UnitedHealthcare®

2010 Three-Tier Prescription Drug List Reference Guide

Table of Contents

Created May, 2010. For the most current PDL updates, visit **myuhc.com** or call the phone number on the back of your ID card.

7/10 Advantage Digi PDL

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 **myuhc.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 **myuhc.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 ***myuhc.com***®*, or call the toll-free member phone number on the back of your ID card for more information about your benefit plan.*

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.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 **myuhc.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.

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 **myuhc.com**.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.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 **myuhc.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.

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 **myuhc.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 **myuhc.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 **myuhc.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.

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.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.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 **myuhc.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.

How do I access updated information about my pharmacy benefit?

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

Log on to **myuhc.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).

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.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 **myuhc.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.

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

Tier 1

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

Tier 2

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

Tier 3

Adoxa **E**
Augmentin XR **E**
Avelox
Cipro HC
Ciprofloxacin Tablet, Sustained-Release 24 Hour
Doryx **E**
Oracea
Solodyn
Suprax

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

Tier 1

Clotrimazole
Fluconazole
Itraconazole Capsule **SL**
Ketoconazole
Nystatin
Terbinafine HCl Tablet **SL**
Terconazole Vaginal

Tier 2

Clindesse Vaginal
Metronidazole Vaginal
Mycostatin
Noxafil
Sporanox Solution, Oral
Vfend **SL**

Tier 3

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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Anti-Infectives **Antivirals**

Tier 1	Tier 2	Tier 3
Acyclovir	Baraclude	Relenza **SL**
Amantadine HCl	Epivir HBV	Tamiflu **SL**
Ribavirin **N**	Famciclovir **SL**	
	Hepsera	
	Rebetol Solution **N**	
	Valacyclovir **SL**	
	Valcyte **SL**	
	Valtrex **SL**	

Cardiovascular/Heart Disease **Coagulation Therapy**

Tier 1	Tier 2	Tier 3
Cilostazol	Arixtra **SL**	Aggrenox
Pentoxifylline	Coumadin	Fragmin **SL**
Warfarin Sodium	Lovenox **SL**	Innohep **SL**
	Plavix	

Cardiovascular/Heart Disease **High Blood Pressure**

Tier 1	Tier 2	Tier 3
Amlodipine Besylate	Aldactazide 50-50 mg	Aceon **½T**
Atenolol	Altace	Amlodipine/Benazepril **SL**
Atenolol/Chlorthalidone	Azor **SL**	Atacand **½T SDP SL**
Benazepril HCl	Benicar **½T SL**	Atacand HCT **SDP SL**
Benazepril/ Hydrochlorothiazide	Benicar HCT **SL**	Avalide **SDP SL**
Bisoprolol Fumarate	BiDil	Avapro **½T SDP SL**
Bisoprolol Fumarate/ Hydrochlorothiazide	Bystolic	Cardizem LA 180, 240, 300, 360, 420 mg
Bumetanide	Cardizem CD 360 mg	Catapres-TTS **SL**
Captopril	Cardizem LA 120 mg	Clonidine Patch, Transdermal Weekly **SL**
Captopril/Hydrochlorothiazide	Clorpres	Coreg CR **E SL**
Carvedilol	Dibenzyline	Cozaar **½T SL**
Chlorthalidone	Diltiazem HCl Capsule, Sustained-Action	Diovan **½T SL**
Clonidine HCl	Diltiazem HCl Capsule, Sustained-Release 24 Hour	Diovan HCT **SL**
Diltiazem HCl	Diltiazem HCl Tablet, Sustained-Release 24 Hour	Exforge **SL**
Diltiazem HCl Capsule, Controlled-Release	Diuril 250 mg/5 ml Suspension	Exforge HCT **SL**
Diltiazem HCl Capsule, Sustained-Release 12 Hour	Eplerenone	Hyzaar **SL**
Doxazosin Mesylate	Losartan **½T SL**	Propranolol HCl Sustained-Action Capsule
Enalapril Maleate	Losartan/ Hydrochlorothiazide **SL**	Tarka
Enalapril Maleate/ Hydrochlorothiazide	Metoprolol Succinate Tablet, Sustained-Release 24 Hour 50, 100, 200 mg	Tekturna **SL**
Felodipine	Micardis **SL**	Tekturna HCT **SL**
Fosinopril		Teveten **SL**
Fosinopril/ Hydrochlorothiazide		Verapamil HCl Capsule, 24 Hour Sustained-Release Pellets
Furosemide		

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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

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

Tier 1	Tier 2	Tier 3
Guanfacine HCl	Micardis HCT **SL**	
Hydralazine HCl	Moexipril HCl **½T**	
Hydralazine HCl/ Hydrochlorothiazide	Nisoldipine 20, 30, 40 mg	
Hydrochlorothiazide	Perindopril Erbumine **½T**	
Indapamide	Quinapril HCl/ Hydrochlorothiazide	
Labetalol HCl	Sular 8.5, 10, 17, 25.5, 34 mg	
Lisinopril	Thalitone	
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		
Torsemide		
Trandolapril **½T**		
Triamterene/ Hydrochlorothiazide		
Verapamil HCl		

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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Cardiovascular/Heart Disease **High Cholesterol**

Tier 1	Tier 2	Tier 3
Cholestyramine	Advicor	Caduet **E SL**
Colestipol HCl	Antara	Lescol **SL**
Fenofibrate	Altoprev	Lescol XL **SL**
Fenofibric Acid	Crestor **½T SL**	Lovaza
Gemfibrozil	Fenoglide	Trilipix
Lovastatin	Lipitor **½T SL**	Vytorin **SL**
Pravastatin Sodium **½T**	Lipofen	Zetia **SL**
Simvastatin **½T**	Niaspan	
	Simcor **SL**	
	Tricor 48, 145 mg	
	Triglide	
	Welchol	

Cardiovascular/Heart Disease **Other**

Tier 1	Tier 2	Tier 3
Amiodarone HCl	Lanoxin	
Digoxin	Ranexa	
Flecanide Acetate		
Isosorbide Dinitrate		
Isosorbide Mononitrate		
Mexiletine		
Nitroglycerin		
Sotalol		

Central Nervous System **Attention Deficit Disorder**

Tier 1	Tier 2	Tier 3
Amphetamine Salt Combo	Adderall XR **SL**	Amphetamine Aspartate/ Amphetamine Sulfate/ Dextroamphetamine Capsule, Sustained-Release 24 Hour **SL**
Dextroamphetamine Sulfate	Intuniv **SL**	Concerta **SL**
Methamphetamine HCl Tablet	Vyvanse **SL**	Daytrana **SL**
Methylphenidate		Focalin XR **SL**
		Metadate CD **SL**
		Methylin
		Ritalin LA **SL**
		Strattera **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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Central Nervous System Depression

Tier 1	Tier 2	Tier 3
Amitriptyline HCl	Bupropion HCl Tablet, Sustained-Release 24 Hour **SL**	Aplenzin **E**
Amitriptyline/Perphenazine	Fluoxetine HCl Tablet	Cymbalta **RS SL**
Bupropion HCl		Effexor XR **RS SL**
Bupropion HCl Tablet, Sustained-Action		Lexapro **½T SL**
Citalopram Hydrobromide		Luvox CR **SL**
Doxepin HCl		Paroxetine HCl Sustained-Release, 24 Hour **SL**
Fluoxetine Capsule, Delayed-Release **SL**		Pexeva **½T SL**
Fluoxetine HCl Capsule		Pristiq **RS SL**
Fluvoxamine Maleate		Venlafaxine Extended-Release **E SL**
Imipramine		
Mirtazapine		
Nefazodone HCl		
Nortriptyline HCl		
Paroxetine HCl Tablet		
Sertraline HCl **½T**		
Trazodone HCl		
Venlafaxine HCl		

Central Nervous System Migraine

Tier 1	Tier 2	Tier 3
Acetaminophen/Caffeine/ Butalbital	Cafergot	Amerge **SDP SL**
Aspirin/Caffeine/Butalbital	Ergomar	Axert **SDP SL**
Isometheptene Mucate/ Acetaminophen/ Dichloralphenazone	Sumatriptan Succinate Nasal Spray **SL**	Frova **SDP SL**
Relpax **SL**		Maxalt **SDP SL**
Sumatriptan Succinate Injection, Tablet **SL**		Maxalt MLT **SDP SL**
		Migranal
		Treximet **E SL**
		Zomig **SDP SL**
		Zomig Nasal Spray **SDP SL**
		Zomig ZMT **SDP SL**

Central Nervous System Multiple Sclerosis

Tier 1	Tier 2	Tier 3
	Avonex **SL**	Betaseron **P SL**
	Copaxone **SL**	
	Rebif **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 **MC** Multiple copay applies **N** Notification required **P** Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Central Nervous System Sedatives/Hypnotics

Tier 1	Tier 2	Tier 3
Temazepam		Ambien **P SL**
Triazolam		Ambien CR **SL**
Zaleplon **SL**		Edluar **E SL**
Zolpidem Tartrate **SL**		Lunesta **P SL**
		Rozerem **P SL**
		Sonata **P SL**

Central Nervous System Seizure Disorders

Tier 1	Tier 2	Tier 3
Carbamazepine	Carbamazepine Tablet, Sustained-Release 12 Hour	Carbatrol
Clonazepam	Celontin	Keppra XR **E**
Divalproex Sodium Tablet	Diastat **SL**	Lamictal Dose Pack **SL**
Divalproex Sodium Tablet, Sustained-Release	Dilantin	Lamictal ODT **E**
Gabapentin Capsule, Tablet	Divalproex Sodium Sprinkle Capsule	Lamictal XR **E**
Lamotrigine	Felbatol	Lyrica **SDP SL**
Levetiracetam	Gabitril	Stavzor **E**
Phenobarbital	Mysoline	
Phenytoin Sodium	Neurontin Solution, Oral	
Primidone	Oxcarbazepine	
Topiramate	Peganone	
Zonisamide	Tegretol	

Central Nervous System Other

Tier 1	Tier 2	Tier 3
Alprazolam	Akineton	Abilify **SL**
Benztropine Mesylate	Apokyn	Exelon
Buspirone HCl	Aricept	Invega **SL**
Carbidopa/Levodopa	Aricept ODT	Namenda
Clorazepate Dipotassium	Comtan	Nuvigil **N SL**
Clozapine	FazaClo	Provigil **E N SL**
Diazepam	Geodon **SL**	Requip XL **E**
Galantamine	Moban	Seroquel XR **SL**
Lithium Carbonate	Navane 20 mg	Zyprexa Zydis **SL**
Lorazepam	Orap	
Pramipexole	Seroquel **SL**	
Risperidone **SL**	Symbyax **SL**	
Ropinirole HCl	Tasmar	
	Xyrem **N SL**	
	Zyprexa **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 **MC** Multiple copay applies **N** Notification required **P** Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

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% **MC**
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 **MC 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 **E**
Cutivate Lotion **MC**
Denavir
Derma-Smoothe/FS
Desonate **SL**
Differin Gel 0.3% **N SL**
Duac-CS **SL**
Elidel **N SL**
Epiduo **E SL**
Evoclin **SL**
Extina **SL**
Finacea
Finacea Plus
Loprox Shampoo **MC**
Metrogel 1% **MC**
Metrolotion
Naftin
NeoBenz Micro **E**
NeoBenz Micro SD **E**
Noritate **MC**
Olux-E **SL**
Olux-Olux-E **E**
Oscion
Oxistat
Taclonex **SL**
Taclonex Scalp **SL**
Tazorac **N SL**
Tretin-X **N SL**
Triaz **E SL**
Vanos **SL**
Vectical **SL**
Verdeso **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 **MC** Multiple copay applies **N** Notification required **P** Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Dermatology (cont. from page 13)

Tier 1	Tier 2	Tier 3
		Vusion **MC**
		Xolegel **MC**
		Ziana **E SL**

Endocrine/Diabetes Blood Glucose Monitoring

Tier 1	Tier 2	Tier 3
Fast Take System		Accu-Chek System
Fast Take Test Strips **SL**		Accu-Chek Test Strips **SL**
Freestyle Freedom Lite System		Ascensia System
Freestyle Lite System		Ascensia Test Strips **SL**
Freestyle Lite Test Strips **SL**		Assure System
Freestyle System		Assure Test Strips **SL**
Freestyle Test Strips **SL**		Prestige System
One Touch System		Prestige Test Strips **SL**
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**		

Endocrine/Diabetes Growth Hormone

Tier 1	Tier 2	Tier 3
	Nutropin, AQ, NuSpin **N SL**	Genotropin **E N SL**
	Saizen **N SL**	Humatrope **E N SL**
	Serostim **N SL**	Norditropin **E N SL**
	Tev-Tropin **N SL**	Omnitrope **E N SL**
		Zorbtive **N SL**

Endocrine/Diabetes Insulin

Tier 1	Tier 2	Tier 3
Novolin 70/30 Vials	Lantus Vials	Apidra
Novolin L Vials	Levemir Vials	Humalog Pens/Cartridges
Novolin N Vials	NovoLog FlexPen	Humalog Vials
Novolin R Vials	NovoLog Mix 70/30 FlexPen	Humulin Pens
NovoLog Mix 70/30 Vials		Humulin Vials
NovoLog 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 **MC** Multiple copay applies **N** Notification required **P** Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Endocrine/Diabetes Non-Insulin

Tier 1	Tier 2	Tier 3
Acarbose	Actoplus Met **SL**	Fortamet
Glimepiride	Actos **½T SL**	Glumetza
Glipizide	Avandamet **SL**	Starlix **SL**
Glyburide	Avandaryl **SL**	Symlin
Glyburide/Metformin HCl	Avandia **½T SL**	
Metformin HCl	Byetta **SL**	
	Duetact **SL**	
	Glipizide/Metformin HCl	
	Glyset	
	Janumet **SL**	
	Januvia **SL**	
	Nateglinide **SL**	
	Prandin **SL**	

Endocrine/Diabetes Other

Tier 1	Tier 2	Tier 3
Calcitriol	Androderm	Armour Thyroid
Desmopressin Acetate	Androgel **SL**	Orapred ODT
Dexamethasone	Android	Testim **E SL**
Fludrocortisone Acetate	Cabergoline	
Hydrocortisone Tablet	Hectorol	
Levothyroxine Sodium	Kuvan **N SL**	
Methimazole	Liothyronine Sodium	
Methylprednisolone Tablet, Dose Pack 4 mg	Medrol 2, 8, 16, 24, 32 mg	
Octreotide Acetate **N**	Oxandrolone	
Orapred	Pediapred	
Prednisolone	Sandostatin Vial **N**	
Prednisone	Synarel	
Testosterone	Synthroid	
	Zemplar	

Eye Conditions Anti-Allergy

Tier 1	Tier 2	Tier 3
Ketorolac Tromethamine	Elestat **SL**	Azelastine HCl **SL**
	Optivar **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.

½T Eligible for Half Tablet Program **E** May be excluded from coverage **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Eye Conditions Antibiotics

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

Eye Conditions Glaucoma

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

Gastrointestinal Acid Suppression

Tier 1	Tier 2	Tier 3
Cimetidine	Helidac	Aciphex **SL**
Misoprostol	Nizatidine Oral Solution	Carafate Oral Suspension
Omeprazole	Prevpac **SL**	Dexilant **SL**
Ranitidine HCl Syrup	Pylera	Lansoprazole **E SL**
Sucralfate Tablet		Nexium Capsule **E SL**
		Nexium Suspension **SL**
		Pantoprazole **E SL**
		Prevacid Capsule, Delayed-Release Enteric-Coated **E SL**
		Prevacid Naprapac **SL**
		Prevacid Solutab **E SL**
		Prilosec Rx 10, 20 mg **E**
		Prilosec Rx 40 mg **E 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 **MC** Multiple copay applies **N** Notification required **P** Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Gastrointestinal Nausea/Vomiting

Tier 1	Tier 2	Tier 3
Ondansetron HCl	Emend **SL**	Anzemet **SL**
Prochlorperazine Maleate	Granisetron HCl Tablet **SL**	Cesamet
		Sancuso **E SL**
		Transderm-Scop

Gastrointestinal Other

Tier 1	Tier 2	Tier 3
Belladona/Phenobarbital	Apriso	Amitiza **N SL**
Chlordiazepoxide/Clidinium	Canasa	Asacol **SDP**
Diphenoxylate/Atropine	Entocort EC	Asacol HD **E SDP**
Lactulose	GoLYTELY Packet	Dipentum
Mesalamine	Lialda	Halflytely-Bisacodyl
Metoclopramide HCl	Lotronex **SL**	Moviprep
Polyethylene Glycol	Relistor	Pentasa
Sulfasalazine		
Trilyte with Flavor Packets		
Ursodiol		

Men's Health Erectile Dysfunction

Tier 1	Tier 2	Tier 3
		Caverject **SL**
		Cialis **SL**
		Edex **SL**
		Levitra **SL**
		Muse **SL**
		Viagra **SL**

Men's Health Prostate

Tier 1	Tier 2	Tier 3
Doxazosin Mesylate	Tamsulosin	Avodart **N SDP**
Finasteride **N**		Flomax
Terazosin HCl		Rapaflo
		Uroxatral **SDP**

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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Miscellaneous

Tier 1	Tier 2	Tier 3
Antipyrine/Benzocaine	Arimidex	Epinephrine Pen Injector **SL**
Azathioprine	Aromasin	Epipen **SL**
Benzonatate	Cellcept Suspension	Epipen Jr **SL**
Cabergoline	Fareston	Restasis **N SL**
Chlorhexidine Gluconate	Femara	Tussionex **SL**
Megestrol Acetate	Lidoderm **SL**	
Mycophenolate Mofetil Capsule, Tablet	Myfortic	
Phenazopyridine	Neoral	
Tacrolimus Anhydrous	Rapamune	
Tamoxifen Citrate	Sandimmune	
	Twinject **SL**	

Miscellaneous Overactive Bladder

Tier 1	Tier 2	Tier 3
Dicyclomine HCl Tablet	Enablex	Detrol **SDP**
Hyoscyamine Sulfate	Gelnique	Detrol LA **E**
Oxybutynin Chloride	Oxytrol	Sanctura
	Sanctura XR	Toviaz **SDP**
	Vesicare	

Musculoskeletal Osteoporosis

Tier 1	Tier 2	Tier 3
Alendronate Sodium **SL**	Actonel **SL**	Fosamax Plus D **SL**
	Boniva Tablet **SL**	
	Calcitonin Salmon Nasal Spray	
	Evista	
	Forteo **N**	
	Fortical	

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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **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 **SL**
Fentora **N SL**
Flector **E**
Kadian **SL**
Mefenamic Acid
Opana **SL**
Ryzolt **E 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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Musculoskeletal Rheumatoid Arthritis

Tier 1	Tier 2	Tier 3
Azathioprine	Cimzia **N SL**	Kineret **N SL**
Hydroxychloroquine Sulfate	Cuprimine	
Leflunomide	Enbrel **N SL**	
Methotrexate Sodium	Humira **N SL**	
Sulfasalazine	Simponi **N SL**	
	Trexall	

Musculoskeletal Other

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

Respiratory Asthma/COPD

Tier 1	Tier 2	Tier 3
Albuterol Sulfate	Brondil	Accolate **SL**
Asmanex **SL**	Budesonide Inhalation Suspension 0.25 mg/2 ml, 0.5 mg/2 ml **SL**	Advair Diskus **RS SL**
Foradil **SL**	Elixophyllin GG	Advair HFA **RS SL**
Ipratropium Bromide	Intal **SL**	Albuterol Sulfate/Ipratropium Solution, Non-Oral
Pulmicort Flexhaler **SL**	Pulmicort Respules 1 mg/2 ml **SL**	Alvesco **SL**
QVAR **SL**	Singulair **SL**	Atrovent HFA **SL**
Theophylline	Spiriva **SL**	Azmacort **SL**
Ventolin HFA **SL**	Theo-Dur	Combivent **SL**
		Flovent Diskus **SL**
		Flovent HFA **SL**
		Maxair Autohaler **SL**
		Perforomist **SL**
		Proair HFA **SL**
		Proventil HFA **SL**
		Serevent Diskus **SL**
		Symbicort **RS SL**
		Xopenex HFA **SL**
		Xopenex Vial, Nebulizer **E 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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Respiratory **Nasal Allergy**

Tier 1	Tier 2	Tier 3
Flunisolide	Astelin **SL**	Astepro
Fluticasone Propionate **SL**	Nasonex **SL**	Beconase AQ **SL**
		Nasacort AQ **SL**
		Omnaris **SL**
		Patanase
		Rhinocort Aqua **SL**
		Veramyst **E SL**

Respiratory **Oral Allergy**

Tier 1	Tier 2	Tier 3
Cyproheptadine HCl		Allegra ODT **E SL**
Hydroxyzine HCl		Allegra Suspension **E SL**
Hydroxyzine Pamoate		Allegra-D **E SL**
Promethazine HCl		Clarinex **E SL**
		Clarinex-D **E SL**
		Fexofenadine HCl
		Pseudoephedrine HCl/ Fexofenadine **E SL**
		Xyzal **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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Women's Health Contraceptives

Tier 1

Apri
Aviane
Azurette
Balziva
Enpresse
Junel
Junel Fe
Kariva
Levora
Low-Ogestrel
Lutera
Medroxyprogesterone Acet 150 mg/ml **MC**
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 **MC**
NuvaRing
Ovrette
Yasmin
Yaz

Tier 3

Camila
Errin
Femcon Fe
Jolessa **MC**
Jolivette
Loestrin 24 Fe
LoSeasonique **MC**
Mononessa
Necon 7/7/7
Nora-Be
Norethindrone
Nortrel 7/7/7
Ocella
Ortho Evra
Ortho Tri-Cyclen Lo
Previfem
Quasense **MC**
Seasonique **MC**
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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **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**
First-Progesterone
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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Accupril (Quinapril)
Acular, Acular LS **SL** (Ketorolac Tromethamine **SL**)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)
Aldactone (Spironolactone)
Altace (Ramipril)
Amaryl (Glimepiride)
Ambien **P SL** (Zolpidem **SL**)
Anaprox (Naproxen)
Ativan (Lorazepam)
Augmentin ES (Amoxicillin with Potassium Clavulanate)
Biaxin Tablet (Clarithromycin Tablet)
Buspar (Buspirone)
Calan, Calan SR (Verapamil)
Capoten (Captopril)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)
Cardura (Doxazosin)
Ceftin (Cefuroxime)
Cefzil (Cefprozil)
Celexa (Citalopram)
Ciloxan Eye Drops (Ciprofloxacin)
Cipro (Ciprofloxacin)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)
Clozaril (Clozapine)
Colestid (Colestipol)
Coreg (Carvedilol)
Darvocet-N **SL** (Propoxyphene with Acetaminophen **SL**)
DDAVP (Desmopressin)
Depakote (Divalproex Sodium Tablet, Enteric-Coated)
Depakote ER (Divalproex Sodium Tablet, Sustained-Release 24 Hour)
Depo-Provera **MC** (Medroxyprogesterone Acetate 150 mg/ml **MC**)
DiaBeta, Micronase, Glynase (Glyburide)
Didronel (Etidronate Disodium)
Diflucan (Fluconazole)
Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)
Duragesic **SL** (Fentanyl Transdermal **SL**)
Duricef (Cefadroxil)
Dyazide (Triamterene with Hydrochlorothiazide)
Dynacirc (Isradipine)
Effexor (Venlafaxine)
Eskalith CR (Lithium Carbonate Controlled-Release)
Fioricet (Butalbital with Acetaminophen and Caffeine)
Flonase **SL** (Fluticasone Nasal Spray **SL**)
Floxin Otic (Ofloxacin Otic Drops)
Fosamax **SL** (Alendronate **SL**)
Glucophage, XR (Metformin)
Glucotrol, XL (Glipizide)
Glucovance (Glyburide with Metformin)
Hytrin (Terazosin)
Imitrex Injection **SL** (Sumatriptan Succinate Injection **SL**)
Imitrex Tablet **SL** (Sumatriptan Succinate Tablet **SL**)
Inderal (Propranolol)
Keflex (Cephalexin)
Keppra (Levetiracetam)
Klonopin (Clonazepam)
Lamictal (Lamotrigine)
Lamisil Tablet **SL** (Terbinafine Tablet **SL**)
Lasix (Furosemide)
Lofibra (Fenofibrate Micronized)
Lopid (Gemfibrozil)
Lopressor (Metoprolol)
Mavik **½T** (Trandolapril **½T**)
Medrol Dosepak (Methylprednisolone)
Mevacor (Lovastatin)
Mobic (Meloxicam)
Monopril (Fosinopril)
Monopril HCT (Fosinopril with Hydrochlorothiazide)
Motrin (Ibuprofen) - Prescription strengths only
Naprosyn (Naproxen) - Prescription strengths only
Nasarel **SL** (Flunisolide Nasal Spray **SL**)
Neurontin Capsule, Tablet (Gabapentin)
Norvasc (Amlodipine Besylate)
Ocuflox Eye Drops (Ofloxacin)
Paxil (Paroxetine)
Penlac (Ciclopirox Solution, Non-Oral)
Percocet 5-325, 7.5-500, 10-650 **SL** (Oxycodone with Acetaminophen **SL**)
Plan B (Levonorgestrel)
Pletal (Cilostazol)
Pravachol **½T** (Pravastatin **½T**)
Precose (Acarbose)
Prilosec (Omeprazole)
Prinivil, Zestril (Lisinopril)
Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Procardia XL (Nifedipine Extended-Release)
Proscar **N** (Finasteride **N**)
Provera (Medroxyprogesterone)
Prozac (Fluoxetine Capsule)
Prozac Weekly **SL** (Fluoxetine Capsule, Delayed-Release **SL**)
Remeron (Mirtazapine)

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 **MC** Multiple copay applies **N** Notification required
P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Remeron SolTab (Mirtazapine Dispersible Tablet)
Requip (Ropinirole)
Restoril (Temazepam)
Risperdal **SL** (Risperidone **SL**)
Ritalin (Methylphenidate)
Ritalin SR (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 **½T** (Simvastatin **½T**)
Zofran (Ondansetron)
Zoloft **½T** (Sertraline **½T**)
Zonegran (Zonisamide)
Zovirax Capsule, Tablet, Suspension (Acyclovir)