

2010 Three-Tier Prescription Drug List Reference Guide

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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.

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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.*

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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 **myuhc.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 **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.

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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 **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).

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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
 Cephalixin 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
 Furodantin Suspension, Oral
 Levaquin
 Macrodantin 25 mg
 Tobin
 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.

1/2T 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**

Acyclovir
Amantadine HCl
Ribavirin **N**

Tier 2

Baraclude
Epivir 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

Arixtra **SL**
Coumadin
Lovenox **SL**
Plavix

Tier 3

Aggrenox
Fragmin **SL**
Innohep **SL**

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
Dibenzylamine
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 SDP SL**
Atacand HCT **SDP SL**
Avalide **SDP SL**
Avapro **1/2T SDP SL**
Cardizem LA 180, 240, 300,
360, 420 mg
Catapres-TTS **SL**
Clonidine Patch,
Transdermal Weekly **SL**
Coreg CR **E 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

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1/2T Eligible for Half Tablet Program **E** May be excluded from coverage **MC** Multiple copay applies **N** Notification required
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Cardiovascular/Heart Disease High Blood Pressure (cont. from page 8)**Tier 1**

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
 Torsemide
 Trandolapril **½T**
 Triamterene/
 Hydrochlorothiazide
 Verapamil HCl

Tier 2

Micardis HCT **SL**
 Moexipril HCl **½T**
 Nisoldipine 20, 30, 40 mg
 Perindopril Erbumine **½T**
 Quinapril HCl/
 Hydrochlorothiazide
 Sular 8.5, 10, 17, 25.5,
 34 mg
 Thalitone

Tier 3

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**

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 **E 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
 Dextroamphetamine Sulfate
 Methamphetamine HCl Tablet
 Methylphenidate

Tier 2

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

Tier 3

Amphetamine Aspartate/
 Amphetamine Sulfate/
 Dextroamphetamine
 Capsule, Sustained-Release
 24 Hour **SL**
 Concerta **SL**
 Daytrana **SL**
 Focalin XR **SL**
 Metadate CD **SL**
 Methylin
 Ritalin LA **SL**
 Strattera **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 **E**
 Cymbalta **RS SL**
 Effexor XR **RS SL**
 Lexapro **1/2T SL**
 Luvox CR **SL**
 Paroxetine HCl
 Sustained-Release,
 24 Hour **SL**
 Pexeva **1/2T SL**
 Pristiq **RS SL**
 Venlafaxine
 Extended-Release **E SL**

Central Nervous System Migraine

Tier 1

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

Tier 2

Cafergot
 Ergomar
 Sumatriptan Succinate
 Nasal Spray **SL**

Tier 3

Amerge **SDP SL**
 Axert **SDP SL**
 Frova **SDP SL**
 Maxalt **SDP 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

Avonex **SL**
 Copaxone **SL**
 Rebif **SL**

Tier 3

Betaseron **P SL**

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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 **E 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 **E**
Lamictal Dose Pack **SL**
Lamictal ODT **E**
Lamictal XR **E**
Lyrica **SDP SL**
Stavzor **E**

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
Apokyn
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 **E N SL**
Requip XL **E**
Seroquel XR **SL**
Zyprexa Zydys **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% **MC**
 Clindamycin Phosphate/Benzoyl Peroxide Gel 1%-5% **SL**
 Condyllox 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**
 Metro lotion
 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**

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1/2T 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**

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**

Tier 2**Tier 3**

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 Growth Hormone**Tier 1****Tier 2**

Nutropin, AQ, NuSpin **N SL**
 Saizen **N SL**
 Serostim **N SL**
 Tev-Tropin **N SL**

Tier 3

Genotropin **E N SL**
 Humatrope **E N SL**
 Norditropin **E N SL**
 Omnitrope **E N SL**
 Zorbtive **N SL**

Endocrine/Diabetes Insulin**Tier 1**

Novolin 70/30 Vials
 Novolin L Vials
 Novolin N Vials
 Novolin R Vials
 NovoLog Mix 70/30 Vials
 NovoLog Vials

Tier 2

Lantus Vials
 Levemir Vials
 NovoLog FlexPen
 NovoLog Mix 70/30
 FlexPen

Tier 3

Apidra
 Humalog Pens/Cartridges
 Humalog Vials
 Humulin Pens
 Humulin Vials
 Lantus Solostar Pens/
 Cartridges
 Levemir Pens

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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
 Octreotide Acetate **N**
 Orapred
 Prednisolone
 Prednisone
 Testosterone

Tier 2

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

Tier 3

Armour Thyroid
 Orapred ODT
 Testim **E 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 **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**

Ciprofloxacin HCl
 Erythromycin
 Gentamicin Sulfate
 Neomycin/Polymyxin B
 Sulfate/Dexamethasone
 Ofloxacin
 Polymyxin B Sulfate/
 Trimethoprim
 Sulfacetamide Sodium
 Tobramycin Sulfate Drops

Tier 2

Blephamide S.O.P.
 Tobramycin/Dexamethasone

Tier 3

Azasite
 Vigamox
 Zylet
 Zymar

Eye Conditions Glaucoma**Tier 1**

Acetazolamide
 Apraclonidine
 Brimonidine Tartrate
 Dorzolamide HCl **SL**
 Timolol Maleate

Tier 2

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**

Tier 3

Iopidine 1%
 Xalatan **SL**

Gastrointestinal Acid Suppression**Tier 1**

Cimetidine
 Misoprostol
 Omeprazole
 Ranitidine HCl Syrup
 Sucralfate Tablet

Tier 2

Helidac
 Nizatidine Oral Solution
 Prevacid **SL**
 Pylera

Tier 3

Aciphex **SL**
 Carafate Oral Suspension
 Dexilant **SL**
 Lansoprazole **E SL**
 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**

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Gastrointestinal Nausea/Vomiting**Tier 1**

Ondansetron HCl
Prochlorperazine Maleate

Tier 2

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

Tier 3

Anzemet **SL**
Cesamet
Sancuso **E 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**
Relistor

Tier 3

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

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**

Doxazosin Mesylate
Finasteride **N**
Terazosin HCl

Tier 2

Tamsulosin

Tier 3

Avodart **N SDP**
Flomax
Rapaflo
Uroxatral **SDP**

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P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **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 **SDP**
 Detrol LA **E**
 Sanctura
 Toviaz **SDP**

Musculoskeletal Osteoporosis**Tier 1**

Alendronate Sodium **SL**

Tier 2

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

Tier 3

Fosamax Plus D **SL**

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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**

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P Progression Rx **RS** May be eligible for Refill and Save Program **SDP** Select Designated Pharmacy **SL** Supply limit

Musculoskeletal Rheumatoid Arthritis**Tier 1**

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Tier 2

Cimzia **N SL**
Cuprimine
Enbrel **N SL**
Humira **N SL**
Simponi **N SL**
Trexall

Tier 3

Kineret **N SL**

Musculoskeletal Other**Tier 1**

Allopurinol
Baclofen
Carisoprodol
Colchicine
Cyclobenzaprine
Methocarbamol
Tizanidine

Tier 2

Orphenadrine
Orphenadrine Compound

Tier 3

Amrix **E**
Metaxalone
Savella **SL**
Skelaxin
Soma 250 mg **E**

Respiratory Asthma/COPD**Tier 1**

Albuterol Sulfate
Asmanex **SL**
Foradil **SL**
Ipratropium Bromide
Pulmicort Flexhaler **SL**
QVAR **SL**
Theophylline
Ventolin HFA **SL**

Tier 2

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**
Singular **SL**
Spiriva **SL**
Theo-Dur

Tier 3

Accolate **SL**
Advair Diskus **RS SL**
Advair HFA **RS 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 **RS SL**
Xopenex HFA **SL**
Xopenex Vial, Nebulizer **E SL**

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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 **E SL**

Respiratory Oral Allergy**Tier 1**

Cyproheptadine HCl
Hydroxyzine HCl
Hydroxyzine Pamoate
Promethazine HCl

Tier 2**Tier 3**

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

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Women's Health Contraceptives

Tier 1

Apri
 Aviane
 Azurette
 Balziva
 Enpresse
 Junel
 Junel Fe
 Kariva
 Levora
 Low-Ogestrel
 Luteru
 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

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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**
Estrogeal **SL**
Femhrt
Femring **SL**
First-Progesterone
Menostar Patch, Transdermal
Weekly **SL**
Pemarlin
Premphase
Prempo
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

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Additional Tier 3 Drugs with a generic equivalent in Tier 1

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

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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)	Zocor 1/2T (Simvastatin 1/2T)
Requip (Ropinirole)	Zofran (Ondansetron)
Restoril (Temazepam)	Zoloft 1/2T (Sertraline 1/2T)
Risperdal SL (Risperidone SL)	Zonegran (Zonisamide)
Ritalin (Methylphenidate)	Zovirax Capsule, Tablet, Suspension (Acyclovir)
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)	

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A

A-B Otic.....	7	Amitriptyline HCl.....	11	Avapro.....	8
Abilify.....	12	Amlodipine/Benazepril.....	8	Avelox.....	7
Acanya.....	13	Amlodipine Besylate....	8, 24	Aviane.....	22
Acarbose.....	15, 24	Amoxicillin Trihydrate.....	7	Avinza.....	19
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