		
THIOTHIXENE CAP 5MG	1		
TICLOPIDINE TAB 250MG	1		
TIKOSYN CAP 125MCG	2		
TIKOSYN CAP 250MCG	2		
TIKOSYN CAP 500MCG	2		
TIMOLOL GEL SOL 0.25% OP	1		
TIMOLOL GEL SOL 0.5% OP	1		
TIMOLOL MAL SOL 0.25% OP	1		
TIMOLOL MAL SOL 0.5% OP	1		
TIMOLOL MAL TAB 10MG	1		
TIMOLOL MAL TAB 20MG	1		
TIMOLOL MAL TAB 5MG	1		
TINDAMAX TAB 250MG	2		
TINDAMAX TAB 500MG	2		
TIS-U-SOL SOL	1		
TIZANIDINE TAB 2MG	1		
TIZANIDINE TAB 4MG	1		
TOBI NEB 300/5ML	3		
TOBRAMYCIN INJ 10MG/ML	1		
TOBRAMYCIN INJ 80MG/2ML	1		
TOBRAMYCIN SOL 0.3% OP	1		
TOBRAMYCIN/ SUS DEXAMETH	1		
TOBRASOL SOL 0.3% OP	1		
TOBREX OIN 0.3% OP	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
TOLAZAMIDE TAB 250MG	1		
TOLAZAMIDE TAB 500MG	1		
TOLBUTAMIDE TAB 500MG	1		
TOLMETIN SOD CAP 400MG	1		
TOLMETIN SOD TAB 200MG	1		
TOLMETIN SOD TAB 600MG	1		
TOPIRAMATE CAP 15MG	1		
TOPIRAMATE CAP 25MG	1		
TOPIRAMATE TAB 100MG	1		
TOPIRAMATE TAB 200MG	1		
TOPIRAMATE TAB 25MG	1		
TOPIRAMATE TAB 50MG	1		
TOPOSAR INJ 1GM/50ML	1		
TORSEMIDE TAB 100MG	1		
TORSEMIDE TAB 10MG	1		
TORSEMIDE TAB 20MG	1		
TORSEMIDE TAB 5MG	1		
TPN ELECTROL INJ	1		
TRACLEER TAB 125MG	3		
TRACLEER TAB 62.5MG	3		
TRAMADL/APAP TAB	1		
TRAMADOL HCL TAB 100MG ER	1		
TRAMADOL HCL TAB 200MG ER	1		
TRAMADOL HCL TAB 50MG	1		
TRANDOLAPRIL TAB 1MG	1		
TRANDOLAPRIL TAB 2MG	1		
TRANDOLAPRIL TAB 4MG	1		
TRANSDERM-SC DIS 1.5MG	2		
TRANLYCYPROM TAB 10MG	1		
TRAVASOL INJ 10%	2		
TRAVASOL INJ 5.5%	2		
TRAVASOL 3.5 INJ /LYTES	1		
TRAVASOL 8.5 INJ /LYTES	1		
TRAVASOL/D10 INJ 2.75%	2		
TRAVASOL/D10 INJ 8.5%	2		
TRAVASOL/D20 INJ 8.5%	2		
TRAVASOL/D5 INJ 2.75%	2		
TRAVASOL/D50 INJ 8.5%	2		
TRAZODONE TAB 100MG	1		
TRAZODONE TAB 150MG	1		
TRAZODONE TAB 300MG	1		
TRAZODONE TAB 50MG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
TREANDA INJ 100MG	3		
TRECTOR TAB 250MG	2		
TRELSTAR DEP INJ 3.75MG	2		
TRELSTAR LA INJ 11.25MG	2		
TRETINOIN CAP 10MG	3		
TRETINOIN CRE 0.025%	1		Prior Authorization Required
TRETINOIN CRE 0.05%	1		Prior Authorization Required
TRETINOIN CRE 0.1%	1		Prior Authorization Required
TRETINOIN GEL 0.01%	1		Prior Authorization Required
TRETINOIN GEL 0.025%	1		Prior Authorization Required
TREZIX CAP	1		
TRIAM/HCTZ CAP 37.5-25	1		
TRIAMCIN/ORA PST 0.1%	1		
TRIAMCINOLON CRE 0.025%	1		
TRIAMCINOLON CRE 0.1%	1		
TRIAMCINOLON CRE 0.5%	1		
TRIAMCINOLON LOT 0.025%	1		
TRIAMCINOLON LOT 0.1%	1		
TRIAMCINOLON OIN 0.025%	1		
TRIAMCINOLON OIN 0.1%	1		
TRIAMCINOLON OIN 0.5%	1		
TRIAMT/HCTZ CAP 50-25MG	1		
TRIAMT/HCTZ TAB 37.5-25	1		
TRIAMT/HCTZ TAB 75-50MG	1		
TRICOR TAB 145MG	2		
TRICOR TAB 48MG	2		
TRIDERM CRE 0.1%	1		
TRIDERM OIN 0.1%	1		
TRIFLUOPERAZ TAB 10MG	1		
TRIFLUOPERAZ TAB 1MG	1		
TRIFLUOPERAZ TAB 2MG	1		
TRIFLUOPERAZ TAB 5MG	1		
TRIFLURIDINE SOL 1% OP	1		
TRIHXYPHEN ELX 0.4MG/ML	1		
TRIHXYPHEN TAB 2MG	1		
TRIHXYPHEN TAB 5MG	1		
TRIHIBIT KIT P/F	2		
TRI-LEGEST TAB FE	1		
TRILEPTAL SUS 300MG/5M	2		
TRILIPIX CAP 135MG	2		
TRILIPIX CAP 45MG	2		
TRILYTE SOL	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
TRIMETHOBENZ CAP 300MG	1		
TRIMETHOBENZ INJ 100MG/ML	1		
TRIMETHOPRIM SOL POLYMYXN	1		
TRIMETHOPRIM TAB 100MG	1		
TRIMIPRAMINE CAP 25MG	1		
TRIMIPRAMINE CAP 50MG	1		
TRIMOX CAP 500MG	1		
TRINESSA TAB	1		
TRIPEDIA SUS P/F	2		
TRI-PREVIFEM TAB	1		
TRISENOX SOL 10MG/10M	2		
TRI-SPRINTEC TAB	1		
TRIVORA-28 TAB	1		
TRIZIVIR TAB	2		
TROPHAMINE INJ 10%	2		
TROPHAMINE INJ 6%	2		
TROPICACYL SOL 0.5% OP	1		
TROPICACYL SOL 1% OP	1		
TROPICAMIDE SOL 0.5% OP	1		
TROPICAMIDE SOL 1% OP	1		
TRUVADA TAB	2		
TWINRIX INJ	2		
TYGACIL INJ 50MG	3		
TYKERB TAB 250MG	3		
TYPHIM VI INJ	2		
TYZEKA TAB 600MG	2		
TYZINE SOL 0.1%	2		
TYZINE PED DRO 0.05%	2		
U-CORT CRE 1%	1		
ULTRASE CAP	2		
ULTRASE MT12 CAP	2		
ULTRASE MT18 CAP	2		
ULTRASE MT20 CAP	2		
UNITHROID TAB 100MCG	1		
UNITHROID TAB 112MCG	1		
UNITHROID TAB 125MCG	1		
UNITHROID TAB 137MCG	1		
UNITHROID TAB 150MCG	1		
UNITHROID TAB 175MCG	1		
UNITHROID TAB 200MCG	1		
UNITHROID TAB 25MCG	1		
UNITHROID TAB 300MCG	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
UNITHROID TAB 50MCG	1		
UNITHROID TAB 75MCG	1		
UNITHROID TAB 88MCG	1		
UROXATRAL TAB 10MG	2		
URSODIOL CAP 300MG	1		
URSODIOL TAB 250MG	1		
URSODIOL TAB 500MG	1		
VAGIFEM TAB 25MCG	2		
VALACYCLOVIR TAB 1GM	1		
VALACYCLOVIR TAB 500MG	1		
VALCYTE TAB 450MG	3		
VALPROATE INJ 100 MG/M	1		
VALPROIC ACD CAP 250MG	1		
VALPROIC ACD SYP 250/5ML	1		
VALTREX TAB 1GM	2		
VALTREX TAB 500MG	2		
VALTURNA TAB 150-160	2		
VALTURNA TAB 300-320	2		
VANACET TAB 5-500MG	1		
VANCOCIN HCL CAP 125MG	3		
VANCOCIN HCL CAP 250MG	3		
VANCOMYC/DEX INJ 1GM	2		
VANCOMYCIN INJ 1000MG	1		
VANCOMYCIN INJ 10GM	1		
VANDAZOLE GEL 0.75%	1		
VAQTA INJ 25/0.5ML	2		
VARIVAX INJ	2		
VEETIDS SOL 125/5ML	1		
VEETIDS TAB 250MG	1		
VEETIDS TAB 500MG	1		
VELCADE INJ 3.5MG	3		
VELIVET PAK	1		
VENLAFAXINE TAB 100MG	1		
VENLAFAXINE TAB 150MG ER	2		
VENLAFAXINE TAB 225MG ER	2		
VENLAFAXINE TAB 25MG	1		
VENLAFAXINE TAB 37.5 ER	2		
VENLAFAXINE TAB 37.5MG	1		
VENLAFAXINE TAB 50MG	1		
VENLAFAXINE TAB 75MG	1		
VENLAFAXINE TAB 75MG ER	2		
VENTAVIS SOL 10MCG/ML	3		* Prior Authorization Required

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
VERAPAMIL CAP 100MG ER	1		
VERAPAMIL CAP 120MG ER	1		
VERAPAMIL CAP 180MG ER	1		
VERAPAMIL CAP 200MG ER	1		
VERAPAMIL CAP 240MG ER	1		
VERAPAMIL CAP 300MG ER	1		
VERAPAMIL INJ 2.5MG/ML	1		
VERAPAMIL TAB 120MG	1		
VERAPAMIL TAB 120MG ER	1		
VERAPAMIL TAB 180MG ER	1		
VERAPAMIL TAB 240MG ER	1		
VERAPAMIL TAB 40MG	1		
VERAPAMIL TAB 80MG	1		
VESANOID CAP 10MG	3		
VESICARE TAB 10MG	2		
VESICARE TAB 5MG	2		
VFEND SUS 40MG/ML	3		
VFEND TAB 200MG	3		
VFEND TAB 50MG	3		
VFEND IV INJ 200MG	3		
VICODIN HP TAB 10-660MG	1		
VIDAZA INJ 100MG	3		
VIDEX SOL 2GM	2		
VIGAMOX DRO 0.5%	2		
VIMPAT INJ 200MG/20	2		
VIMPAT TAB 100MG	2		
VIMPAT TAB 150MG	2		
VIMPAT TAB 200MG	2		
VIMPAT TAB 50MG	2		
VINBLASTINE INJ 10MG	2		
VINCASAR PFS INJ 1MG/ML	1		
VINCRISTINE INJ 1MG/ML	1		
VINORELBINE INJ 10MG/ML	1		
VIKASE POW	2		
VIKASE 16 TAB	2		
VIRACEPT POW 50MG/GM	2		
VIRACEPT TAB 250MG	2		
VIRACEPT TAB 625MG	2		
VIRAMUNE SUS 50MG/5ML	2		
VIRAMUNE TAB 200MG	2		
VIREAD TAB 300MG	2		
VIVELLE-DOT DIS 0.025MG	2		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
VIVELLE-DOT DIS 0.0375MG	2		
VIVELLE-DOT DIS 0.05MG	2		
VIVELLE-DOT DIS 0.075MG	2		
VIVELLE-DOT DIS 0.1MG	2		
VIVOTIF BERN CAP EC	2		
VOLTAREN GEL 1%	2		
VOTRIENT TAB 200MG	3		
WARFARIN TAB 10MG	1		
WARFARIN TAB 1MG	1		
WARFARIN TAB 2.5MG	1		
WARFARIN TAB 2MG	1		
WARFARIN TAB 3MG	1		
WARFARIN TAB 4MG	1		
WARFARIN TAB 5MG	1		
WARFARIN TAB 6MG	1		
WARFARIN TAB 7.5MG	1		
WELCHOL TAB 625MG	2		
XALATAN SOL 0.005%	2		
XENAZINE TAB 12.5MG	3		Prior Authorization Required
XENAZINE TAB 25MG	3		Prior Authorization Required
XIBROM SOL 0.09%	2		
XOLAIR SOL 150MG	3		Prior Authorization Required
XYREM SOL 500MG/ML	3		
YF-VAX INJ	2		
ZALEPLON CAP 10MG	1	Restrictions Apply	
ZALEPLON CAP 5MG	1	Restrictions Apply	
ZAVESCA CAP 100MG	3		
ZAZOLE CRE 0.4%	1		
ZAZOLE CRE 0.8%	1		
ZAZOLE SUP 80MG	1		
ZENPEP CAP 10000UNT	2		
ZENPEP CAP 15000UNT	2		
ZENPEP CAP 20000UNT	2		
ZENPEP CAP 5000UNIT	2		
ZERLOR TAB	1		
ZETIA TAB 10MG	2		
ZIAGEN SOL 20MG/ML	2		
ZIAGEN TAB 300MG	2		
ZIDOVUDINE CAP 100MG	1		
ZIDOVUDINE SYP 50MG/5ML	1		
ZIDOVUDINE TAB 300MG	1		
ZINACEF INJ 7.5 GM	1		

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2010 STERLING RETIREE Rx (Employer Group PDP) 3 TIER FORMULARY

DRUG NAME	TIER	QUANTITY LIMIT	PRIOR AUTHORIZATION
ZOLINZA CAP 100MG	3		
ZOLPIDEM TAB 10MG	1	Restrictions Apply	
ZOLPIDEM TAB 5MG	1	Restrictions Apply	
ZOMETA INJ 4MG/5ML	3		
ZONALON CRE 5%	2		
ZONISAMIDE CAP 100MG	1		
ZONISAMIDE CAP 25MG	1		
ZONISAMIDE CAP 50MG	1		
ZOSTAVAX INJ	2		
ZOSYN SOL 2-0.25GM	2		
ZOSYN SOL 3-0.375G	2		
ZOVIA 1/35E TAB	1		
ZOVIA 1/50E TAB	1		
ZOVIRAX CRE 5%	2		
ZOVIRAX OIN 5%	2		
ZYMAR DRO 0.3%	2		
ZYPREXA INJ 10MG	2		
ZYPREXA TAB 10MG	2		
ZYPREXA TAB 15MG	2		
ZYPREXA TAB 2.5MG	2		
ZYPREXA TAB 20MG	2		
ZYPREXA TAB 5MG	2		
ZYPREXA TAB 7.5MG	2		
ZYPREXA ZYDI TAB 10MG	2		
ZYPREXA ZYDI TAB 15MG	2		
ZYPREXA ZYDI TAB 20MG	2		
ZYPREXA ZYDI TAB 5MG	2		
ZYVOX SOL 2MG/ML	3		
ZYVOX SUS 100MG/5M	3		
ZYVOX TAB 600MG	3		

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