

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.

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.

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.

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.

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.

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Anti-Infectives Antibiotics

Tier 1

A-B Otic
 Amoxicillin Trihydrate Capsule,
 Chewable Tablet, Drops,
 Suspension, Tablet
 Amoxicillin Trihydrate/
 Potassium Clavulanate
 Azithromycin
 Cefaclor
 Cefadroxil Hydrate
 Cefpodoxime Tablet
 Cefprozil
 Cefuroxime
 Cephalexin Monohydrate
 Cephadrine Capsule
 Ciprofloxacin Tablet
 Clarithromycin Tablet
 Clindamycin HCl 150, 300 mg
 Dicloxacillin Sodium Capsule
 Dimethyl Sulfoxide Solution,
 Non-Oral
 Doxycycline Hyclate
 Doxycycline Monohydrate
 Capsule
 Erythromycin Base Capsule,
 Delayed-Release
 Erythromycin Base Tablet,
 Enteric-Coated 250, 333 mg
 Erythromycin Estolate
 Erythromycin Ethylsuccinate
 Erythromycin Ethylsuccinate/
 Sulfisoxazole Acetyl
 Erythromycin Stearate
 Methenamine Mandelate
 Metronidazole
 Minocycline HCl
 Neomycin Sulfate
 Neomycin/Polymyxin/HC Otic
 Nitrofurantoin Macrocrystal
 Nitrofurantoin/Nitrofurantoin
 Macrocrystal
 Ofloxacin
 Ofloxacin Otic
 Penicillin V Potassium
 Sulfadiazine
 Sulfamethoxazole/Trimethoprim
 Sulfisoxazole
 Tetracycline HCl
 Trimethoprim

Tier 2

Augmentin
 Cefdinir **SL**
 Cerumenex Otic
 Chloromycetin Otic
 Cipro Suspension
 Ciprodex Otic
 Clarithromycin Suspension
 Clarithromycin Sustained-Release
 Tablet
 Cleocin HCl 75 mg
 Dapsone
 Furadantin Suspension, Oral
 Gantrisin
 Levaquin Tablet, Solution
 Macrochantin 25 mg
 Tobit
 Vancocin HCl
 Velosef 250 mg Suspension
 Zyvox

Tier 3

Adoxa **E**
 Augmentin XR **E**
 Avelox
 Cedax
 Ciprofloxacin Tablet,
 Sustained-Release 24 Hour
 Dispermox
 Doryx **E**
 EryPed Tablet, Chewable
 Factive
 Geocillin
 Keftab
 Ketek
 Monurol
 Neggram
 Noroxin
 Oracea
 PCE
 Primsol
 Proquin XR
 Raniclor Tablet, Chewable
 Solodyn
 Suprax
 Vibramycin Suspension
 Vibramycin Syrup
 Xifaxan
 Zagam
 Zmax

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

MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Anti-Infectives Antifungals

Tier 1

Clotrimazole Troche
Fluconazole
Griseofulvin Microsize
Suspension
Griseofulvin Ultramicrosize
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

Ancobon
Fulvicin U/F
Gynazole-1 Vaginal
Lamisil Granules **SL**

Anti-Infectives Antivirals

Tier 1

Acyclovir
Amantadine HCl
Ganciclovir
Ribavirin **SL N**
Rimantadine HCl Tablet

Tier 2

Baraclude
Epivir HBV
Famciclovir **SL**
Hepsera
Rebetol Solution **SL N**
Valcyte **SL**
Valtrex **SL**

Tier 3

Flumadine Syrup
Relenza **SL**
Tamiflu **SL**
Tyzeka

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol
Dipyridamole
Heparin Sodium
Sulfapyrazone
Ticlopidine HCl
Warfarin Sodium

Tier 2

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

Tier 3

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

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2010 Three-Tier Prescription Drug List Reference Guide

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Acebutolol HCl
 Amiloride HCl
 Amiloride HCl/
 Hydrochlorothiazide
 Amlodipine Besylate
 Atenolol
 Benazepril HCl
 Benazepril/Hydrochlorothiazide
 Betaxolol HCl
 Bisoprolol Fumarate/
 Hydrochlorothiazide
 Bumetanide
 Captopril
 Captopril/Hydrochlorothiazide
 Carvedilol
 Chlorothiazide Tablet
 Chlorthalidone
 Clonidine HCl
 Clonidine HCl/Chlorthalidone
 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
 Guanfacine HCl
 Hydralazine HCl
 Hydralazine HCl/
 Hydrochlorothiazide
 Hydrochlorothiazide
 Indapamide
 Isradipine
 Labetalol HCl
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Methylothiazide
 Methylodopa 250, 500 mg
 Methylodopa/
 Hydrochlorothiazide
 Metolazone

Tier 2

Aceon **1/2T**
 Aldactazide 50-50 mg
 Azor **SL**
 Benicar **SL 1/2T**
 Benicar HCT **SL**
 Bystolic
 Cardizem CD 360 mg
 Cardizem LA
 Cozaar **SL 1/2T**
 Dibenzyline
 Diltiazem HCl Capsule,
 Sustained-Action
 Diltiazem HCl Capsule,
 Sustained-Release 24 Hour
 Enduron 2.5 mg
 Eplerenone
 Hyzaar **SL**
 Metoprolol Succinate Tablet,
 Sustained-Release 24 Hour
 50, 100, 200 mg
 Micardis **SL**
 Micardis HCT **SL**
 Moexipril HCl **1/2T**
 Nisoldipine 20, 30, 40 mg
 Quinapril HCl/Hydrochlorothiazide
 Sular 8.5, 10, 17, 25.5,
 34 mg

Tier 3

Amlodipine/Benazepril **SL**
 Atacand **SL 1/2T**
 Atacand HCT **SL**
 Avalide **SL**
 Avapro **SL 1/2T**
 Cardene SR
 Cardura XL
 Catapres-TTS **SL**
 Clonidine Patch, Transdermal
 Weekly **SL**
 Coreg CR **SL E**
 Covera-HS
 Diovan **SL 1/2T**
 Diovan HCT **SL**
 DynaCirc CR
 Dyrenium
 Edecrin
 Enduronyl
 Enduronyl Forte
 Exforge **SL**
 Exforge HCT
 Guanabenz Acetate
 Innopran XL
 Levatol
 Lexxel
 Minizide
 Naturetin
 Propranolol HCl Sustained-Action
 Capsule
 Tarka
 Tekturna **SL**
 Tekturna HCT **SL**
 Teveten **SL**
 Verapamil HCl Capsule, 24 Hour
 Sustained-Release Pellets
 Wytensin

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2010 Three-Tier Prescription Drug List Reference Guide

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 6)

Tier 1

Metoprolol Succinate Tablet,
Sustained-Release 24 Hour
25 mg
Metoprolol Tartrate
Metoprolol/Hydrochlorothiazide
Minoxidil
Nadolol
Nadolol/Bendroflumethiazide
Nicardipine HCl
Nifedipine
Nifedipine Tablet, Osmotic
Laser-Drilled Formulation
Pindolol
Prazosin HCl
Propranolol HCl Tablet
Propranolol HCl/
Hydrochlorothiazide
Quinapril HCl/Magnesium
Carbonate
Ramipril
Spironolactone
Spironolactone/
Hydrochlorothiazide
Terazosin HCl
Timolol Maleate
Trandolapril **1/2T**
Triamterene/
Hydrochlorothiazide
Verapamil HCl

Tier 2

Tier 3

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2010 Three-Tier Prescription Drug List Reference Guide

Cardiovascular/Heart Disease High Cholesterol

Tier 1

Cholestyramine/Aspartame
Cholestyramine/Sucrose
Colestipol HCl
Fenofibrate 54, 67, 134, 160,
200 mg
Gemfibrozil
Lovastatin
Pravastatin **1/2T**
Simvastatin **1/2T**

Tier 2

Advicor
Antara
Altoprev
Crestor **SL 1/2T**
Fenoglide
Lipitor **SL 1/2T**
Lipofen
Niaspan
Simcor **SL**
Tricor 48, 145 mg
Triglide
Vytorin **SL**
Welchol

Tier 3

Caduet **SL E**
Lescol **SL**
Lescol XL **SL**
Lovaza
Trilipix
Zetia **SL**

Cardiovascular/Heart Disease Other

Tier 1

Amiodarone
Digoxin
Disopyramide
Flecainide
Isosorbide Dinitrate
Isosorbide Mononitrate
Mexiletine
Nitroglycerin
Procainamide
Propafenone
Sotalol

Tier 2

Lanoxin

Tier 3

Ethmozine
Minitran
Nitro-Dur
Nitrolingual
Rythmol SR

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2010 Three-Tier Prescription Drug List Reference Guide

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
D-Amphetamine Sulfate Tablet,
Capsule, Sustained-Action
Methamphetamine HCl Tablet
Methylphenidate

Tier 2

Adderall XR **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 Solution, Oral
Methylin Tablet, Chewable
Ritalin LA **SL**
Strattera **SL**

Central Nervous System Depression

Tier 1

Amitriptyline HCl
Amitriptyline/Perphenazine
Amoxapine
Bupropion HCl **N**
Bupropion HCl Tablet,
Sustained-Action **N**
Citalopram Hydrobromide
Clomipramine HCl
Desipramine HCl
Doxepin HCl
Fluoxetine HCl Capsule
Fluvoxamine Maleate
Imipramine HCl
Maprotiline HCl
Mirtazapine
Nefazodone HCl
Nortriptyline HCl
Paroxetine HCl Tablet
Protriptyline HCl
Sertraline HCl **1/2T**
Tranylcypromine Sulfate
Trazodone HCl
Trimipramine Maleate
Venlafaxine HCl

Tier 2

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

Tier 3

Cymbalta **SL**
Effexor XR **SL**
Emsam
Lexapro **SL 1/2T**
Luvox CR **SL**
Marplan
Paroxetine HCl
Sustained-Release, 24 Hour **SL**
Pexeva **SL 1/2T**
Pristiq **SL**
Prozac Weekly **SL**
Tofranil-PM
Venlafaxine
Extended-Release **SL E**

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2010 Three-Tier Prescription Drug List Reference Guide

Central Nervous System Migraine

Tier 1

Acetaminophen/Butalbital
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Aspirin/Caffeine/Butalbital
 Dihydroergotamine Mesylate
 Ergotamine Tartrate/
 Belladonna Alkaloids/
 Phenobarbital
 Ergotamine Tartrate/Caffeine
 Suppository, Rectal
 Ergotamine Tartrate/Caffeine/
 Belladonna Alkaloids/
 Pentobarbital
 Isometheptene Mucate/
 Acetaminophen/
 Dichloralphenazone
 Isometheptene/
 Acetaminophen/Caffeine
 Relpax **SL**
 Sumatriptan Succinate
 Injection **SL**
 Sumatriptan Succinate
 Tablet **SL**

Tier 2

Cafergot
 Ergomar
 Migranal
 Sumatriptan Succinate Nasal
 Spray **SL**

Tier 3

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

Central Nervous System Sedatives/Hypnotics

Tier 1

Chloral Hydrate
 Estazolam
 Flurazepam HCl
 Temazepam
 Triazolam
 Zaleplon **SL**
 Zolpidem Tartrate **SL**

Tier 2

Tier 3

Ambien **SL P**
 Ambien CR **SL**
 Butisol Sodium
 Doral
 Lunesta **SL P**
 Restoril 7.5 mg
 Rozerem **SL P**
 Seconal Sodium
 Sonata **SL P**

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Central Nervous System Seizure Disorders

Tier 1

Acetazolamide
Carbamazepine
Clonazepam
Divalproex Sodium Tablet
Ethosuximide
Gabapentin Capsule, Tablet
Lamotrigine
Levetiracetam
Mephobarbital
Phenobarbital
Phenytoin
Primidone
Topiramate Tablet
Valproic Acid
Zonisamide

Tier 2

Carbamazepine Tablet,
Sustained-Release 12 Hour
Celontin
Diastat **SL**
Dilantin
Divalproex Sodium
Divalproex Sodium Tablet,
Sustained-Release
Felbatol
Gabitril
Mebaral 50 mg
Mysoline
Neurontin Solution, Oral
Oxcarbazepine
Peganone
Phenytek
Tegretol

Tier 3

Equetro
Keppra XR **E**
Lamictal Dose Pack
Lyrica **SL**
Stavzor **E**
Topamax Sprinkle

Central Nervous System Other

Tier 1

Alprazolam
Amantadine HCl
Benzotropine Mesylate
Bromocriptine Mesylate
Buspirone HCl
Carbidopa/Levodopa
Chlordiazepoxide HCl
Clorazepate Dipotassium
Clozapine
Diazepam
Galantamine
Lithium Carbonate
Lorazepam
Loxapine Succinate
Oxazepam
Risperidone **SL**
Ropinirole HCl
Selegiline HCl
Thiothixene 1, 2, 5, 10 mg
Trihexyphenidyl HCl

Tier 2

Akineton
Apokyn
Aricept
Aricept ODT
Clozaril
Comtan
FazaClo
Geodon **SL**
Loxitane C
Mirapex
Moban
Navane 20 mg
Orap
Seroquel **SL**
Symbyax **SL**
Tasmar
Zyprexa **SL**

Tier 3

Abilify **SL**
Azilect
Carbex
Cognex
Exelon
Invega **SL**
Namenda
Paxipam
Provigil **SL N**
Razadyne Solution
Requip XL **E**
Seroquel XR **SL**
Stalevo
Tranxene SD
Zelapar
Zyprexa Zydis **SL**

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2010 Three-Tier Prescription Drug List Reference Guide

Dermatology

Tier 1

Alclometasone Dipropionate
Cream, Ointment 0.05%
Aluminum Chloride
Amcinonide Cream, Ointment
Betamethasone Dipropionate
Cream, Lotion, Ointment
Betamethasone Dipropionate/
Propylene Glycol Gel, Lotion,
Ointment
Betamethasone DP
Augmented Cream 0.05%
Betamethasone Valerate
Cream, Lotion, Ointment
Ciclopirox Cream, Gel, Lotion
Ciclopirox Solution, Non-Oral
Clindamycin Phosphate
Clobetasol Propionate Cream,
Gel, Ointment
Clobetasol Propionate
Solution, Non-Oral
Clotrimazole/Betamethasone
Dipropionate
Desonide Cream, Lotion,
Ointment
Desoximetasone Cream, Gel,
Ointment
Diflorasone Diacetate Cream,
Ointment
Diflorasone Diacetate/
Emollient Cream
Doxepin Cream
Econazole Nitrate
Erythromycin Base/Benzoyl
Peroxide
Erythromycin Base/Ethyl
Alcohol
Erythromycin Base/Ethyl
Alcohol Swab, Medicated
Fluocinolone Acetonide
Cream, Ointment
Fluocinolone Acetonide
Solution Non-Oral
Fluocinonide Cream, Gel,
Ointment
Fluocinonide Solution,
Non-Oral
Fluocinonide/Emollient Cream
Fluorouracil

Tier 2

Aldara
Azelex **SL**
Benzamycin
Condylox Gel
Isotretinoin
Lidoderm **SL**
Locoid Lipocream
Oxsoralen-Ultra
Protopic **SL N**
Regranex **N**
Retin-A Micro **SL N**
Sulfoxyl Regular
Tazorac **SL N**
Trisoralen
Zovirax

Tier 3

Acanya
Accutane
Altabax **SL**
Atralin **MC SL**
Avita Gel **SL N**
Bactroban **SL**
Benzaclin **SL**
Brevoxyl **E**
Carmol HC Cream
Centany
Clindagel **SL**
Clobetasol Propionate Foam **SL**
Clobex **SL**
Clobex Shampoo **E**
Cloderm
Cordran
Cordran SP Cream
Cutivate Lotion **MC**
Denavir
Derma-Smothe/FS
Desonate **SL**
Desquam-X
Differin Gel 0.3% **SL N**
Drysol
Duac **SL**
Duac-CS **SL**
Elidel **SL N**
Emla
Epiduo **E**
Ertaczo
Evoclin **SL**
Exelderm
Extina **SL**
Finacea Gel
Furacin
Halog
Loprox Shampoo **MC**
Lustra-AF
Mentax
Metrogel 1% **MC**
Metro lotion
Naftin
Noritate **MC**
Olux-E **SL**
Olux-Olux-E **E**
Oscion
Oxistat
Pandel Cream
Panretin Gel

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

MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Dermatology (cont. from page 12)

Tier 1

Fluticasone Propionate Cream,
Ointment
Gentamicin Sulfate
Halobetasol Propionate Cream,
Ointment
Hyaluronate Sodium
Suspension 0.1%
Hydrocortisone Butyrate
Ointment, Solution, Non-Oral
Hydrocortisone Cream, Lotion,
Ointment
Hydrocortisone Valerate
Cream, Ointment
Ketoconazole Cream, Shampoo
Lidocaine HCl Gel, Ointment,
Solution
Metronidazole Cream, Gel
Mometasone Furoate Cream,
Ointment, Solution
Mupirocin Ointment
Nystatin
Nystatin/Triamcinolone
Acetonide
Podofilox Liquid
Prednicarbate Cream
Sulfacetamide Sodium
Suspension, Topical
Sulfacetamide Sodium/Sulfur
Sulfacetamide Sodium/Sulfur/
Urea
Sulfacetamide Sodium/Urea
Lotion
Tretinoin Cream, Gel **N**
Triamcinolone Acetonide
Cream, Lotion, Ointment
Urea 40% Emulsion

Tier 2

Tier 3

Plexion Sct
Psorcon E Ointment
Solaraze Gel
Sulfacet-R
Tretin-X **SL N**
Triaz **E**
Umecta
Vanos **SL**
Vanoxide-HC
Veragen
Verdeso **SL**
Vusion
Xolegel **MC**
Ziana **SL**

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MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

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 **SL N**
 Nutropin AQ **SL N**
 Nutropin Depot **SL N**
 Saizen **SL N**
 Serostim **SL N**
 Tev-Tropin **SL N**

Tier 3

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

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
 Novolin 70/30 Pens/Cartridges
 Novolin L Pens/Cartridges
 Novolin N Pens/Cartridges
 Novolin R Pens/Cartridges
 NovoLog Mix 70/30 Pens/
 Cartridges
 NovoLog Pens/Cartridges

Tier 3

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

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.
MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Endocrine/Diabetes Non-Insulin

Tier 1

Acetohexamide
Chlorpropamide
Glimepiride
Glipizide
Glyburide
Glyburide/Metformin HCl
Metformin HCl
Tolazamide
Tolbutamide

Tier 2

Acarbose
Actoplus Met **SL**
Actos **SL**
Avandamet **SL**
Avandaryl **SL**
Avandia **SL**
Byetta **SL**
Duetact **SL**
Glipizide/Metformin HCl
Glyset
Janumet **SL**
Januvia **SL**
Prandin **SL**

Tier 3

Fortamet Tablet, Sr Osmotic Push
24 Hour
Glumetza
Riomet Solution, Oral
Starlix **SL**
Symlin

Endocrine/Diabetes Other

Tier 1

Calcitriol
Danazol
Desmopressin Acetate
Dexamethasone
Fludrocortisone Acetate
Hydrocortisone Tablet
Levothyroxine Sodium
Methimazole
Methylprednisolone Tablet,
Dose Pack 4 mg
Octreotide Acetate **N**
Orapred
Prednisolone Sodium
Phosphate Solution, Oral
Prednisolone Syrup
Prednisone
Propylthiouracil

Tier 2

Androderm
Androgel **SL**
Android
Aristocort Tablet
Cabergoline
Calcitonin Salmon Nasal Spray
Calderol
Cytadren
Fortical
Halotestin
Hectorol
Hytakerol
Kuvan **SL N**
Liothyronine Sodium
Liquid Pred
Medrol 2, 8, 16, 24, 32 mg
Oxandrolone
Pediapred
Sandostatin **N**
Synarel
Synthroid
Zemplar **SL**

Tier 3

Armour Thyroid
Celestone Oral Solution
Cortone Acetate
First-Testosterone
Orapred ODT
Sensipar
Stimate
Striant
Testim **SL E**
Thyrolar

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MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Eye Conditions Anti-Allergy

Tier 1

Cromolyn Sodium

Tier 2

Elestat **SL**

Optivar **SL**

Tier 3

Acular **SL**

Alamast

Alocril

Alomide

Emadine

Livostin

Opticrom

Pataday **SL**

Patanol **SL**

Eye Conditions Antibiotics

Tier 1

Bacitracin/Polymyxin B Sulfate

Chloramphenicol

Ciprofloxacin HCl Drops

Erythromycin Base

Gentamicin Sulfate

Neomycin Sulfate/Bacitracin

Zinc/Polymyxin B/

Hydrocortisone Ointment

Neomycin Sulfate/Bacitracin/

Polymyxin B Ointment

Neomycin Sulfate/

Dexamethasone Sodium

Phosphate

Neomycin Sulfate/Gramicidin

D/Polymyxin B Drops

Neomycin Sulfate/Polymyxin

B Sulfate/Hydrocortisone

Suspension, Drops

Neomycin/Polymyxin B

Sulfate/Dexamethasone

Ofloxacin

Polymyxin B Sulfate/

Trimethoprim

Sulfacetamide Sodium

Sulfacetamide Sodium/

Prednisolone Acetate

Sulfacetamide Sodium/

Prednisolone Sodium

Phosphate

Tobramycin Sulfate Drops

Tier 2

Blephamide S.O.P.

Tobramycin/Dexamethasone

Suspension

Tier 3

Azasite

Blephamide Suspension, Drops

Chloroptic S.O.P. Ointment

Ciloxan Ointment

Iquix

Natacyn

Poly-Pred

Pred-G

Quixin

Tobrex Ointment

Vigamox

Zylet

Zymar

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2010 Three-Tier Prescription Drug List Reference Guide

Eye Conditions Glaucoma

Tier 1

Acetazolamide
Acetazolamide Capsule,
Sustained-Action
Betaxolol HCl
Brimonidine Tartrate
Carteolol HCl
Dipivefrin HCl
Dorzolamide HCl **SL**
Levobunolol HCl
Methazolamide
Metipranolol
Pilocarpine HCl
Timolol Maleate Drops

Tier 2

Alphagan P **SL**
Azopt **SL**
Betimol **SL**
Combigan **SL**
Dorzolamide HCl/Timolol
Maleate **SL**
Epifrin
Isopto Carbachol
Lumigan **SL**
Osmoglyn
P6E1
Phospholine Iodide
Pilopine HS
Travatan **SL**
Travatan Z **SL**

Tier 3

Betoptic S
Iopidine
Istalol
Rescula
Xalatan **SL**

Gastrointestinal Acid Suppression

Tier 1

Cimetidine Tablet, Liquid
Misoprostol
Omeprazole
Ranitidine HCl Syrup
Sucralfate Tablet

Tier 2

Aciphex **SL**
Axid Oral Solution
Helidac
Prevpac **SL**
Protonix **SL**
Pylera
Zegerid **SL**

Tier 3

Carafate Oral Suspension
Nexium Capsule **SL E**
Nexium Suspension **SL**
Pantoprazole **SL**
Pepcid Suspension, Oral
Prevacid Capsule,
Delayed-Release
Enteric-Coated **SL E**
Prevacid Naprapac **SL E**
Prevacid Solutab **SL E**
Prevacid Suspension,
Delayed-Release, Reconst. **SL E**
Prilosec Rx 10, 20 mg **E**
Prilosec Rx 40 mg **SL E**

Gastrointestinal Nausea/Vomiting

Tier 1

Dronabinol
Ondansetron **SL**
Prochlorperazine Maleate
25 mg Suppository, Rectal
Prochlorperazine Maleate
Tablet
Trimethobenzamide HCl
Capsule

Tier 2

Compazine 2.5, 5 mg Suppository
Compazine Syrup
Emend **SL**
Granisetron HCl Tablet **SL**
Kytril Solution, Oral **SL**

Tier 3

Anzemet **SL**
Cesamet **SL P**
Sancuso **SL E**

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2010 Three-Tier Prescription Drug List Reference Guide

Gastrointestinal Other

Tier 1

Mesalamide
Metoclopramide
Polyethylene Glycol
Sulfasalazine

Tier 2

Apriso
Canasa
Dipentum
Entocort EC
GoLYTELY Packet
Lialda
Lotronex **SL**
Relistor
Trilyte with Flavor Packets

Tier 3

Amitiza **SL N**
Asacol
Asacol HD **E**
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

Tier 3

Avodart **N**
Flomax
Uroxatral

Miscellaneous

Tier 1

Azathioprine
Benzonatate
Chlorhexidine Gluconate
Folic Acid
Phenazopyridine
Prednisolone Acetate
Promethazine/Codeine
Tamoxifen
Vitamin D (Rx only)

Tier 2

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

Tier 3

Epipen **SL**
Epipen Jr **SL**
Restasis **SL N**
Soltamox
Tussionex **SL**

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2010 Three-Tier Prescription Drug List Reference Guide

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
Flavoxate HCl
Hyoscyamine Sulfate
Oxybutynin Chloride

Tier 2

Enablex
Oxytrol
Pro-Banthine
Sanctura XR
Vesicare

Tier 3

Detrol
Detrol LA **E**
Sanctura

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**
Estradiol
Estradiol Patch, Transdermal
Weekly **SL**
Estropipate Tablet

Tier 2

Actonel **SL**
Actonel with Calcium **SL**
Boniva **SL**
Calcitonin Salmon Nasal Spray
Climara **SL**
Esclim
Estraderm **SL**
Evista
Forteo **N**
Fortical
Ogen Cream
Vivelle **SL**
Vivelle-Dot **SL**

Tier 3

Fosamax Plus D **SL**
Premarin

Musculoskeletal Pain Relief

Tier 1

Acetaminophen/Butalbital
Acetaminophen/Caffeine/
Butalbital **SL**
Acetaminophen/
Phenyltoloxamine Citrate
Aspirin/Caffeine/Butalbital
Codeine Phosphate/
Acetaminophen **SL**
Codeine Phosphate/
Acetaminophen/Caffeine/
Butalbital **SL**
Codeine Phosphate/Aspirin/
Caffeine/Butalbital
Codeine Sulfate
Diclofenac Potassium
Diclofenac Sodium
Dihydrocodeine Bit/
Acetaminophen/Caffeine
Etodolac
Fenoprofen Calcium

Tier 2

Codeine Phosphate
Butorphanol Tartrate Aerosol,
Spray **SL**
Fentanyl Citrate Lollipop **SL N**
MSIR Capsule
OxyContin **SL**
RMS-Suppository 10, 20, 30 mg
Tolmetin Sodium
Voltaren Gel

Tier 3

Arthrotec
Avinza **SL**
Celebrex **SL**
Equagesic
Fentora **SL N**
Flector **E**
Hycet
Kadian **SL**
Mefenamic Acid
Opana **SL**
Opana ER **SL**
Subutex **SL N**
Synalgos-DC
Triaprin
Ultram ER **SL**
Xodol
Zydone

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MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Musculoskeletal Pain Relief (cont. from page 19)

| Tier 1 | Tier 2 | Tier 3 |
|---|--------|--------|
| Fentanyl Transdermal SL | | |
| Flurbiprofen | | |
| Hydrocodone Bit/ Acetaminophen SL | | |
| Hydrocodone Bit/ Acetaminophen Elixir, Tablet SL | | |
| Hydromorphone HCl Tablet | | |
| Ibuprofen | | |
| Ibuprofen/Hydrocodone | | |
| Indomethacin | | |
| Ketoprofen | | |
| Ketorolac Tromethamine | | |
| Levorphanol Tartrate | | |
| Meclofenamate Sodium | | |
| Meloxicam | | |
| Meperidine HCl | | |
| Methadone HCl | | |
| Morphine Sulfate Solution, Oral | | |
| Morphine Sulfate Suppository, Rectal 5 mg | | |
| Morphine Sulfate Tablet, Sustained-Action SL | | |
| Nabumetone | | |
| Naproxen | | |
| Naproxen Sodium | | |
| Oxaprozin | | |
| Oxycodone HCl | | |
| Oxycodone HCl Concentrate, Oral | | |
| Oxycodone HCl/ Acetaminophen SL | | |
| Oxycodone HCl/Ibuprofen | | |
| Oxycodone/Aspirin | | |
| Pentazocine HCl/ Acetaminophen | | |
| Pentazocine HCl/Naloxone HCl | | |
| Piroxicam | | |
| Propoxyphene Napsylate/ Apap SL | | |
| Sulindac | | |
| Tramadol HCl | | |
| Tramadol HCl/ Acetaminophen SL | | |

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MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Musculoskeletal Rheumatoid Arthritis

Tier 1

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Tier 2

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

Tier 3

Kineret **SL N**

Musculoskeletal Other

Tier 1

Baclofen
Carisoprodol
Cyclobenzaprine
Methocarbamol
Tizanidine

Tier 2

Orphenadrine
Orphenadrine Compound
Robaxisal

Tier 3

Skelaxin
Soma 250 mg **E**
Zanaflex

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MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Respiratory Asthma/COPD

Tier 1

Albuterol Aerosol **SL**
Albuterol Sulfate
Asmanex **SL**
Cromolyn Sodium Ampul for
Nebulization
Dyphylline
Foradil **SL**
Guaifenesin/Dyphylline
Ipratropium Bromide Solution,
Non-Oral
Isoetharine HCl Solution,
Non-Oral
Metaproterenol Sulfate
Pulmicort Flexhaler **SL**
QVAR **SL**
Terbutaline Sulfate
Theophylline
Ventolin HFA **SL**

Tier 2

Alupent **SL**
Elixophyllin GG
Intal **SL**
Proventil Tablet,
Sustained-Action
Pulmicort Respules **SL**
Singular **SL**
Slo-Phyllin
Spiriva **SL**
Tilade **SL**
T-Phyl

Tier 3

Accolate **SL**
Advair Diskus **SL**
Advair HFA **SL**
Aerobid **SL**
Aerobid-M **SL**
Albuterol Sulfate/Ipratropium
Solution, Non-Oral
Alvesco **SL**
Atrovent HFA **SL**
Azmecort **SL**
Brovana
Combivent **SL**
Elixophyllin Elixir
Elixophyllin-KI Elixir
Flovent Diskus **SL**
Flovent HFA **SL**
Lufyllin Tablet
Maxair Autohaler **SL**
Perforomist **SL**
Proair HFA **SL**
Proventil HFA **SL**
Quibron-T Tablet
Serevent Diskus **SL**
Symbicort **SL**
Theo-24
Uniphyl
Volmax
Xopenex HFA **SL**
Xopenex Vial, Nebulizer **SL E**
Zyflo
Zyflo CR **SL**

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MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **½T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Respiratory Nasal Allergy

Tier 1

Flunisolide
Fluticasone Propionate **SL**

Tier 2

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

Tier 3

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

Respiratory Oral Allergy

Tier 1

Clemastine Fumarate
Hydroxyzine HCl
Phenylephrine HCl/
Chlorpheniramine Maleate/
Scopolamine Syrup
Phenylephrine HCl/
Phenylpropanolamine
HCl/Phenyltoloxamine/
Chlorpheniramine
Phenylephrine HCl/
Promethazine HCl
Pseudoephedrine HCl/
Brompheniramine Maleate
Pseudoephedrine HCl/
Chlorpheniramine Maleate

Tier 2

Atarax 100 mg

Tier 3

Allegra ODT **SL E**
Allegra Suspension **SL E**
Allegra-D **SL E**
Bromfed Tablet
Clarinet **SL E**
Clarinet-D **SL E**
Dallergy Drops, Tablet
Dallergy Jr.
Deconamine Chewable Tablet
Fexofenadine
Histex CT
Lodrane
Rynatan Pediatric
Rynatuss
Semprex-D
Xyzal **SL**

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

MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Women's Health Contraceptives

Tier 1

Desogestrel-Ethinyl Estradiol
Desogestrel-Ethinyl Estradiol/
Ethinyl Estradiol
Ethinyl Estradiol/Desogestrel
Ethinodiol D-Ethinyl Estradiol
Levonorgestrel-Ethinyl
Estradiol
Medroxyprogesterone Acet
150 mg/ml
Norethindrone A-E Estradiol
Norethindrone-Mestranol
Norgestrel-Ethinyl Estradiol
Ortho Micronor
Ortho Tri-Cyclen
Ortho-Cyclen
Ortho-Novum 7/7/7

Tier 2

NuvaRing
Ovrette
Plan B
Yasmin
Yaz

Tier 3

Alesse
Camila
Cyclessa
Depo-SubQ Provera
Desogen
Errin
Ethinyl Estradiol/Drospirenone
Femcon Fe
Jolivette
Levonorgestrel-Ethinyl Estradiol
Tablet, Dosepak, 3 month **SL**
Lo/Ovral
Loestrin 24 Fe
Lybrel
Mononessa
Nor-Q-D
Nora-Be
Norethindrone A-E Estradiol/
Ferrous Fumarate
Norethindrone Acetate
Necon 7/7/7
Nortrel 7/7/7
Ortho Evra
Ortho Tri-Cyclen Lo
Ovcon
Ovcon 35 Fe
Previfem
Seasonique
Sprintec
Tri-Previfem
Tri-Sprintec
Trinessa
Triphasil

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2010 Three-Tier Prescription Drug List Reference Guide

Women's Health Estrogen/Progesterone

Tier 1

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

Tier 2

Activella 0.5 mg/0.1 mg
Cenestin
Climara **SL**
Crinone **N**
Divigel
Enjuvia
Esclim
Estraderm **SL**
Estradiol 1 mg/Norethindrone
Acetate 0.5 mg
Estratest
Estratest H.S.
Estring **SL**
Evamist
Ogen Cream
Ortho-Dienestrol Cream
Ovrette
Prefest
Prometrium
Vagifem
Vivelle **SL**
Vivelle-Dot **SL**

Tier 3

Alora **SL**
Angeliq
Climara Pro
Combipatch **SL**
Elestrin
Endometrin
Esclim
Estinyl
Estrasorb **SL**
EstroGel **SL**
Femhrt
Femring **SL**
Femtrace
First-Progesterone **MC**
First-Progesterone VGS
Gynodiol 1.5 mg
Menest
Menostar Patch, Transdermal
Weekly **SL**
Preamarin
Premphase
Prempro
Prochieve **N**

Women's Health Prenatal Vitamins

Tier 1

Folic Acid
Prenatal Vitamins/Iron,
Carbonyl/Docusate/Folic
Acid
Prenatal Vitamins/Vitamin A/
Iron Fumarate/Folic Acid

Tier 2

PNV No. 52/Iron B-G
Suc-Pro/FA
Prenatal Vitamins/Fe Asp Gly/
Docusate/Folic Acid
Pruet DHA
Pruet DHA EC
Renate DHA
Renate DHA Extra
Setonet
Setonet-EC

Tier 3

Brand Prenatal Vitamins

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

MC Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

2010 Three-Tier Prescription Drug List Reference Guide

Additional Tier 3 Drugs with a generic equivalent in Tier 1

| | | |
|--|--|---|
| Accupril (Quinapril) | Dyazide (Triamterene with Hydrochlorothiazide) | Norvasc (Amlodipine Besylate) |
| Adderall (Amphetamine with Dextroamphetamine Salt Combination) | Dynacirc (Isradipine) | Ocuflox Eye Drops (Ofloxacin) |
| Aldactone (Spironolactone) | Effexor (Venlafaxine) | Paxil (Paroxetine) |
| Altace (Ramipril) | Eskalith CR (Lithium Carbonate Controlled-Release) | Penlac (Ciclopirox Solution, Non-Oral) |
| Amaryl (Glimepiride) | Fioricet SL (Butalbital with Acetaminophen and Caffeine SL) | Percocet 5-325, 7.5-500, 10-650 SL (Oxycodone with Acetaminophen SL) |
| Ambien SL P (Zolpidem SL P) | Flonase SL (Fluticasone Nasal Spray SL) | Plendil (Felodipine) |
| Anaprox (Naproxen) | Floxin Otic (Ofloxacin Otic Drops) | Pletal (Cilostazol) |
| Ativan (Lorazepam) | Fosamax SL (Alendronate SL) | Pravachol 1/2T (Pravastatin 1/2T) |
| Augmentin ES (Amoxicillin with Potassium Clavulanate) | Glucophage, XR (Metformin) | Prilosec (Omeprazole) |
| Biaxin Tablet (Clarithromycin Tablet) | Glucotrol, XL (Glipizide) | Prinivil, Zestril (Lisinopril) |
| Buspar (Buspirone) | Glucovance (Glyburide with Metformin) | Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide) |
| Calan, Calan SR (Verapamil) | Hytrin (Terazosin) | Procardia XL (Nifedipine Extended-Release) |
| Capoten (Captopril) | Imitrex Injection SL (Sumatriptan Succinate Injection SL) | Proscar N (Finasteride N) |
| Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule) | Imitrex Tablet SL (Sumatriptan Succinate Tablet SL) | Provera (Medroxyprogesterone) |
| Cardura (Doxazosin) | Inderal (Propranolol) | Prozac (Fluoxetine Capsule) |
| Ceftin (Cefuroxime) | Keflex (Cephalexin) | Relafen (Nabumetone) |
| Cefzil (Cefprozil) | Keppra (Levetiracetam) | Remeron (Mirtazapine) |
| Celexa (Citalopram) | Klonopin (Clonazepam) | Remeron SolTab (Mirtazapine Dispersible Tablet) |
| Ciloxan Eye Drops (Ciprofloxacin) | Lamictal (Lamotrigine) | Requip (Ropinirole) |
| Cipro (Ciprofloxacin) | Lamisil Tablet SL (Terbinafine Tablet SL) | Restoril 15, 30 mg (Temazepam) |
| Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs) | Lasix (Furosemide) | Risperdal SL (Risperidone SL) |
| Colectid (Colestipol) | Lofibra (Fenofibrate Micronized) | Ritalin (Methylphenidate) |
| Coreg (Carvedilol) | Lopid (Gemfibrozil) | Ritalin SR (Methylphenidate Extended-Release) |
| Darvocet-N SL (Propoxyphene with Acetaminophen SL) | Lopressor (Metoprolol) | Sonata SL P (Zaleplon SL P) |
| DDAVP (Desmopressin) | Mavik 1/2T (Trandolapril 1/2T) | Surmontil (Trimipramine Maleate) |
| Depakote (Divalproex Sodium Tablet, Enteric-Coated) | Medrol Dosepak (Methylprednisolone) | Tenoretic (Atenolol with Chlorthalidone) |
| Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml) | Mevacor (Lovastatin) | Tenormin (Atenolol) |
| DiaBeta, Micronase, Glynase (Glyburide) | Mobic (Meloxicam) | Tiazac (Diltiazem) |
| Didronel (Etidronate Disodium) | Monopril (Fosinopril) | Topamax (Topiramate) |
| Diflucan (Fluconazole) | Monopril HCT (Fosinopril with Hydrochlorothiazide) | Toprol XL 25 mg (Metoprolol Succinate Sustained-Release) |
| Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release) | Motrin (Ibuprofen) - Prescription strengths only | Trusopt SL (Dorzolamide Eye Drops SL) |
| Duragesic SL (Fentanyl Transdermal SL) | Naprosyn (Naproxen) - Prescription strengths only | Tylenol #3 SL (Acetaminophen with Codeine SL) |
| Duricef (Cefadroxil) | Nasarel, Nasalide SL (Flunisolide Nasal Spray SL) | Ultracet SL (Tramadol with Acetaminophen SL) |
| | Neurontin Capsule, Tablet (Gabapentin) | Ultram (Tramadol) |
| | | Valium (Diazepam) |

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2010 Three-Tier Prescription Drug List Reference Guide

Additional Tier 3 Drugs with a generic equivalent in Tier 1 (cont. from page 26)

Vaseretic (Enalapril with Hydrochlorothiazide)
Vasotec (Enalapril)
Vicodin **SL**, Vicodin ES **SL**
(Acetaminophen with Hydrocodone **SL**)
Vicoprofen (Ibuprofen with Hydrocodone)
Voltaren Tablet (Diclofenac)
Wellbutrin **N** (Bupropion **N**)
Wellbutrin SR **N** (Bupropion Sustained-Action **N**)
Xanax, Xanax XR (Alprazolam)
Zantac Syrup (Ranitidine Syrup)
Ziac (Bisoprolol with Hydrochlorothiazide)
Zithromax (Azithromycin)
Zocor **1/2T** (Simvastatin **1/2T**)
Zofran **SL** (Ondansetron **SL**)
Zoloft **1/2T** (Sertraline **1/2T**)
Zonegran (Zonisamide)
Zovirax Capsule, Tablet, Suspension (Acyclovir)

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