



2011 Three-Tier Prescription Drug List Consumer Reference Guide



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Welcome to your 2011 Three-Tier Prescription Drug List

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

Our goal

We want you to get the most out of your pharmacy benefit. This guide will:

1. Help you understand your medication choices.
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 places commonly prescribed medications for certain conditions into tiers. The list includes brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). When choosing a medication, you and your doctor should consult the PDL to help you get the most out of your prescription medication benefit.

Please note that there may be some medications on the PDL that are not covered under your prescription medication benefit. Please look at your benefit plan documents¹ provided by your employer or health plan to see what medications are covered under your plan.

¹ Benefit Plan Documents include a Summary Plan Description (SPD) or a Certificate of Coverage (COC)

Understanding Tiers

Prescription medications are placed into tiers. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost option.

Check 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 full cost of prescription medications until the plan deductible has been met.**

Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest-cost option. For the lowest out-of-pocket expense, consider Tier 1 medications.

Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your midrange-cost option.

Tier 3 – Your Highest-Cost Option

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

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-cost and covers a second tier at a higher-cost.*

*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.*

Who determines medication tier placements?

The UnitedHealthcare PDL Management Committee makes tier placement decisions. The PDL Management Committee is comprised of senior level UnitedHealth Group physicians and business leaders. The Committee’s goal is to help ensure access to a wide range of medications, while helping to control health care costs for you and your employer or health plan.

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.

When do medications change tiers?

Medications may change tiers once per calendar year (January 1). When a generic medication becomes available, the tier placement of both the brand and generic medication are evaluated. Medications may change tiers with this evaluation.

When a medication changes tiers, you may have to pay a different amount 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?

FDA approved 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 right for you. Generic medications are usually your lowest-cost option. Visit **myuhc.com** for more information about generic medications.

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 medication may be excluded from coverage when it is therapeutically equivalent to another prescription medication or an over-the-counter (OTC) medication. Therapeutically equivalent means that medications can be expected to produce essentially the same therapeutic outcome and toxicity. There may be alternatives on the PDL or OTC medications that are right for your treatment.

When should I consider discussing over-the-counter (OTC) medications with my doctor?

An OTC medication may be the right treatment for some conditions. Talk to your doctor about OTC options. 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 (SL, N, etc.) next to certain medications in the PDL, and what do they mean?

The notations refer to our pharmacy programs. The definition is listed at the bottom of each page. These programs may 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 information and tools:

- Pharmacy benefit and coverage information
- 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
- View 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 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 **welcometouhc.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.

The PDL may change periodically. Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern. For the most current PDL information, log on to **myuhc.com**.

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

Tier 1

A-B Otic	Ciprofloxacin Tablet, Sustained-Release 24 Hour	Metronidazole
Amoxicillin Trihydrate	Clarithromycin Suspension	Minocycline HCl
Amoxicillin Trihydrate/ Potassium Clavulanate	Clarithromycin Tablet	Neomycin/Polymyxin/HC Otic
Amoxicillin-Clavulanate ER E	Clarithromycin Tablet, Sustained-Release	Nitrofurantoin Macrocrystal
Ampicillin Trihydrate	Clindamycin HCl	Nitrofurantoin/ Nitrofurantoin
Azithromycin	Clindamycin Palmitate	Macrocrystal
Cefadroxil Hydrate	Dicloxacillin Sodium	Ofloxacin Otic
Cefdinir SL	Doxycycline	Penicillin V Potassium
Cefprozil	Erythromycin	Sulfamethoxazole/ Trimethoprim
Cefuroxime	Erythromycin Base Tablet, Enteric-Coated 250, 333 mg	Tetracycline HCl
Cephalexin Monohydrate		
Ciprofloxacin Tablet		

Tier 2

Augmentin	Ery-Tab 500 mg	Tobi
Cipro Suspension	Furadantin Suspension, Oral	Vancocin HCl
Ciprodex Otic	Levaquin	Velosef 250 mg Suspension
Cleocin HCl 75 mg	Macrochantin 25 mg	Zyvox
Dapsone		

Tier 3

Adoxa E	Cipro HC	Solodyn
Augmentin XR E	Doryx E	Suprax
Avelox	Oracea	

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

Tier 1

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

Tier 2

Clindesse Vaginal	Noxafil	Vfend SL
Mycostatin	Sporanox Solution, Oral	

Tier 3

Gynazole-1 Vaginal	Lamisil Granules SL	
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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 **SDP** Select Designated Pharmacy **SL** Supply limit

Anti-Infectives Antivirals

Tier 1

Acyclovir	Famciclovir SL	Valacyclovir SL
Amantadine HCl	Ribavirin N	

Tier 2

Baraclude	Hepsera	Valcyte SL
Epivir HBV	Rebetol Solution N	

Tier 3

Relenza SL	Tamiflu SL	Valtrex SL
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Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol	Pentoxifylline
Enoxaparin SL	Warfarin Sodium

Tier 2

Arixtra SL	Coumadin	Plavix
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Tier 3

Aggrenox	Fragmin SL	Lovenox SL
Effient	Innohep SL	

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Amlodipine Besylate	Diltiazem HCl Capsule, Sustained-Release 12 Hour	Indapamide
Amlodipine/Benazepril SL		Labetalol HCl
Atenolol	Diltiazem HCl Capsule, Sustained-Release 24 Hour	Lisinopril
Atenolol/Chlorthalidone		Lisinopril/ Hydrochlorothiazide
Benazepril HCl	Diltiazem HCl Tablet, Sustained-Release 24 Hour	Losartan 1/2T SL
Benazepril/ Hydrochlorothiazide		Losartan/ Hydrochlorothiazide SL
Bisoprolol Fumarate	Doxazosin Mesylate	Methyldopa
Bisoprolol Fumarate/ Hydrochlorothiazide	Enalapril Maleate	Methyldopa/ Hydrochlorothiazide
Bumetanide	Enalapril Maleate/ Hydrochlorothiazide	Metolazone
Captopril	Eplerenone	Metoprolol Succinate Tablet, Sustained-Release
Captopril/ Hydrochlorothiazide	Felodipine	Metoprolol Tartrate
Carvedilol	Fosinopril	Metoprolol/ Hydrochlorothiazide
Chlorthalidone	Fosinopril/ Hydrochlorothiazide	Minoxidil
Clonidine HCl	Furosemide	Moexipril HCl 1/2T
Clonidine Patch, Transdermal Weekly SL	Guanfacine HCl	Nadolol
Diltiazem HCl	Hydralazine HCl	Nifedipine
Diltiazem HCl Capsule, Controlled-Release	Hydralazine HCl/ Hydrochlorothiazide	Nisoldipine 20, 30, 40 mg
Diltiazem HCl Capsule, Sustained-Action	Hydrochlorothiazide	Perindopril Erbumine 1/2T
		Propranolol HCl

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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 **SDP** Select Designated Pharmacy **SL** Supply limit

Cardiovascular/Heart Disease **High Blood Pressure** (cont. from page 7)

Tier 1 cont.

Propranolol HCl Capsule, Sustained-Action	Ramipril	Trandolapril/Verapamil
Propranolol HCl/ Hydrochlorothiazide	Spironolactone	Triamterene/ Hydrochlorothiazide
Quinapril HCl/ Hydrochlorothiazide	Spironolactone/ Hydrochlorothiazide	Verapamil HCl
Quinapril HCl/Magnesium Carbonate	Terazosin HCl	Verapamil HCl Capsule, 24 Hour Sustained- Release Pellets
	Timolol Maleate	
	Torsemide	
	Trandolapril ½T	

Tier 2

Aldactazide 50-50 mg	Cardizem CD 360 mg	Micardis SL
Azor SL	Cardizem LA 120 mg	Micardis HCT SL
Benicar ½T SL	Clorpres	Sular 8.5, 10, 17, 25.5, 34 mg
Benicar HCT SL	Dibenzyline	Thalitone
BiDil	Diuril 250 mg/5 ml Suspension	
Bystolic		

Tier 3

Aceon ½T	Catapres-TTS SL	Hyzaar SL
Atacand ½T SDP SL	Coreg CR E SL	Tarka
Atacand HCT SDP SL	Cozaar ½T SL	Tekturna SL
Avalide SDP SL	Diovan ½T SL	Tekturna HCT SL
Avapro ½T SDP SL	Diovan HCT SL	Teveten SL
Cardizem LA 180, 240, 300, 360, 420 mg	Exforge SL	Twynsta E SL
	Exforge HCT SL	Valturna E SL

Cardiovascular/Heart Disease **High Cholesterol**

Tier 1

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

Tier 2

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

Tier 3

Caduet E SL	Lovaza N	Vytorin SL
Lescol SL	Triglide	Zetia SL
Lescol XL SL	Trilipix	

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Cardiovascular/Heart Disease **Other**

Tier 1

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

Tier 2

Lanoxin	Nitrostat	Ranexa
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Central Nervous System **Attention Deficit Disorder**

Tier 1

Amphetamine Aspartate/ Amphetamine Sulfate/ Dextroamphetamine Capsule, Sustained- Release 24 Hour SL	Amphetamine Salt Combo Dextroamphetamine Sulfate Methamphetamine HCl Methylphenidate
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Tier 2

Intuniv SL	Vyvanse SL
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Tier 3

Adderall XR SL	Focalin XR SL	Ritalin LA SL
Concerta SL	Metadate CD SL	Strattera SL
Daytrana SL	Methylin	

Central Nervous System **Depression**

Tier 1

Amitriptyline HCl	Fluoxetine HCl Capsule	Trazodone HCl
Amitriptyline/Perphenazine	Fluoxetine HCl Tablet	Venlafaxine HCl
Bupropion HCl	Fluvoxamine Maleate	Venlafaxine HCl Capsule, Sustained-Release SL
Bupropion HCl Tablet, Sustained-Action	Imipramine	Venlafaxine HCl Tablet, Extended-Release E SL
Bupropion HCl Tablet, Sustained-Release 24 Hour SL	Mirtazapine	
Citalopram Hydrobromide	Nefazodone HCl	
Doxepin HCl	Nortriptyline HCl	
Fluoxetine Capsule, Delayed-Release SL	Paroxetine HCl, Sustained-Release 24 Hour SL	
	Paroxetine HCl Tablet	
	Sertraline HCl 1/2T	

Tier 3

Aplenzin E SL	Lexapro 1/2T SDP SL	Pristiq SL
Cymbalta SL	Luvox CR SL	
Effexor XR SL	Pexeva 1/2T 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 **SDP** Select Designated Pharmacy **SL** Supply limit

Central Nervous System Migraine

Tier 1

Acetaminophen/Caffeine/ Butalbital	Maxalt SL Maxalt MLT SL	Sumatriptan Succinate Nasal Spray SL
Aspirin/Caffeine/Butalbital	Naratriptan SL	Zomig SL
Frova SL	Relpax SL	Zomig ZMT SL
Isometheptene Mucate/ Acetaminophen/ Dichloralphenazone	Sumatriptan Succinate Injection, Tablet SL	

Tier 2

Cafergot	Ergomar
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Tier 3

Axert SDP SL Migranal	Treximet E SL Zomig Nasal Spray SDP SL
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Central Nervous System Multiple Sclerosis

Tier 2

Ampyra N SL Avonex SL	Copaxone SL Rebif SL
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Tier 3

Betaseron P SL	Extavia E P SL
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Central Nervous System Sedatives/Hypnotics

Tier 1

Temazepam Triazolam	Zaleplon SL Zolpidem Tartrate SL
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Tier 3

Ambien P SL Ambien CR SL	Edluar E SL Lunesta P SL	Rozerem P SL Sonata P SL
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Central Nervous System Seizure Disorders

Tier 1

Carbamazepine	Divalproex Sodium Tablet	Phenobarbital
Carbamazepine Tablet, Sustained-Release 12 Hour	Divalproex Sodium Tablet, Sustained-Release	Phenytoin Sodium
Clonazepam	Gabapentin Capsule, Tablet	Primidone
Divalproex Sodium Sprinkle Capsule	Lamotrigine	Topiramate
	Levetiracetam	Zonisamide
	Oxcarbazepine	

Tier 2

Celontin	Gabril	Sabril
Diastat SL	Mysoline	Tegretol
Dilantin	Neurontin Solution, Oral	
Felbatol	Peganone	

Tier 3

Carbatrol	Lamictal P	Lyrica SDP SL
Depakote ER P	Lamictal Dose Pack P SL	Stavzor E
Keppra P	Lamictal ODT E	Topamax P
Keppra XR E	Lamictal XR E	

Central Nervous System Other

Tier 1

Alprazolam	Clozapine	Pramipexole
Benzotropine Mesylate	Diazepam	Risperidone Solution
Buspirone HCl	Galantamine	Risperidone Tablet SL
Carbidopa/Levodopa	Lithium Carbonate	Rivastigmine
Clorazepate Dipotassium	Lorazepam	Ropinore HCl

Tier 2

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

Tier 3

Abilify SL	Namenda	Seroquel XR SL
Exelon Solution	Nuvigil N SL	Zyprexa Zydis SL
Fanapt SL	Provigil E N SL	
Invega SL	Requip XL E	

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Dermatology

Tier 1

Adapalene N SL	Clobetasol Propionate	Isotretinoin
Alclometasone Dipropionate	Clobetasol Propionate Foam SL	Ketoconazole
Benzoyl Peroxide 5% Cleanser E	Clotrimazole/ Betamethasone	Lidocaine HCl
Betamethasone Dipropionate	Desonide	Metronidazole
Betamethasone Valerate	Desoximetasone	Mometasone Furoate
Ciclopirox Cream, Gel, Lotion	Econazole Nitrate	Mupirocin
Ciclopirox Shampoo 1% MC	Erythromycin	Nystatin
Ciclopirox Solution, Non-Oral	Erythromycin/Benzoyl Peroxide	Nystatin/Triamcinolone Acetonide
Clindamycin Phosphate	Fluocinonide	Oscion
Clindamycin Phosphate Foam 1% SL	Fluticasone Propionate	Permethrin
Clindamycin Phosphate/ Benzoyl Peroxide Gel 1%-5% SL	Halobetasol Propionate	Silver Sulfadiazine
	Hydrocortisone	Sulfacetamide Sodium/ Sulfur
	Hydrocortisone Valerate	Tretinoin N
	Imiquimod	Triamcinolone Acetonide
		Urea

Tier 2

Azelex SL	Oxsoresalen-Ultra	Retin-A Micro N SL
Benzamycin	Protopic N SL	Sulfoxyl Regular
Condylox Gel	Regranex N	Zovirax

Tier 3

Acanya	Desonate SL	Noritrate MC
Accutane	Differin Gel 0.3% N SL	Olux-E SL
Aczone	Duac-CS SL	Olux-Olux-E E
Aldara	Elidel N SL	Oxistat
Altabax SL	Epiduo E SL	Taclonex SL
Atralin MC N SL	Evoclin SL	Taclonex Scalp SL
Avita Gel N SL	Extina SL	Tazorac N SL
Bactroban SL	Finacea	Tretin-X N SL
Benzaclin Kit E SL	Finacea Plus	Triax E SL
BenzEfoam E SL	Locoid Lipocream SL	Vanos SL
Brexoyl E	Loprox Shampoo MC	Vectical SL
Clindagel SL	Metrogel 1% MC	Verdeso SL
Clobex SL	Metrolotion	Vusion MC
Clobex Shampoo E	Momexin Kit E SL	Xolegel MC
Cutivate Lotion MC	Naftin	Ziana E SL
Denavir	NeoBenz Micro E SL	
Derma-Smoother/FS	NeoBenz Micro SD E SL	

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Endocrine Growth Hormone

Tier 2

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

Tier 3

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

Endocrine Other

Tier 1

Cabergoline	Levothyroxine Sodium	Orapred
Calcitriol	Liothyronine Sodium	Oxandrolone
Desmopressin Acetate	Methimazole	Prednisolone
Dexamethasone	Methylprednisolone Tablet, Dose Pack 4 mg	Prednisone
Fludrocortisone Acetate	Ocreotide Acetate N	Testosterone

Tier 2

Androderm	Kuvan N SL	Synarel
Androgel SL	Medrol 2, 8, 24, 32 mg	Synthroid
Android	Pediapred	Zemplar
Hectorol	Sandostatin Vial N	

Tier 3

Armour Thyroid	Orapred ODT	Testim E SL
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Endocrine/Diabetes Blood Glucose Monitoring

Tier 1

Accu-Chek Active Care Kit	Accu-Chek Compact Test Strips SL	One Touch Ultra 2 System
Accu-Chek Active Test Strips SL	Freestyle Flash System	One Touch Ultra Mini System
Accu-Chek Advantage Care Kit	Freestyle Freedom Lite Meter	One Touch Ultra System
Accu-Chek Aviva Care Kit	Freestyle Freedom Meter	One Touch Ultra Test Strips SL
Accu-Chek Aviva Test Strips SL	Freestyle Lite Meter	Precision Xtra Meter
Accu-Chek Comfort Curve Test Strips SL	Freestyle Lite Test Strips SL	Precision Xtra Test Strips SL
Accu-Chek Compact Care Kit	Freestyle System	Surestep System
	Freestyle Test Strips SL	Surestep Test Strips SL
	One Touch System	
	One Touch Test Strips SL	

Tier 3

Ascensia Autodisc Test Strips SDP SL	Ascensia Elite Test Strips SDP SL	Glucometer Dex Test Strips SDP SL
Ascensia Breeze 2 Test Strips SDP SL	Contour Test Strips SDP SL	

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Endocrine/Diabetes Insulin

Tier 1

Humalog Vials	Novolin Vials
Humulin Vials	NovoLog Vials

Tier 2

Humalog Pens/Cartridges	Lantus Vials
Humulin Pens	Levemir Vials

Tier 3

Apidra	Lantus Solostar Pens/ Cartridges	Levemir Pens NovoLog Flexpen SDP
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Endocrine/Diabetes Non-Insulin

Tier 1

Acarbose	Glipizide/Metformin HCl	Metformin HCl
Glimepiride	Glyburide	Nateglinide SL
Glipizide	Glyburide/Metformin HCl	

Tier 2

Actoplus Met SL	Avandia $\frac{1}{2}$ T SL	Janumet SL
Actos $\frac{1}{2}$ T SL	Byetta SL	Januvia SL
Avandamet SL	Duetact SL	Prandin SL
Avandaryl SL	Glyset	

Tier 3

Fortamet	Starlix SL
Glumetza	Symlin

Eye Conditions Anti-Allergy

Tier 1

Azelastine HCl SL	Ketorolac Tromethamine
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Tier 2

Elestat SL

Tier 3

Optivar SL	Pataday SL	Patanol SL
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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 **SDP** Select Designated Pharmacy **SL** Supply limit

Eye Conditions Antibiotics

Tier 1

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

Tier 2

Blephamide S.O.P.

Tier 3

Azasite	Zylet	
Vigamox	Zymar	

Eye Conditions Glaucoma

Tier 1

Acetazolamide	Brimonidine Tartrate	Dorzolamide HCl/Timolol Maleate SL
Apraclonidine	0.15% SL	Timolol Maleate
Brimonidine Tartrate	Dorzolamide HCl SL	

Tier 2

Alphagan P 0.1% SL	Combigan SL	Pilopine HS
Azopt SL	Lumigan SL	Travatan Z SL
Betimol SL	Phospholine Iodide	

Tier 3

lopidine 1%	Xalatan SL	
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Gastrointestinal Acid Suppression

Tier 1

Cimetidine	Nizatidine Oral Solution	Ranitidine HCl Syrup
Lansoprazole E SL	Omeprazole	Sucralfate Tablet
Misoprostol	Pantoprazole SL	

Tier 2

Helidac	Prevpac SL	Pylera
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Tier 3

Aciphex SL	Prevacid Capsule, Delayed-Release	Prilosec Rx 40 mg E
Carafate Oral Suspension	Enteric-Coated E SL	Protonix SL
Dexilant SL	Prevacid Solutab E SL	Zegerid SL
Nexium Capsule E SL	Prilosec Rx 10, 20 mg E	
Nexium Suspension SL		

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

P Progression Rx **SDP** Select Designated Pharmacy **SL** Supply limit

Gastrointestinal Nausea/Vomiting

Tier 1

Granisetron HCl Tablet **SL** Ondansetron HCl Prochlorperazine Maleate

Tier 2

Emend **SL**

Tier 3

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

Gastrointestinal Other

Tier 1

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

Tier 2

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

Tier 3

Amitiza **N SL** Halflytely-Bisacodyl Pentasa
 Asacol **SDP** Metozolv ODT **E** Zenpep
 Asacol HD **E SDP** Moviprep
 Dipentum Pancreaze

Men's Health Erectile Dysfunction

Tier 3

Caverject **SL** Edex **SL** Muse **SL**
 Cialis **SL** Levitra **SL** Viagra **SL**

Men's Health Prostate

Tier 1

Doxazosin Mesylate Tamsulosin
 Finasteride **N** Terazosin HCl

Tier 3

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

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Miscellaneous

Tier 1

Anastrozole	Epinephrine Pen Injector SL	Mycophenolate Mofetil Capsule, Tablet
Antipyrine/Benzocaine	Hydrocodone/ Chlorpheniramine Suspension SL	Phenazopyridine
Azathioprine	Megestrol Acetate	Tacrolimus Anhydrous
Benzonatate		Tamoxifen Citrate
Cabergoline		
Chlorhexidine Gluconate		

Tier 2

Aromasin	Fareston	Neoral
Cellcept Suspension	Femara	Rapamune
Epipen SL	Lidoderm SL	Sandimmune
Epipen Jr SL	Myfortic	Twinject SL

Tier 3

Acuvail E	Infergen N SL	Repronex E
Bravelle E P	Intron A N SL	Restasis N SL
Follistim AQ E P	Menopur E	Tussionex SL

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet	Oxybutynin Chloride
Hyoscyamine Sulfate	Trospium

Tier 2

Enablex	Oxytrol	Vesicare
Gelnique	Sanctura XR	

Tier 3

Detrol SDP	Detrol LA E	Toviaz SDP
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Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium SL	Calcitonin Salmon Nasal Spray	Fortical
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Tier 2

Actonel SL	Evista
Boniva Tablet SL	Forteo N

Tier 3

Fosamax Plus D SL

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Musculoskeletal Pain Relief

Tier 1

Buprenorphine Hydrochloride N SL	Hydrocodone Bit/Acetaminophen SL	Oxaprozin
Butalbital Compound/Codeine SL	Hydromorphone HCl	Oxycodone HCl
Butorphanol Tartrate Aerosol, Spray SL	Ibuprofen	Oxycodone HCl/Acetaminophen SL
Codeine Phosphate/Acetaminophen SL	Ibuprofen/Hydrocodone	Oxycodone HCl/Ibuprofen
Codeine Phosphate/Acetaminophen/Caffeine/Butalbital SL	Indomethacin	Oxycodone/Aspirin
Diclofenac Potassium	Ketorolac Tromethamine	Piroxicam
Diclofenac Sodium	Mefenamic Acid	Propoxyphene Napsylate/Acetaminophen SL
Etodolac	Meloxicam	Sulindac
Fentanyl Citrate Lollipop N SL	Meperidine HCl	Tolmetin Sodium
Fentanyl Transdermal SL	Methadone HCl	Tramadol HCl
	Morphine Sulfate	Tramadol HCl Tablet, Sustained-Release 24 Hour SL
	Morphine Sulfate Tablet, Sustained-Action SL	Tramadol HCl/Acetaminophen SL
	Nabumetone	
	Naproxen	
	Naproxen Sodium	

Tier 2

Codeine Phosphate MSIR Capsule	Opana ER SL	Voltaren Gel
	OxyContin SL	

Tier 3

Arthrotec	Flector E	Opana SL
Avinza SL	Kadian E SL	Ryzolt E SL
Celebrex SL	Naprelan E	Zipsoz E
Fentora N SL	Onsolis N SL	

Musculoskeletal Rheumatoid Arthritis

Tier 1

Azathioprine	Leflunomide	Sulfasalazine
Hydroxychloroquine Sulfate	Methotrexate Sodium	

Tier 2

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

Tier 3

Kineret N SL

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Musculoskeletal Other

Tier 1

Allopurinol	Cyclobenzaprine	Orphenadrine Compound
Baclofen	Metaxalone	Tizanidine
Carisoprodol	Methocarbamol	
Colchicine	Orphenadrine	

Tier 3

Amrix E	Skelaxin	
Savella SL	Soma 250 mg E	

Respiratory Asthma/COPD

Tier 1

Albuterol Sulfate	Budesonide Inhalation	Pulmicort Flexhaler SL
Albuterol Sulfate/ Ipratropium Solution, Non-Oral	Suspension 0.25 mg/2 ml, 0.5 mg/2 ml SL	QVAR SL
Asmanex SL	Foradil SL	Theophylline
	Ipratropium Bromide	Ventolin HFA SL
		Xopenex HFA SL

Tier 2

Pulmicort Respules 1 mg/2 ml SL	Singular SL	
	Spiriva SL	

Tier 3

Accolate SL	Combivent SL	Proventil HFA SL
Advair Diskus SL	Flovent Diskus SL	Serevent Diskus SL
Advair HFA SL	Flovent HFA SL	Symbicort SDP SL
Alvesco SL	Maxair Autohaler SL	Xopenex Vial, Nebulizer E SL
Atrovent HFA SL	Perforomist SL	
Azmacort SL	Proair HFA SL	

Respiratory Nasal Allergy

Tier 1

Azelastine HCl SL	Flunisolide	Fluticasone Propionate SL
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Tier 2

Nasonex SL		
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Tier 3

Astelin SL	Nasacort AQ SL	Rhinocort Aqua SL
Astepro	Omnaris SL	Veramyst E SL
Beconase AQ SL	Patanase	

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Respiratory Oral Allergy

Tier 1

Cyproheptadine HCl	Hydroxyzine Pamoate	Pseudoephedrine HCl/
Fexofenadine HCl	Promethazine HCl	Fexofenadine E SL
Hydroxyzine HCl		

Tier 3

Allegra ODT E SL	Allegra-D E SL	Clarinet-D E SL
Allegra Suspension E SL	Clarinet E SL	Xyzal SL

Women's Health Contraceptives

Tier 1

Apri	Low-Ogestrel	Quasense MC
Aviane	Lutera	Reclipsen
Azurette	Medroxyprogesterone Acet	Sprintec
Balziva	150 mg/ml MC	Tilia Fe
Camila	Microgestin	Tri-Legest Fe
Enpresse	Microgestin Fe	Tri-Previfem
Errin	Mononessa	Tri-Sprintec
Gianvi	Necon 7/7/7	Trinessa
Jolessa MC	Nora-Be	Trivora
Jolivet	Norethindrone	Zenchant
Junel	Nortrel 7/7/7	Zovia
Junel Fe	Ocella	
Kariva	Portia	
Levora	Previfem	

Tier 2

Depo-SubQ Provera MC	NuvaRing	Ovrette
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Tier 3

Femcon Fe	Ortho Micronor	Ortho Tri-Cyclen Lo
Loestrin 24 Fe	Ortho-Cyclen	Seasonique MC
LoSeasonique MC	Ortho-Novum 7/7/7	Yasmin
Ortho Evra	Ortho Tri-Cyclen	Yaz

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Women's Health Estrogen/Progesterone

Tier 1

Estradiol	Estropipate
Estradiol Patch, Transdermal Weekly SL	Medroxyprogesterone Acet Methyltestosterone/ Estrogens, Esterified Tablet
Estradiol 1 mg/ Norethindrone Acetate 0.5 mg	Norethindrone Acetate

Tier 2

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

Tier 3

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

Women's Health Prenatal Vitamins

Tier 1

Advanced Care Plus	PR Natal 430 EC	Setonet-EC
Cavan-EC Sod DHA	PR Natal 440 EC	Taron A Prenatal
Folic Acid	Prenatal 19	Vinate III
Multi-Nate 30	Prenatal Advantage	Vitanatal OB+DHA
Multinatal Plus	Prenatal Plus	Zatean-PN
Natalcare Plus	Pruet DHA 29-1-430 mg	Zatean-PN DHA
PNV-DHA	Pruet DHA EC	
PNV-Select	29-1-430 mg	
PR Natal 430	Setonet	

Tier 3

Brand Prenatal Vitamins

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

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P Progression Rx **SDP** Select Designated Pharmacy **SL** Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

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 **P** (Topiramate)
 Toprol XL 25 mg
 (Metoprolol Succinate
 Sustained-Release)
 Trusopt **SL** (Dorzolamide Eye
 Drops **SL**)
 Tylenol #3 **SL**
 (Acetaminophen with
 Codeine **SL**)
 Ultracet **SL** (Tramadol with
 Acetaminophen **SL**)
 Ultram (Tramadol)
 Valium (Diazepam)
 Vaseretic (Enalapril with
 Hydrochlorothiazide)
 Vasotec (Enalapril)
 Vicodin **SL**, Vicodin ES **SL**
 (Acetaminophen with
 Hydrocodone **SL**)
 Vicoprofen (Ibuprofen with
 Hydrocodone)
 Voltaren Tablet (Diclofenac)
 Wellbutrin (Bupropion)
 Wellbutrin SR (Bupropion
 Sustained-Action)
 Xanax, Xanax XR
 (Alprazolam)
 Zantac Syrup (Ranitidine
 Syrup)
 Ziac (Bisoprolol with
 Hydrochlorothiazide)
 Zithromax (Azithromycin)
 Zocor **1/2T** (Simvastatin **1/2T**)
 Zofran (Ondansetron)
 Zoloft **1/2T** (Sertraline **1/2T**)
 Zonegran (Zonisamide)

Zovirax Capsule, Tablet,
 Suspension (Acyclovir)

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Vasotec	Zocor	23		
Vectical	Zofran	23		
Velosef 250 mg Suspension	Zolof	23		
Venlafaxine	Zolpidem	10, 22		
Venlafaxine HCl	Zolpidem Tartrate	10		
Venlafaxine HCl Capsule,	Zomig	10		
Sustained-Release	Zomig Nasal Spray	10		
Venlafaxine HCl Tablet,	Zomig ZMT	10		
Extended-Release	Zonegran	23		
Ventolin HFA	Zonisamide	11, 23		
Veramyst	Zorbtive	13		
Verapamil	Zovia	20		



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