

**The UnitedHealthcare pharmacy benefit offers you flexibility and choice in the prescription medications available to you. Understanding your Prescription Drug List will help you make more informed decisions about prescription medications.**

This guide will help you understand these choices. It will also enable you to ask your doctor or pharmacist the right questions regarding your medication needs. Our goal is to provide information that will help you make informed decisions regarding medications for you and your family.

Below you will find some common questions people have asked regarding UnitedHealthcare's pharmacy benefit. If you have pharmacy benefit coverage with UnitedHealthcare, please visit us at [www.myuhc.com](http://www.myuhc.com) or call the Customer Care number on your ID card for additional information. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [www.myuhc.com](http://www.myuhc.com) for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

### **What is a Prescription Drug List?**

A Prescription Drug List (PDL) is a list of Food and Drug Administration (FDA)-approved brand-name and generic medications.

The UnitedHealthcare pharmacy benefit is designed to provide you with coverage for a comprehensive selection of prescription medications. This guide lists the most commonly prescribed medications for certain conditions. If you have pharmacy benefit coverage with UnitedHealthcare, you can find our complete PDL at [www.myuhc.com](http://www.myuhc.com). If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access the complete PDL at [www.myuhc.com](http://www.myuhc.com) during your open enrollment period. You and your doctor may refer to this list to consider prescription medication choices and select the appropriate medication to meet your needs.

Keep in mind that the benefit plan documents provided by your employer or health plan may include a Summary Plan Description or a Certificate of Coverage, and a Pharmacy Rider. These documents define your pharmacy coverage and may exclude coverage for certain medications listed in the PDL found in this guide. If you do not have the benefit plan documents, please contact your employer or health plan for this information.

### **What are tier designations and how do they affect what I actually pay at the pharmacy?**

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, which is an amount you pay when you fill a prescription at a participating retail pharmacy or refill your ongoing prescription through the network mail-order pharmacy service. Your employer or health plan sets the actual copayment amounts for the medications covered under your pharmacy benefit. Consult the benefit plan documents provided by your employer or health plan for more specific information about the copayments, coinsurance, and deductibles that may apply to your pharmacy benefit coverage.

## **Your Lowest-Cost Option**

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

## **Midrange-Cost Option**

**Tier 2** is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is the most appropriate to treat your condition.

## **Your Highest-Cost Option**

**Tier 3** is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be appropriate for your treatment. Compounded medications, those medications containing one or more ingredients that are prepared "on-site" by a pharmacist, are classified at the Tier 3 level, provided that the individual ingredients used in compounding are covered under the pharmacy benefit.

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

In addition, some plans have a four-tier prescription plan. Refer to your enrollment materials, check the Drug Pricing / Coverage information on [www.myuhc.com](http://www.myuhc.com), or call the Customer Care number on your ID card for more information about your benefit plan.

## **Who decides which medications get placed in which tier?**

The UnitedHealthcare PDL Management Committee makes tier placement decisions to help ensure access to a wide range of medications and control health care costs for you and your employer or health plan. You and your doctor decide which medication is appropriate for you.

## **How often will prescription medications change tiers?**

While medications change tiers infrequently, such changes may occur up to six times per calendar year, depending on your benefit. 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. However, if you have pharmacy benefit coverage with UnitedHealthcare, you may visit our Web site, [www.myuhc.com](http://www.myuhc.com), or call the Customer Care number on your ID card for copayment information about a particular medication. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [www.myuhc.com](http://www.myuhc.com) during your open enrollment period for additional information about a particular medication.

## **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 a chemically equivalent medication.

Before a generic medication can be sold, the FDA must be satisfied that the medication contains the same active ingredients in the same strength as the brand-name equivalent. It must also meet the same quality standards. Many companies that make brand-name medications also produce and market generic medications that are equivalent to the branded products.

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest cost option. You and your employer or health plan may save money if you and your doctor decide the generic medication is right for you.

## **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 an over-the-counter medication.

Your doctor can recommend either an over-the-counter medication or a prescription medication for your treatment. You can purchase an over-the-counter medication at your local pharmacy without a prescription.

## **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 many 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?**

Certain medications in this guide have a notation, such as N (for "notification"), QL (for "quantity limitations"), QD (for "quantity duration"), and DS (for "diabetic supplies"). The specific definitions for these notations are listed at the bottom of each page of the PDL. Please call Customer Care 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. You will find these medications included in the body of this document within the list of medications. UnitedHealthcare has developed an enhanced specialty pharmacy network that is part of our Specialty Pharmacy Program. The specialty pharmacy network includes specialty pharmacies, each selected based on their clinical expertise for the targeted therapeutic classes, quality of services and cost. Their pharmacists are trained to help educate members and create personalized plans, if needed, for these specialty medications, which may help improve treatment.

Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where a representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [www.myuhc.com](http://www.myuhc.com) or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [www.myuhc.com](http://www.myuhc.com) for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

## **How do I access updated information about my pharmacy benefit?**

Since the PDL may change periodically, we encourage you to visit [www.myuhc.com](http://www.myuhc.com) or call the Customer Care number on your ID card for the most current information. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [www.myuhc.com](http://www.myuhc.com) during your open enrollment period for the most current information. In addition to information about your pharmacy benefit, [www.myuhc.com](http://www.myuhc.com) is your online resource for a variety of health and wellness topics. The site is designed to help you make informed health care decisions for you and your family.

With [www.myuhc.com](http://www.myuhc.com), you can view your prescription claims history, compare costs of medications to identify cost-saving opportunities, and contact a registered pharmacist seven days a week.

## **How do I find information about my pharmacy benefit on [www.myuhc.com](http://www.myuhc.com)?**

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your coverage by visiting [www.myuhc.com](http://www.myuhc.com). Follow the instructions for initial registration. Once registered, you can log in and click on the Prescriptions tab, then on Drug Pricing / Coverage, and you will have access to copayment, pricing, and coverage information on most prescription medications. You will also have access to the following information.

- 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, side effects, etc.

At [www.myuhc.com](http://www.myuhc.com), you will also be able to:

- Locate a participating retail pharmacy by zip code
- Review your prescription history

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

- Access [www.myuhc.com](http://www.myuhc.com) to refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [www.myuhc.com](http://www.myuhc.com) during your open enrollment period to learn more about the UnitedHealthcare pharmacy benefit or you may contact your employer or health plan for additional information.

## **What if I still have questions?**

If you have pharmacy benefit coverage with UnitedHealthcare and you have additional questions about your pharmacy benefit, please call the Customer Care number on your ID card.

Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, please contact your employer or health plan for additional information about the UnitedHealthcare pharmacy benefit.

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## Key points to remember

Your doctor may be able to help you save money by prescribing medications in Tier 1 and Tier 2 of the PDL. You and your doctor always make the decisions regarding your treatment. Here are some practical suggestions for getting the most out of your pharmacy benefit:

- Bring this PDL guide to your doctor appointments and ask your doctor to refer to the PDL when prescribing medications. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective and affordable use of your pharmacy benefit.
- If you would like to view a more complete version of the PDL and information about your specific benefit plan, please visit [www.myuhc.com](http://www.myuhc.com). Once you have logged in, click on "Prescriptions."
- If you have pharmacy benefit coverage with UnitedHealthcare and you have additional questions about your pharmacy benefit, please call the Customer Care number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, please contact your employer or health plan for additional information about the UnitedHealthcare pharmacy benefit.

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.

In certain documents, Tier 1 was referred to as "generics;" Tier 2 was referred to as "preferred brands" or "brand name on the PDL;" and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand name not on the PDL." These changes in descriptive terms do not affect your benefit coverage.

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## Tier One

Acebutolol  
 Acetaminophen with Caffeine and Butalbital  
 Acetaminophen with Codeine **QL/QD**  
 Acetaminophen with Codeine, Caffeine and Butalbital **QL/QD**  
 Acetaminophen with Hydrocodone **QL/QD**  
 Acetazolamide  
 Acetic Acid with Hydrocortisone Otic Solution  
 Acyclovir Tablet, Capsule, Suspension  
 Albuterol Extended Release Tablet  
 Albuterol Inhalation Solution  
 Allopurinol  
 Alprazolam  
 Alprazolam Extended Release  
 Amantadine Tablet, Capsule, Syrup  
 Amiloride with Hydrochlorothiazide  
 Amiodarone  
 Amitriptyline  
 Amitriptyline with Chlordiazepoxide  
 Amitriptyline with Perphenazine  
 Amoxicillin  
 Amoxicillin with Potassium Clavulanate  
 Amphetamine with Dextroamphetamine Salt Combination  
 Ampicillin  
 Antipyrine with Benzocaine Otic Solution  
 Aspirin with Caffeine and Butalbital  
 Aspirin with Codeine, Caffeine and Butalbital  
 Atenolol  
 Atenolol with Chlorthalidone  
 Aviane  
 Azathioprine

Azithromycin Tablet  
 Baclofen  
 Benazepril  
 Benazepril with Hydrochlorothiazide  
 Benzonatate  
 Benztropine  
 Betamethasone Dipropionate Augmented Cream  
 Betamethasone Dipropionate Cream, Lotion, Ointment, Gel  
 Betamethasone Valerate  
 Betamethasone with Clotrimazole  
 Bisoprolol  
 Bisoprolol with Hydrochlorothiazide  
 Bromocriptine  
 Bumetanide  
 Bupropion **QL**  
 Bupropion Sustained Release **QL, N**  
 Buspirone  
 Calcitriol  
 Captopril  
 Captopril with Hydrochlorothiazide  
 Carbamazepine  
 Carbidopa/Levodopa  
 Carisoprodol  
 Cefaclor  
 Cefadroxil  
 Cefuroxime  
 Cephalexin  
 Chlordiazepoxide  
 Chlorhexidine  
 Chlorthalidone  
 Chlorzoxazone  
 Cholestyramine  
 Cholestyramine with Aspartame  
 Cilostazol  
 Ciprofloxacin  
 Citalopram **QL**  
 Clidinium with Chlordiazepoxide  
 Clindamycin Capsule  
 Clindamycin Gel, Soln, Lotion, Swabs

Clindamycin Vaginal Cream  
 Clobetasol  
 Clomiphene  
 Clomipramine  
 Clonazepam  
 Clonidine  
 Clorazepate  
 Clotrimazole Troches  
 Clotrimazole with Betamethasone  
 Colestipol Packets  
 Cromolyn  
 Cyclessa  
 Cyclobenzaprine  
 Cyproheptadine  
 Desipramine  
 Desmopressin  
 Desogen  
 Desonide  
 Desoximetasone  
 Dexamethasone  
 Dextroamphetamine  
 Dextroamphetamine Sustained Release  
 Diazepam  
 Diclofenac  
 Dicloxacillin  
 Dicyclomine  
 Diflorasone  
 Diflunisal  
 Digoxin  
 Diltiazem Controlled Release Capsule  
 Diltiazem Sustained Release 12 Hours Capsule  
 Diltiazem Tablet  
 Diphenoxylate  
 Diphenoxylate with Atropine  
 Dipyrindamole  
 Doxazosin  
 Doxepin  
 Doxycycline  
 Econazole  
 Enalapril  
 Enalapril with Hydrochlorothiazide  
 Enpresse

Some drugs are noted with N, QD, QL, or DS. The definitions for these symbols are listed below. Your benefit plan determines how these drugs may be covered for you.

**N = Notification.** There are a few drugs that your physician must notify us of to make sure their use is covered within your benefit.

**QD = Quantity Duration.** Some drugs have a limited amount that can be covered for a specific period of time.

**QL = Quantity Level.** Some drugs have a limited amount that can be covered at one time.

**DS = Diabetic Supplies.** Diabetic supplies may be covered by your benefit plan.

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Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital	Hydrocortisone Valerate	Mefloquine <b>QL</b>
Errin	Hydromorphone	Megestrol
Erythromycin Base 250, 333mg	Hydroxychloroquine	Meloxicam <b>QL</b>
Erythromycin Ethylsuccinate	Hydroxyzine	Meperidine
Erythromycin Stearate	Ibuprofen - Prescription strengths only	Meperidine with Promethazine
Erythromycin with Benzoyl Peroxide	Ibuprofen with Hydrocodone	Metformin
Estradiol Patch <b>QL</b>	Imipramine	Metformin Extended-Release
Estropipate	Indapamide	Methadone
Etidronate Disodium	Indomethacin	Methimazole
Etodolac	Ipratropium Inhalation Solution	Methocarbamol
Fast Take Test Strips <b>QL, DS</b>	Isometheptene, Dichloralphenazone and Acetaminophen	Methotrexate
Felodipine	Isoniazid	Methyldopa
Fenofibrate	Isosorbide Dinitrate	Methylphenidate
Flecainide	Isosorbide Mononitrate	Methylphenidate Extended-Release
Fluconazole 50, 100, 200mg <b>N</b>	Isradipine	Methylprednisolone
Fluconazole 150mg <b>QL</b>	Itraconazole <b>QL, N</b>	Methyltestosterone with Esterified Estrogens
Fludrocortisone	Junel	Metoclopramide
Fluocinolone	Junel FE	Metolazone
Fluocinonide	Kariva	Metoprolol
Fluocinonide-E	Ketoconazole	Metronidazole
Fluorometholone	Ketoprofen	Metronidazole Cream
Fluoxetine <b>QL</b>	Ketorolac	Microgestin
Flurazepam	Labetalol	Microgestin FE
Flurbiprofen	Lactulose	Minoxidil Tablet
Fluticasone Nasal Spray <b>QL</b>	Leflunomide <b>QL</b>	Mirtazapine <b>QL</b>
Fluvoxamine <b>QL</b>	Lessina	Mirtazapine Dispersible Tablet <b>QL</b>
Folic Acid	Levothyroxine	Misoprostol
Freestyle Test Strips <b>QL, DS</b>	Levora	Mometasone
Furosemide	Lidocaine Viscous	Mononessa
Gabapentin Capsule, Tablet	Lisinopril	Morphine
Gemfibrozil	Lisinopril with Hydrochlorothiazide	Morphine Sulfate Controlled Release <b>QL/QD</b>
Gentamicin	Lithium Carbonate	Mupirocin Ointment
Glimepiride	Lithium Carbonate Controlled-Release	Nadolol
Glipizide	Lithium Carbonate Extended-Release	Naproxen - Prescription strengths only
Glipizide Extended-Release	Lo/Ovral	Necon
Glyburide	Lorazepam	Nefazodone <b>QL</b>
Glyburide Micronized	Lovastatin <b>QL/QD</b>	Neomycin/Polymyxin B/ Dexamethasone
Guanfacine	Mebendazole	Neomycin/Polymyxin/Gramicidin
Halobetasol Cream, Ointment	Medroxyprogesterone 150mg/ml <b>QL</b>	Neomycin/Polymyxin/ Hydrocortisone
Haloperidol	Medroxyprogesterone Tablet	Nifedipine
Hydralazine		
Hydrochlorothiazide		
Hydrocodone with Homatropine		
Hydrocortisone Acetate Suppositories		

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Nifedipine Controlled-Release	Prednisolone	Tetracycline
Nifedipine Extended Release	Prednisone	Theophylline
Nitrofurantoin/Nitrofurantoin Macrocrystals	Prenatal Vitamins - Generic prescription strengths only	Thyroid
Nitrofurantoin Macrocrystals	Primidone	Timolol Drops
Nitroglycerin	Probenecid	Tizanidine
Norethindrone	Prochlorperazine	Tobramycin
Nortrel	Promethazine	Torsemide
Nortriptyline	Promethazine with Codeine	Tramadol <b>QL</b>
Novolin Vials	Promethazine with	Tramadol with Acetaminophen <b>QL</b>
Novolog Vials	Dextromethorphan	Trazodone
Nystatin	Promethazine with Phenylephrine	Tretinoin <b>N</b>
Nystatin with Triamcinolone	Promethazine with Phenylephrine and Codeine	Tri-Sprintec
Ofloxacin Eye Drops	Propafenone	Triamcinolone
Ogestrel	Propoxyphene	Triamterene with Hydrochlorothiazide
One Touch Test Strips <b>QL, DS</b>	Propoxyphene with	Triazolam
One Touch Ultra Test Strips <b>QL, DS</b>	Acetaminophen <b>QL/QD</b>	Trimethobenzamide
Orapred	Propranolol	Trimethobenzamide with Benzocaine
Oxaprozin	Propylthiouracil	Trimethoprim
Oxazepam	Ribavirin <b>QL, N</b>	Trinessa
Oxybutynin	Rifampin	Trivora
Oxycodone	Salsalate	Ursodiol
Oxycodone with Acetaminophen <b>QL/QD</b>	Selenium Sulfide	Venlafaxine <b>QL</b>
Oxycodone with Aspirin	Silver Sulfadiazine	Verapamil
PEG 3350/Powder for Solution	Simvastatin <b>QL/QD</b>	Warfarin
Penicillin V Potassium	Sodium Fluoride	Xopenex HFA <b>QL</b>
Pentoxifylline	Sotalol	Zonisamide
Permethrin Cream	Spiro lactone with Hydrochlorothiazide	Zovia 1/35E
Phenazopyridine	Spiro lactone	Zovia 1/50E
Phenobarbital	Sprintec	
Phenylephrine with	Sucalfate	
Chlorpheniramine and	Sulfacetamide	
Scopolamine	Sulfacetamide with Sulfur	
Phenylephrine with Hydrocodone	Sulfamethoxazole with Trimethoprim	
Phenytoin	Sulfasalazine	
Pindolol	Sulfasalazine EC	
Piroxicam	Sulfatrim	
Polymyxin B with Trimethoprim	Sulindac	
Portia	Surestep Test Strips <b>QL, DS</b>	
Potassium Chloride	Tamoxifen	
Potassium Citrate	Temazepam	
Prazosin	Terazosin	
Precision Q-I-D Test Strips <b>QL, DS</b>	Terbutaline	
Precision Xtra Test Strips <b>QL, DS</b>	Terconazole Suppository <b>QL</b>	

Some drugs are noted with N, QD, QL, or DS. The definitions for these symbols are listed below. Your benefit plan determines how these drugs may be covered for you.

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**QD = Quantity Duration.** Some drugs have a limited amount that can be covered for a specific period of time.

**QL = Quantity Level.** Some drugs have a limited amount that can be covered at one time.

**DS = Diabetic Supplies.** Diabetic supplies may be covered by your benefit plan.

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### *Tier Two*

Aceon  
Aciphex **QL/QD**  
Activella  
Actonel **QL**  
Actonel with Calcium **QL**  
Actoplus Met **QL**  
Actos **QL**  
Adderall XR **QL**  
Adoxa (Dosepack = Tier 3)  
Advair Diskus **QL**  
Advair HFA **QL**  
Advicor  
Aldara  
Alesse  
Alphagan P **QL**  
Altace  
Altoprev **QL/QD**  
Androderm  
Androgel  
Antabuse 250mg  
Antara  
Aricept **QL**  
Aricept ODT **QL**  
Arimidex  
Arixtra **QL**  
Asacol  
Asmanex **QL**  
Astelin **QL**  
Atrovent Inhaler  
Avandamet **QL**  
Avandaryl **QL**  
Avandia **QL**  
Avonex **QL**  
Azelex  
Azmecort **QL**  
Bactroban Cream, Nasal Ointment  
Benicar **QL/QD**  
Benicar HCT **QL/QD**  
Benzamycin  
Betaseron **QL**  
Betoptic S  
Biaxin XL  
BiDil  
Boniva **QL**  
Butorphanol Nasal Spray **QL**  
Cabergoline  
Canasa  
Capex Shampoo  
Carac Cream  
Cardizem LA  
Cefprozil  
Cellcept  
Cenestin  
Ciprodex  
Clarithromycin  
Cleocin Vaginal Suppositories  
Climara **QL**  
Clindesse  
Colazal  
Colestid Tablets  
Copaxone **QL**  
Coreg  
Cortef 5, 10mg  
Coumadin  
Cozaar **QL/QD**  
Crestor **QL/QD**  
Dapsone  
Depakote  
Depakote ER  
Depakote Sprinkle  
Differin **N**  
Dilantin  
Diltiazem Sustained Action Capsule  
Diltiazem Sustained Release 24 Hour Capsule  
Diovan **QL/QD**  
Diovan HCT **QL/QD**  
Dovonex  
Effexor XR **QL**  
Efudex Cream  
Enablex **QL**  
Entocort EC  
Esclim **QL**  
Estraderm **QL**  
Estratest  
Estratest H.S.  
Estring **QL**  
Evista  
Femara  
Fentanyl Citrate Lollipop **QL/QD, N**  
Fentanyl Transdermal System **QL/QD**  
Fexofenadine **QL/QD**  
Flovent **QL**  
Foradil **QL**  
Fortical **QL**  
Fosamax **QL**  
Fosamax Plus D **QL**  
Fosinopril  
Fosinopril with Hydrochlorothiazide  
Fosrenol  
Frova **QL/QD**  
Gabitril  
Geodon  
Glipizide with Metformin  
Glucagon Emergency Kit  
Glyburide with Metformin  
Glycopyrrolate  
Grifulvin V Tablet  
Humatrope **QD, N**  
Hyzaar **QL/QD**  
Imitrex **QL/QD**  
Intal **QL**  
Isotretinoin  
Keppra  
Ketek  
Kytril **QL, N**  
Lamisil Tablet **QL, N**  
Lanoxin  
Lantus Vials  
Leuprolide  
Levaquin  
Lidoderm  
Lindane  
Lipitor **QL/QD**  
Lofibra Tablet  
Lovenox **QL**  
Lumigan **QL**  
Malarone  
Maxalt **QL/QD**  
Maxalt MLT **QL/QD**  
Mesalamine Enema  
Methergine  
Metrogel  
Metro lotion  
Metronidazole Vaginal Gel  
Micardis **QL/QD**  
Micardis HCT **QL/QD**  
Minocycline

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Mirapex	Risperdal (M-Tab = Tier 3)	Zyrtec <b>QL/QD</b>
Nabumetone	Roferon A <b>QL, N</b>	Zyrtec-D <b>QL/QD</b>
Nasonex <b>QL</b>	Serevent <b>QL</b>	
Neoral	Serevent Diskus <b>QL</b>	
Neupogen	Seroquel	
Niaspan	Serostim <b>QD, N</b>	
Norditropin <b>QD, N</b>	Sertraline <b>QL</b>	
Norvasc	Singulair <b>QL</b>	
Novolin Pens/Cartridges	Soriatane	
Novolog Pens/Cartridges	Spiriva <b>QL</b>	
Nutropin <b>QD, N</b>	Sular	
Nuvaring	Symbyax	
Omeprazole <b>QL/QD</b>	Synthroid	
Omnicef <b>QL</b>	Tegretol	
Optivar	Tegretol XR	
Orphenadrine	Testim 1% <b>QL</b>	
Orphenadrine Compound	Tev-Tropin <b>QD, N</b>	
Ortho-Prefest	Tilade <b>QL</b>	
Oxycontin <b>QL/QD</b>	Tolmetin	
Oxytrol	Toprol XL	
Paroxetine <b>QL</b>	Travatan <b>QL</b>	
Patanol	Tricor Tablet	
Pegasys <b>QL, N</b>	Triglide	
Peg-Intron <b>QL, N</b>	Trileptal	
Prandin <b>QL</b>	Triphasil	
Precose	Trusopt	
Premarin	Twinject <b>QL</b>	
Premphase	Urso	
Prempro	Urso Forte	
Prevacid Solutab <b>QL/QD</b>	Valtrex <b>QL</b>	
Prevident 5000 Plus	Vesicare <b>QL</b>	
Prevpac <b>QL</b>	Vivelle <b>QL</b>	
Procrit <b>QD</b>	Vivelle-Dot <b>QL</b>	
Proctofoam-HC	Voltaren Eye Drops	
Prograf	Vytorin <b>QL</b>	
Prometrium	Welchol	
Protonix <b>QL/QD</b>	Yasmin	
Protopic <b>N</b>	Zantac Syrup	
Protropin <b>QD, N</b>	Zegerid <b>QL/QD</b>	
Pulmicort <b>QL</b>	Zithromax Oral Suspension	
Quinapril	Zofran <b>QL, N</b>	
Quinapril with Hydrochlorothiazide	Zofran ODT <b>QL, N</b>	
QVAR <b>QL</b>	Zomig <b>QL/QD</b>	
Relpax <b>QL/QD</b>	Zomig ZMT <b>QL/QD</b>	
Renagel	Zovirax Ointment, Cream	
Requip	Zylet	
	Zyprexa (Zydis = Tier 3)	

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### Tier Three

Abilify  
Accolate **QL**  
Accu-Chek Test Strips **QL, DS**  
Accupril  
Accuretic  
Aclovate  
Actiq **QL/QD, N**  
Acular  
Aggrenox  
Allegra **QL/QD**  
Allegra-D **QL/QD**  
Alocril  
Alomide  
Ambien **QL/QD**  
Ambien CR **QL/QD**  
Amerge **QL/QD**  
Analpram-HC  
Apri  
Armour Thyroid  
Arthrotec  
Ascensia Autodisc **QL, DS**  
Ascensia Elite **QL, DS**  
Atacand **QL/QD**  
Atacand HCT **QL/QD**  
Augmentin XR  
Avalide **QL/QD**  
Avapro **QL/QD**  
Avelox  
Avinza **QL/QD**  
Avodart **QL, N**  
Axert **QL/QD**  
Beconase AQ **QL**  
Benzaclin  
Biaxin  
Blephamide Eye Drops  
Byetta **QL**  
Caduet **QL**  
Carafate Suspension  
Carbatrol  
Casodex  
Catapres-TTS **QL**  
Cefzil  
Celebrex **QL/QD**  
Cenogen Ultra  
Cesia  
Chemstrip BG Test Strips **QL, DS**

Cialis **QD**  
Ciloxan Ophthalmic Ointment  
Cipro XR  
Climara Pro **QL**  
Clindagel  
Colyte  
Combipatch **QL**  
Combivent **QL**  
Combunox **QL**  
Concerta **QL**  
Cosopt **QL**  
Covera-HS  
Cryselle  
Cutivate  
Cymbalta **QL**  
Cytomel  
Denavir  
Derma-Smoothe/FS  
Dermatop  
Detrol  
Detrol LA **QL**  
Diprolene  
Ditropan XL **QL**  
Doryx  
Dostinex  
Duac  
Duoneb  
Duragesic **QL/QD**  
Elidel **N**  
Elmiron  
Elocon  
Enbrel **QL/QD**  
Epipen **QL**  
Epipen Jr. **QL**  
Estrostep FE  
Extendryl SR  
Factive  
Famvir **QL**  
FemHRT  
Finacea  
Finasteride **N**  
Flomax  
Focalin **QL**  
Focalin XR **QL**  
Genotropin **QD, N**  
Glucometer Test Strips **QL, DS**  
Glucoavance  
Gynazole-1

Gynodiol 1.5mg Tablet  
Humalog  
Humibid DM  
Humibid LA  
Humira **QL/QD**  
Humulin  
Inderal LA  
Intron A **QL, N**  
Kadian **QL/QD**  
Kineret **QL/QD**  
Klaron  
Lamictal  
Lescol **QL/QD**  
Lescol XL **QL/QD**  
Levitra **QD**  
Levonorgestrel-Ethinyl Estradiol  
Tablet, Dosepack, 3 Month **QL**  
Levothroid  
Lexapro **QL**  
Locoid  
Locoid Lipocream  
Loestrin  
Loestrin FE  
Loprox  
Lotemax  
Lotrel **QL**  
Lotronex **QL/QD, N**  
Low-Ogestrel  
Lunesta **QL/QD**  
Luxiq  
Lyrica **QL/QD**  
Mavik  
Maxair Autohaler **QL**  
Menest  
Mentax  
Metadate CD **QL**  
Metaglip  
Metrogel Vaginal  
Miacalcin Nasal Spray **QL**  
Mircette  
Modicon  
Monopril  
Monopril HCT  
Naftin  
Nasacort **QL**  
Nasacort AQ **QL**  
Natelle  
Nestabs RX

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Nitrostat	Robinul Forte
Nordette	Rosanil
Noritate	Rozerem <b>QL/QD</b>
Nulev	Sanctura <b>QL</b>
Nulytely	Sarafem <b>QL</b>
Olux	Seasonale <b>QL</b>
Ortho Evra <b>QL</b>	Skelaxin
Ortho Micronor	Solia
Ortho Tri-Cyclen	Sonata <b>QL/QD</b>
Ortho Tri-Cyclen Lo	Starlix <b>QL</b>
Ortho-Cept	Strattera <b>QL</b>
Ortho-Cyclen	Symlyn <b>QL</b>
Ortho-Novum	Tamiflu <b>QL, N</b>
Ovcon-50	Tarka
Oxistat	Tazorac <b>N</b>
Paxil <b>QL</b>	Tequin
Paxil CR <b>QL</b>	Terazol <b>QL</b>
Penlac <b>QL</b>	Terconazole Cream <b>QL</b>
Pentasa	Teveten <b>QL/QD</b>
Periostat	Theo-24
Plavix	Tobradex
Plexion	Topamax
Ponstel	Tracer BG Test Strips <b>QL, DS</b>
Pravachol <b>QL/QD</b>	Transderm-Scop
Pravastatin <b>QL/QD</b>	Tri-Norinyl
Precare Conceive	Triaz
Precare Prenatal	Tussionex
Premesis RX	Uniphyl
Prenate Advance	Uniretic
Prenate GT	Univasc
Primacare	Uroxatral <b>QL</b>
ProAir HFA <b>QL</b>	Vagifem
Proscar <b>N</b>	Vantin
Proventil HFA <b>QL</b>	Velivet
Provigil <b>QL, N</b>	Ventolin HFA <b>QL</b>
Prozac Weekly <b>QL</b>	Verelan PM
Quixin	Viagra <b>QD</b>
Rebif <b>QL</b>	Vigamox
Reclipsen	Visicol
Relafen	Wellbutrin XL <b>QL, N</b>
Relenza <b>QL, N</b>	Xalatan <b>QL</b>
Restasis <b>QL, N</b>	Xopenex Solution
Restoril 7.5, 22.5mg	Zelnorm <b>QL/QD, N</b>
Retin-A Micro <b>N</b>	Zetia <b>QL/QD</b>
Rhinocort <b>QL</b>	Zmax <b>QL</b>
Rhinocort Aqua <b>QL</b>	Zoloft <b>QL</b>
Ritalin LA <b>QL</b>	Zymar

### NOTE:

- **Compounded prescriptions are Tier Three**
- **Pens & cartridges are Tier Three except for Novolin and Novolog pens and cartridges that are Tier Two.**

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*Additional Tier Three drugs with a generic alternative in Tier One*

Adderall (Amphetamine with Dextroamphetamine Salt Combination)  
 Aldactone (Spironolactone)  
 Amaryl (Glimepiride)  
 Anaprox (Naproxen)  
 Arava **QL** (Leflunomide **QL**)  
 Ativan (Lorazepam)  
 Augmentin ES (Amoxicillin with Potassium Clavulanate)  
 Buspar (Buspirone)  
 Calan, Calan SR (Verapamil)  
 Capoten (Captopril)  
 Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour Capsule)  
 Cardura (Doxazosin)  
 Ceftin (Cefuroxime)  
 Celexa **QL** (Citalopram **QL**)  
 Ciloxan Eye Drops (Ciprofloxacin)  
 Cipro (Ciprofloxacin)  
 Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)  
 Colestid Packets (Colestipol Packets)  
 Copegus **QL, N** (Ribavirin **QL, N**)  
 Darvocet-N **QL/QD** (Propoxyphene with Acetaminophen **QL/QD**)  
 DDAVP (Desmopressin)  
 Depo-Provera **QL** (Medroxyprogesterone Acetate 150mg/ml **QL**)  
 Dexedrine SR (Dextroamphetamine Sustained Release Capsule)  
 DiaBeta, Micronase, Glynase (Glyburide)  
 Didronel (Etidronate Disodium)  
 Diflucan 50, 100, 200mg Tablet **N** (Fluconazole **N**)  
 Diflucan 150mg **QL** (Fluconazole **QL**)  
 Diprolene AF (Betamethasone Dipropionate Augmented Cream)  
 Duricef (Cefadroxil)

Dyazide (Triamterene with Hydrochlorothiazide)  
 Dynacirc (Isradipine)  
 Effexor **QL** (Venlafaxine **QL**)  
 Elocon Cream, Ointment, Solution (Mometasone)  
 Eskalith CR (Lithium Carbonate Controlled-Release)  
 Fioricet (Butalbital with Acetaminophen and Caffeine)  
 Flexeril (Cyclobenzaprine)  
 Flonase **QL** (Fluticasone Nasal Spray **QL**)  
 Glucophage, XR (Metformin)  
 Glucotrol, XL (Glipizide)  
 Hytrin (Terazosin)  
 Inderal (Propranolol)  
 Keflex (Cephalexin)  
 Klonopin (Clonazepam)  
 Lasix (Furosemide)  
 Lithobid (Lithium Carbonate Extended-Release)  
 Lipid (Gemfibrozil)  
 Lopressor (Metoprolol)  
 Lotensin (Benazepril)  
 Lotensin HCT (Benazepril with Hydrochlorothiazide)  
 Lotrisone (Betamethasone with Clotrimazole)  
 Macrobid (Nitrofurantoin/Nitrofurantoin Macrocrystal)  
 Medrol Dosepak (Methylprednisolone)  
 Metrocream (Metronidazole Cream)  
 Mevacor **QL/QD** (Lovastatin **QL/QD**)  
 Mobic **QL** (Meloxicam **QL**)  
 Motrin (Ibuprofen) - Prescription strengths only  
 Mycelex Troche (Clotrimazole Troche)  
 Naprosyn (Naproxen) - Prescription strengths only  
 Neurontin Capsule, Tablet (Gabapentin)  
 Nizoral (Ketoconazole)  
 Ocuflax Eye Drops (Ofloxacin)

Percocet 5-325, 7.5-500, 10-650 **QL/QD** (Oxycodone with Acetaminophen **QL/QD**)  
 Plendil (Felodipine)  
 Pletal (Cilostazol)  
 Prinivil, Zestril (Lisinopril)  
 Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)  
 Procardia XL (Nifedipine Extended-Release)  
 Provera (Medroxyprogesterone)  
 Prozac **QL** (Fluoxetine **QL**)  
 Rebetol **QL, N** (Ribavirin **QL, N**)  
 Remeron **QL** (Mirtazapine **QL**)  
 Remeron SolTab **QL** (Mirtazapine Dispersible Tablet **QL**)  
 Restoril 15, 30mg (Temazepam)  
 Ritalin (Methylphenidate)  
 Ritalin SR (Methylphenidate Extended-Release)  
 Sporanox **QL, N** (Itraconazole **QL, N**)  
 Tenormin (Atenolol)  
 Tenoretic (Atenolol with Chlorthalidone)  
 Tylenol #3 **QL/QD** (Acetaminophen with Codeine **QL/QD**)  
 Ultracet **QL** (Tramadol with Acetaminophen **QL**)  
 Ultram **QL** (Tramadol **QL**)  
 Ultravate Cream, Ointment (Halobetasol Propionate)  
 Valium (Diazepam)  
 Vaseretic (Enalapril with Hydrochlorothiazide)  
 Vasotec (Enalapril)  
 Vicodin **QL/QD**, Vicodin ES **QL/QD** (Acetaminophen with Hydrocodone **QL/QD**)  
 Vicoprofen (Ibuprofen with Hydrocodone)  
 Voltaren Tablet (Diclofenac)  
 Wellbutrin **QL** (Bupropion **QL**)  
 Wellbutrin SR **QL, N** (Bupropion Sustained Release **QL, N**)  
 Xanax, Xanax XR (Alprazolam)  
 Ziac (Bisoprolol with Hydrochlorothiazide)

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Zithromax Tablet (Azithromycin  
Tablet)

Zocor **QL/QD**

(Simvastatin **QL/QD**)

Zonegran (Zonisamide)

Zovirax Tablet, Capsule,  
Suspension (Acyclovir)

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