

2010 Three-Tier Prescription Drug List Reference Guide

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2010 Three-Tier Prescription Drug List Reference Guide

Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes medications, products or devices that have been approved by the U.S. Food and Drug Administration into tiers.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your employer or health plan include a Summary Plan Description (SPD) or a Certificate of Coverage (COC). Please refer to these documents to determine which medications are covered under your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting www.mynhp.com or by calling the toll-free member phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.mynhp.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Medications are categorized by common therapeutic conditions in this PDL reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your employer or health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance, and deductibles that are part of your plan.

Some plans may require you to pay the entire cost of the medication until the plan deductible has been met.

Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are lower-cost Tier 1 or Tier 2 medications that may be right for your treatment.

Note: Compounded medications are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

Please note: *Some plans have a two-tier pharmacy benefit rather than a three-tier pharmacy benefit. Generally, a two-tier closed pharmacy benefit plan does not cover medications classified in Tier 3 of this PDL. A two-tier open pharmacy benefit plan covers one tier at the lower copayment and covers a second tier at a higher copayment.*

In addition, some plans have a four-tier prescription plan. Refer to your enrollment materials, check the Drug Pricing/Coverage information on www.mynhp.com, or call the toll-free member phone number on the back of your ID card for more information about your benefit plan.

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Who decides which medications get placed in which tier?

The UnitedHealthcare PDL Management Committee makes tier placement decisions. The Committee's goal is to help ensure access to a wide range of medications, while controlling health care costs for you and your employer or health plan. The PDL Management Committee is comprised of senior level UnitedHealth Group physicians and business leaders. You and your doctor decide which medication is appropriate for you.

What factors does the PDL Management Committee look at to make tier placement decisions?

The PDL Management Committee decides the tier placement of a particular prescription medication based on clinical information from the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and economic considerations. The Committee looks at the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for employer groups and health plans.

How often will prescription medications change tiers?

Medications may change tiers up to six times per calendar year, depending on your benefit. Most changes will occur on January 1 and July 1. Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the toll-free member phone number on the back of your ID card or visit www.mynhp.com.

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What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients as brand-name medications, but they often cost less. Generic medications become available after the patent on the brand-name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand-name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest-cost option. Please note that some generic medications may be in Tier 2 or Tier 3 and will not have the lowest copayment available under your pharmacy benefit plan. Go to **www.mynhp.com** to determine the copayment for your generic medication.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to another prescription medication or an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **www.mynhp.com** or by calling the toll-free member phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access **www.mynhp.com** for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

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When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free member phone number on the back of your ID card if you need additional information about these notations.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

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How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit **www.mynhp.com** or call the toll-free member phone number on the back of your ID card for more current information.

Log on to **www.mynhp.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

And, if mail order is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

What if I still have questions?

Please call the toll-free member phone number on the back of your ID card. Representatives are available to assist you 24 hours a day (except Thanksgiving and Christmas).

Si usted esta interesado en conocer mas sobre su beneficio de farmacia o si necesita asistencia leyendo esta información, por favor llame al 1 877-842-6048.

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Anti-Infectives Antibiotics (Oral, inhaled and ear antibiotics are listed)

| Tier 1 | Tier 2 | Tier 3 |
|---|--|--|
| A-B Otic Amoxicillin Trihydrate Amoxicillin Trihydrate/ Potassium Clavulanate Ampicillin Trihydrate Azithromycin Cefadroxil Hydrate Cefprozil Cefuroxime Cephalexin Monohydrate Ciprofloxacin Tablet Clarithromycin Tablet Clindamycin HCl Dicloxacillin Sodium Doxycycline Erythromycin Erythromycin Base Tablet, Enteric-Coated 250, 333 mg Metronidazole Minocycline HCl Neomycin/Polymyxin/HC Otic Nitrofurantoin Macrocrystal Nitrofurantoin/Nitrofurantoin Macrocrystal Ofloxacin Otic Penicillin V Potassium Sulfamethoxazole/Trimethoprim Tetracycline HCl | Augmentin Cefdinir SL Cipro Suspension Ciprodex Otic Clarithromycin Suspension Clarithromycin Sustained-Release Tablet Cleocin HCl 75 mg Dapsone Ery-Tab 500 mg Furadantin Suspension, Oral Levaquin Macrodantin 25 mg Tobi Vancocin HCl Velosef 250 mg Suspension Zyvox N | Adoxa N Augmentin XR N Avelox Cipro HC Ciprofloxacin Tablet, Sustained-Release 24 Hour Doryx N Oracea Solodyn Suprax |

Anti-Infectives Antifungals (Oral and topical antifungals are listed)

| Tier 1 | Tier 2 | Tier 3 |
|--|---|--|
| Clotrimazole Fluconazole Itraconazole Capsule SL Ketoconazole Nystatin Terbinafine HCl Tablet SL Terconazole Vaginal | Clindesse Vaginal Metronidazole Vaginal Mycostatin Noxafil Sporanox Solution, Oral Vfend SL | Gynazole-1 Vaginal Lamisil Granules SL |

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Anti-Infectives Antivirals

Tier 1

Acyclovir
Amantadine HCl
Ribavirin **N**

Tier 2

Baraclude
Epir HBV
Famciclovir **SL**
Hepsera
Rebetol Solution **N**
Valacyclovir **SL**
Valcyte **SL**
Valtrex **SL**

Tier 3

Relenza **SL**
Tamiflu **SL**

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol
Pentoxifylline
Warfarin Sodium

Tier 2

Coumadin
Plavix

Tier 3

Aggrenox

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Amlodipine Besylate
Atenolol
Atenolol/Chlorthalidone
Benazepril HCl
Benazepril/
Hydrochlorothiazide
Bisoprolol Fumarate
Bisoprolol Fumarate/
Hydrochlorothiazide
Bumetanide
Captopril
Captopril/Hydrochlorothiazide
Carvedilol
Chlorthalidone
Clonidine HCl
Diltiazem HCl
Diltiazem HCl Capsule,
Controlled-Release
Diltiazem HCl Capsule,
Sustained-Release 12 Hour
Doxazosin Mesylate
Enalapril Maleate
Enalapril Maleate/
Hydrochlorothiazide
Felodipine
Fosinopril
Fosinopril/
Hydrochlorothiazide
Furosemide

Tier 2

Aldactazide 50-50 mg
Altace
Azor **SL**
Benicar **1/2T SL**
Benicar HCT **SL**
BiDil
Bystolic
Cardizem CD 360 mg
Cardizem LA 120 mg
Clorpres
Dibenzyline
Diltiazem HCl Capsule,
Sustained-Action
Diltiazem HCl Capsule,
Sustained-Release
24 Hour
Diltiazem HCl Tablet,
Sustained-Release
24 Hour
Diuril 250 mg/5 ml
Suspension
Eplerenone
Losartan **1/2T SL**
Losartan/
Hydrochlorothiazide **SL**
Metoprolol Succinate Tablet,
Sustained-Release
24 Hour 50, 100, 200 mg
Micardis **SL**

Tier 3

Aceon **1/2T**
Amlodipine/Benazepril **SL**
Atacand **1/2T SL**
Atacand HCT **SL**
Avalide **SL**
Avapro **1/2T SL**
Cardizem LA 180, 240, 300,
360, 420 mg
Catapres-TTS **SL**
Clonidine Patch,
Transdermal Weekly **SL**
Coreg CR **N SL**
Cozaar **1/2T SL**
Diovan **1/2T SL**
Diovan HCT **SL**
Exforge **SL**
Exforge HCT **SL**
Hyzaar **SL**
Propranolol HCl
Sustained-Action Capsule
Tarka
Tekturna **SL**
Tekturna HCT **SL**
Teveten **SL**
Verapamil HCl Capsule,
24 Hour Sustained-Release
Pellets

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

1/2T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 8)

| Tier 1 | Tier 2 | Tier 3 |
|--|---|--------|
| Guanfacine HCl Hydralazine HCl Hydralazine HCl/ Hydrochlorothiazide Hydrochlorothiazide Indapamide Labetalol HCl Lisinopril Lisinopril/Hydrochlorothiazide Methyldopa Methyldopa/ Hydrochlorothiazide Metolazone Metoprolol Succinate Tablet, Sustained-Release 24 Hour 25 mg Metoprolol Tartrate Metoprolol/ Hydrochlorothiazide Minoxidil Nadolol Nifedipine Propranolol HCl Tablet Propranolol HCl/ Hydrochlorothiazide Quinapril HCl/Magnesium Carbonate Ramipril Spironolactone Spironolactone/ Hydrochlorothiazide Terazosin HCl Timolol Maleate Toremide Trandolapril 1/2T Triamterene/ Hydrochlorothiazide Verapamil HCl | Micardis HCT SL Moexipril HCl 1/2T Nisoldipine 20, 30, 40 mg Perindopril Erbumine 1/2T Quinapril HCl/ Hydrochlorothiazide Sular 8.5, 10, 17, 25.5, 34 mg Thalitone | |

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P Progression Rx **SL** Supply limit

Cardiovascular/Heart Disease High Cholesterol

Tier 1

Cholestyramine
 Colestipol HCl
 Fenofibrate
 Fenofibric Acid
 Gemfibrozil
 Lovastatin
 Pravastatin Sodium **½T**
 Simvastatin **½T**

Tier 2

Advicor
 Antara
 Altoprev
 Crestor **½T SL**
 Fenoglide
 Lipitor **½T SL**
 Lipofen
 Niaspan
 Simcor **SL**
 Tricor 48, 145 mg
 Triglide
 Welchol

Tier 3

Caduet **N SL**
 Lescol **SL**
 Lescol XL **SL**
 Lovaza
 Trilipix
 Vytorin **SL**
 Zetia **SL**

Cardiovascular/Heart Disease Other

Tier 1

Amiodarone HCl
 Digoxin
 Flecanide Acetate
 Isosorbide Dinitrate
 Isosorbide Mononitrate
 Mexiletine
 Nitroglycerin
 Sotalol

Tier 2

Lanoxin
 Ranexa

Tier 3

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Salt Combo **N**
 Dextroamphetamine
 Sulfate **N**
 Methamphetamine HCl
 Tablet **N**
 Methylphenidate **N**

Tier 2

Adderall XR **N SL**
 Intuniv **N SL**
 Vyvanse **N SL**

Tier 3

Amphetamine Aspartate/
 Amphetamine Sulfate/
 Dextroamphetamine
 Capsule, Sustained-Release
 24 Hour **N SL**
 Concerta **N SL**
 Daytrana **N SL**
 Focalin XR **N SL**
 Metadate CD **N SL**
 Methylin **N**
 Ritalin LA **N SL**
 Strattera **N SL**

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Central Nervous System Depression

Tier 1

Amitriptyline HCl
 Amitriptyline/Perphenazine
 Bupropion HCl
 Bupropion HCl Tablet,
 Sustained-Action
 Citalopram Hydrobromide
 Doxepin HCl
 Fluoxetine Capsule,
 Delayed-Release **SL**
 Fluoxetine HCl Capsule
 Fluvoxamine Maleate
 Imipramine
 Mirtazapine
 Nefazodone HCl
 Nortriptyline HCl
 Paroxetine HCl Tablet
 Sertraline HCl **1/2T**
 Trazodone HCl
 Venlafaxine HCl

Tier 2

Bupropion HCl Tablet,
 Sustained-Release
 24 Hour **SL**
 Fluoxetine HCl Tablet

Tier 3

Aplenzin **N**
 Cymbalta **SL**
 Effexor XR **SL**
 Lexapro **1/2T SL**
 Luvox CR **SL**
 Paroxetine HCl
 Sustained-Release,
 24 Hour **SL**
 Pexeva **1/2T SL**
 Pristiq **SL**
 Venlafaxine
 Extended-Release **N SL**

Central Nervous System Migraine

Tier 1

Acetaminophen/Caffeine/
 Butalbital
 Aspirin/Caffeine/Butalbital
 Isometheptene Mucate/
 Acetaminophen/
 Dichloralphenazone
 Relpax **SL**
 Sumatriptan Succinate
 Tablet **SL**

Tier 2

Cafergot
 Ergomar
 Sumatriptan Succinate
 Nasal Spray **SL**

Tier 3

Amerge **SL**
 Axert **SL**
 Frova **SL**
 Maxalt **SL**
 Maxalt MLT **SL**
 Migranal
 Treximet **N SL**
 Zomig **SL**
 Zomig Nasal Spray **SL**
 Zomig ZMT **SL**

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P Progression Rx **SL** Supply limit

Central Nervous System Sedatives/Hypnotics

Tier 1

Temazepam
 Triazolam
 Zaleplon **SL**
 Zolpidem Tartrate **SL**

Tier 2

Tier 3

Ambien **P SL**
 Ambien CR **SL**
 Edluar **P SL**
 Lunesta **P SL**
 Rozerem **P SL**
 Sonata **P SL**

Central Nervous System Seizure Disorders

Tier 1

Carbamazepine
 Clonazepam
 Divalproex Sodium Tablet
 Divalproex Sodium Tablet,
 Sustained-Release
 Gabapentin Capsule, Tablet
 Lamotrigine
 Levetiracetam
 Phenobarbital
 Phenytoin Sodium
 Primidone
 Topiramate
 Zonisamide

Tier 2

Carbamazepine Tablet,
 Sustained-Release
 12 Hour
 Celontin
 Diastat **SL**
 Dilantin
 Divalproex Sodium Sprinkle
 Capsule
 Felbatol
 Gabitril
 Mysoline
 Neurontin Solution, Oral
 Oxcarbazepine
 Peganone
 Tegretol

Tier 3

Carbatrol
 Keppra XR **N**
 Lamictal Dose Pack **SL**
 Lamictal ODT **N**
 Lamictal XR **N**
 Lyrica **SL**
 Stavzor **N**

Central Nervous System Other

Tier 1

Alprazolam
 Benzotropine Mesylate
 Buspirone HCl
 Carbidopa/Levodopa
 Clorazepate Dipotassium
 Clozapine
 Diazepam
 Galantamine
 Lithium Carbonate
 Lorazepam
 Pramipexole
 Risperidone **SL**
 Ropinirole HCl

Tier 2

Akineton
 Aricept
 Aricept ODT
 Comtan
 FazaClo
 Geodon **SL**
 Moban
 Navane 20 mg
 Orap
 Seroquel **SL**
 Symbyax **SL**
 Tasmar
 Xyrem **N SL**
 Zyprexa **SL**

Tier 3

Abilify **SL**
 Exelon
 Invega **SL**
 Namenda
 Nuvigil **N SL**
 Provigil **N SL**
 Requip XL **N**
 Seroquel XR **SL**
 Zyprexa Zydis **SL**

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Dermatology

Tier 1

Alclometasone Dipropionate
 Betamethasone Dipropionate
 Betamethasone Valerate
 Ciclopirox Cream, Gel, Lotion
 Ciclopirox Solution, Non-Oral
 Clindamycin Phosphate
 Clobetasol Propionate
 Clotrimazole/Betamethasone
 Desonide
 Desoximetasone
 Econazole Nitrate
 Erythromycin
 Erythromycin/Benzoyl Peroxide
 Fluocinonide
 Fluticasone Propionate
 Halobetasol Propionate
 Hydrocortisone
 Hydrocortisone Valerate
 Ketoconazole
 Lidocaine HCl
 Metronidazole
 Mometasone Furoate
 Mupirocin
 Nystatin
 Nystatin/Triamcinolone Acetonide
 Permethrin
 Silver Sulfadiazine
 Sulfacetamide Sodium/Sulfur
 Tretinoin **N**
 Triamcinolone Acetonide
 Urea

Tier 2

Azelex **SL**
 Benzamycin
 Ciclopirox Shampoo 1%
 Clindamycin Phosphate/Benzoyl Peroxide Gel 1%-5% **SL**
 Condylox Gel
 Imiquimod
 Isotretinoin
 Locoid Lipocream
 Oxsoralen-Ultra
 Protopic **N SL**
 Regranex **N**
 Retin-A Micro **N SL**
 Sulfoxyl Regular
 Zovirax

Tier 3

Acanya
 Accutane
 Aczone
 Aldara
 Altabax **SL**
 Atralin **N SL**
 Avita Gel **N SL**
 Bactroban **SL**
 Benzaclin **SL**
 Benzoyl Peroxide 5% Cleanser **E**
 Brevoxyl **E**
 Clindagel **SL**
 Clindamycin Phosphate Foam 1% **SL**
 Clobetasol Propionate Foam **SL**
 Clobex **SL**
 Clobex Shampoo **N**
 Cutivate Lotion
 Denavir
 Derma-Smoothe/FS
 Desonate **SL**
 Differin Gel 0.3% **N SL**
 Duac-CS **SL**
 Elidel **N SL**
 Epiduo **N SL**
 Evoclin **SL**
 Extina **SL**
 Finacea
 Finacea Plus
 Loprox Shampoo
 Metrogel 1%
 Metro lotion
 Naftin
 NeoBenz Micro **E**
 NeoBenz Micro SD **E**
 Noritate
 Olux-E **SL**
 Olux-Olux-E **N**
 Oscion
 Oxistat
 Taclonex **SL**
 Taclonex Scalp **SL**
 Tazorac **N SL**
 Tretin-X **N SL**
 Triaz **E SL**
 Vanos **SL**
 Vectical **SL**
 Verdeso **SL**

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Dermatology (cont. from page 13)

| Tier 1 | Tier 2 | Tier 3 |
|--------|--------|--|
| | | Vusion Xolegel Ziana N SL |

Endocrine/Diabetes Blood Glucose Monitoring

| Tier 1 | Tier 2 | Tier 3 |
|--|--------|--|
| Fast Take System Fast Take Test Strips SL Freestyle Freedom Lite System Freestyle Lite System Freestyle Lite Test Strips SL Freestyle System Freestyle Test Strips SL One Touch System One Touch Test Strips SL One Touch Ultra 2 System One Touch Ultra Mini System One Touch Ultra System One Touch Ultra Test Strips SL Precision Q-I-D System Precision Q-I-D Test Strips SL Precision Xtra System Precision Xtra Test Strips SL Surestep System Surestep Test Strips SL | | Accu-Chek System Accu-Chek Test Strips SL Ascensia System Ascensia Test Strips SL Assure System Assure Test Strips SL Prestige System Prestige Test Strips SL |

Endocrine/Diabetes Insulin

| Tier 1 | Tier 2 | Tier 3 |
|--|---|--|
| Novolin 70/30 Vials Novolin L Vials Novolin N Vials Novolin R Vials NovoLog Mix 70/30 Vials NovoLog Vials | Lantus Vials Levemir Vials NovoLog FlexPen NovoLog Mix 70/30 FlexPen | Apidra Humalog Pens/Cartridges Humalog Vials Humulin Pens Humulin Vials Lantus Solostar Pens/ Cartridges Levemir Pens |

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Endocrine/Diabetes **Non-Insulin**

Tier 1

Acarbose
 Glimepiride
 Glipizide
 Glyburide
 Glyburide/Metformin HCl
 Metformin HCl

Tier 2

Actoplus Met **SL**
 Actos $\frac{1}{2}$ **T SL**
 Avandamet **SL**
 Avandaryl **SL**
 Avandia $\frac{1}{2}$ **T SL**
 Byetta **SL**
 Duetact **SL**
 Glipizide/Metformin HCl
 Glyset
 Janumet **SL**
 Januvia **SL**
 Nateglinide **SL**
 Prandin **SL**

Tier 3

Fortamet
 Glumetza
 Starlix **SL**
 Symlin

Endocrine/Diabetes **Other**

Tier 1

Calcitriol
 Desmopressin Acetate
 Dexamethasone
 Fludrocortisone Acetate
 Hydrocortisone Tablet
 Levothyroxine Sodium
 Methimazole
 Methylprednisolone Tablet,
 Dose Pack 4 mg
 Orapred
 Prednisolone
 Prednisone
 Testosterone

Tier 2

Androderm
 Androgel **SL**
 Android
 Cabergoline
 Hectorol
 Kuvan **N SL**
 Liothyronine Sodium
 Medrol 2, 8, 16, 24, 32 mg
 Oxandrolone
 Pediapred
 Synarel
 Synthroid
 Zemplar

Tier 3

Armour Thyroid
 Orapred ODT
 Testim **N SL**

Eye Conditions **Anti-Allergy**

Tier 1

Ketorolac Tromethamine

Tier 2

Elestat **SL**
 Optivar **SL**

Tier 3

Azelastine HCl **SL**
 Pataday **SL**
 Patanol **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

$\frac{1}{2}$ **T** Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Eye Conditions Antibiotics

| Tier 1 | Tier 2 | Tier 3 |
|--|---|--------------------------------------|
| Ciprofloxacin HCl Erythromycin Gentamicin Sulfate Neomycin/Polymyxin B Sulfate/Dexamethasone Ofloxacin Polymyxin B Sulfate/Trimethoprim Sulfacetamide Sodium Tobramycin Sulfate Drops | Blephamide S.O.P. Tobramycin/Dexamethasone | Azasite Vigamox Zylet Zymar |

Eye Conditions Glaucoma

| Tier 1 | Tier 2 | Tier 3 |
|--|--|----------------------------------|
| Acetazolamide Apraclonidine Brimonidine Tartrate Dorzolamide HCl SL Timolol Maleate | Alphagan P 0.1% SL Azopt SL Betimol SL Brimonidine Tartrate 0.15% SL Combigan SL Dorzolamide HCl/Timolol Maleate SL Lumigan SL Phospholine Iodide Pilopine HS Travatan SL Travatan Z SL | Iopidine 1% Xalatan SL |

Gastrointestinal Acid Suppression

| Tier 1 | Tier 2 | Tier 3 |
|--|--|---|
| Cimetidine Misoprostol Omeprazole Ranitidine HCl Syrup Sucralfate Tablet | Helidac Nizatidine Oral Solution Prevpac SL Pylera | Aciphex SL Carafate Oral Suspension Dexilant SL Lansoprazole E N SL Nexium Capsule E N SL Nexium Suspension SL Pantoprazole E SL Prevacid Capsule, Delayed-Release Enteric-Coated E N SL Prevacid Naprapac SL Prevacid Solutab E N SL Prilosec Rx 10, 20 mg E N Prilosec Rx 40 mg E N SL Protonix SL Zegerid SL |

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Gastrointestinal Nausea/Vomiting

Tier 1

Ondansetron HCl
Prochlorperazine Maleate

Tier 2

Emend **SL**
Granisetron HCl Tablet **SL**

Tier 3

Anzemet **SL**
Cesamet
Sancuso **N SL**
Transderm-Scop

Gastrointestinal Other

Tier 1

Belladonna/Phenobarbital
Chlordiazepoxide/Clidinium
Diphenoxylate/Atropine
Lactulose
Mesalamine
Metoclopramide HCl
Polyethylene Glycol
Sulfasalazine
Trilyte with Flavor Packets
Ursodiol

Tier 2

Apriso
Canasa
Entocort EC
GoLYTELY Packet
Lialda
Lotronex **SL**

Tier 3

Amitiza **N SL**
Asacol
Asacol HD **N**
Dipentum
Halflytely-Bisacodyl
Moviprep
Pentasa

Men's Health Prostate

Tier 1

Doxazosin Mesylate
Finasteride **N**
Terazosin HCl

Tier 2

Tamsulosin

Tier 3

Avodart **N**
Flomax
Rapaflo
Uroxatral

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Miscellaneous

Tier 1

Antipyrine/Benzocaine
 Azathioprine
 Benzonatate
 Cabergoline
 Chlorhexidine Gluconate
 Megestrol Acetate
 Mycophenolate Mofetil
 Capsule, Tablet
 Phenazopyridine
 Tacrolimus Anhydrous
 Tamoxifen Citrate

Tier 2

Arimidex
 Aromasin
 Cellcept Suspension
 Fareston
 Femara
 Lidoderm **SL**
 Myfortic
 Neoral
 Rapamune
 Sandimmune
 Twinject **SL**

Tier 3

Epinephrine Pen Injector **SL**
 Epipen **SL**
 Epipen Jr **SL**
 Restasis **N SL**
 Tussionex **SL**

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
 Hyoscyamine Sulfate
 Oxybutynin Chloride

Tier 2

Enablex
 Gelnique
 Oxytrol
 Sanctura XR
 Vesicare

Tier 3

Detrol
 Detrol LA **N**
 Sanctura
 Toviaz

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**

Tier 2

Actonel **SL**
 Boniva Tablet **SL**
 Calcitonin Salmon Nasal
 Spray
 Evista
 Fortical

Tier 3

Fosamax Plus D **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Musculoskeletal Pain Relief

Tier 1

Buprenorphine
Hydrochloride **N SL**
Butalbital Compound/
Codeine **SL**
Codeine Phosphate/
Acetaminophen **SL**
Codeine Phosphate/
Acetaminophen/Caffeine/
Butalbital **SL**
Diclofenac Potassium
Diclofenac Sodium
Etodolac
Fentanyl Transdermal **SL**
Hydrocodone Bit/
Acetaminophen **SL**
Hydromorphone HCl
Ibuprofen
Ibuprofen/Hydrocodone
Indomethacin
Ketorolac Tromethamine
Meloxicam
Meperidine HCl
Methadone HCl
Morphine Sulfate
Morphine Sulfate Tablet,
Sustained-Action **SL**
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Oxycodone HCl
Oxycodone HCl/
Acetaminophen **SL**
Oxycodone HCl/Ibuprofen
Oxycodone/Aspirin
Piroxicam
Propoxyphene Napsylate/
Acetaminophen **SL**
Sulindac
Tramadol HCl
Tramadol HCl/
Acetaminophen **SL**

Tier 2

Codeine Phosphate
Butorphanol Tartrate Aerosol,
Spray **SL**
Fentanyl Citrate
Lollipop **N SL**
MSIR Capsule
Opana ER **SL**
OxyContin **SL**
Tolmetin Sodium
Voltaren Gel

Tier 3

Arthrotec
Avinza **SL**
Celebrex **N SL**
Fentora **N SL**
Flector **N**
Kadian **SL**
Mefenamic Acid
Opana **SL**
Ryzolt **N SL**
Tramadol HCl Tablet
Sustained-Release
24 Hour **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Musculoskeletal Rheumatoid Arthritis

| Tier 1 | Tier 2 | Tier 3 |
|---|----------------------|--------|
| Azathioprine Hydroxychloroquine Sulfate Leflunomide Methotrexate Sodium Sulfasalazine | Cuprimine Trexall | |

Musculoskeletal Other

| Tier 1 | Tier 2 | Tier 3 |
|---|---------------------------------------|---|
| Allopurinol Baclofen Carisoprodol Colchicine Cyclobenzaprine Methocarbamol Tizanidine | Orphenadrine Orphenadrine Compound | Amrix N Metaxalone Savella SL Skelaxin Soma 250 mg N |

Respiratory Asthma/COPD

| Tier 1 | Tier 2 | Tier 3 |
|---|--|---|
| Albuterol Sulfate Asmanex SL Foradil SL Ipratropium Bromide Pulmicort Flexhaler SL QVAR SL Theophylline Ventolin HFA SL | Brondil Budesonide Inhalation Suspension 0.25 mg/2 ml, 0.5 mg/2 ml SL Elixophyllin GG Intal SL Pulmicort Respules 1 mg/2 ml SL Singulair SL Spiriva SL Theo-Dur | Accolate SL Advair Diskus SL Advair HFA SL Albuterol Sulfate/Ipratropium Solution, Non-Oral Alvesco SL Atrovent HFA SL Azmecort SL Combivent SL Flovent Diskus SL Flovent HFA SL Maxair Autohaler SL Perforomist SL Proair HFA SL Proventil HFA SL Serevent Diskus SL Symbicort SL Xopenex HFA SL Xopenex Vial, Nebulizer N SL |

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Respiratory Nasal Allergy

Tier 1

Flunisolide
Fluticasone Propionate **SL**

Tier 2

Astelin **SL**
Nasonex **SL**

Tier 3

Astepro
Beconase AQ **SL**
Nasacort AQ **SL**
Omnaris **SL**
Patanase
Rhinocort Aqua **SL**
Veramyst **SL**

Respiratory Oral Allergy

Tier 1

Cyproheptadine HCl
Hydroxyzine HCl
Hydroxyzine Pamoate
Promethazine HCl

Tier 2

Tier 3

Allegra ODT **E N SL**
Allegra Suspension **E N SL**
Allegra-D **E N SL**
Clarinet **E N SL**
Clarinet-D **E N SL**
Fexofenadine HCl
Pseudoephedrine HCl/
Fexofenadine **E N SL**
Xyzal **SL**

Women's Health Contraceptives

Tier 1

Apri
Aviane
Azurette
Balziva
Enpresse
Junel
Junel Fe
Kariva
Levora
Low-Ogestrel
Lutera
Medroxyprogesterone Acet
150 mg/ml
Microgestin
Microgestin Fe
Ortho Micronor
Ortho Tri-Cyclen
Ortho-Cyclen
Ortho-Novum 7/7/7
Portia
Reclipsen
Tri-Lo-Sprintec
Trivora
Zenchent
Zovia

Tier 2

Depo-SubQ Provera
NuvaRing
Ovrette
Yasmin
Yaz

Tier 3

Camila
Errin
Femcon Fe
Jolesa
Jolivette
Loestrin 24 Fe
LoSeasonique
Mononessa
Necon 7/7/7
Nora-Be
Norethindrone
Nortrel 7/7/7
Ocella
Ortho Evra
Ortho Tri-Cyclen Lo
Previfem
Quasense
Seasonique
Sprintec
Tilia Fe
Tri-Legest Fe
Tri-Previfem
Tri-Sprintec
Trinessa

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Women's Health Estrogen/Progesterone

Tier 1

Estradiol
 Estradiol Patch, Transdermal
 Weekly **SL**
 Estropipate
 Medroxyprogesterone Acet
 Methyltestosterone/
 Estrogens, Esterified Tablet
 Norethindrone Acetate

Tier 2

Activella 0.5 mg/0.1 mg
 Cenestin
 Climara **SL**
 Crinone **N**
 Divigel
 Enjuvia
 Estrace Cream with
 Applicator
 Estraderm **SL**
 Estradiol 1 mg/
 Norethindrone Acetate
 0.5 mg
 Estratest
 Estratest H.S.
 Estring **SL**
 Evamist
 Prefest
 Prometrium
 Vagifem
 Vivelle **SL**
 Vivelle-Dot **SL**

Tier 3

Alora **SL**
 Combipatch **SL**
 Estrasorb **SL**
 Estrogel **SL**
 Femhrt
 Femring **SL**
 Menostar Patch, Transdermal
 Weekly **SL**
 Premarin
 Premphase
 Prempro
 Prochieve **N**

Women's Health Prenatal Vitamins

Tier 1

Folic Acid
 Multinatal Plus
 Natalcare Plus
 Prenatal 19
 Prenatal Advantage
 Prenatal Plus

Tier 2

Advanced Care Plus
 Cavan-EC Sod DHA
 Multi-Nate 30
 PR Natal 430
 PR Natal 430 EC
 PR Natal 440 EC
 Pruet DHA 29-1-430 mg
 Pruet DHA EC
 29-1-430 mg
 Setonet
 Setonet-EC
 Vinate III

Tier 3

Brand Prenatal Vitamins
 PNV-DHA
 PNV-Select
 Taron A Prenatal
 Vitanatal OB+DHA
 Zatean-PN
 Zatean-PN DHA

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Self-Injectable Medications

| | |
|--------------------------|--|
| Acthar HP | Procrit N SL |
| Actimmune | Rebif SL |
| Alferon N | Relistor |
| Apokyn | Roferon-A N |
| Aranesp N SL | Saizen N SL |
| Arcalyst N SL | Sandostatin N |
| Arixtra SL | Serostim N SL |
| Avonex SL | Simponi N SL |
| Betaseron P SL | Somatuline SL |
| Cimzia N SL | Somavert SL |
| Copaxone SL | Sumatriptan Succinate Injection SL |
| DDAVP | Tev-Tropin N SL |
| Dihydroergotamine | Zorbtive N SL |
| Eligard | |
| Enbrel N SL | |
| Epogen N SL | |
| Forteo N SL | |
| Fragmin SL | |
| Fuzeon SL | |
| Hep-Lock | |
| Hep-Pak | |
| Heparin | |
| Humatrope N SL | |
| Humira N SL | |
| Imitrex SL | |
| Increlex N SL | |
| Infergen N SL | |
| Innohep SL | |
| Intron A N SL | |
| Kineret N SL | |
| Leukine N | |
| Leuprolide | |
| Lovenox SL | |
| Lupron | |
| Miacalcin | |
| Mozobil | |
| Neulasta N | |
| Neumega N | |
| Neupogen N | |
| Norditropin N SL | |
| Nutropin N SL | |
| Octreotide N | |
| Omnitrope N SL | |
| Pegasys N SL | |
| Peg-Intron N P SL | |

NOTE: Self-injectable medications are subject to a coinsurance amount. There is a monthly out-of-pocket maximum for retail and a higher out-of-pocket maximum for mail order. Growth Hormones are limited to \$10,000 per calendar year.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

1/2T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

| | | |
|---|--|---|
| Accupril (Quinapril) | Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml) | Mavik 1/2T (Trandolapril 1/2T) |
| Acular, Acular LS SL (Ketorolac Tromethamine SL) | DiaBeta, Micronase, Glynase (Glyburide) | Medrol Dosepak (Methylprednisolone) |
| Adderall N (Amphetamine with Dextroamphetamine Salt Combination) | Didronel (Etidronate Disodium) | Mevacor (Lovastatin) |
| Aldactone (Spironolactone) | Diflucan (Fluconazole) | Mobic (Meloxicam) |
| Altace (Ramipril) | Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release) | Monopril (Fosinopril) |
| Amaryl (Glimepiride) | Duragesic SL (Fentanyl Transdermal SL) | Monopril HCT (Fosinopril with Hydrochlorothiazide) |
| Ambien P SL (Zolpidem SL) | Duricef (Cefadroxil) | Motrin (Ibuprofen) - Prescription strengths only |
| Anaprox (Naproxen) | Dyazide (Triamterene with Hydrochlorothiazide) | Naprosyn (Naproxen) - Prescription strengths only |
| AQ, NuSpin N SL | Dynacirc (Isradipine) | Nasarel SL (Flunisolide Nasal Spray SL) |
| Ativan (Lorazepam) | Effexor (Venlafaxine) | Neurontin Capsule, Tablet (Gabapentin) |
| Augmentin ES (Amoxicillin with Potassium Clavulanate) | Eskalith CR (Lithium Carbonate Controlled-Release) | Norvasc (Amlodipine Besylate) |
| Biaxin Tablet (Clarithromycin Tablet) | Fioricet (Butalbital with Acetaminophen and Caffeine) | Ocuflox Eye Drops (Ofloxacin) |
| Buspar (Buspirone) | Flonase SL (Fluticasone Nasal Spray SL) | Paxil (Paroxetine) |
| Calan, Calan SR (Verapamil) | Floxin Otic (Ofloxacin Otic Drops) | Penlac (Ciclopirox Solution, Non-Oral) |
| Capoten (Captopril) | Fosamax SL (Alendronate SL) | Percocet 5-325, 7.5-500, 10-650 SL (Oxycodone with Acetaminophen SL) |
| Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule) | Glucophage, XR (Metformin) | Plan B (Levonorgestrel) |
| Cardura (Doxazosin) | Glucotrol, XL (Glipizide) | Pletal (Cilostazol) |
| Ceftin (Cefuroxime) | Glucovance (Glyburide with Metformin) | Pravachol 1/2T (Pravastatin 1/2T) |
| Cefzil (Cefprozil) | Hytrin (Terazosin) | Precose (Acarbose) |
| Celixa (Citalopram) | Imitrex Tablet SL (Sumatriptan Succinate Tablet SL) | Prilosec (Omeprazole) |
| Ciloxan Eye Drops (Ciprofloxacin) | Inderal (Propranolol) | Prinivil, Zestril (Lisinopril) |
| Cipro (Ciprofloxacin) | Keflex (Cephalexin) | Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide) |
| Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs) | Keppra (Levetiracetam) | Procardia XL (Nifedipine Extended-Release) |
| Clozaril (Clozapine) | Klonopin (Clonazepam) | Proscar N (Finasteride N) |
| Colestid (Colestipol) | Lamictal (Lamotrigine) | Provera (Medroxyprogesterone) |
| Coreg (Carvedilol) | Lamisil Tablet SL (Terbinafine Tablet SL) | Prozac (Fluoxetine Capsule) |
| Darvocet-N SL (Propoxyphene with Acetaminophen SL) | Lasix (Furosemide) | Prozac Weekly SL (Fluoxetine Capsule, Delayed-Release SL) |
| DDAVP (Desmopressin) | Lofibra (Fenofibrate Micronized) | Remeron (Mirtazapine) |
| Depakote (Divalproex Sodium Tablet, Enteric-Coated) | Lopid (Gemfibrozil) | Remeron SolTab (Mirtazapine Dispersible Tablet) |
| Depakote ER (Divalproex Sodium Tablet, Sustained-Release 24 Hour) | Lopressor (Metoprolol) | Requip (Ropinirole) |
| | | Restoril (Temazepam) |

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

1/2T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

| | |
|--|--|
| Risperdal SL (Risperidone SL) | Zonegran (Zonisamide) |
| Ritalin N (Methylphenidate) | Zovirax Capsule, Tablet, Suspension (Acyclovir) |
| Ritalin SR N (Methylphenidate Extended-Release) | |
| Sonata P SL (Zaleplon SL) | |
| Surmontil (Trimipramine Maleate) | |
| Tenoretic (Atenolol with Chlorthalidone) | |
| Tenormin (Atenolol) | |
| Tiazac (Diltiazem) | |
| Topamax (Topiramate) | |
| Toprol XL 25 mg (Metoprolol Succinate Sustained-Release) | |
| Trusopt SL (Dorzolamide Eye Drops SL) | |
| Tylenol #3 SL (Acetaminophen with Codeine SL) | |
| Ultracet SL (Tramadol with Acetaminophen SL) | |
| Ultram (Tramadol) | |
| Valium (Diazepam) | |
| Vaseretic (Enalapril with Hydrochlorothiazide) | |
| Vasotec (Enalapril) | |
| Vicodin SL , Vicodin ES SL (Acetaminophen with Hydrocodone SL) | |
| Vicoprofen (Ibuprofen with Hydrocodone) | |
| Voltaren Tablet (Diclofenac) | |
| Wellbutrin (Bupropion) | |
| Wellbutrin SR (Bupropion Sustained-Action) | |
| Xanax, Xanax XR (Alprazolam) | |
| Zantac Syrup (Ranitidine Syrup) | |
| Ziac (Bisoprolol with Hydrochlorothiazide) | |
| Zithromax (Azithromycin) | |
| Zocor 1/2T (Simvastatin 1/2T) | |
| Zofran (Ondansetron) | |
| Zoloft 1/2T (Sertraline 1/2T) | |

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

1/2T Eligible for Half Tablet Program **E** May be excluded from coverage **N** Notification required

P Progression Rx **SL** Supply limit

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