

2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ABILIFY INJ 9.75MG		
ABILIFY SOL 1MG/ML		
ABILIFY TAB 10MG		
ABILIFY TAB 15MG		
ABILIFY TAB 20MG		
ABILIFY TAB 2MG		
ABILIFY TAB 30MG		
ABILIFY TAB 5MG		
ABILIFY DISC TAB 10MG		
ABILIFY DISC TAB 15MG		
ACARBOSE TAB 100MG		
ACARBOSE TAB 25MG		
ACARBOSE TAB 50MG		
ACCOLATE TAB 10MG		
ACCOLATE TAB 20MG		
ACEON TAB 2MG		
ACEON TAB 4MG		
ACEON TAB 8MG		
ACETASOL HC SOL OTIC		
ACETASOL HC SOL OTIC		
ACETAZOLAMID CAP 500MG		
ACETAZOLAMID TAB 125MG		
ACETAZOLAMID TAB 250MG		
ACETIC ACID SOL 2% OTIC		
ACETYLCYST SOL 10%		* Prior Authorization Required
ACETYLCYST SOL 20%		* Prior Authorization Required
ACTHIB INJ		
ACTICIN CRE 5%		
ACTIMMUNE INJ 2MU/0.5		
ACTONEL TAB 150MG		
ACTONEL TAB 30MG		
ACTONEL TAB 35MG		
ACTONEL TAB 5MG		
ACTONEL TAB 75MG		
ACTOPLUS MET TAB 15/500MG		
ACTOPLUS MET TAB 15/850MG		
ACTOS TAB 15MG		
ACTOS TAB 30MG		
ACTOS TAB 45MG		
ACULAR SOL 0.5% OP		
ACULAR LS SOL 0.4%		
ACYCLOVIR CAP 200MG		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ACYCLOVIR SUS 200/5ML		
ACYCLOVIR TAB 400MG		
ACYCLOVIR TAB 800MG		
ACYCLOVIR NA INJ 500MG		
ADACEL INJ		
ADAGEN INJ 250/ML		
ADRIAMYCIN INJ 2MG/ML		
ADVAIR DISKU MIS 100/50	Restrictions Apply	
ADVAIR DISKU MIS 250/50	Restrictions Apply	
ADVAIR DISKU MIS 500/50	Restrictions Apply	
ADVAIR HFA AER 115/21	Restrictions Apply	
ADVAIR HFA AER 230/21	Restrictions Apply	
ADVAIR HFA AER 45/21	Restrictions Apply	
ADVICOR TAB 1000-20		
ADVICOR TAB 1000-40		
ADVICOR TAB 500-20MG		
ADVICOR TAB 750-20MG		
AFEDITAB TAB 30MG CR		
AFEDITAB TAB 60MG CR		
AFINITOR TAB 10MG		PA Required: For New Treatment Starts
AFINITOR TAB 5MG		PA Required: For New Treatment Starts
AGGRENOX CAP 25-200MG		
A-HYDROCORT INJ 100MG		
AK-POLY-BAC OIN OP		
AK-TOB SOL 0.3% OP		
ALA-CORT LOT 1%		
ALBENZA TAB 200MG		
ALBUTEROL NEB 0.083%	Restrictions Apply	* Prior Authorization Required
ALBUTEROL NEB 0.5%	Restrictions Apply	* Prior Authorization Required
ALBUTEROL NEB 0.63MG/3	Restrictions Apply	* Prior Authorization Required
ALBUTEROL NEB 1.25MG/3	Restrictions Apply	* Prior Authorization Required
ALBUTEROL SYP 2MG/5ML		
ALBUTEROL TAB 2MG		
ALBUTEROL TAB 4MG		
ALBUTEROL TAB 4MG ER		
ALBUTEROL TAB 8MG ER		
ALCLOMETASON CRE 0.05%		
ALCLOMETASON OIN 0.05%		
ALCOHOL PREP PAD		
ALCOHOL/D5W INJ 5%		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ALDACTAZIDE TAB 50/50		
ALDARA CRE 5%		
ALDURAZYME INJ 2.9MG/5M		
ALENDRONATE TAB 10MG		
ALENDRONATE TAB 35MG		
ALENDRONATE TAB 40MG		
ALENDRONATE TAB 5MG		
ALENDRONATE TAB 70MG		
ALIMTA INJ 500MG		
ALINIA SUS 100MG/5M	Restrictions Apply	
ALINIA TAB 500MG	Restrictions Apply	
ALKERAN INJ 50MG		
ALLEGRA-D TAB 12 HOUR		
ALLEGRA-D TAB 24 HOUR		
ALLOPURINOL INJ 500MG		
ALLOPURINOL TAB 100MG		
ALLOPURINOL TAB 300MG		
ALOCRI SOL 2%		
ALOMIDE SOL 0.1% OP		
ALORA DIS 0.025MG		
ALORA DIS 0.05MG		
ALORA DIS 0.075MG		
ALORA DIS 0.1MG		
ALPHAGAN P SOL 0.1%		
ALPHAGAN P SOL 0.15%		
ALREX SUS 0.2%		
ALTABAX OIN 1%		
ALTOPREV TAB 20MG ER		
ALTOPREV TAB 40MG ER		
ALTOPREV TAB 60MG ER		
AMANTADINE CAP 100MG		
AMANTADINE TAB 100MG		
A-METHAPRED INJ 125MG		
AMIFOSTINE INJ 500MG		
AMIKACIN INJ 100/2ML		
AMIKACIN INJ 500/2ML		
AMILOR/HCTZ TAB 5-50		
AMILORIDE TAB 5MG		
AMINESS INJ 5.2%		* Prior Authorization Required
AMINOPHYLLIN INJ 25MG/ML		
AMINOPHYLLIN TAB 100MG		
AMINOPHYLLIN TAB 200MG		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
AMINOSYN INJ 10%		* Prior Authorization Required
AMINOSYN INJ 3.5%		* Prior Authorization Required
AMINOSYN INJ 5%		* Prior Authorization Required
AMINOSYN INJ 7%		* Prior Authorization Required
AMINOSYN INJ 8.5%		* Prior Authorization Required
AMINOSYN INJ 8.5/LYTE		* Prior Authorization Required
AMINOSYN 7% INJ /LYTES		* Prior Authorization Required
AMINOSYN II INJ 10%		* Prior Authorization Required
AMINOSYN II INJ 15%		* Prior Authorization Required
AMINOSYN II INJ 3.5/D25		* Prior Authorization Required
AMINOSYN II INJ 4.25/D10		* Prior Authorization Required
AMINOSYN II INJ 4.25/D20		* Prior Authorization Required
AMINOSYN II INJ 4.25/D25		* Prior Authorization Required
AMINOSYN II INJ 5/D25		* Prior Authorization Required
AMINOSYN II INJ 7%		* Prior Authorization Required
AMINOSYN II INJ 8.5%		* Prior Authorization Required
AMINOSYN II INJ 8.5/LYTE		* Prior Authorization Required
AMINOSYN IIM INJ 3.5%/D5W		* Prior Authorization Required
AMINOSYN M INJ 3.5%		* Prior Authorization Required
AMINOSYN/D25 INJ II 3.5%		* Prior Authorization Required
AMINOSYN/D25 INJ II 4.25%		* Prior Authorization Required
AMINOSYN-HBC INJ 7%		* Prior Authorization Required
AMINOSYN-HF INJ 8%		* Prior Authorization Required
AMINOSYN-PF INJ 10%		* Prior Authorization Required
AMINOSYN-PF INJ 7%		* Prior Authorization Required
AMIODARONE INJ 50MG/ML		
AMIODARONE TAB 200MG		
AMIODARONE TAB 400MG		
AMITIZA CAP 24MCG		
AMITIZA CAP 8MCG		
AMITRIPTYLIN TAB 100MG		
AMITRIPTYLIN TAB 10MG		
AMITRIPTYLIN TAB 150MG		
AMITRIPTYLIN TAB 25MG		
AMITRIPTYLIN TAB 50MG		
AMITRIPTYLIN TAB 75MG		
AMLOD/BENAZP CAP 10-20MG		
AMLOD/BENAZP CAP 2.5-10MG		
AMLOD/BENAZP CAP 5-10MG		
AMLOD/BENAZP CAP 5-20MG		
AMLODIPINE TAB 10MG		
AMLODIPINE TAB 2.5MG		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
AMLODIPINE TAB 5MG		
AMMONIUM LAC CRE 12%		
AMMONIUM LAC LOT 12%		
AMNESTEEM CAP 10MG		
AMNESTEEM CAP 20MG		
AMNESTEEM CAP 40MG		
AMOX/K CLAV CHW 200MG		
AMOX/K CLAV CHW 400MG		
AMOX/K CLAV SUS 200/5ML		
AMOX/K CLAV SUS 400/5ML		
AMOX/K CLAV SUS 600/5ML		
AMOX/K CLAV TAB 250MG		
AMOX/K CLAV TAB 500MG		
AMOX/K CLAV TAB 875MG		
AMOXAPINE TAB 100MG		
AMOXAPINE TAB 150MG		
AMOXAPINE TAB 25MG		
AMOXAPINE TAB 50MG		
AMOXICILLIN CAP 250MG		
AMOXICILLIN CAP 500MG		
AMOXICILLIN CHW 125MG		
AMOXICILLIN CHW 200MG		
AMOXICILLIN CHW 250MG		
AMOXICILLIN CHW 400MG		
AMOXICILLIN SUS 125/5ML		
AMOXICILLIN SUS 200/5ML		
AMOXICILLIN SUS 250/5ML		
AMOXICILLIN SUS 400/5ML		
AMOXICILLIN TAB 500MG		
AMOXICILLIN TAB 875MG		
AMOXIL CAP 500MG		
AMOXIL SUS 250/5ML		
AMPHOTERICIN INJ 50MG		
AMPICILLIN CAP 250MG		
AMPICILLIN CAP 500MG		
AMPICILLIN INJ 10GM		
AMPICILLIN INJ 125MG		
AMPICILLIN INJ 1GM		
AMPICILLIN SUS 125/5ML		
AMPICILLIN SUS 250/5ML		
ANAGRELIDE CAP 0.5MG		
ANAGRELIDE CAP 1MG		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ANCOBON CAP 250MG		
ANCOBON CAP 500MG		
ANDRODERM DIS 2.5MG/24		Prior Authorization Required
ANDRODERM DIS 5MG/24HR		Prior Authorization Required
ANDROGEL GEL 1%(50MG)		Prior Authorization Required
ANTABUSE TAB 250MG		
ANTIVERT TAB 50MG		
APAP/CODEINE SOL 120-12/5		
APAP/CODEINE TAB 300-15MG		
APAP/CODEINE TAB 300-30MG		
APAP/CODEINE TAB 300-60MG		
APIDRA INJ U-100		
APOKYN INJ		
APRI TAB		
APRISO CAP 0.375GM		
APTIVUS CAP 250MG		
APTIVUS SOL		
ARALAST INJ 400MG		
ARANELLE TAB		
ARICEPT TAB 10MG		
ARICEPT TAB 5MG		
ARICEPT ODT TAB 10MG		
ARICEPT ODT TAB 5MG		
ARIMIDEX TAB 1MG		
ARIXTRA SOL 10/0.8		
ARIXTRA SOL 2.5/0.5		
ARIXTRA SOL 5.0/0.4		
ARIXTRA SOL 7.5/0.6		
AROMASIN TAB 25MG		
ASACOL TAB 400MG DR		
ASMANEX 120 AER 220MCG	Restrictions Apply	
ASMANEX 14 AER 220MCG	Restrictions Apply	
ASMANEX 30 AER 220MCG	Restrictions Apply	
ASMANEX 60 AER 220MCG	Restrictions Apply	
ASTELIN NASA SPR 137MCG	Restrictions Apply	
ASTEPRO SPR 137MCG	Restrictions Apply	
ATACAND TAB 16MG		
ATACAND TAB 32MG		
ATACAND TAB 4MG		
ATACAND TAB 8MG		
ATACAND HCT TAB 16-12.5		
ATACAND HCT TAB 32-12.5		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ATACAND HCT TAB 32-25MG		
ATAMET TAB 25-250MG		
ATENOL/CHLOR TAB 100-25MG		
ATENOL/CHLOR TAB 50-25MG		
ATENOLOL TAB 100MG		
ATENOLOL TAB 25MG		
ATENOLOL TAB 50MG		
ATRIPLA TAB		
ATROVENT HFA AER 17MCG	Restrictions Apply	
ATTENUVAX INJ LIVE		
AUG BETAMET LOT 0.05%		
AUGMENTIN SUS 125/5ML		
AUGMENTIN SUS 250/5ML		
AUGMENTIN TAB 250MG		
AUGMENTIN XR TAB 12HR		
AVALIDE TAB 150-12.5		
AVALIDE TAB 300-12.5		
AVALIDE TAB 300-25MG		
AVANDAMET TAB 2-1000MG		
AVANDAMET TAB 2-500MG		
AVANDAMET TAB 4-1000MG		
AVANDAMET TAB 4-500MG		
AVANDARYL TAB 4-1MG		
AVANDARYL TAB 4-2MG		
AVANDARYL TAB 4-4MG		
AVANDARYL TAB 8-2MG		
AVANDARYL TAB 8-4MG		
AVANDIA TAB 2MG		
AVANDIA TAB 4MG		
AVANDIA TAB 8MG		
AVAPRO TAB 150MG		
AVAPRO TAB 300MG		
AVAPRO TAB 75MG		
AVASTIN INJ		
AVELOX INJ		
AVELOX TAB 400MG		
AVELOX ABC TAB 400MG		
AVIANE TAB		
AVINZA CAP 120MG	Restrictions Apply	
AVINZA CAP 30MG	Restrictions Apply	
AVINZA CAP 45MG	Restrictions Apply	
AVINZA CAP 60MG	Restrictions Apply	

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
AVINZA CAP 75MG	Restrictions Apply	
AVINZA CAP 90MG	Restrictions Apply	
AVITA CRE 0.025%		Prior Authorization Required
AVITA GEL 0.025%		Prior Authorization Required
AVODART CAP 0.5MG		
AZASAN TAB 100MG		* Prior Authorization Required
AZASAN TAB 75 MG		* Prior Authorization Required
AZASITE SOL 1%		
AZATHIOPRINE TAB 50MG		* Prior Authorization Required
AZELEX CRE 20%		
AZILECT TAB 0.5MG		
AZILECT TAB 1MG		
AZITHROMYCIN INJ 500MG		
AZITHROMYCIN SUS 100/5ML		
AZITHROMYCIN SUS 200/5ML		
AZITHROMYCIN TAB 250MG		
AZITHROMYCIN TAB 500MG		
AZITHROMYCIN TAB 600MG		
AZMACORT AER 75MCG	Restrictions Apply	
AZOPT SUS 1% OP		
BAC/POLY/NEO OIN /HC 1% OP		
BACIT/POLYMY OIN OP		
BACITRACIN OIN OP		
BACLOFEN TAB 10MG		
BACLOFEN TAB 20MG		
BACTROBAN CRE 2%		
BANZEL TAB 200MG		
BANZEL TAB 400MG		
BARACLUDE SOL .05MG/ML		
BARACLUDE TAB 0.5MG		
BARACLUDE TAB 1MG		
BENAZEP/HCTZ TAB 10-12.5		
BENAZEP/HCTZ TAB 20-12.5		
BENAZEP/HCTZ TAB 20-25MG		
BENAZEP/HCTZ TAB 5-6.25		
BENAZEPRIL TAB 10MG		
BENAZEPRIL TAB 20MG		
BENAZEPRIL TAB 40MG		
BENAZEPRIL TAB 5MG		
BENZAFLIN KIT CARE		
BENZTROPINE TAB 0.5MG		
BENZTROPINE TAB 1MG		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
BENZTROPINE TAB 2MG		
BETA DIPROP GEL 0.05%		
BETAMETH DIP CRE 0.05%		
BETAMETH DIP OIN 0.05%		
BETAMETH VAL CRE 0.1%		
BETAMETH VAL LOT 0.1%		
BETAMETH VAL OIN 0.1%		
BETASERON INJ 0.3MG		
BETA-VAL CRE 0.1%		
BETA-VAL LOT 0.1%		
BETHANECHOL TAB 10MG		
BETHANECHOL TAB 25MG		
BETHANECHOL TAB 50MG		
BETHANECHOL TAB 5MG		
BETIMOL SOL 0.25%		
BETIMOL SOL 0.5%		
BETOPTIC-S SUS 0.25% OP		
BICALUTAMIDE TAB 50MG		
BICILLIN C-R INJ 1200000		
BICILLIN C-R INJ 900/300		
BICILLIN L-A INJ 1200000		
BICILLIN L-A INJ 2400000		
BICILLIN L-A INJ 600000		
BICNU INJ 100MG		
BIDIL TAB		
BISOPRL/HCTZ TAB 10/6.25		
BISOPRL/HCTZ TAB 2.5/6.25		
BISOPRL/HCTZ TAB 5/6.25MG		
BISOPROL FUM TAB 10MG		
BISOPROL FUM TAB 5MG		
BLEOMYCIN INJ 30UNIT		
BLEPHAMIDE OIN S.O.P.		
BONIVA KIT 3MG/3ML		
BONIVA TAB 150MG		
BONIVA TAB 2.5MG		
BOOSTRIX INJ		
BOROFAIR SOL 2% OTIC		
BRIMONIDINE SOL 0.2% OP		
BROMOCRIPTIN CAP 5MG		
BROMOCRIPTIN TAB 2.5MG		
BUDEPRION TAB 100MG SR		
BUDEPRION TAB 150MG SR		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
BUDEPRION XL TAB 150MG		
BUDEPRION XL TAB 300MG		
BUMETANIDE INJ 0.25/ML		
BUMETANIDE TAB 0.5MG		
BUMETANIDE TAB 1MG		
BUMETANIDE TAB 2MG		
BUPHENYL TAB 500MG		
BUPROBAN TAB 150MG		
BUPROPION TAB 100MG		
BUPROPION TAB 100MG SR		
BUPROPION TAB 150MG		
BUPROPION TAB 200MG SR		
BUPROPION TAB 75MG		
BUSPIRONE TAB 10MG		
BUSPIRONE TAB 15MG		
BUSPIRONE TAB 30MG		
BUSPIRONE TAB 5MG		
BUSPIRONE TAB 7.5MG		
BUSULFEX INJ 6MG/ML		
BYETTA INJ 10MCG		
BYSTOLIC TAB 10MG		
BYSTOLIC TAB 2.5MG		
BYSTOLIC TAB 20MG		
BYSTOLIC TAB 5MG		
CABERGOLINE TAB 0.5MG		
CADUET TAB 10/10MG		
CADUET TAB 10/20MG		
CADUET TAB 10/40MG		
CADUET TAB 10/80MG		
CADUET TAB 2.5/10MG		
CADUET TAB 2.5/20MG		
CADUET TAB 2.5/40MG		
CADUET TAB 5MG/10MG		
CADUET TAB 5MG/20MG		
CADUET TAB 5MG/40MG		
CADUET TAB 5MG/80MG		
CALCIPOTRIEN SOL 0.005%		
CALCITONIN SPR 200/ACT		
CALCITRIOL CAP 0.25MCG		
CALCITRIOL CAP 0.5MCG		
CALCITRIOL INJ 1MCG/ML		
CALCITRIOL INJ 2MCG/ML		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
CALCITRIOL SOL 1MCG/ML		
CAMILA TAB 0.35MG		
CAMPATH INJ 30MG/ML		
CAMPRAL TAB 333MG		
CAMPTOSAR INJ 20MG/ML		
CANASA SUP 1000MG		
CANCIDAS INJ 50MG		
CANCIDAS INJ 70MG		
CAPASTAT SUL INJ 1GM		
CAPTOPR/HCTZ TAB 25-15MG		
CAPTOPR/HCTZ TAB 25-25MG		
CAPTOPR/HCTZ TAB 50-15MG		
CAPTOPR/HCTZ TAB 50-25MG		
CAPTOPRIL TAB 100MG		
CAPTOPRIL TAB 12.5MG		
CAPTOPRIL TAB 25MG		
CAPTOPRIL TAB 50MG		
CARAC CRE 0.5%		
CARAFATE SUS 1GM/10ML		
CARB/LEVO TAB 10-100MG		
CARB/LEVO TAB 10-100MG		
CARB/LEVO TAB 25-100MG		
CARB/LEVO TAB 25-100MG		
CARB/LEVO TAB 25-250MG		
CARB/LEVO TAB 25-250MG		
CARB/LEVO ER TAB 25/100		
CARB/LEVO SR TAB 50-200MG		
CARBAMAZEPIN CHW 100MG		
CARBAMAZEPIN SUS 100/5ML		
CARBAMAZEPIN TAB 200MG		
CARBAMAZEPIN TAB 200MG ER		
CARBAMAZEPIN TAB 400MG ER		
CARBATROL CAP 100MG		
CARBATROL CAP 200MG		
CARBATROL CAP 300MG		
CARBOPLATIN INJ 150/15ML		
CARDIZEM CD CAP 360MG/24		
CARDIZEM LA TAB 120MG		
CARDIZEM LA TAB 180MG		
CARDIZEM LA TAB 240MG		
CARDIZEM LA TAB 300MG		
CARDIZEM LA TAB 360MG		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
CARDIZEM LA TAB 420MG		
CARISOPRODOL TAB 350MG		
CARTIA XT CAP 120/24HR		
CARTIA XT CAP 180/24HR		
CARTIA XT CAP 240/24HR		
CARTIA XT CAP 300/24HR		
CARVEDILOL TAB 12.5MG		
CARVEDILOL TAB 25MG		
CARVEDILOL TAB 3.125MG		
CARVEDILOL TAB 6.25MG		
CATAPRES-TTS DIS 0.1/24HR		
CATAPRES-TTS DIS 0.2/24HR		
CATAPRES-TTS DIS 0.3/24HR		
CEDAX CAP 400MG		
CEDAX SUS 90MG/5ML		
CEENU CAP 100MG		
CEENU CAP 10MG		
CEENU CAP 40MG		
CEFACLOR CAP 250MG		
CEFACLOR CAP 500MG		
CEFACLOR SUS 125/5ML		
CEFACLOR SUS 250/5ML		
CEFACLOR SUS 375/5ML		
CEFADROXIL CAP 500MG		
CEFADROXIL SUS 250/5ML		
CEFADROXIL SUS 500/5ML		
CEFADROXIL TAB 1GM		
CEFAZOLIN INJ 1GM		
CEFAZOLIN INJ 1GM/50ML		
CEFAZOLIN INJ 20GM		
CEFAZOLIN INJ 500MG		
CEFAZOLIN INJ 500MG		
CEFDINIR CAP 300MG		
CEFDINIR SUS 125/5ML		
CEFDINIR SUS 250/5ML		
CEFEPIME INJ 1GM		
CEFEPIME INJ 2GM		
CEFOXITIN INJ 10GM		
CEFOXITIN INJ 1GM		
CEFOXITIN INJ 2GM		
CEFODO PROX SUS 100/5ML		
CEFODO PROX SUS 50MG/5ML		

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DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
CEFPODOXIME TAB 100MG		
CEFPODOXIME TAB 200MG		
CEFPROZIL SUS 125/5ML		
CEFPROZIL SUS 250/5ML		
CEFPROZIL TAB 250MG		
CEFPROZIL TAB 500MG		
CEFTRIAZONE INJ 10GM		
CEFTRIAZONE INJ 250MG		
CEFTRIAZONE INJ 500MG		
CEFUROX/DEXT INJ 750MG		
CEFUROXIME INJ 1.5GM		
CEFUROXIME INJ 750MG		
CEFUROXIME SUS 125/5ML		
CEFUROXIME SUS 250/5ML		
CEFUROXIME TAB 250MG		
CEFUROXIME TAB 500MG		
CELEBREX CAP 100MG		
CELEBREX CAP 200MG		
CELEBREX CAP 400MG		
CELEBREX CAP 50MG		
CELLCEPT CAP 250MG		* Prior Authorization Required
CELLCEPT SUS 200MG/ML		* Prior Authorization Required
CELLCEPT TAB 500MG		* Prior Authorization Required
CELONTIN CAP 300MG		
CENESTIN TAB 0.3MG		
CENESTIN TAB 0.45MG		
CENESTIN TAB 0.625MG		
CENESTIN TAB 0.9MG		
CENESTIN TAB 1.25MG		
CEPHALEXIN CAP 250MG		
CEPHALEXIN CAP 500MG		
CEPHALEXIN SUS 125/5ML		
CEPHALEXIN SUS 250/5ML		
CEREZYME INJ 200UNIT		
CESIA PAK		
CHANTIX PAK		Prior Authorization Required
CHANTIX TAB 0.5MG		Prior Authorization Required
CHANTIX TAB 1MG		Prior Authorization Required
CHLOROQUINE TAB 250MG		
CHLOROQUINE TAB 500MG		
CHLORPROMAZ INJ 25MG/ML		
CHLORPROMAZ TAB 100MG		

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CHLORPROMAZ TAB 10MG		
CHLORPROMAZ TAB 200MG		
CHLORPROMAZ TAB 25MG		
CHLORPROMAZ TAB 50MG		
CHLORTHALID TAB 25MG		
CHLORTHALID TAB 50MG		
CHLORZOXAZON TAB 250MG		
CHLORZOXAZON TAB 500MG		
CHOLESTYRAM POW 4GM		
CHOLESTYRAM POW 4GM		
CHOLESTYRAM POW 4GM LITE		
CHOR GONADOT INJ 10000UNT		* Prior Authorization Required
CICLOPIROX CRE 0.77%		
CICLOPIROX GEL 0.77%		
CICLOPIROX SUS 0.77%		
CILOSTAZOL TAB 100MG		
CILOSTAZOL TAB 50MG		
CILOXAN OIN 0.3% OP		
CIMETIDINE INJ 150MG/ML		
CIMETIDINE SOL 300/5ML		
CIMETIDINE TAB 200MG		
CIMETIDINE TAB 300MG		
CIMETIDINE TAB 400MG		
CIMETIDINE TAB 800MG		
CIMZIA KIT		Prior Authorization Required
CIPRO (10%) SUS 500MG/5		
CIPRO (5%) SUS 250MG/5		
CIPRO HC SUS OTIC		
CIPRODEX SUS 0.3-0.1%		
CIPROFLOXACN INJ 400MG		
CIPROFLOXACN SOL 0.3% OP		
CIPROFLOXACN TAB 1000MG		
CIPROFLOXACN TAB 100MG		
CIPROFLOXACN TAB 250MG		
CIPROFLOXACN TAB 500MG		
CIPROFLOXACN TAB 500MG ER		
CIPROFLOXACN TAB 750MG		
CISPLATIN INJ 100MG		
CITALOPRAM SOL 10MG/5ML		
CITALOPRAM TAB 10MG		
CITALOPRAM TAB 20MG		
CITALOPRAM TAB 40MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
CLADRIBINE INJ 1MG/ML		
CLARAVIS CAP 10MG		
CLARAVIS CAP 20MG		
CLARAVIS CAP 30MG		
CLARAVIS CAP 40MG		
CLARITHROMYC SUS 125/5ML		
CLARITHROMYC SUS 250/5ML		
CLARITHROMYC TAB 250MG		
CLARITHROMYC TAB 500MG		
CLARITHROMYC TAB 500MG ER		
CLEMASTINE SYP 0.5/5ML		
CLEMASTINE TAB 2.68MG		
CLEOCIN CAP 75MG		
CLEOCIN SUP 100MG		
CLEOCIN PED SOL 75MG/5ML		
CLIMARA PRO DIS WEEKLY		
CLINDAMYCIN CAP 150MG		
CLINDAMYCIN CAP 300MG		
CLINDAMYCIN CRE 2% VAG		
CLINDAMYCIN GEL 1%		
CLINDAMYCIN INJ 150MG/ML		
CLINDAMYCIN LOT 1%		
CLINDAMYCIN PAD 1%		
CLINDAMYCIN SOL 1%		
CLINIMIX INJ 2.75/D5W		* Prior Authorization Required
CLINIMIX INJ 4.25/D10		* Prior Authorization Required
CLINIMIX INJ 4.25/D20		* Prior Authorization Required
CLINIMIX INJ 4.25/D25		* Prior Authorization Required
CLINIMIX INJ 4.25/D5W		* Prior Authorization Required
CLINIMIX INJ 5%/D15W		* Prior Authorization Required
CLINIMIX INJ 5%/D20W		* Prior Authorization Required
CLINIMIX INJ 5%/D25W		* Prior Authorization Required
CLINIMIX E INJ 2.75/D10		* Prior Authorization Required
CLINIMIX E INJ 2.75/D5W		* Prior Authorization Required
CLINIMIX E INJ 4.25/D25		* Prior Authorization Required
CLINIMIX E INJ 4.25/D5W		* Prior Authorization Required
CLINIMIX E INJ 5%/D15W		* Prior Authorization Required
CLINIMIX E INJ 5%/D20W		* Prior Authorization Required
CLINIMIX E INJ 5%/D25W		* Prior Authorization Required
CLINIMIX E INJ 5%/D35W		* Prior Authorization Required
CLINISOL SF INJ 15%		* Prior Authorization Required
CLOBETASOL AER 0.05%		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
CLOBETASOL OIN 0.05%		
CLOBETASOL SOL 0.05%		
CLOBETASOL E CRE 0.05%		
CLOMIPRAMINE CAP 25MG		
CLOMIPRAMINE CAP 50MG		
CLOMIPRAMINE CAP 75MG		
CLONIDINE TAB 0.1MG		
CLONIDINE TAB 0.2MG		
CLONIDINE TAB 0.3MG		
CLOTRIMAZOLE CRE 1%		
CLOTRIMAZOLE SOL 1%		
CLOTRIMAZOLE TRO 10MG		
CLOZAPINE TAB 100MG		
CLOZAPINE TAB 200MG		
CLOZAPINE TAB 25MG		
CLOZAPINE TAB 50MG		
COGENTIN INJ 1MG/ML		
CO-GESIC TAB 500-5MG		
COLCHICINE TAB 0.6MG		
COLESTIPOL GRA 5GM		
COLESTIPOL TAB 1GM		
COLISTIMETH INJ 150MG		* Prior Authorization Required
COLOCORT ENE 100MG		
COMBIGAN SOL 0.2/0.5%		
COMBIPATCH DIS .05/.14		
COMBIPATCH DIS .05/.25		
COMBIVENT AER	Restrictions Apply	
COMBIVIR TAB		
COMPRO SUP 25MG		
COMTAN TAB 200MG		
COMVAX INJ		
CONCERTA TAB 18MG		Prior Authorization Required
CONCERTA TAB 27MG		Prior Authorization Required
CONCERTA TAB 36MG		Prior Authorization Required
CONCERTA TAB 54MG		Prior Authorization Required
CONDYLOX GEL 0.5%		
CONSTULOSE SOL 10GM/15		
COPAXONE KIT 20MG/ML		
CORDRAN LOT 0.05%		
CORDRAN 80X3 TAP 4MCG/CM		
COREG CR CAP 10MG		
COREG CR CAP 20MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
COREG CR CAP 40MG		
COREG CR CAP 80MG		
CORTIFOAM AER 90MG		
CORTOMYCIN SOL 1% OTIC		
CORTOMYCIN SUS 1% OTIC		
COSMEGEN INJ 0.5MG		
COUMADIN TAB 10MG		
COUMADIN TAB 1MG		
COUMADIN TAB 2.5MG		
COUMADIN TAB 2MG		
COUMADIN TAB 3MG		
COUMADIN TAB 4MG		
COUMADIN TAB 5MG		
COUMADIN TAB 6MG		
COUMADIN TAB 7.5MG		
COZAAR TAB 100MG		
COZAAR TAB 25MG		
COZAAR TAB 50MG		
CREON CAP 12000UNT		
CREON CAP 24000UNT		
CREON CAP 6000UNIT		
CRESTOR TAB 10MG		
CRESTOR TAB 20MG		
CRESTOR TAB 40MG		
CRESTOR TAB 5MG		
CRIVAN CAP 100MG		
CRIVAN CAP 200MG		
CRIVAN CAP 333MG		
CRIVAN CAP 400MG		
CROMOLYN SOD NEB 20MG/2ML	Restrictions Apply	* Prior Authorization Required
CROMOLYN SOD SOL 4% OP		
CRYSSELLE-28 TAB 28 TABS		
CUBICIN SOL 500MG		
CUPRIMINE CAP 125MG		
CUPRIMINE CAP 250MG		
CURITY GAUZE PAD 2"X2"		
CYCLOBENZAPR TAB 10MG		
CYCLOBENZAPR TAB 5MG		
CYCLOPHOSPH INJ 1GM		
CYCLOPHOSPH INJ 500MG		
CYCLOPHOSPH TAB 25MG		* Prior Authorization Required
CYCLOPHOSPH TAB 50MG		* Prior Authorization Required

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2010 STERLING RETIREE Rx STANDARD FORMULARY

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

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2010 STERLING RETIREE Rx STANDARD FORMULARY

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

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
DEXTROAMPHET CAP 10MG ER		
DEXTROAMPHET CAP 15MG ER		
DEXTROAMPHET CAP 5MG ER		
DEXTROAMPHET TAB 10MG		Prior Authorization Required
DEXTROAMPHET TAB 5MG		Prior Authorization Required
DEXTROSE INJ 10%		
DEXTROSE INJ 5%		
DICLOFENAC SOL 0.1% OP		
DICLOFENAC TAB 100MG XR		
DICLOFENAC TAB 25MG EC		
DICLOFENAC TAB 50MG EC		
DICLOFENAC TAB 75MG DR		
DICLOXACILL CAP 250MG		
DICLOXACILL CAP 500MG		
DICYCLOMINE CAP 10MG		
DICYCLOMINE INJ 10MG/ML		
DICYCLOMINE SOL 10MG/5ML		
DICYCLOMINE TAB 20MG		
DIDANOSINE CAP 125MG		
DIDANOSINE CAP 200MG		
DIDANOSINE CAP 250MG		
DIDANOSINE CAP 400MG		
DIFFERIN CRE 0.1%		Prior Authorization Required
DIFFERIN GEL 0.1%		Prior Authorization Required
DIFFERIN GEL 0.3%		Prior Authorization Required
DIFLORASONE CRE 0.05%		
DIFLORASONE OIN 0.05%		
DIFLUNISAL TAB 500MG		
DIGOXIN INJ 0.25MG/1		
DIGOXIN SOL 50MCG/ML		
DIGOXIN TAB 0.125MG		
DIGOXIN TAB 0.25MG		
DIHYDROERGOT INJ 1MG/ML		
DILANTIN CAP 100MG		
DILANTIN CAP 30MG		
DILANTIN CHW 50MG		
DILANTIN-125 SUS 125/5ML		
DILAUDID-5 LIQ 1MG/ML		
DILT-CD CAP 180MG		
DILTIAZEM CAP 120MG CD		
DILTIAZEM CAP 120MG ER		
DILTIAZEM CAP 240MG CD		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
DILTIAZEM CAP 300MG CD		
DILTIAZEM CAP 360MG/24		
DILTIAZEM CAP 420MG/24		
DILTIAZEM CAP 60MG ER		
DILTIAZEM CAP 90MG ER		
DILTIAZEM INJ 25MG/5ML		
DILTIAZEM TAB 120MG		
DILTIAZEM TAB 30MG		
DILTIAZEM TAB 60MG		
DILTIAZEM TAB 90MG		
DILT-XR CAP 240MG		
DIOVAN TAB 160MG		
DIOVAN TAB 320MG		
DIOVAN TAB 40MG		
DIOVAN TAB 80MG		
DIOVAN HCT TAB 160/12.5		
DIOVAN HCT TAB 160/25MG		
DIOVAN HCT TAB 320/12.5		
DIOVAN HCT TAB 320/25MG		
DIOVAN HCT TAB 80/12.5		
DIP/TET PED INJ 6.7-5LF		* Prior Authorization Required
DIPENTUM CAP 250MG		
DIPHEN/ATROP LIQ 2.5/5		
DIPHEN/ATROP TAB 2.5MG		
DIPHENHYDRAM CAP 50MG		
DIPHENHYDRAM INJ 50MG/ML		
DIPYRIDAMOLE TAB 25MG		
DIPYRIDAMOLE TAB 50MG		
DIPYRIDAMOLE TAB 75MG		
DISOPYRAMIDE CAP 100MG		
DISOPYRAMIDE CAP 150MG		
DIVALPROEX CAP 125MG		
DIVALPROEX TAB 125MG DR		
DIVALPROEX TAB 250MG DR		
DIVALPROEX TAB 250MG ER		
DIVALPROEX TAB 500MG DR		
DIVALPROEX TAB 500MG ER		
DORZOL/TIMOL SOL 2-0.5% OP		
DORZOLAMIDE SOL 2% OP		
DOVONEX CRE 0.005%		
DOXAZOSIN TAB 1MG		
DOXAZOSIN TAB 2MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
DOXAZOSIN TAB 4MG		
DOXAZOSIN TAB 8MG		
DOXEPIN HCL CAP 100MG		
DOXEPIN HCL CAP 10MG		
DOXEPIN HCL CAP 150MG		
DOXEPIN HCL CAP 25MG		
DOXEPIN HCL CAP 50MG		
DOXEPIN HCL CAP 75MG		
DOXEPIN HCL CON 10MG/ML		
DOXIL INJ 2MG/ML		
DOXORUBICIN INJ 50MG		
DOXY-CAPS CAP 100MG		
DOXYCYCL HYC CAP 100MG		
DOXYCYCL HYC CAP 50MG		
DOXYCYCL HYC INJ 100MG		
DOXYCYCL HYC TAB 100MG		
DOXYCYCLINE SUS 25MG/5ML		
DOXYCYCLINE TAB 20MG		
DRONABINOL CAP 10MG	Restrictions Apply	
DRONABINOL CAP 2.5MG	Restrictions Apply	
DRONABINOL CAP 5MG	Restrictions Apply	
DROXIA CAP 200MG		
DROXIA CAP 300MG		
DROXIA CAP 400MG		
DUETACT TAB 30-2MG		
DUETACT TAB 30-4MG		
E.E.S. 400 TAB 400MG		
ECONAZOLE CRE 1%		
ED K+10 TAB 10MEQ CR		
EES/SULFISOX SUS 200-600		
EFFEXOR XR CAP 150MG		
EFFEXOR XR CAP 37.5MG		
EFFEXOR XR CAP 75MG		
ELAPRASE INJ 6MG/3ML		
ELIDEL CRE 1%		
ELITEK INJ 1.5MG		
ELIXOPHYLLIN ELX 80/15ML		
ELLECE INJ 2MG/ML		
ELMIRON CAP 100MG		
ELOXATIN INJ 100MG		
ELSPAR INJ 10000UNT		
EMCYT CAP 140MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
EMEND CAP 125MG	Restrictions Apply	* Prior Authorization Required
EMEND CAP 40MG		
EMEND CAP 80-125MG	Restrictions Apply	* Prior Authorization Required
EMEND CAP 80MG	Restrictions Apply	* Prior Authorization Required
EMSAM DIS 12MG/24H		
EMSAM DIS 6MG/24HR		
EMSAM DIS 9MG/24HR		
EMTRIVA CAP 200MG		
EMTRIVA SOL 10MG/ML		
ENABLEX TAB 15MG		
ENABLEX TAB 7.5MG		
ENALAPR/HCTZ TAB 10-25MG		
ENALAPR/HCTZ TAB 5-12.5MG		
ENALAPRIL TAB 10MG		
ENALAPRIL TAB 2.5MG		
ENALAPRIL TAB 20MG		
ENALAPRIL TAB 5MG		
ENBREL INJ 25MG		Prior Authorization Required
ENBREL INJ 50MG/ML		Prior Authorization Required
ENBREL SRCLK INJ 50MG/ML		Prior Authorization Required
ENDOCET TAB 10-325MG		
ENDOCET TAB 10-650MG		
ENDOCET TAB 5-325MG		
ENDOCET TAB 7.5-325M		
ENDOCET TAB 7.5-500M		
ENGERIX-B INJ 10/0.5ML SYRG		* Prior Authorization Required
ENGERIX-B INJ 10/0.5ML VIAL		* Prior Authorization Required
ENGERIX-B INJ 20MCG/ML		* Prior Authorization Required
ENPRESSE-28 TAB		
ENTOCORT EC CAP 3MG/24HR		
ENULOSE SOL 10GM/15		
EPIPEN 2-PAK INJ 0.3MG		
EPIPEN-JR INJ 2-PAK		
EPIRUBICIN INJ 50/25ML		
EPITOL TAB 200MG		
EPIVIR SOL 10MG/ML		
EPIVIR TAB 150MG		
EPIVIR TAB 300MG		
EPIVIR HBV SOL 5MG/ML		
EPIVIR HBV TAB 100MG		
EPLERENONE TAB 25MG		
EPLERENONE TAB 50MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
EPZICOM TAB		
ERGOTAM/CAFF TAB 1/100		
ERRIN TAB 0.35MG		
ERY PAD 2%		
ERYPED 200 SUS 200/5ML		
ERYTHROCIN INJ 500MG		
ERYTHROCIN TAB 250MG		
ERYTHROCIN TAB 500MG		
ERYTHROMYCIN GEL /BENZOYL		
ERYTHROMYCIN GEL 2%		
ERYTHROMYCIN OIN OP		
ERYTHROMYCIN SOL 2%		
ESTRACE VAG CRE 0.1MG/GM		
ESTRADERM DIS 0.05MG		
ESTRADERM DIS 0.1MG		
ESTRADIOL DIS 0.025MG		
ESTRADIOL DIS 0.0375MG		
ESTRADIOL DIS 0.05MG		
ESTRADIOL DIS 0.06MG		
ESTRADIOL DIS 0.075MG		
ESTRADIOL DIS 0.1MG		
ESTRADIOL TAB 0.5MG		
ESTRADIOL TAB 1MG		
ESTRADIOL TAB 2MG		
ESTRING MIS 2MG		
ESTROPIPATE TAB 0.75MG		
ESTROPIPATE TAB 1.5MG		
ESTROPIPATE TAB 3MG		
ETHAMBUTOL TAB 100MG		
ETHAMBUTOL TAB 400MG		
ETHOSUXIMIDE CAP 250MG		
ETHOSUXIMIDE SOL 250/5ML		
ETODOLAC CAP 200MG		
ETODOLAC CAP 300MG		
ETODOLAC TAB 400MG		
ETODOLAC TAB 500MG		
ETODOLAC ER TAB 400MG		
ETODOLAC ER TAB 500MG		
ETODOLAC ER TAB 600MG		
ETOPOSIDE INJ 20MG/ML		
EURAX CRE 10%		
EURAX LOT 10%		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
EVISTA TAB 60MG		
EVOXAC CAP 30MG		
EXELON CAP 1.5MG		
EXELON CAP 3MG		
EXELON CAP 4.5MG		
EXELON CAP 6MG		
EXELON DIS 4.6MG/24		
EXELON DIS 9.5MG/24		
EXELON SOL 2MG/ML		
EXFORGE TAB 10-160MG		
EXFORGE TAB 10-320MG		
EXFORGE TAB 5-160MG		
EXFORGE TAB 5-320MG		
EXFORGE HCT TAB		
EXFORGE HCT TAB		
EXFORGE HCT TAB		
EXFORGE HCT TAB		
EXFORGE HCT TAB		
EXJADE TAB 125MG		
EXJADE TAB 250MG		
EXJADE TAB 500MG		
FABRAZYME INJ 35MG		
FAMCICLOVIR TAB 125MG		
FAMCICLOVIR TAB 250MG		
FAMCICLOVIR TAB 500MG		
FAMOTIDINE INJ 10MG/ML		
FAMOTIDINE INJ 20MG/50M		
FAMOTIDINE TAB 20MG		
FAMOTIDINE TAB 40MG		
FARESTON TAB 60MG		
FASLODEX INJ 125MG		
FASLODEX INJ 250MG		
FAZACLO TAB 100MG		
FAZACLO TAB 12.5MG		
FAZACLO TAB 25MG		
FELBATOL SUS 600/5ML		
FELBATOL TAB 400MG		
FELBATOL TAB 600MG		
FELODIPINE TAB 10MG ER		
FELODIPINE TAB 2.5MG ER		
FELODIPINE TAB 5MG ER		
FEMARA TAB 2.5MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
FEMHRT TAB 0.5-2.5		
FEMHRT 1/5 TAB		
FEMRING MIS 0.05/24H		
FEMRING MIS 0.1MG/24		
FENOFIBRATE CAP 134MG		
FENOFIBRATE CAP 200MG		
FENOFIBRATE CAP 67MG		
FENOFIBRATE TAB 160MG		
FENOFIBRATE TAB 54MG		
FENTANYL DIS 100MCG/H	Restrictions Apply	
FENTANYL DIS 12(12.5)	Restrictions Apply	
FENTANYL DIS 25MCG/HR	Restrictions Apply	
FENTANYL DIS 50MCG/HR	Restrictions Apply	
FENTANYL DIS 75MCG/HR	Restrictions Apply	
FEXOFENADINE TAB 180MG		
FEXOFENADINE TAB 30MG		
FEXOFENADINE TAB 60MG		
FINACEA GEL 15%		
FINASTERIDE TAB 5MG		
FLECAINIDE TAB 100MG		
FLECAINIDE TAB 150MG		
FLECAINIDE TAB 50MG		
FLOMAX CAP 0.4MG		
FLOVENT DISK AER 100MCG	Restrictions Apply	
FLOVENT DISK AER 250MCG	Restrictions Apply	
FLOVENT DISK AER 50MCG	Restrictions Apply	
FLOVENT HFA AER 110MCG	Restrictions Apply	
FLOVENT HFA AER 220MCG	Restrictions Apply	
FLOVENT HFA AER 44MCG	Restrictions Apply	
FLUCONAZOLE SUS 10MG/ML		
FLUCONAZOLE SUS 40MG/ML		
FLUCONAZOLE TAB 100MG		
FLUCONAZOLE TAB 150MG		
FLUCONAZOLE TAB 200MG		
FLUCONAZOLE TAB 50MG		
FLUCONAZOLE/ INJ DEX 400		
FLUDARABINE INJ 50MG/2ML		
FLUDROCORT TAB 0.1MG		
FLUNISOLIDE SPR 0.025%	Restrictions Apply	
FLUOCIN ACET CRE 0.025%		
FLUOCIN ACET OIN 0.025%		
FLUOCIN ACET SOL 0.01%		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
FLUOCINONIDE CRE 0.05%		
FLUOCINONIDE GEL 0.05%		
FLUOCINONIDE OIN 0.05%		
FLUOCINONIDE SOL 0.05%		
FLUOROMETHOL SUS 0.1% OP		
FLUOR-OP SUS 0.1% OP		
FLUOROPLEX CRE 1%		
FLUOROURACIL CRE 5%		
FLUOROURACIL INJ 500MG/10		
FLUOROURACIL SOL 2%		
FLUOROURACIL SOL 5%		
FLUOXETINE CAP 10MG		
FLUOXETINE CAP 20MG		
FLUOXETINE CAP 40MG		
FLUOXETINE SOL 20MG/5ML		
FLUOXETINE TAB 10MG		
FLUOXETINE TAB 20MG		
FLUPHENAZ DE INJ 25MG/ML		
FLUPHENAZINE CON 5MG/ML		
FLUPHENAZINE ELX 2.5/5ML		
FLUPHENAZINE INJ 2.5MG/ML		
FLUPHENAZINE TAB 10MG		
FLUPHENAZINE TAB 1MG		
FLUPHENAZINE TAB 2.5MG		
FLUPHENAZINE TAB 5MG		
FLUTAMIDE CAP 125MG		
FLUTICASONE CRE 0.05%		
FLUTICASONE OIN 0.005%		
FLUTICASONE SPR 50MCG	Restrictions Apply	
FLUVOXAMINE TAB 100MG		
FLUVOXAMINE TAB 25MG		
FLUVOXAMINE TAB 50MG		
FML OIN 0.1% OP		
FORADIL CAP AEROLIZE	Restrictions Apply	
FORTEO SOL 600/2.4		Prior Authorization Required
FORTICAL SPR 200/ACT		
FOSINOP/HCTZ TAB 10/12.5		
FOSINOP/HCTZ TAB 20/12.5		
FOSINOPRIL TAB 10MG		
FOSINOPRIL TAB 20MG		
FOSINOPRIL TAB 40MG		
FOSRENOL CHW 1000MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
FOSRENOL CHW 250MG		
FOSRENOL CHW 500MG		
FOSRENOL CHW 750MG		
FREAMINE HBC INJ 6.9%		* Prior Authorization Required
FREAMINE III INJ 3%		* Prior Authorization Required
FREAMINE III INJ 8.5%		* Prior Authorization Required
FROVA TAB 2.5MG	Restrictions Apply	
FURADANTIN SUS 25MG/5ML		
FUROSEMIDE INJ 10MG/ML		
FUROSEMIDE SOL 10MG/ML		
FUROSEMIDE SOL 8MG/ML		
FUROSEMIDE TAB 20MG		
FUROSEMIDE TAB 40MG		
FUROSEMIDE TAB 80MG		
FUZEON KIT		
GABAPENTIN CAP 100MG	Restrictions Apply	
GABAPENTIN CAP 300MG	Restrictions Apply	
GABAPENTIN CAP 400MG	Restrictions Apply	
GABAPENTIN TAB 600MG	Restrictions Apply	
GABAPENTIN TAB 800MG	Restrictions Apply	
GABITRIL TAB 12MG		
GABITRIL TAB 16MG		
GABITRIL TAB 2MG		
GABITRIL TAB 4MG		
GALANTAMINE CAP 16MG ER		
GALANTAMINE CAP 24MG ER		
GALANTAMINE CAP 8MG ER		
GALANTAMINE TAB 12MG		
GALANTAMINE TAB 4MG		
GALANTAMINE TAB 8MG		
GAMASTAN S/D INJ		
GAMMAGARD INJ 2.5GM/25		Prior Authorization Required
GAMUNEX INJ 10%		Prior Authorization Required
GANCICLOVIR CAP 250MG		
GANCICLOVIR CAP 500MG		
GANTRIS PED SUS 500/5ML		
GARDASIL INJ		
GASTROCROM CON 100/5ML		
GEMFIBROZIL TAB 600MG		
GEMZAR INJ 1 GM		
GENGRAF CAP 100MG		* Prior Authorization Required
GENGRAF CAP 25MG		* Prior Authorization Required

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
GENGRAF SOL 100MG/ML		* Prior Authorization Required
GENTAK SOL 0.3% OP		
GENTAMICIN CRE 0.1%		
GENTAMICIN INJ 10MG/ML		
GENTAMICIN INJ 40MG/ML		
GENTAMICIN OIN 0.1%		
GENTAMICIN OIN 0.3% OP		
GENTAMICIN SOL 0.3% OP		
GEODON CAP 20MG		
GEODON CAP 40MG		
GEODON CAP 60MG		
GEODON CAP 80MG		
GEODON INJ 20MG		
GLEEVEC TAB 100MG		
GLEEVEC TAB 400MG		
GLIMEPIRIDE TAB 1MG		
GLIMEPIRIDE TAB 2MG		
GLIMEPIRIDE TAB 4MG		
GLIP/METFORM TAB 2.5-250M		
GLIP/METFORM TAB 2.5-500M		
GLIP/METFORM TAB 5-500MG		
GLIPIZIDE TAB 10MG		
GLIPIZIDE TAB 5MG		
GLIPIZIDE ER TAB 2.5MG		
GLIPIZIDE XL TAB 10MG		
GLIPIZIDE XL TAB 5MG		
GLUCAGEN INJ HYPOKIT		
GLUCAGON KIT 1MG		
GLYB/METFORM TAB 1.25-250		
GLYB/METFORM TAB 2.5-500		
GLYB/METFORM TAB 5-500MG		
GLYBURID MCR TAB 1.5MG		
GLYBURID MCR TAB 3MG		
GLYBURID MCR TAB 6MG		
GLYBURIDE TAB 1.25MG		
GLYBURIDE TAB 2.5MG		
GLYBURIDE TAB 5MG		
GLYCOPYRROL INJ 0.2MG/ML		
GLYCOPYRROL TAB 1MG		
GLYCOPYRROL TAB 2MG		
GLYCRON TAB 3MG		
GRANISETRON INJ 0.1MG/ML		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
GRANISETRON INJ 1MG/ML		
GRANISETRON TAB 1MG		* Prior Authorization Required
GRANISOL SOL 2MG/10ML		* Prior Authorization Required
GRISEOFULVIN SUS 125/5ML		
GRIS-PEG TAB 125MG		
GRIS-PEG TAB 250MG		
GUANFACINE TAB 1MG		
GUANFACINE TAB 2MG		
GUANIDINE TAB 125MG		
GYNODIOL TAB 0.5MG		
GYNODIOL TAB 1.5MG		
GYNODIOL TAB 1MG		
GYNODIOL TAB 2MG		
HALFLYTELY KIT BWL-PREP		
HALOBETASOL CRE 0.05%		
HALOBETASOL OIN 0.05%		
HALOPER DEC INJ 100MG/ML		
HALOPER DEC INJ 50MG/ML		
HALOPER LAC INJ 5MG/ML		
HALOPERIDOL CON 2MG/ML		
HALOPERIDOL TAB 0.5MG		
HALOPERIDOL TAB 10MG		
HALOPERIDOL TAB 1MG		
HALOPERIDOL TAB 20MG		
HALOPERIDOL TAB 2MG		
HALOPERIDOL TAB 5MG		
HAVRIX INJ 1440UNIT		
HAVRIX INJ 720UNIT		
HC BUTYRATE OIN 0.1%		
HC VALERATE CRE 0.2%		
HC VALERATE OIN 0.2%		
HECTOROL CAP 0.5MCG		
HECTOROL CAP 2.5MCG		
HECTOROL INJ 4MCG/2ML		
HEP SOD/D5W INJ 20000UNT		
HEP SOD/D5W INJ 25000UNT		
HEP SOD/D5W INJ 25000UNT		
HEP SOD/NAACL INJ 1000UNIT		
HEPARIN SOD INJ 1000/ML		
HEPARIN SOD INJ 10000/ML		
HEPARIN SOD INJ 2000/ML		
HEPARIN SOD INJ 20000/ML		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
HEPARIN SOD INJ 2500/ML		
HEPARIN SOD INJ 5000/ML		
HEPATAMINE SOL 8%		* Prior Authorization Required
HEPATASOL INJ 8%		* Prior Authorization Required
HEPSERA TAB 10MG		
HERCEPTIN INJ 440MG		
HEXALEN CAP 50MG		
HIBTITER INJ		
HUMALOG INJ 100/ML		
HUMALOG MIX INJ 50/50		
HUMALOG MIX SUS 75/25		
HUMALOG PEN INJ 100/ML		
HUMALOG PEN INJ 50/50		
HUMALOG PEN INJ 75/25		
HUMIRA KIT 40MG/0.8		Prior Authorization Required
HUMIRA PEN KIT CROHNS		Prior Authorization Required
HUMULIN INJ 50/50		
HUMULIN INJ 70/30		
HUMULIN N INJ U-100		
HUMULIN N PN INJ U-100		
HUMULIN PEN INJ 70/30		
HUMULIN R INJ U-100		
HUMULIN R INJ U-500		
HYCAMTIN INJ 4MG		
HYDRALAZINE INJ 20MG/ML		
HYDRALAZINE TAB 100MG		
HYDRALAZINE TAB 10MG		
HYDRALAZINE TAB 25MG		
HYDRALAZINE TAB 50MG		
HYDROCHLOROT CAP 12.5MG		
HYDROCHLOROT TAB 12.5MG		
HYDROCHLOROT TAB 25MG		
HYDROCHLOROT TAB 50MG		
HYDROCO/APAP TAB 10-325MG		
HYDROCO/APAP TAB 10-500MG		
HYDROCO/APAP TAB 10-650MG		
HYDROCO/APAP TAB 10-660MG		
HYDROCO/APAP TAB 10-750MG		
HYDROCO/APAP TAB 2.5-500		
HYDROCO/APAP TAB 5-325MG		
HYDROCO/APAP TAB 5-500MG		
HYDROCO/APAP TAB 7.5-325		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
HYDROCO/APAP TAB 7.5-500		
HYDROCO/APAP TAB 7.5-650		
HYDROCO/APAP TAB 7.5-750		
HYDROCODONE/ SOL APAP		
HYDROCORT CRE 2.5%		
HYDROCORT ENE 100MG		
HYDROCORT LOT 1%		
HYDROCORT OIN 2.5%		
HYDROCORT SOL BUTYRATE		
HYDROCORT TAB 10MG		
HYDROCORT TAB 20MG		
HYDROCORT TAB 5MG		
HYDROMORPHON INJ 10MG/ML		
HYDROMORPHON TAB 2MG		
HYDROMORPHON TAB 4MG		
HYDROMORPHON TAB 8MG		
HYDROXYCHLOR TAB 200MG		
HYDROXYUREA CAP 500MG		
HYDROXYZ HCL INJ 25MG/ML		
HYDROXYZ HCL INJ 50MG/ML		
HYDROXYZ HCL SYP 10MG/5ML		
HYDROXYZ HCL TAB 10MG		
HYDROXYZ HCL TAB 25MG		
HYDROXYZ HCL TAB 50MG		
HYDROXYZ PAM CAP 100MG		
HYDROXYZ PAM CAP 25MG		
HYDROXYZ PAM CAP 50MG		
HYZAAR TAB 100-12.5		
HYZAAR TAB 100-25		
HYZAAR TAB 50-12.5		
IBU TAB 600MG		
IBUPROFEN SUS 100/5ML		
IBUPROFEN TAB 400MG		
IBUPROFEN TAB 800MG		
IDARUBICIN INJ 10MG/10M		
IFEX INJ 3GM		
IFOSFAMIDE INJ 1GM		
IFOSFAMIDE KIT MESNA		
IFOSFAMIDE KIT MESNA		
IMIPRAM HCL TAB 10MG		
IMIPRAM HCL TAB 25MG		
IMIPRAM HCL TAB 50MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
IMOVAX RABIE INJ 2.5/ML		
INCRELEX INJ 40MG/4ML		Prior Authorization Required
INDAPAMIDE TAB 1.25MG		
INDAPAMIDE TAB 2.5MG		
INDOCIN SUS 25MG/5ML		
INDOMETHACIN CAP 25MG		
INDOMETHACIN CAP 50MG		
INDOMETHACIN CAP 75MG ER		
INFANRIX INJ		
INFERGEN INJ 9MCG		Prior Authorization Required
INSULIN SYRG MIS 0.3/31G		
INSULIN SYRG MIS 0.5/30G		
INSULIN SYRG MIS 1ML/29G		
INSULIN SYRG MIS 1ML/31G		
INTAL INH AER 800MCG	Restrictions Apply	
INTELENCE TAB 100MG		
INTRALIPID INJ 20%		* Prior Authorization Required
INTRALIPID INJ 30%		* Prior Authorization Required
INTRON-A INJ 10MU		
INTRON-A INJ 10MU PEN		
INTRON-A INJ 18MU		
INTRON-A INJ 3MU PEN		
INTRON-A INJ 5MU PEN		
INVANZ INJ 1GM		
INVEGA TAB 3MG		
INVEGA TAB 6MG		
INVEGA TAB 9MG		
INVIRASE CAP 200MG		
INVIRASE TAB 500MG		
IONOSOL-B/ INJ D5W		
IONOSOL-MB INJ /D5W		
IONOSOL-T INJ /D5W		
IPOL INJ INACTIVE		
IPRATROPIUM SOL INHAL	Restrictions Apply	* Prior Authorization Required
IPRATROPIUM SPR 0.03%		
IPRATROPIUM SPR 0.06%		
IPRATROPIUM/ SOL ALBUTER	Restrictions Apply	* Prior Authorization Required
IRINOTECAN INJ 100/5ML		
ISENTRESS TAB 400MG		
ISOLYTE-H INJ /D5W		
ISOLYTE-M INJ /D5W		
ISOLYTE-P INJ /D5W		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ISOLYTE-S INJ		
ISOLYTE-S INJ /D5W		
ISONIAZID INJ 100MG/ML		
ISONIAZID SYP 50MG/5ML		
ISONIAZID TAB 100MG		
ISONIAZID TAB 300MG		
ISORDIL TAB 40MG		
ISOSORB DIN TAB 10MG		
ISOSORB DIN TAB 20MG		
ISOSORB DIN TAB 30MG		
ISOSORB DIN TAB 40MG ER		
ISOSORB DIN TAB 5MG		
ISOSORB MONO TAB 10MG		
ISOSORB MONO TAB 120MG ER		
ISOSORB MONO TAB 20MG		
ISOSORB MONO TAB 30MG ER		
ISOSORB MONO TAB 60MG ER		
ITRACONAZOLE CAP 100MG		Prior Authorization Required
JANTOVEN TAB 10MG		
JANTOVEN TAB 1MG		
JANTOVEN TAB 2.5MG		
JANTOVEN TAB 2MG		
JANTOVEN TAB 3MG		
JANTOVEN TAB 4MG		
JANTOVEN TAB 5MG		
JANTOVEN TAB 6MG		
JANTOVEN TAB 7.5MG		
JANUMET TAB 50-1000		
JANUMET TAB 50-500MG		
JANUVIA TAB 100MG		
JANUVIA TAB 25MG		
JANUVIA TAB 50MG		
JE-VAX INJ		
JOLIVETTE TAB 0.35MG		
JUNEL 1.5/30 TAB		
JUNEL 1/20 TAB		
JUNEL FE TAB 1.5/30		
JUNEL FE TAB 1/20		
KADIAN CAP 100MG CR	Restrictions Apply	
KADIAN CAP 10MG CR	Restrictions Apply	
KADIAN CAP 200MG CR	Restrictions Apply	
KADIAN CAP 20MG CR	Restrictions Apply	

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
KADIAN CAP 30MG CR	Restrictions Apply	
KADIAN CAP 50MG CR	Restrictions Apply	
KADIAN CAP 60MG CR	Restrictions Apply	
KADIAN CAP 80MG	Restrictions Apply	
KALETRA SOL		
KALETRA TAB 100-25MG		
KALETRA TAB 200-50MG		
KAON-CL-10 TAB 10MEQ CR		
KAPIDEX CAP 30MG DR	Restrictions Apply	
KAPIDEX CAP 60MG DR	Restrictions Apply	
KARIVA TAB 28 DAY		
KCL IN NAACL SOL		
KCL/D10/NAACL INJ 0.15/0.2		
KCL/D5W INJ 0.075%		
KCL/D5W INJ 0.15%		
KCL/D5W INJ 0.224%		
KCL/D5W INJ 0.3%		
KCL/D5W/LR INJ 0.15%		
KCL/D5W/LR INJ 0.3%		
KCL/D5W/NAACL INJ .075/.2%		
KCL/D5W/NAACL INJ .075/.45		
KCL/D5W/NAACL INJ .15/.33%		
KCL/D5W/NAACL INJ .15/.45%		
KCL/D5W/NAACL INJ .22/.45		
KCL/D5W/NAACL INJ .224/.33		
KCL/D5W/NAACL INJ .224/0.2		
KCL/D5W/NAACL INJ 0.15/0.2		
KCL/D5W/NAACL INJ 0.15/0.2		
KCL/D5W/NAACL INJ 0.15/0.9		
KCL/D5W/NAACL INJ 0.3/0.2%		
KCL/D5W/NAACL INJ 0.3/0.45		
KCL/D5W/NAACL INJ 0.3/0.9%		
KCL/NAACL INJ 0.15-0.9		
KCL/NAACL INJ 0.3-0.9		
KENALOG AER SPRAY		
KEPPRA INJ 500/5ML		
KETOCONAZOLE CRE 2%		
KETOCONAZOLE SHA 2%		
KETOCONAZOLE TAB 200MG		
KIONEX POW USP		
KLOR-CON 10 TAB 10MEQ ER		
KLOR-CON 8 TAB 8MEQ ER		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
KLOR-CON M15 TAB		
KLOR-CON M20 TAB 20MEQ ER		
KRISTALOSE PAK 10GM		
KRISTALOSE PAK 20GM		
KUVAN TAB 100MG		
LABELALOL INJ 5MG/ML		
LABELALOL TAB 100MG		
LABELALOL TAB 200MG		
LABELALOL TAB 300MG		
LACLOTION LOT 12%		
LACRISERT MIS 5MG OP		
LACTATED RIN INJ		
LACTULOSE SOL 10GM/15		
LAMOTRIGINE CHW 25MG		
LAMOTRIGINE CHW 5MG		
LAMOTRIGINE TAB 100MG		
LAMOTRIGINE TAB 150MG		
LAMOTRIGINE TAB 200MG		
LAMOTRIGINE TAB 25MG		
LANOXIN TAB 0.125MG		
LANOXIN TAB 0.25MG		
LANTUS INJ 100/ML		
LANTUS INJ SOLOSTAR		
LEFLUNOMIDE TAB 10MG		
LEFLUNOMIDE TAB 20MG		
LESCOL CAP 20MG		
LESCOL CAP 40MG		
LESCOL XL TAB 80MG		
LESSINA-28 TAB		
LETAIRIS TAB 10MG		
LETAIRIS TAB 5MG		
LEUCOVOR CA INJ 100MG		
LEUCOVOR CA INJ 350MG		
LEUCOVOR CA TAB 10MG		
LEUCOVOR CA TAB 15MG		
LEUCOVOR CA TAB 25MG		
LEUCOVOR CA TAB 5MG		
LEUKERAN TAB 2MG		
LEUPROLIDE INJ 1MG/0.2		
LEVAQUIN INJ 25MG/ML		
LEVAQUIN SOL 25MG/ML		
LEVAQUIN TAB 250MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

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

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
LEVOXYL TAB 175MCG		
LEVOXYL TAB 200MCG		
LEVOXYL TAB 25MCG		
LEVOXYL TAB 50MCG		
LEVOXYL TAB 75MCG		
LEVOXYL TAB 88MCG		
LEXAPRO SOL 5MG/5ML		
LEXAPRO TAB 10MG		
LEXAPRO TAB 20MG		
LEXAPRO TAB 5MG		
LEXIVA SUS 50MG/ML		
LEXIVA TAB 700MG		
LIALDA TAB 1.2GM		
LIDOC/PRILOC CRE 2.5-2.5%		
LIDOCAINE INJ 0.5%		
LIDOCAINE INJ 1%		
LIDOCAINE SOL 2% VISC		
LIDOCAINE SOL 4%		
LIDODERM DIS 5%		Prior Authorization Required
LIOTHYRONINE SODIUM TAB 25MCG		
LIOTHYRONINE SODIUM TAB 50MCG		
LIOTHYRONINE SODIUM TAB 5MCG		
LIPITOR TAB 10MG		
LIPITOR TAB 20MG		
LIPITOR TAB 40MG		
LIPITOR TAB 80MG		
LIPRAM 4500 CAP		
LIPRAM-PN10 CAP		
LIPRAM-PN16 CAP		
LIPRAM-PN20 CAP		
LIPRAM-UL12 CAP		
LIPRAM-UL18 CAP		
LIPRAM-UL20 CAP		
LISINOP/HCTZ TAB 10-12.5		
LISINOP/HCTZ TAB 20-12.5		
LISINOP/HCTZ TAB 20-25MG		
LISINOPRIL TAB 10MG		
LISINOPRIL TAB 2.5MG		
LISINOPRIL TAB 20MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
LISINOPRIL TAB 30MG		
LISINOPRIL TAB 40MG		
LISINOPRIL TAB 5MG		
LITHIUM CARB CAP 150MG		
LITHIUM CARB CAP 300MG		
LITHIUM CARB CAP 600MG		
LITHIUM CARB TAB 300MG		
LITHIUM CARB TAB 300MG ER		
LITHIUM CARB TAB 450MG ER		
LITHIUM CITR SYP 8MEQ/5ML		
LOCOID LIPO CRE 0.1%		
LONOX TAB 2.5MG		
LOPERAMIDE CAP 2MG		
LOPROX SHA 1%		
LOTEMAX SUS 0.5%		
LOTREL CAP 10-40MG		
LOTREL CAP 5-40MG		
LOTRONEX TAB 0.5MG		
LOTRONEX TAB 1MG		
LOVASTATIN TAB 10MG		
LOVASTATIN TAB 20MG		
LOVASTATIN TAB 40MG		
LOVENOX INJ 100/1ML		
LOVENOX INJ 120/0.8		
LOVENOX INJ 150/1ML		
LOVENOX INJ 30/0.3ML		
LOVENOX INJ 300/3ML		
LOVENOX INJ 40/0.4ML		
LOVENOX INJ 60/0.6ML		
LOVENOX INJ 80/0.8ML		
LOW-OGESTREL TAB		
LOXAPINE CAP 10MG		
LOXAPINE CAP 25MG		
LOXAPINE CAP 50MG		
LOXAPINE CAP 5MG		
LUMIGAN SOL 0.03%		
LUNESTA TAB 1MG	Restrictions Apply	
LUNESTA TAB 2MG	Restrictions Apply	
LUNESTA TAB 3MG	Restrictions Apply	
LUPR DEP-PED INJ 11.25MG		
LUPR DEP-PED INJ 15MG		
LUPRON DEPOT INJ 11.25MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
LUPRON DEPOT INJ 22.5MG		
LUPRON DEPOT INJ 3.75MG		
LUPRON DEPOT INJ 30MG		
LUPRON DEPOT INJ 7.5MG		
LUTERA TAB		
LUXIQ AER 0.12%		
LYRICA CAP 100MG	Restrictions Apply	
LYRICA CAP 150MG	Restrictions Apply	
LYRICA CAP 200MG	Restrictions Apply	
LYRICA CAP 225MG	Restrictions Apply	
LYRICA CAP 25MG	Restrictions Apply	
LYRICA CAP 300MG	Restrictions Apply	
LYRICA CAP 50MG	Restrictions Apply	
LYRICA CAP 75MG	Restrictions Apply	
LYSODREN TAB 500MG		
MACRODANTIN CAP 25MG		
MALARONE TAB 250-100		
MALARONE TAB 62.5/25		
MAPROTILINE TAB 25MG		
MAPROTILINE TAB 50MG		
MAPROTILINE TAB 75MG		
MARPLAN TAB 10MG		
MATULANE CAP 50MG		
MAXALT TAB 10MG	Restrictions Apply	
MAXALT TAB 5MG	Restrictions Apply	
MAXALT-MLT TAB 10MG	Restrictions Apply	
MAXALT-MLT TAB 5MG	Restrictions Apply	
MEBENDAZOLE CHW 100MG		
MECLIZINE TAB 12.5MG		
MECLIZINE TAB 25MG		
MEDROL TAB 2MG		
MEDROXYPR AC INJ 150MG/ML		
MEDROXYPR AC TAB 10MG		
MEDROXYPR AC TAB 2.5MG		
MEDROXYPR AC TAB 5MG		
MEFLOQUINE TAB 250MG		
MEGACE ES SUS		
MEGESTROL AC SUS 40MG/ML		
MEGESTROL AC TAB 20MG		
MEGESTROL AC TAB 40MG		
MELOXICAM SUS 7.5/5ML		
MELOXICAM TAB 15MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
MELOXICAM TAB 7.5MG		
MENACTRA INJ		
MENOMUNE INJ A/C/Y/W		
MENTAX CRE 1%		
MERCAPTOPUR TAB 50MG		
MERUVAX II INJ LIVE		
MESALAMINE ENE 4GM		
MESNA INJ 1GM		
MESNEX TAB 400MG		
MESTINON SYP 60MG/5ML		
MESTINON TAB TIMESPAN		
METADATE CD CAP 10MG		Prior Authorization Required
METADATE CD CAP 20MG		Prior Authorization Required
METADATE CD CAP 30MG		Prior Authorization Required
METADATE CD CAP 40MG		Prior Authorization Required
METADATE CD CAP 50MG		Prior Authorization Required
METADATE CD CAP 60MG		Prior Authorization Required
METFORMIN TAB 1000MG		
METFORMIN TAB 500MG		
METFORMIN TAB 500MG ER		
METFORMIN TAB 750MG ER		
METFORMIN TAB 850MG		
METHAZOLAMID TAB 25MG		
METHAZOLAMID TAB 50MG		
METHIMAZOLE TAB 10MG		
METHIMAZOLE TAB 5MG		
METHOCARBAM TAB 500MG		
METHOCARBAM TAB 750MG		
METHOTREXATE INJ 1GM		
METHOTREXATE INJ 25MG/ML		
METHOTREXATE TAB 2.5MG		
METHYLDOPA TAB 250MG		
METHYLDOPA TAB 500MG		
METHYLIN CHW 10MG		Prior Authorization Required
METHYLIN CHW 2.5MG		Prior Authorization Required
METHYLIN CHW 5MG		Prior Authorization Required
METHYLIN SOL 10MG/5ML		Prior Authorization Required
METHYLIN SOL 5MG/5ML		Prior Authorization Required
METHYLIN TAB 10MG		Prior Authorization Required
METHYLIN TAB 20MG		Prior Authorization Required
METHYLIN TAB 5MG		Prior Authorization Required
METHYLIN ER TAB 10MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
METHYLIN ER TAB 20MG		
METHYLPHENID TAB 10MG		Prior Authorization Required
METHYLPHENID TAB 20MG		Prior Authorization Required
METHYLPHENID TAB 5MG		Prior Authorization Required
METHYLPR ACE INJ 40MG/ML		
METHYLPR ACE INJ 80MG/ML		
METHYLPR SS INJ 1000MG		
METHYLPR SS INJ 125MG		
METHYLPR SS INJ 40MG		
METHYLPRED PAK 4MG		
METHYLPRED TAB 16MG		
METHYLPRED TAB 32MG		
METHYLPRED TAB 8MG		
METIPRANOLOL SOL 0.3% OPH		
METOCLOPRAM INJ 5MG/ML		
METOCLOPRAM SOL 5MG/5ML		
METOCLOPRAM TAB 10MG		
METOCLOPRAM TAB 5MG		
METOLAZONE TAB 10MG		
METOLAZONE TAB 2.5MG		
METOLAZONE TAB 5MG		
METOPRL/HCTZ TAB 100-25MG		
METOPRL/HCTZ TAB 100-50MG		
METOPRL/HCTZ TAB 50-25MG		
METOPROL TAR TAB 100MG		
METOPROL TAR TAB 25MG		
METOPROL TAR TAB 50MG		
METOPROLOL INJ 1MG/ML		
METOPROLOL TAB 100MG ER		
METOPROLOL TAB 200MG ER		
METOPROLOL TAB 25MG ER		
METOPROLOL TAB 50MG ER		
METROGEL GEL 1%		
METRON/NACL INJ 500MG		
METRONIDAZOL CAP 375MG		
METRONIDAZOL CRE 0.75%		
METRONIDAZOL GEL 0.75%		
METRONIDAZOL GEL 0.75% VAG		
METRONIDAZOL LOT 0.75%		
METRONIDAZOL TAB 250MG		
METRONIDAZOL TAB 500MG		
MEXILETINE CAP 150MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
MEXILETINE CAP 200MG		
MEXILETINE CAP 250MG		
MG SO4/D5W INJ 10MG/ML		
MIACALCIN INJ 200/ML		
MICARDIS TAB 20MG		
MICARDIS TAB 40MG		
MICARDIS TAB 80MG		
MICARDIS HCT TAB 40/12.5		
MICARDIS HCT TAB 80/12.5		
MICARDIS HCT TAB 80/25MG		
MICROGESTIN TAB 1.5/30		
MICROGESTIN TAB 1/20		
MICROGESTIN TAB FE 1/20		
MICROGESTIN TAB FE1.5/30		
MIDODRINE TAB 10MG		
MIDODRINE TAB 2.5MG		
MIDODRINE TAB 5MG		
MIGERGOT SUP 2/100		
MIGRANAL SPR 4MG/ML	Restrictions Apply	
MINITRAN DIS 0.1MG/HR		
MINITRAN DIS 0.2MG/HR		
MINITRAN DIS 0.4MG/HR		
MINITRAN DIS 0.6MG/HR		
MINOCYCLINE CAP 100MG		
MINOCYCLINE CAP 50MG		
MINOCYCLINE CAP 75MG		
MINOCYCLINE TAB 100MG		
MINOCYCLINE TAB 50MG		
MINOCYCLINE TAB 75MG		
MINOXIDIL TAB 10MG		
MINOXIDIL TAB 2.5MG		
MIRAPEX TAB 0.125MG		
MIRAPEX TAB 0.25MG		
MIRAPEX TAB 0.5MG		
MIRAPEX TAB 0.75MG		
MIRAPEX TAB 1.5MG		
MIRAPEX TAB 1MG		
MIRTAZAPINE TAB 15MG		
MIRTAZAPINE TAB 15MG ODT		
MIRTAZAPINE TAB 30MG		
MIRTAZAPINE TAB 30MG ODT		
MIRTAZAPINE TAB 45MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
MIRTAZAPINE TAB 45MG ODT		
MIRTAZAPINE TAB 7.5MG		
MISOPROSTOL TAB 100MCG		
MISOPROSTOL TAB 200MCG		
MITOMYCIN INJ 20MG		
MITOXANTRON INJ 2MG/ML		
M-M-R II INJ LIVE		
MOBAN TAB 10MG		
MOBAN TAB 25MG		
MOBAN TAB 50MG		
MOBAN TAB 5MG		
MOMETASONE CRE 0.1%		
MOMETASONE OIN 0.1%		
MOMETASONE SOL 0.1%		
MONONESSA TAB		
MORPHINE SUL INJ 5MG/ML		
MORPHINE SUL TAB 100MG ER	Restrictions Apply	
MORPHINE SUL TAB 15MG		
MORPHINE SUL TAB 15MG ER	Restrictions Apply	
MORPHINE SUL TAB 200MG ER	Restrictions Apply	
MORPHINE SUL TAB 30MG		
MORPHINE SUL TAB 30MG ER	Restrictions Apply	
MORPHINE SUL TAB 60MG ER	Restrictions Apply	
MUPIROCIN OIN 2%		
MUSTARGEN INJ 10MG		
MYCOBUTIN CAP 150MG		
MYCOPHENOLAT CAP 250MG		
MYCOPHENOLAT TAB 500MG		
MYOZYME SOL 50MG		
NABUMETONE TAB 500MG		
NABUMETONE TAB 750MG		
NADOLOL TAB 160MG		
NADOLOL TAB 20MG		
NADOLOL TAB 40MG		
NADOLOL TAB 80MG		
NAFCILLIN INJ 10GM		
NAFCILLIN INJ 1GM		
NAGLAZYME INJ 1MG/ML		
NALOXONE INJ 0.4MG/ML		
NALOXONE INJ 1MG/ML		
NALTREXONE TAB 50MG		
NAMENDA SOL 10MG/5ML		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
NAMENDA TAB 10MG		
NAMENDA TAB 5-10MG		
NAMENDA TAB 5MG		
NAPROXEN SUS 125/5ML		
NAPROXEN TAB 375MG		
NAPROXEN DR TAB 375MG		
NAPROXEN DR TAB 500MG		
NAPROXEN SOD TAB 275MG		
NAPROXEN SOD TAB 550MG		
NARDIL TAB 15MG		
NASACORT AQ AER 55MCG/AC	Restrictions Apply	
NASONEX SPR 50MCG/AC	Restrictions Apply	
NATACYN SUS 5% OP		
NAVANE CAP 20MG		
NECON TAB 0.5/35		
NECON TAB 1/35-28		
NECON TAB 1/50-28		
NECON TAB 10/11-28		
NECON 7/7/7 TAB 28 DAY		
NEFAZODONE TAB 100MG		
NEFAZODONE TAB 150MG		
NEFAZODONE TAB 200MG		
NEFAZODONE TAB 250MG		
NEFAZODONE TAB 50MG		
NEO/BAC/POLY OIN OP		
NEO/POLY/DEX OIN 0.1% OP		
NEO/POLY/DEX SUS 0.1% OP		
NEO/POLY/GRA SOL OP		
NEO/POLY/HC SOL 1% OTIC		
NEO/POLY/HC SUS OP		
NEORAL CAP 100MG		* Prior Authorization Required
NEORAL CAP 25MG		* Prior Authorization Required
NEORAL SOL 100MG/ML		* Prior Authorization Required
NEPHRAMINE INJ 5.4%		* Prior Authorization Required
NEULASTA INJ 6MG/0.6M		Prior Authorization Required
NEUPOGEN INJ 300/0.5		Prior Authorization Required
NEUPOGEN INJ 480/0.8		Prior Authorization Required
NEUPOGEN INJ 480MCG		Prior Authorization Required
NEURONTIN SOL 250/5ML	Restrictions Apply	
NEXAVAR TAB 200MG		
NEXIUM CAP 20MG	Restrictions Apply	
NEXIUM CAP 40MG	Restrictions Apply	

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
NEXIUM GRA 10MG DR	Restrictions Apply	
NEXIUM GRA 20MG DR	Restrictions Apply	
NEXIUM GRA 40MG DR	Restrictions Apply	
NEXIUM I.V. INJ 20MG		
NEXIUM I.V. INJ 40MG		
NIASPAN TAB 1000 ER		
NIASPAN TAB 500MG ER		
NIASPAN TAB 750MG ER		
NICOTROL INH		
NIFEDIAC CC TAB 30MG ER		
NIFEDIAC CC TAB 60MG ER		
NIFEDIAC CC TAB 90MG ER		
NIFEDICAL XL TAB 30MG		
NIFEDICAL XL TAB 60MG		
NIFEDIPINE TAB 30MG ER		
NIFEDIPINE TAB 60MG ER		
NIFEDIPINE TAB 90MG ER		
NILANDRON TAB 150MG		
NITRO-DUR DIS 0.3MG/HR		
NITRO-DUR DIS 0.8MG/HR		
NITROFUR MAC CAP 50MG		
NITROFURANTN CAP 100MG		
NITROGLYCER DIS 0.1MG/HR		
NITROGLYCER DIS 0.2MG/HR		
NITROGLYCER DIS 0.4MG/HR		
NITROGLYCERI DIS 0.6MG/HR		
NITROLINGUAL SPR PUMPSRA		
NITROSTAT SUB 0.3MG		
NITROSTAT SUB 0.4MG		
NITROSTAT SUB 0.6MG		
NORA-BE TAB 0.35MG		
NORDITROPIN INJ 10/1.5ML		Prior Authorization Required
NORDITROPIN INJ 15/1.5ML		Prior Authorization Required
NORDITROPIN INJ 15/1.5ML		Prior Authorization Required
NORDITROPIN INJ 5/1.5ML		Prior Authorization Required
NORDITROPIN INJ 5/1.5ML		Prior Authorization Required
NORETHIN ACE TAB 5MG		
NORMOSOL -M INJ /D5W		
NORMOSOL -R INJ /D5W		
NORMOSOL-R INJ PH 7.4		
NORPACE CAP 100MG CR		
NORTREL (21) TAB 1/35		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
NORTREL (28) TAB 1/35		
NORTREL 28 TAB 0.5/35		
NORTREL7/7/7 TAB 28 DAYS		
NORTRIPTYLIN CAP 10MG		
NORTRIPTYLIN CAP 25MG		
NORTRIPTYLIN CAP 50MG		
NORTRIPTYLIN CAP 75MG		
NORTRIPTYLIN SOL 10MG/5ML		
NORVIR CAP 100MG		
NORVIR SOL 80MG/ML		
NOVAMINE INJ 15%		* Prior Authorization Required
NOVOLIN INJ 70/30		
NOVOLIN 70/ INJ 30 INNLT		
NOVOLIN N INJ INNOLET		
NOVOLIN N INJ U-100		
NOVOLIN R INJ INNOLET		
NOVOLIN R INJ U-100		
NOVOLOG INJ 100/ML		
NOVOLOG INJ FLEXPEN		
NOVOLOG MIX INJ 70/30		
NOVOLOG MIX INJ FLEXPEN		
NULYTELY SOL FLAV PKS		
NUVARING MIS		
NYSTATIN CRE 100000		
NYSTATIN OIN 100000		
NYSTATIN POW 100000		
NYSTATIN SUS 100000		
NYSTATIN TAB 500000		
NYSTOP POW 100000		
OCELLA TAB 3-0.03MG		
OCTREOTIDE INJ 1000MCG		Prior Authorization Required
OCTREOTIDE INJ 100MCG		Prior Authorization Required
OCTREOTIDE INJ 200MCG		Prior Authorization Required
OCTREOTIDE INJ 500MCG		Prior Authorization Required
OCTREOTIDE INJ 50MCG/ML		Prior Authorization Required
OCUSULF-10 SOL 10% OP		
OFLOXACIN DRO 0.3% OP		
OFLOXACIN DRO 0.3%OTIC		
OMEPRAZOLE CAP 10MG	Restrictions Apply	
OMEPRAZOLE CAP 20MG	Restrictions Apply	
OMEPRAZOLE CAP 40MG	Restrictions Apply	
ONCASPAR INJ 750/ML		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ONDANSETRON INJ 4MG/2ML		
ONDANSETRON SOL 4MG/5ML		* Prior Authorization Required
ONDANSETRON TAB 24MG		* Prior Authorization Required
ONDANSETRON TAB 4MG		* Prior Authorization Required
ONDANSETRON TAB 4MG ODT		* Prior Authorization Required
ONDANSETRON TAB 8MG		* Prior Authorization Required
ONDANSETRON TAB 8MG ODT		* Prior Authorization Required
ONTAK INJ 150/ML		
OPANA ER TAB 10MG	Restrictions Apply	
OPANA ER TAB 15MG	Restrictions Apply	
OPANA ER TAB 20MG	Restrictions Apply	
OPANA ER TAB 30MG	Restrictions Apply	
OPANA ER TAB 40MG	Restrictions Apply	
OPANA ER TAB 5MG	Restrictions Apply	
OPANA ER TAB 7.5MG	Restrictions Apply	
OPTIVAR DRO 0.05%		
ORACEA CAP 40MG		
ORAP TAB 1MG		
ORAP TAB 2MG		
ORFADIN CAP 10MG		
ORFADIN CAP 2MG		
ORFADIN CAP 5MG		
ORPH/ASA/CAF TAB		
ORTHO EVRA DIS WEEK		
ORTHO TRI- TAB CYCLN LO		
ORTHO-EST TAB 0.625		
ORTHO-EST TAB 1.25		
OVIDE LOT 0.5%		
OXANDROLONE TAB 10MG		Prior Authorization Required
OXANDROLONE TAB 2.5MG		Prior Authorization Required
OXAPROZIN TAB 600MG		
OXCARBAZEPIN TAB 150MG		
OXCARBAZEPIN TAB 300MG		
OXCARBAZEPIN TAB 600MG		
OXISTAT CRE 1%		
OXISTAT LOT 1%		
OXSORALEN-UL CAP 10MG		
OXYBUTYNIN SYP 5MG/5ML		
OXYBUTYNIN TAB 10MG ER		
OXYBUTYNIN TAB 15MG ER		
OXYBUTYNIN TAB 5MG		
OXYBUTYNIN TAB 5MG ER		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
OXYCOD/APAP CAP 5-500MG		
OXYCOD/APAP TAB 10-325MG		
OXYCOD/APAP TAB 2.5-325		
OXYCOD/APAP TAB 5-325MG		
OXYCOD/APAP TAB 7.5-325		
OXYCOD/APAP TAB 7.5-500		
OXYCODONE TAB 15MG		
OXYCODONE TAB 30MG		
OXYCODONE TAB 5MG		
OXYCONTIN TAB 10MG CR	Restrictions Apply	
OXYCONTIN TAB 15MG CR	Restrictions Apply	
OXYCONTIN TAB 20MG CR	Restrictions Apply	
OXYCONTIN TAB 30MG CR	Restrictions Apply	
OXYCONTIN TAB 40MG CR	Restrictions Apply	
OXYCONTIN TAB 60MG CR	Restrictions Apply	
OXYCONTIN TAB 80MG CR	Restrictions Apply	
OXYTROL DIS 3.9MG/24		
PACERONE TAB 100MG		
PACERONE TAB 200MG		
PACERONE TAB 300MG		
PACLITAXEL INJ		
PANCRELIPASE TAB		
PANRETIN GEL 0.1%		
PANTOPRAZOLE TAB 20MG	Restrictions Apply	
PANTOPRAZOLE TAB 40MG	Restrictions Apply	
PAROXETIN ER TAB 12.5MG		
PAROXETINE SUS 10MG/5ML		
PAROXETINE TAB 10MG		
PAROXETINE TAB 20MG		
PAROXETINE TAB 25MG ER		
PAROXETINE TAB 30MG		
PAROXETINE TAB 40MG		
PASER GRA 4GM		
PATADAY SOL 0.2%		
PATANOL SOL 0.1% OP		
PEDIARIX INJ 0.5ML		
PEDI-DRI POW 100000		
PEDVAX HIB INJ		
PEG 3350 SOL ELECTROL		
PEGANONE TAB 250MG		
PEGASYS KIT		Prior Authorization Required
PEG-INTRON KIT 120 RP		Prior Authorization Required

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
PEG-INTRON KIT 120 RP		Prior Authorization Required
PEG-INTRON KIT 150 RP		Prior Authorization Required
PEG-INTRON KIT 150 RP		Prior Authorization Required
PEG-INTRON KIT 50MCG		Prior Authorization Required
PEG-INTRON KIT 50MCG RP		Prior Authorization Required
PEG-INTRON KIT 80MCG RP		Prior Authorization Required
PEG-INTRON KIT 80MCG RP		Prior Authorization Required
PEN G PROC INJ 600000		
PEN NEEDLES MIS 29GX1/2"		
PENICILLN GK INJ 20MU		
PENICILLN GK INJ 5MU		
PENICILLN VK SOL 125/5ML		
PENICILLN VK SOL 250/5ML		
PENICILLN VK TAB 250MG		
PENICILLN VK TAB 500MG		
PENTASA CAP 250MG CR		
PENTASA CAP 500MG CR		
PENTOSTATIN INJ 10MG		
PENTOXIFYLLI TAB 400MG ER		
PEPCID SUS 40MG/5ML		
PERMETHRIN CRE 5%		
PERPHENAZINE TAB 16MG		
PERPHENAZINE TAB 2MG		
PERPHENAZINE TAB 4MG		
PERPHENAZINE TAB 8MG		
PHENADOZ SUP 12.5MG		
PHENADOZ SUP 25MG		
PHENYTOIN INJ 50MG/ML		
PHENYTOIN SUS 125/5ML		
PHENYTOIN EX CAP 100MG		
PHOSLO CAP 667MG		
PHOTOFRIN INJ 75MG		
PILOCARPINE TAB 5MG		
PILOCARPINE TAB 7.5MG		
PILOPINE HS GEL 4% OP		
PINDOLOL TAB 10MG		
PINDOLOL TAB 5MG		
PLAN B TAB 0.75MG		
PLASMA-LYTE INJ /D5W		
PLASMA-LYTE INJ -148		
PLASMA-LYTE INJ 56		
PLASMA-LYTE INJ 56/D5W		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
PLASMA-LYTE INJ -A		
PLASMA-LYTE INJ -R		
PLAVIX TAB 300MG		
PLAVIX TAB 75MG		
PODOFILOX SOL 0.5%		
POLY-DEX OIN 0.1% OP		
POLY-DEX SUS 0.1% OP		
PORTIA-28 TAB		
POT CHLORIDE CAP 10MEQ ER		
POT CHLORIDE CAP 8MEQ ER		
POT CHLORIDE INJ 10MEQ		
POT CHLORIDE INJ 10MEQ		
POT CHLORIDE INJ 20MEQ		
POT CHLORIDE INJ 30MEQ		
POT CHLORIDE TAB 10MEQ CR		
POT CHLORIDE TAB 8MEQ ER		
POT CITRATE TAB 1080MG		
POT CITRATE TAB 540MG		
POT CL MICRO TAB 20MEQ ER		
PRANDIN TAB 0.5MG		
PRANDIN TAB 1MG		
PRANDIN TAB 2MG		
PRAVASTATIN TAB 10MG		
PRAVASTATIN TAB 20MG		
PRAVASTATIN TAB 40MG		
PRAVASTATIN TAB 80MG		
PRED MILD SUS 0.12% OP		
PRED SOD PHO SOL 1% OP		
PRED SOD PHO SOL 5MG/5ML		
PREDNISOLONE SOL 15MG/5ML		
PREDNISOLONE SUS 1% OP		
PREDNISON CON 5MG/ML		
PREDNISON SOL 5MG/5ML		
PREDNISON TAB 10MG		
PREDNISON TAB 1MG		
PREDNISON TAB 2.5MG		
PREDNISON TAB 20MG		
PREDNISON TAB 50MG		
PREDNISON TAB 5MG		
PREFEST TAB		
PREMARIN INJ 25MG		
PREMARIN TAB 0.3MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
PREMARIN TAB 0.45MG		
PREMARIN TAB 0.625MG		
PREMARIN TAB 0.9MG		
PREMARIN TAB 1.25MG		
PREMARIN VAG CRE 0.625MG		
PREMASOL SOL 10%		* Prior Authorization Required
PREMASOL SOL 6%		* Prior Authorization Required
PREMPHASE TAB		
PREMPRO TAB .625-2.5		
PREMPRO TAB 0.3-1.5		
PREMPRO TAB 0.45-1.5		
PREMPRO TAB 0.625-5		
PRENATABS TAB OBN		
PREVALITE POW 4GM PK		
PREVIFEM TAB		
PREVPAC MIS		
PREZISTA TAB 400MG		
PREZISTA TAB 600MG		
PREZISTA TAB 75MG		
PRIFTIN TAB 150MG		
PRIMAXIN IM INJ 500MG		
PRIMAXIN IV INJ 250MG		
PRIMAXIN IV INJ 500MG		
PRIMIDONE TAB 250MG		
PRIMIDONE TAB 50MG		
PRISTIQ TAB 100MG		
PRISTIQ TAB 50MG		
PROAIR HFA AER	Restrictions Apply	
PROBENECID TAB 500MG		
PROCALAMINE INJ 3%		* Prior Authorization Required
PROCHLORPER INJ 5MG/ML		
PROCHLORPER SUP 25MG		
PROCHLORPER TAB 10MG		
PROCHLORPER TAB 5MG		
PROCRIT INJ 10000/ML		Prior Authorization Required
PROCRIT INJ 2000/ML		Prior Authorization Required
PROCRIT INJ 20000/ML		Prior Authorization Required
PROCRIT INJ 3000/ML		Prior Authorization Required
PROCRIT INJ 4000/ML		Prior Authorization Required
PROCRIT INJ 40000/ML		Prior Authorization Required
PROCTOSOL HC CRE 2.5%		
PROCTOZONE CRE -HC 2.5%		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
PROGLYCEM SUS 50MG/ML		
PROGRAF CAP 0.5MG		* Prior Authorization Required
PROGRAF CAP 1MG		* Prior Authorization Required
PROGRAF CAP 5MG		* Prior Authorization Required
PROLEUKIN INJ 22MU		
PROMACTA TAB 25MG		
PROMACTA TAB 50MG		
PROMETH VC SYP 6.25-5/5		
PROMETHAZINE INJ 25MG/ML		
PROMETHAZINE INJ 50MG/ML		
PROMETHAZINE SUP 12.5MG		
PROMETHAZINE SUP 25MG		
PROMETHAZINE SYP 6.25/5ML		
PROMETHAZINE TAB 12.5MG		
PROMETHAZINE TAB 25MG		
PROMETHAZINE TAB 50MG		
PROMETHEGAN SUP 25MG		
PROMETHEGAN SUP 50MG		
PROMETRIUM CAP 100MG		
PROMETRIUM CAP 200MG		
PROPAFENONE TAB 150MG		
PROPAFENONE TAB 225MG		
PROPAFENONE TAB 300MG		
PROPRANOLOL CAP 120MG ER		
PROPRANOLOL CAP 160MG ER		
PROPRANOLOL CAP 60MG ER		
PROPRANOLOL CAP 80MG ER		
PROPRANOLOL INJ 1MG/ML		
PROPRANOLOL SOL 20MG/5ML		
PROPRANOLOL SOL 40MG/5ML		
PROPRANOLOL TAB 10MG		
PROPRANOLOL TAB 20MG		
PROPRANOLOL TAB 40MG		
PROPRANOLOL TAB 60MG		
PROPRANOLOL TAB 80MG		
PROPYLTHIOUR TAB 50MG		
PROQUAD INJ		
PROSOL INJ 20%		* Prior Authorization Required
PROTOPIC OIN 0.03%		
PROTOPIC OIN 0.1%		
PROTRIPTYLIN TAB 10MG		
PROTRIPTYLIN TAB 5MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
PROVENTIL AER HFA	Restrictions Apply	
PROVIGIL TAB 100MG		Prior Authorization Required
PROVIGIL TAB 200MG		Prior Authorization Required
PULMICORT INH 180MCG	Restrictions Apply	
PULMICORT INH 90MCG	Restrictions Apply	
PULMICORT SUS 0.25MG/2	Restrictions Apply	* Prior Authorization Required
PULMICORT SUS 0.5MG/2	Restrictions Apply	* Prior Authorization Required
PULMICORT SUS 1MG/2ML	Restrictions Apply	* Prior Authorization Required
PULMOZYME SOL 1MG/ML		* Prior Authorization Required
PYRAZINAMIDE TAB 500MG		
PYRIDOSTIGM TAB 60MG		
QUALAQUIN CAP 324MG		
QUASENSE TAB		
QUINAPRIL TAB 10MG		
QUINAPRIL TAB 20MG		
QUINAPRIL TAB 40MG		
QUINAPRIL TAB 5MG		
QUINARETIC TAB 10-12.5		
QUINARETIC TAB 20-12.5		
QUINARETIC TAB 20-25MG		
QUINIDINE GL TAB 324MG CR		
QUINIDINE SU TAB 200MG		
QUINIDINE SU TAB 300MG		
QUINIDINE SU TAB 300MG ER		
QUIXIN SOL 0.5%		
QVAR AER 40MCG	Restrictions Apply	
QVAR AER 80MCG	Restrictions Apply	
RABAVERT INJ		
RAMIPRIL CAP 1.25MG		
RAMIPRIL CAP 10MG		
RAMIPRIL CAP 2.5MG		
RAMIPRIL CAP 5MG		
RANEXA TAB 1000MG		
RANEXA TAB 500MG		
RANITIDINE CAP 150MG		
RANITIDINE CAP 300MG		
RANITIDINE INJ 150/6ML		
RANITIDINE SYP 15MG/ML		
RANITIDINE TAB 150MG		
RANITIDINE TAB 300MG		
RAPAMUNE SOL 1MG/ML		* Prior Authorization Required
RAPAMUNE TAB 1MG		* Prior Authorization Required

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
RAPAMUNE TAB 2MG		* Prior Authorization Required
RAZADYNE SOL 4MG/ML		
REBETOL SOL 40MG/ML		Prior Authorization Required
REBIF INJ 22/0.5		
REBIF INJ 44/0.5		
REBIF TITRTN SOL PACK		
RECOMBIVA-HB INJ 10MCG/ML		* Prior Authorization Required
RECOMBIVA-HB INJ 40MCG/ML		* Prior Authorization Required
REGONOL INJ 5MG/ML		
REGRANEX GEL 0.01%		Prior Authorization Required
RELENZA MIS DISKHALE		
RELION 70/30 INJ 100/ML		
RELION N INJ 100/ML		
RELION R INJ 100/ML		
RELISTOR INJ 12/0.6ML		
RELPAK TAB 20MG	Restrictions Apply	
RELPAK TAB 40MG	Restrictions Apply	
REMICADE INJ 100MG		Prior Authorization Required
RENAMIN INJ 6.5%		* Prior Authorization Required
REVELA TAB 800MG		
REQUIP XL TAB 12MG		
REQUIP XL TAB 2MG		
REQUIP XL TAB 4MG		
REQUIP XL TAB 6MG		
REQUIP XL TAB 8MG		
RESCRIPTOR TAB 100 MG		
RESCRIPTOR TAB 200MG		
RESTASIS EMU 0.05%		
RETIN-A MICR GEL 0.04%		Prior Authorization Required
RETIN-A MICR GEL 0.1%		Prior Authorization Required
RETROVIR INJ 10MG/ML		
REVATIO TAB 20MG		Prior Authorization Required
REVLIMID CAP 10MG		PA Required: For New Treatment Starts
REVLIMID CAP 15MG		PA Required: For New Treatment Starts
REVLIMID CAP 25MG		PA Required: For New Treatment Starts
REVLIMID CAP 5MG		PA Required: For New Treatment Starts
REYATAZ CAP 100MG		
REYATAZ CAP 150MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
REYATAZ CAP 200MG		
REYATAZ CAP 300MG		
RHEUMATREX TAB 2.5MG		
RHINOCORT SUS AQUA	Restrictions Apply	
RIBAPAK PAK 1000/DAY		Prior Authorization Required
RIBAPAK PAK 1200/DAY		Prior Authorization Required
RIBAPAK TAB 800/DAY		Prior Authorization Required
RIBASPHERE CAP 200MG		Prior Authorization Required
RIBASPHERE TAB 200MG		Prior Authorization Required
RIBASPHERE TAB 400MG		Prior Authorization Required
RIBASPHERE TAB 600MG		Prior Authorization Required
RIBAVIRIN CAP 200MG		Prior Authorization Required
RIBAVIRIN TAB 200MG		Prior Authorization Required
RIBAVIRIN TAB 400MG		Prior Authorization Required
RIBAVIRIN TAB 600MG		Prior Authorization Required
RIDAURA CAP 3MG		
RIFAMPIN CAP 150MG		
RIFAMPIN CAP 300MG		
RIFAMPIN INJ 600 MG		
RILUTEK TAB 50MG		
RIMANTADINE TAB 100MG		
RINGERS INJ		
RISPERDAL INJ 12.5MG		
RISPERDAL INJ 25MG		
RISPERDAL INJ 37.5MG		
RISPERDAL INJ 50MG		
RISPERDAL M TAB 1MG		
RISPERIDONE SOL 1MG/ML		
RISPERIDONE TAB 0.25 ODT		
RISPERIDONE TAB 0.25MG		
RISPERIDONE TAB 0.5MG		
RISPERIDONE TAB 0.5MG ODT		
RISPERIDONE TAB 1MG		
RISPERIDONE TAB 2MG		
RISPERIDONE TAB 2MG ODT		
RISPERIDONE TAB 3MG		
RISPERIDONE TAB 3MG ODT		
RISPERIDONE TAB 4MG		
RISPERIDONE TAB 4MG ODT		
RITALIN LA CAP 10MG		Prior Authorization Required
RITALIN LA CAP 20MG		Prior Authorization Required
RITALIN LA CAP 30MG		Prior Authorization Required

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
RITALIN LA CAP 40MG		Prior Authorization Required
RITUXAN INJ 500MG		Prior Authorization Required
ROBAXIN INJ 100MG/ML		
ROMYCIN OIN OP		
ROPINIROLE TAB 0.25MG		
ROPINIROLE TAB 0.5MG		
ROPINIROLE TAB 1MG		
ROPINIROLE TAB 2MG		
ROPINIROLE TAB 3MG		
ROPINIROLE TAB 4MG		
ROPINIROLE TAB 5MG		
ROTATEQ SUS		
ROXICET SOL 5-325/5		
ROXICET TAB 5-325MG		
RYTHMOL SR CAP 225MG		
RYTHMOL SR CAP 325MG		
RYTHMOL SR CAP 425MG		
SAIZEN INJ 5MG		Prior Authorization Required
SAIZEN INJ 8.8MG		Prior Authorization Required
SANCTURA TAB 20MG		
SANCTURA XR CAP 60MG		
SANDIMMUNE CAP 100MG		* Prior Authorization Required
SANDIMMUNE CAP 25MG		* Prior Authorization Required
SANDIMMUNE SOL 100MG/ML		* Prior Authorization Required
SANDOSTATIN KIT LAR 10MG		Prior Authorization Required
SANDOSTATIN KIT LAR 20MG		Prior Authorization Required
SANDOSTATIN KIT LAR 30MG		Prior Authorization Required
SANTYL OIN 250/GM		
SAVELLA MIS TITR PAK		
SAVELLA TAB 100MG		
SAVELLA TAB 12.5MG		
SAVELLA TAB 25MG		
SAVELLA TAB 50MG		
SELEGILINE CAP 5MG		
SELEGILINE TAB 5MG		
SELENIUM SUL SHA 2.5%		
SELZENTRY TAB 150MG		
SELZENTRY TAB 300MG		
SENSIPAR TAB 30MG		
SENSIPAR TAB 60MG		
SENSIPAR TAB 90MG		
SEREVENT DIS AER 50MCG	Restrictions Apply	

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
SEROMYCIN CAP 250MG		
SEROQUEL TAB 100MG		
SEROQUEL TAB 200MG		
SEROQUEL TAB 25MG		
SEROQUEL TAB 300MG		
SEROQUEL TAB 400MG		
SEROQUEL TAB 50MG		
SEROQUEL XR TAB 150MG		
SEROQUEL XR TAB 200MG		
SEROQUEL XR TAB 300MG		
SEROQUEL XR TAB 400MG		
SEROQUEL XR TAB 50MG		
SERTRALINE CON 20MG/ML		
SERTRALINE TAB 100MG		
SERTRALINE TAB 25MG		
SERTRALINE TAB 50MG		
SILVER SULFA CRE 1%		
SIMCOR TAB 1000-20		
SIMCOR TAB 500-20MG		
SIMCOR TAB 750-20MG		
SIMVASTATIN TAB 10MG		
SIMVASTATIN TAB 20MG		
SIMVASTATIN TAB 40MG		
SIMVASTATIN TAB 5MG		
SIMVASTATIN TAB 80MG		
SINGULAIR CHW 4MG		
SINGULAIR CHW 5MG		
SINGULAIR GRA 4MG		
SINGULAIR TAB 10MG		
SKELAXIN TAB 800MG		
SMZ/TMP DS TAB 800-160		
SMZ-TMP INJ 400-80/5		
SMZ-TMP SUS 200-40/5		
SMZ-TMP TAB 400-80MG		
SOD CHLORIDE INJ 0.45%		
SOD CHLORIDE INJ 0.9%		
SOD CHLORIDE INJ 3%		
SOD CHLORIDE INJ 5%		
SOD FLUORIDE TAB 1MG F		
SOD POLY SUL POW		
SOD SULFACET SOL 10% OP		
SODIUM CHLOR SOL 0.9% IRR		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

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

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
STAVUDINE CAP 30MG		
STAVUDINE CAP 40MG		
STAVUDINE SOL 1MG/ML		
STRATTERA CAP 100MG		Prior Authorization Required
STRATTERA CAP 10MG		Prior Authorization Required
STRATTERA CAP 18MG		Prior Authorization Required
STRATTERA CAP 25MG		Prior Authorization Required
STRATTERA CAP 40MG		Prior Authorization Required
STRATTERA CAP 60MG		Prior Authorization Required
STRATTERA CAP 80MG		Prior Authorization Required
SUBOXONE SUB 2-0.5MG		
SUBOXONE SUB 8-2MG		
SUBUTEX SUB 2MG		
SUBUTEX SUB 8MG		
SUCRAID SOL 8500/ML		
SUCRALFATE TAB 1GM		
SULF/PRED NA SOL OP		
SULFACETAMID LOT 10%		
SULFADIAZINE TAB 500MG		
SULFASALAZIN TAB 500MG		
SULFATRIM SUS 200-40/5		
SULFAZINE TAB 500MG		
SULFAZINE EC TAB 500MG		
SULINDAC TAB 150MG		
SULINDAC TAB 200MG		
SUMATRIPTAN INJ 4MG/0.5	Restrictions Apply	
SUMATRIPTAN INJ 6MG/0.5	Restrictions Apply	
SUMATRIPTAN TAB 100MG	Restrictions Apply	
SUMATRIPTAN TAB 25MG	Restrictions Apply	
SUMATRIPTAN TAB 50MG	Restrictions Apply	
SUPRAX SUS 100/5ML		
SUPRAX SUS 200/5ML		
SUPRAX TAB 400MG		
SURMONTIL CAP 100MG		
SUSTIVA CAP 200MG		
SUSTIVA CAP 50MG		
SUSTIVA TAB 600MG		
SUTENT CAP 12.5MG		
SUTENT CAP 25MG		
SUTENT CAP 50MG		
SYMBICORT AER 160-4.5	Restrictions Apply	
SYMBICORT AER 80-4.5	Restrictions Apply	

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
SYMLIN INJ 600MCG		
SYMLINPEN 60 INJ 1000MCG		
SYNAREL SOL 2MG/ML		
SYNTHROID TAB 100MCG		
SYNTHROID TAB 112MCG		
SYNTHROID TAB 125MCG		
SYNTHROID TAB 137MCG		
SYNTHROID TAB 150MCG		
SYNTHROID TAB 175MCG		
SYNTHROID TAB 200MCG		
SYNTHROID TAB 25MCG		
SYNTHROID TAB 300MCG		
SYNTHROID TAB 50MCG		
SYNTHROID TAB 75MCG		
SYNTHROID TAB 88MCG		
SYPRINE CAP 250MG		
TABLOID TAB 40MG		
TAMIFLU CAP 30MG		
TAMIFLU CAP 45MG		
TAMIFLU CAP 75MG		
TAMIFLU SUS 12MG/ML		
TAMOXIFEN TAB 10MG		
TAMOXIFEN TAB 20MG		
TARCEVA TAB 100MG		
TARCEVA TAB 150MG		
TARCEVA TAB 25MG		
TARGRETIN CAP 75MG		
TARGRETIN GEL 1%		
TARKA TAB 1-240 CR		
TARKA TAB 2-180 CR		
TARKA TAB 2-240 CR		
TARKA TAB 4-240 CR		
TASIGNA CAP 200MG		
TAXOTERE INJ 80MG/2ML		
TAZTIA XT CAP 120MG/24		
TAZTIA XT CAP 180MG/24		
TAZTIA XT CAP 240MG/24		
TAZTIA XT CAP 300MG/24		
TAZTIA XT CAP 360MG/24		
TEGRETOL XR TAB 100MG		
TEKTURNA TAB 150MG		
TEKTURNA TAB 300MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
TEKTURNA HCT TAB 150-12.5		
TEKTURNA HCT TAB 150-25MG		
TEKTURNA HCT TAB 300-12.5		
TEKTURNA HCT TAB 300-25MG		
TERAZOSIN CAP 10MG		
TERAZOSIN CAP 1MG		
TERAZOSIN CAP 2MG		
TERAZOSIN CAP 5MG		
TERBINAFINE TAB 250MG		Prior Authorization Required
TERBUTALINE INJ 1MG/ML		
TERBUTALINE TAB 2.5MG		
TERBUTALINE TAB 5MG		
TERCONAZOLE CRE 0.4%		
TERCONAZOLE SUP 80MG		
TESTIM GEL 1%(50MG)		Prior Authorization Required
TESTOST CYP INJ 100MG/ML		
TESTOST ENAN INJ 200MG/ML		
TET/DIP TOX INJ 2-2 LF		* Prior Authorization Required
TETANUS TOX INJ 5LF ADS		* Prior Authorization Required
TETRACYCLINE CAP 250MG		
TETRACYCLINE CAP 500MG		
TEVETEN TAB 400MG		
TEVETEN TAB 600MG		
TEVETEN HCT TAB 600-12.5		
TEVETEN HCT TAB 600-25MG		
TEV-TROPIN INJ 5MG		Prior Authorization Required
TEXACORT SOL 1%		
TEXACORT SOL 2.5%		
THALITONE TAB 15MG		
THALOMID CAP 100MG		PA Required: For New Treatment Starts
THALOMID CAP 150MG		PA Required: For New Treatment Starts
THALOMID CAP 200MG		PA Required: For New Treatment Starts
THALOMID CAP 50MG		PA Required: For New Treatment Starts
THEO-24 CAP 100MG CR		
THEO-24 CAP 200MG CR		
THEO-24 CAP 300MG CR		
THEO-24 CAP 400MG ER		
THEOCHRON TAB 100MG CR		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
THEOCHRON TAB 200MG CR		
THEOCHRON TAB 300MG CR		
THEOPHYLLINE TAB 100MG ER		
THEOPHYLLINE TAB 200MG CR		
THEOPHYLLINE TAB 200MG ER		
THEOPHYLLINE TAB 300MG CR		
THEOPHYLLINE TAB 300MG ER		
THEOPHYLLINE TAB 400MG ER		
THEOPHYLLINE TAB 450MG ER		
THEOPHYLLINE TAB 600MG ER		
THERMAZENE CRE 1%		
THIOLA TAB 100MG		
THIORIDAZINE TAB 100MG		
THIORIDAZINE TAB 10MG		
THIORIDAZINE TAB 25MG		
THIORIDAZINE TAB 50MG		
THIOTEPA INJ 15MG		
THIOTHIXENE CAP 10MG		
THIOTHIXENE CAP 1MG		
THIOTHIXENE CAP 2MG		
THIOTHIXENE CAP 5MG		
TIKOSYN CAP 125MCG		
TIKOSYN CAP 250MCG		
TIKOSYN CAP 500MCG		
TIMOLOL MAL SOL 0.25% OP		
TIMOLOL MAL SOL 0.5% OP		
TINDAMAX TAB 250MG		
TINDAMAX TAB 500MG		
TIZANIDINE TAB 2MG		
TIZANIDINE TAB 4MG		
TOBI NEB 300/5ML		* Prior Authorization Required
TOBRADEX OIN OP		
TOBRAMYCIN INJ 10MG/ML		
TOBRAMYCIN INJ 80MG/2ML		
TOBRAMYCIN SOL 0.3% OP		
TOBRAMYCIN/ SUS DEXAMETH		
TOBREX OIN 0.3% OP		
TOPIRAMATE SPRINKLE CAP 15MG		
TOPIRAMATE SPRINKLE CAP 25MG		
TOPIRAMATE TAB 100MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
TOPIRAMATE TAB 200MG		
TOPIRAMATE TAB 25MG		
TOPIRAMATE TAB 50MG		
TOPOSAR INJ 1GM/50ML		
TORSEMIDE TAB 100MG		
TORSEMIDE TAB 10MG		
TORSEMIDE TAB 20MG		
TORSEMIDE TAB 5MG		
TRACLEER TAB 125MG		
TRACLEER TAB 62.5MG		
TRAMADL/APAP TAB		
TRAMADOL HCL TAB 50MG		
TRANDOLAPRIL TAB 1MG		
TRANDOLAPRIL TAB 2MG		
TRANDOLAPRIL TAB 4MG		
TRANSDERM-SC DIS 1.5MG		
TRANLYCYPROM TAB 10MG		
TRAVASOL INJ 10%		* Prior Authorization Required
TRAVASOL INJ 5.5%		* Prior Authorization Required
TRAVASOL 3.5 INJ /LYTES		* Prior Authorization Required
TRAVASOL 8.5 INJ /LYTES		* Prior Authorization Required
TRAVASOL/D10 INJ 2.75%		* Prior Authorization Required
TRAVASOL/D10 INJ 8.5%		* Prior Authorization Required
TRAVASOL/D20 INJ 8.5%		* Prior Authorization Required
TRAVASOL/D5 INJ 2.75%		* Prior Authorization Required
TRAVASOL/D50 INJ 8.5%		* Prior Authorization Required
TRAVATAN Z DRO 0.004%		
TRAZODONE TAB 100MG		
TRAZODONE TAB 150MG		
TRAZODONE TAB 300MG		
TRAZODONE TAB 50MG		
TREANDA INJ 100MG		
TRECTOR TAB 250MG		
TRELSTAR DEP INJ 3.75MG		
TRELSTAR LA INJ 11.25MG		
TRETINOIN CAP 10MG		
TRETINOIN CRE 0.025%		Prior Authorization Required
TRETINOIN CRE 0.05%		Prior Authorization Required
TRETINOIN CRE 0.1%		Prior Authorization Required
TRETINOIN GEL 0.01%		Prior Authorization Required
TRETINOIN GEL 0.025%		Prior Authorization Required
TRIAM/HCTZ CAP 37.5-25		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
TRIAMCIN/ORA PST 0.1%		
TRIAMCINOLON CRE 0.025%		
TRIAMCINOLON CRE 0.1%		
TRIAMCINOLON CRE 0.5%		
TRIAMCINOLON LOT 0.025%		
TRIAMCINOLON LOT 0.1%		
TRIAMCINOLON OIN 0.025%		
TRIAMCINOLON OIN 0.1%		
TRIAMCINOLON OIN 0.5%		
TRIAMT/HCTZ CAP 50-25MG		
TRIAMT/HCTZ TAB 37.5-25		
TRIAMT/HCTZ TAB 75-50MG		
TRICOR TAB 145MG		
TRICOR TAB 48MG		
TRIDERM CRE 0.1%		
TRIDERM OIN 0.1%		
TRIFLUOPERAZ TAB 10MG		
TRIFLUOPERAZ TAB 1MG		
TRIFLUOPERAZ TAB 2MG		
TRIFLUOPERAZ TAB 5MG		
TRIFLURIDINE SOL 1% OP		
TRIHXYPHEN ELX 0.4MG/ML		
TRIHXYPHEN TAB 2MG		
TRIHXYPHEN TAB 5MG		
TRIHIBIT KIT P/F		
TRI-LEGEST TAB FE		
TRILEPTAL SUS 300MG/5M		
TRILYTE SOL		
TRIMETHOBENZ CAP 300MG		
TRIMETHOBENZ INJ 100MG/ML		
TRIMETHOPRIM SOL POLYMYXN		
TRIMETHOPRIM TAB 100MG		
TRIMIPRAMINE CAP 25MG		
TRIMIPRAMINE CAP 50MG		
TRINESSA TAB		
TRIPEDIA SUS P/F		
TRI-PREVFEM TAB		
TRISENOX SOL 10MG/10M		
TRI-SPRINTEC TAB		
TRIVORA-28 TAB		
TRIZIVIR TAB		
TROPHAMINE INJ 10%		* Prior Authorization Required

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
TROPHAMINE INJ 6%		* Prior Authorization Required
TRUVADA TAB		
TWINRIX INJ		
TYGACIL INJ 50MG		
TYKERB TAB 250MG		
TYPHIM VI INJ		
TYZEKA TAB 600MG		
TYZINE SOL 0.1%		
TYZINE PED DRO 0.05%		
ULTRASE CAP		
ULTRASE MT12 CAP		
ULTRASE MT18 CAP		
ULTRASE MT20 CAP		
UNITHROID TAB 100MCG		
UNITHROID TAB 112MCG		
UNITHROID TAB 125MCG		
UNITHROID TAB 137MCG		
UNITHROID TAB 150MCG		
UNITHROID TAB 175MCG		
UNITHROID TAB 200MCG		
UNITHROID TAB 25MCG		
UNITHROID TAB 300MCG		
UNITHROID TAB 50MCG		
UNITHROID TAB 75MCG		
UNITHROID TAB 88MCG		
UROXATRAL TAB 10MG		
URSODIOL CAP 300MG		
URSODIOL TAB 250MG		
URSODIOL TAB 500MG		
VAGIFEM TAB 25MCG		
VALCYTE TAB 450MG		
VALPROATE INJ 100 MG/M		
VALPROIC ACD CAP 250MG		
VALPROIC ACD SYP 250/5ML		
VALTREX TAB 1GM		
VALTREX TAB 500MG		
VANOCIN HCL CAP 125MG		
VANOCIN HCL CAP 250MG		
VANCOMYC/DEX INJ 1GM		
VANCOMYCIN INJ 1000MG		
VANCOMYCIN INJ 10GM		
VANDAZOLE GEL 0.75%		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
VAQTA INJ 25/0.5ML		
VARIVAX INJ		
VEETIDS SOL 125/5ML		
VEETIDS TAB 250MG		
VEETIDS TAB 500MG		
VELCADE INJ 3.5MG		
VELIVET PAK		
VENLAFAXINE TAB 100MG		
VENLAFAXINE TAB 150MG ER		
VENLAFAXINE TAB 225MG ER		
VENLAFAXINE TAB 25MG		
VENLAFAXINE TAB 37.5 ER		
VENLAFAXINE TAB 37.5MG		
VENLAFAXINE TAB 50MG		
VENLAFAXINE TAB 75MG		
VENLAFAXINE TAB 75MG ER		
VENTAVIS SOL 10MCG/ML		* Prior Authorization Required
VERAPAMIL CAP 100MG ER		
VERAPAMIL CAP 120MG ER		
VERAPAMIL CAP 180MG ER		
VERAPAMIL CAP 200MG ER		
VERAPAMIL CAP 240MG ER		
VERAPAMIL CAP 300MG ER		
VERAPAMIL INJ 2.5MG/ML		
VERAPAMIL TAB 120MG		
VERAPAMIL TAB 120MG ER		
VERAPAMIL TAB 180MG ER		
VERAPAMIL TAB 240MG ER		
VERAPAMIL TAB 40MG		
VERAPAMIL TAB 80MG		
VESANOID CAP 10MG		
VESICARE TAB 10MG		
VESICARE TAB 5MG		
VFEND SUS 40MG/ML		
VFEND TAB 200MG		
VFEND TAB 50MG		
VFEND IV INJ 200MG		
VIDAZA INJ 100MG		
VIDEX SOL 2GM		
VIGAMOX DRO 0.5%		
VIMPAT INJ 200MG/20		
VIMPAT TAB 100MG		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
VIMPAT TAB 150MG		
VIMPAT TAB 200MG		
VIMPAT TAB 50MG		
VINBLASTINE INJ 10MG		
VINCASAR PFS INJ 1MG/ML		
VINCRISTINE INJ 1MG/ML		
VINORELBINE INJ 10MG/ML		
VIOKASE POW		
VIOKASE 16 TAB		
VIRACEPT POW 50MG/GM		
VIRACEPT TAB 250MG		
VIRACEPT TAB 625MG		
VIRAMUNE SUS 50MG/5ML		
VIRAMUNE TAB 200MG		
VIREAD TAB 300MG		
VISICOL TAB 1.5GM		
VIVELLE-DOT DIS 0.025MG		
VIVELLE-DOT DIS 0.0375MG		
VIVELLE-DOT DIS 0.05MG		
VIVELLE-DOT DIS 0.075MG		
VIVELLE-DOT DIS 0.1MG		
VIVOTIF BERN CAP EC		
VOLTAREN GEL 1%		
VYTORIN TAB 10-10MG		
VYTORIN TAB 10-20MG		
VYTORIN TAB 10-40MG		
VYTORIN TAB 10-80MG		
WARFARIN TAB 10MG		
WARFARIN TAB 1MG		
WARFARIN TAB 2.5MG		
WARFARIN TAB 2MG		
WARFARIN TAB 3MG		
WARFARIN TAB 4MG		
WARFARIN TAB 5MG		
WARFARIN TAB 6MG		
WARFARIN TAB 7.5MG		
WELCHOL TAB 625MG		
XALATAN SOL 0.005%		
XENAZINE TAB 12.5MG		Prior Authorization Required
XENAZINE TAB 25MG		Prior Authorization Required
XIBROM SOL 0.09%		
XOLAIR SOL 150MG		Prior Authorization Required

* PA's marked with an asterisk may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
XOPENEX NEB 0.31MG	Restrictions Apply	* Prior Authorization Required
XOPENEX NEB 0.63MG	Restrictions Apply	* Prior Authorization Required
XOPENEX NEB 1.25/3ML	Restrictions Apply	* Prior Authorization Required
XOPENEX HFA AER	Restrictions Apply	
XYREM SOL 500MG/ML		
XYZAL SOL		
XYZAL TAB 5MG		
YF-VAX INJ		
ZALEPLON CAP 10MG	Restrictions Apply	
ZALEPLON CAP 5MG	Restrictions Apply	
ZAVESCA CAP 100MG		
ZAZOLE SUP 80MG		
ZEGERID CAP 20-1100	Restrictions Apply	
ZEGERID CAP 40-1100	Restrictions Apply	
ZEGERID POW 20-1680	Restrictions Apply	
ZEGERID POW 40-1680	Restrictions Apply	
ZETIA TAB 10MG		
ZIAGEN SOL 20MG/ML		
ZIAGEN TAB 300MG		
ZIDOVUDINE CAP 100MG		
ZIDOVUDINE SYP 50MG/5ML		
ZIDOVUDINE TAB 300MG		
ZOLINZA CAP 100MG		
ZOLPIDEM TAB 10MG	Restrictions Apply	
ZOLPIDEM TAB 5MG	Restrictions Apply	
ZOMETA INJ 4MG/5ML		
ZOMIG SPR 5MG	Restrictions Apply	
ZOMIG TAB 2.5MG	Restrictions Apply	
ZOMIG TAB 5MG	Restrictions Apply	
ZOMIG ZMT TAB 2.5 MG	Restrictions Apply	
ZOMIG ZMT TAB 5MG	Restrictions Apply	
ZONALON CRE 5%		
ZONISAMIDE CAP 100MG		
ZONISAMIDE CAP 25MG		
ZONISAMIDE CAP 50MG		
ZOSTAVAX INJ		
ZOSYN SOL 2-0.25GM		
ZOSYN SOL 3-0.375G		
ZOVIA 1/35E TAB		
ZOVIA 1/50E TAB		
ZOVIRAX CRE 5%		
ZOVIRAX OIN 5%		

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2010 STERLING RETIREE Rx STANDARD FORMULARY

DRUG NAME	QUANTITY LIMIT	PRIOR AUTHORIZATION
ZYMAR DRO 0.3%		
ZYPREXA INJ 10MG		
ZYPREXA TAB 10MG		
ZYPREXA TAB 15MG		
ZYPREXA TAB 2.5MG		
ZYPREXA TAB 20MG		
ZYPREXA TAB 5MG		
ZYPREXA TAB 7.5MG		
ZYPREXA ZYDI TAB 10MG		
ZYPREXA ZYDI TAB 15MG		
ZYPREXA ZYDI TAB 20MG		
ZYPREXA ZYDI TAB 5MG		
ZYVOX SOL 2MG/ML		
ZYVOX SUS 100MG/5M		
ZYVOX TAB 600MG		

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