

2008 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 of Food and Drug Administration (FDA)-approved brand name and generic medications.

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 may 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. You and your doctor decide which medication is appropriate for you.

Tier 1 – Your Lowest-Cost Option

This 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 right for your treatment.

Tier 2 – Your Midrange-Cost Option

This is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is right for your treatment.

Tier 3 – Your Highest-Cost Option

This is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. 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 right for your treatment.

Compounded medications, medications with one or more ingredients that are prepared “on-site” by a pharmacist, 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 www.myuhc.com, or call the Customer Care number on 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 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 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 to help ensure access to a wide range of medications and control health care costs for you and your employer or health plan. The PDL Management Committee is comprised of senior level 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 upon clinical information from the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and economic and financial considerations. The Committee looks at the overall health care value of a particular medication in order to balance the need for flexibility and choice for our members and an affordable pharmacy benefit for employer groups and health plans.

How often will prescription medications change tiers?

Medications may move to a higher tier up to three 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. For the most current information on your pharmacy coverage, please call the Customer Care number on your ID card or visit www.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 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 an over-the-counter medication. Medications on the PDL and other over-the-counter medications may be available.

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

The specific definitions for these notations (**QLL**, **QD**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs can help:

- Confirm coverage based on your benefit plan
- Alert pharmacists and doctors of potentially harmful medication interactions
- Notify your pharmacist and doctor of duplication in treatments

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. UnitedHealthcare has developed a specialty pharmacy network for these medications. 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.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.myuhc.com or call the Customer Care number on 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, etc.
- 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 Customer Care number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

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Tier One

Acebutolol	Bromocriptine	Diflorasone
Acetaminophen with Caffeine and Butalbital	Bumetanide	Diflunisal
Acetaminophen with Codeine QLL/QD	Bupropion QLL	Digoxin
Acetaminophen with Codeine, Caffeine and Butalbital QLL/QD	Bupropion Sustained Action QLL, N	Diltiazem Controlled Release Capsule
Acetaminophen with Hydrocodone QLL/QD	Buspirone	Diltiazem Sustained Release 12 Hours Capsule
Acetazolamide	Calcitriol	Diltiazem Tablet
Acetic Acid with Hydrocortisone Otic Solution	Captopril	Diphenoxylate
Acyclovir Tablet, Capsule, Suspension	Captopril with Hydrochlorothiazide	Diphenoxylate with Atropine
Albuterol Extended Release Tablet	Carbamazepine	Dipyridamide
Albuterol Inhalation Solution	Carbidopa/Levodopa	Doxazosin
Alendronate QLL	Carisoprodol	Doxepin
Allopurinol	Carvedilol	Doxycycline
Alprazolam	Cefaclor	Econazole
Alprazolam Extended Release	Cefadroxil	Enalapril
Amantadine Tablet, Capsule, Syrup	Cefuroxime	Enalapril with Hydrochlorothiazide
Amiloride with Hydrochlorothiazide	Cephalexin	Enpresse
Amiodarone	Chlordiazepoxide	Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital
Amitriptyline	Chlorhexidine	Errin
Amitriptyline with Chlordiazepoxide	Chlorthalidone	Erythromycin Base 250, 333mg
Amitriptyline with Perphenazine	Chlorzoxazone	Erythromycin Ethylsuccinate
Amlodipine Besylate	Cholestyramine	Erythromycin Stearate
Amoxicillin	Cholestyramine with Aspartame	Erythromycin with Benzoyl Peroxide
Amoxicillin with Potassium Clavulanate	Cilostazol	Estradiol Patch QLL
Amphetamine with Dextroamphetamine Salt Combination	Ciprofloxacin	Estropipate
Ampicillin	Citalopram QLL	Etidronate Disodium
Antipyrine with Benzocaine Otic Solution	Clarithromycin Tablet	Etodolac
Asmanex QLL	Clidinium with Chlordiazepoxide	Fast Take Test Strips QLL, DS
Aspirin with Caffeine and Butalbital	Clindamycin Capsule	Felodipine
Aspirin with Codeine, Caffeine and Butalbital	Clindamycin Gel, Soln, Lotion, Swabs	Fenofibrate
Atenolol	Clindamycin Vaginal Cream	Flecainide
Atenolol with Chlorthalidone	Clobetasol	Fluconazole 50, 100, 200mg N
Aviane	Clomiphene	Fluconazole 150mg QLL
Azathioprine	Clomipramine	Fludrocortisone
Azithromycin	Clonazepam	Flunisolide Nasal Spray QLL
Baclofen	Clonidine	Fluocinolone
Benazepril	Clorazepate	Fluocinonide
Benazepril with Hydrochlorothiazide	Clotrimazole Troches	Fluocinonide-E
Benzonatate	Clotrimazole with Betamethasone	Fluorometholone
Benzotropine	Colestipol	Fluorouracil Cream
Betamethasone Dipropionate Augmented Cream	Cromolyn	Fluoxetine QLL
Betamethasone Dipropionate Cream, Lotion, Ointment, Gel	Cyclessa	Flurazepam
Betamethasone Valerate	Cyclobenzaprine	Flurbiprofen
Betamethasone with Clotrimazole	Cyproheptadine	Fluticasone Nasal Spray QLL
Bisoprolol	Desipramine	Fluvoxamine QLL
Bisoprolol with Hydrochlorothiazide	Desmopressin	Folic Acid
	Desogen	Foradil QLL
	Desonide	Fosinopril
	Desoximetasone	Fosinopril with Hydrochlorothiazide
	Dexamethasone	Freestyle Lite Test Strips QLL, DS
	Dextroamphetamine	Freestyle Test Strips QLL, DS
	Dextroamphetamine Sustained Release	Frova QLL
	Diazepam	Furosemide
	Diclofenac	Gabapentin Capsule, Tablet
	Dicloxacillin	
	Dicyclomine	

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

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

P = Progression Rx.

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

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

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

½T = Eligible for Half Tablet Program.

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Gemfibrozil	Medroxyprogesterone 150mg/ml QLL	Nortriptyline
Gentamicin	Medroxyprogesterone Tablet	Novolin Vials
Glimepiride	Mefloquine QLL	Novolog Vials
Glipizide	Megestrol	Nystatin
Glipizide Extended-Release	Meloxicam QLL	Nystatin with Triamcinolone
Glyburide	Meperidine	Ofloxacin Eye Drops
Glyburide Micronized	Meperidine with Promethazine	Ofloxacin Otic Drops
Guanfacine	Metformin	Ogestrel
Halobetasol Cream, Ointment	Metformin Extended-Release	Ondansetron QLL
Haloperidol	Methadone	One Touch Test Strips QLL, DS
Hydralazine	Methimazole	One Touch Ultra Test Strips QLL, DS
Hydrochlorothiazide	Methocarbamol	Orapred Oral Solution
Hydrocodone with Homatropine	Methotrexate	Oxaprozin
Hydrocortisone Acetate Suppositories	Methylidopa	Oxazepam
Hydrocortisone Valerate	Methylphenidate	Oxybutynin
Hydromorphone	Methylphenidate Extended-Release	Oxycodone
Hydroxychloroquine	Methylprednisolone	Oxycodone with Acetaminophen QLL/QD
Hydroxyzine	Methyltestosterone with Esterfied Estrogens	Oxycodone with Aspirin
Ibuprofen - Prescription strengths only	Metoclopramide	Oxycodone with Ibuprofen QLL
Ibuprofen with Hydrocodone	Metolazone	Paroxetine QLL
Imipramine	Metoprolol	PEG 3350/Powder for Solution
Indapamide	Metoprolol Succinate Sustained Release 25mg	Penicillin V Potassium
Indomethacin	Metronidazole	Pentoxifylline
Ipratropium Inhalation Solution	Metronidazole Cream	Permethrin Cream
Isometheptene, Dichloralphenazone and Acetaminophen	Microgestin	Phenazopyridine
Isoniazid	Microgestin FE	Phenobarbital
Isosorbide Dinitrate	Minoxidil Tablet	Phenylephrine with Chlorpheniramine and Scopolamine
Isosorbide Mononitrate	Mirtazapine QLL	Phenylephrine with Hydrocodone
Isradipine	Mirtazapine Dispersible Tablet QLL	Phenytoin
Itraconazole QLL, N	Misoprostol	Pindolol
Junel	Mometasone	Piroxicam
Junel FE	Mononessa	Polymyxin B with Trimethoprim
Kariva	Morphine	Portia
Ketoconazole	Morphine Sulfate Controlled Release QLL/QD	Potassium Chloride
Ketoprofen	Mupirocin Ointment	Potassium Citrate
Ketorolac	Nadolol	Pravastatin QLL/QD, 1/2T
Labetalol	Nadolol with Bendroflumethiazide	Prazosin
Lactulose	Naproxen - Prescription strengths only	Precision Q-I-D Test Strips QLL, DS
Leflunomide QLL	Necon	Precision Xtra Test Strips QLL, DS
Lessina	Nefazodone QLL	Prednisolone
Levothyroxine	Neomycin/Polymyxin B/Dexamethasone	Prednisone
Levora	Neomycin/Polymyxin/Gramicidin	Prenatal Vitamins - Generic prescription strengths only
Lidocaine Viscous	Neomycin/Polymyxin/Hydrocortisone	Primidone
Lisinopril	Nifedipine	Probenecid
Lisinopril with Hydrochlorothiazide	Nifedipine Controlled-Release	Prochlorperazine
Lithium Carbonate	Nifedipine Extended Release	Promethazine
Lithium Carbonate Controlled-Release	Nitrofurantoin/Nitrofurantoin Macrocrystals	Promethazine with Codeine
Lithium Carbonate Extended-Release	Nitrofurantoin Macrocrystals	Promethazine with Dextromethorphan
Lo/Ovral	Nitroglycerin	Promethazine with Phenylephrine
Lorazepam	Norethindrone	Promethazine with Phenylephrine and Codeine
Lovastatin QLL/QD	Nortrel	Propafenone
Maxalt QLL		
Maxalt MLT QLL		
Mebendazole		

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1/2T = Eligible for Half Tablet Program.

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Propoxyphene
Propoxyphene with Acetaminophen **QLL/QD**
Propranolol Tablet
Propylthiouracil
Pulmicort Flexhaler **QLL**
Pulmicort Turbuhaler **QLL**
QVAR **QLL**
Ranitidine Syrup
Relpax **QLL**
Ribavirin **QLL, N**
Rifampin
Salsalate
Selenium Sulfide
Sertraline **QLL, ½T**
Silver Sulfadiazine
Simvastatin **QLL/QD, ½T**
Sodium Fluoride
Sotalol
Spironolactone with Hydrochlorothiazide
Spironolactone
Sprintec
Sucralfate
Sulfacetamide
Sulfacetamide with Sulfur
Sulfamethoxazole with Trimethoprim
Sulfasalazine
Sulfasalazine EC
Sulfatrim
Sulindac
Surestep Test Strips **QLL, DS**
Tamoxifen
Temazepam
Terazosin
Terbutaline
Terconazole Suppository **QLL**
Tetracycline
Theophylline
Theophylline Anhydrous Tablet, Sustained Action
Thyroid
Timolol Drops
Tizanidine
Tobramycin
Torsemide
Tramadol **QLL**
Tramadol with Acetaminophen **QLL**
Trazodone
Tretinoin **N**
Tri-Sprintec
Triamcinolone
Triamterene with Hydrochlorothiazide
Triazolam

Trimethobenzamide
Trimethobenzamide with Benzocaine
Trimethoprim
Trimipramine Maleate
Trinessa
Trivora
Ursodiol
Venlafaxine **QLL**
Verapamil
Warfarin
Xopenex HFA **QLL**
Zolpidem **QLL/QD**
Zomig **QLL**
Zomig ZMT **QLL**
Zonisamide
Zovia 1/35E
Zovia 1/50E

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Tier Two

Aceon $\frac{1}{2}$ T
 Aciphex **QLL/OD**
 Activella
 Actonel **QLL**
 Actonel with Calcium **QLL**
 Actoplus Met **QLL**
 Actos **QLL**
 Adderall XR **QLL**
 Adoxa (Dosepack = Tier 3)
 Advicor
 Aldara
 Alesse
 Alphagan P **QLL**
 Altace
 Altoprev **QLL/OD**
 Androderm
 Androgel **QLL**
 Antabuse
 Antara
 Aranesp **QLL/OD**
 Aricept **QLL**
 Aricept ODT **QLL**
 Arimidex
 Arixtra **QLL**
 Asacol
 Astelin **QLL**
 Atrovent Inhaler
 Avandamet **QLL**
 Avandaryl **QLL**
 Avandia **QLL**
 Avonex **QLL**
 Axid Oral Solution
 Azelex
 Balsalazide Disodium
 Benicar **QLL/OD, $\frac{1}{2}$ T**
 Benicar HCT **QLL/OD**
 Benzamycin
 Betaseron **QLL/OD**
 Betoptic S
 BiDil
 Boniva **QLL**
 Butorphanol Nasal Spray **QLL**
 Byetta **QLL**
 Cabergoline
 Canasa
 Capex Shampoo
 Carac Cream
 Cardizem LA
 Cefdinir **QLL**
 Cefprozil
 Cellcept
 Cenestin
 Ciprodex
 Clarithromycin Suspension

Clarithromycin XL
 Cleocin Vaginal Suppositories
 Climara **QLL**
 Clindesse
 Copaxone **QLL**
 Coumadin
 Cozaar **QLL/OD, $\frac{1}{2}$ T**
 Crestor **QLL/OD, $\frac{1}{2}$ T**
 Dapsone
 Depakote
 Depakote ER
 Depakote Sprinkle
 Diclofenac Sodium Drops
 Dilantin
 Diltiazem Sustained Action Capsule
 Diltiazem Sustained Release
 24 Hour Capsule
 Diovan **QLL/OD, $\frac{1}{2}$ T**
 Diovan HCT **QLL/OD**
 Dovonex **QLL**
 Duetact **QLL**
 Effexor XR **QLL**
 Elestat
 Emend **QLL**
 Enablex **QLL**
 Enjuvia
 Entocort EC
 Epogen **QLL/OD**
 Esclim **QLL**
 Estraderm **QLL**
 Estratest
 Estratest H.S.
 Estring **QLL**
 Evista
 Femara
 Fentanyl Citrate Lollipop **QLL/OD, N**
 Fentanyl Transdermal System **QLL/OD**
 Fortical **QLL**
 Fosrenol
 Gabitril
 Geodon **QLL**
 Glipizide with Metformin
 Glucagon Emergency Kit
 Glyburide with Metformin
 Glycopyrrolate
 Granisetron Tablet **QLL**
 Grifulvin V Tablet
 Humatrope **QLL/OD, N**
 Hyzaar **QLL/OD**
 Imitrex Injection **QLL**
 Intal **QLL**
 Isotretinoin
 Janumet **QLL**
 Januvia **QLL**
 Keppra

Lanoxin
 Lantus Vials
 Leuprolide
 Levaquin
 Levemir Vials
 Lidoderm **QLL/OD**
 Lindane
 Lipitor **QLL/OD, $\frac{1}{2}$ T**
 Locoid Lipocream
 Lofibra Tablet
 Lovenox **QLL**
 Lumigan **QLL**
 Malarone
 Mesalamine Enema
 Methergine
 Metoprolol Succinate Sustained
 Release 50, 100, 200mg
 Metrogel
 Metro lotion
 Metronidazole Vaginal Gel
 Micardis **QLL/OD**
 Micardis HCT **QLL/OD**
 Minocycline
 Mirapex
 Moexipril $\frac{1}{2}$ T
 Nabumetone
 Nasonex **QLL**
 Neoral
 Neupogen
 Niaspan
 Norditropin **QLL/OD, N**
 Novolin Pens/Cartridges
 Novolog Pens/Cartridges
 Nutropin **QLL/OD, N**
 Nuvaring
 Omeprazole **QLL/OD**
 Optivar
 Orphenadrine
 Orphenadrine Compound
 Oxandrolone
 Oxcarbazepine
 Oxycontin **QLL/OD**
 Oxytrol
 Pegasys **QLL, N**
 Peg-Intron **QLL, N**
 Plavix
 Prandin **QLL**
 Precare
 Precose
 Prefest
 Prevacid Solutab **QLL/OD**
 Prevpac **QLL**
 Procrit **QLL/OD**
 Proctofoam-HC
 Prograf

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

P = **Progression Rx.**

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

QLL = **Quantity Level Limit.** Some medications have a limited amount that can be covered at one time.

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

$\frac{1}{2}$ T = **Eligible for Half Tablet Program.**

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Prometrium
Protonix **QLL/QD**
Protopic **QLL, N**
Pulmicort Respules **QLL**
Pylera
Quinapril
Quinapril with Hydrochlorothiazide
Ramipril Capsule
Ranexa **QLL**
Renagel
Renvela
Requip
Retin-A Micro **QLL, N**
Risperdal (M-Tab = Tier 3) **QLL**
Roferon A **QLL, N**
Seroquel **QLL**
Serostim **QLL/QD, N**
Singulair **QLL**
Soriatane
Spiriva **QLL**
Sular
Symbyax
Synthroid
Tazorac **QLL, N**
Tegretol
Tegretol XR
Terbinafine Tablet **QLL, N**
Testim 1% **QLL**
Tev-Tropin **QLL/QD, N**
Tilade **QLL**
Tolmetin
Travatan **QLL**
Travatan Z **QLL**
Tricor Tablet
Triglide
Triphasil
Trusopt
Twinject **QLL**
Urso
Urso Forte
Valtrex **QLL**
Vesicare **QLL**
Vivelle **QLL**
Vivelle-Dot **QLL**
Vytorin **QLL**
Vyvanse **QLL**
Welchol
Yasmin
Yaz
Zegerid **QLL/QD**
Zomig Nasal Spray **QLL**
Zovirax Ointment, Cream
Zylet
Zyprexa (Zydis = Tier 3) **QLL**

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Tier Three

Abilify QLL	Cenogen Ultra	Flomax
Accolate QLL	Cesamet QLL, P	Flovent HFA QLL
Accu-Chek Test Strips QLL, DS	Cesia	Focalin QLL
Accupril	Chemstrip BG Test Strips QLL, DS	Focalin XR QLL
Accutretic	Cialis QD	Fosamax Plus D QLL
Aclovate	Ciclopirox Solution, Topical QLL	Genotropin QLL/QD, N
Actiq QLL/QD, N	Ciloxan Ophthalmic Ointment	Glucometer Test Strips QLL, DS
Acular	Cipro XR	Glucovance
Advair Diskus QLL	Ciprofloxacin Tablet, Sustained Release, 24 Hour	Glumetza
Advair HFA QLL	<i>Clarinex</i> QLL/QD, Excluded	Gynazole-1
Aggrenox	<i>Clarinex-D</i> QLL/QD, Excluded	Gynodiol 1.5mg Tablet
Albuterol Sulfate/Ipratropium Solution, Non-Oral	Climara Pro QLL	Humalog
Allegra QLL/QD	Clindagel	Humibid DM
<i>Allegra ODT</i> QLL/QD, Excluded	Colazal	Humibid LA
<i>Allegra Suspension</i> QLL/QD, Excluded	Colyte	Humira QLL/QD
<i>Allegra-D</i> QLL/QD, Excluded	Combipatch QLL	Humulin
Alocril	Combivent QLL	Imitrex Nasal Spray QLL
Alomide	Concerta QLL	Imitrex Tablet QLL
Ambien CR QLL/QD	Coreg CR QLL	Inderal LA
Amerge QLL	Cosopt QLL	Intron A QLL, N
Amlodipine and Benazepril QLL	Covera-HS	Invega QLL
Analpram-HC	Cryselle	Kadian QLL/QD
Anzemet QLL	Cutivate	Ketek
Apri	Cymbalta QLL/QD	Kineret QLL/QD
Armour Thyroid	Cytomel	Kytril Tablet QLL
Arthrotec	Daytrana QLL	Lamictal
Ascensia Autodisc QLL, DS	Denavir	Lamisil Tablet QLL, N
Ascensia Elite QLL, DS	Derma-Smoothe/FS	Lantus SoloStar
Atacand QLL/QD, 1/2T	Detrol	Lescol QLL/QD
Atacand HCT QLL/QD	Detrol LA QLL	Lescol XL QLL/QD
Augmentin XR	Differin QLL, N	Levemir Pen
Avalide QLL/QD	Diprolene	Levitra QD
Avapro QLL/QD, 1/2T	Ditropan XL QLL	Levonorgestrel-Ethinyl Estradiol Tablet, Dosepack, 3 Month QLL
Avelox	Doryx	Levothroid
Avinza QLL/QD	Dostinex	Lexapro QLL, 1/2T
Avodart QLL, N	Duac, Duac CS	Lialda
Axert QLL	DuoNeb	Locoid
Azmacort QLL	Duragesic QLL/QD	Loestrin
Bactroban QLL	Elidel QLL, N	Loestrin FE
Beconase AQ QLL	Elocon	Loprox
Benzaclin	Enbrel QLL/QD	Lotemax
Biaxin Suspension	Epipen QLL	Lotrel QLL
Biaxin XL	Epipen Jr. QLL	Lovaza QLL
Blephamide Eye Drops	Estrostep FE	Low-Ogestrel
Bupropion Sustained Release 24 Hour 300mg QLL, N	Extendryl SR	Lunesta QLL/QD
Caduet QLL	Factive	Luxiq
Carafate Suspension	Famciclovir QLL	Lybrel
Carbatrol	Famvir QLL	Lyrica QLL/QD
Catapres-TTS QLL	FemHRT	Mavik 1/2T
Cefzil	Fentora QLL/QD, N	Maxair Autohaler QLL
Celebrex QLL/QD	Fexofenadine QLL/QD	Menest
	Finacea	Mentax
	Finasteride N	Metadate CD QLL

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Metaglip
 Metrogel Vaginal
 Miacalcin Nasal Spray **QLL**
 Mircette
 Modicon
 Naftin
 Nasacort **QLL**
 Nasacort AQ **QLL**
 Natelle
 Nestabs RX
Nexium **QLL/QD, Excluded**
 Nitrostat
 Nordette
 Noritate
 Nulev
 Nulytely
 Olux **QLL**
 Omnicef **QLL**
 Orapred ODT
 Ortho Evra **QLL**
 Ortho Micronor
 Ortho Tri-Cyclen
 Ortho Tri-Cyclen Lo
 Ortho-Cept
 Ortho-Cyclen
 Ortho-Novum
 Oscion
 Ovcon-50
 Oxistat
 Oxybutynin Sustained Release **QLL**
 Pantoprazole **QLL/QD**
 Pataday
 Patanol
 Paxil CR **QLL**
 Penlac **QLL**
 Pentasa
 Periostat
 Pexeva **QLL, 1/2T**
 Plexion
 Ponstel
 Precare Conceive
 Precare Prenatal
 Premarin
 Premesis RX
 Premphase
 Prempro
 Prenate Advance
 Prenate GT
Prevacid Capsule **QLL/QD, Excluded**
 Primacare
 ProAir HFA **QLL**
 Propranolol Sustained Action Capsule
 Proscar **N**
 Proventil HFA **QLL**

Provigil **QLL, N**
 Prozac Weekly **QLL**
 Quixin
 Rebif **QLL/QD**
 Reclipsen
 Relafen
 Relenza **QLL, N**
 Restasis **QLL, N**
 Restoril 7.5, 22.5mg
 Rhinocort **QLL**
 Rhinocort Aqua **QLL**
 Ritalin LA **QLL**
 Robinul Forte
 Rosanil
 Rozerem **QLL/QD**
 Sanctura **QLL**
 Sarafem **QLL**
 Seasonale **QLL**
 Seasonique
 Sensipar
 Serevent Diskus **QLL**
 Skelaxin
 Solia
 Sonata **QLL/QD**
 Starlix **QLL**
 Strattera **QLL**
 Symlin **QLL**
 Tamiflu **QLL, N**
 Tarka
 Tekturna **QLL/QD**
 Tequin
 Terazol **QLL**
 Terconazole Cream **QLL**
 Teveten **QLL/QD**
 Theo-24
 Tobradex
 Topamax
 Toprol XL 50, 100, 200mg
 Tracer BG Test Strips **QLL, DS**
 Trandolapril
 Transderm-Scop
 Tri-Norinyl
Triaz **Excluded**
 Trileptal
 Tussionex
 Uniretic
 Univasc **1/2T**
 Uroxatral **QLL**
 Vagifem
 Vantin
 Velivet
 Ventolin HFA **QLL**
 Verapamil Capsule, 24 Hour Sustained Release Pellets

Verelan PM
 Viagra **QD**
 Vigamox
 Visicol
 Voltaren Eye Drops
 Wellbutrin XL **QLL, N**
 Xalatan **QLL**
 Xopenex Solution
 Xyzal **QLL/QD**
 Zelnorm **QLL/QD, N**
 Zetia **QLL/QD**
 Ziana **QLL**
 Zmax **QLL**
 Zymar

NOTE:

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

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Additional Tier Three drugs with a generic equivalent in Tier One

Adderall (Amphetamine with Dextroamphetamine Salt Combination)
 Aldactone (Spironolactone)
 Amaryl (Glimepiride)
 Ambien **QLL/QD** (Zolpidem **QLL/QD**)
 Anaprox (Naproxen)
 Arava **QLL** (Leflunomide **QLL**)
 Ativan (Lorazepam)
 Augmentin ES (Amoxicillin with Potassium Clavulanate)
 Biaxin Tablet (Clarithromycin Tablet)
 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 **QLL** (Citalopram **QLL**)
 Ciloxan Eye Drops (Ciprofloxacin)
 Cipro (Ciprofloxacin)
 Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)
 Colestid (Colestipol)
 Combunox **QLL** (Oxycodone with Ibuprofen **QLL**)
 Copegus **QLL, N** (Ribavirin **QLL, N**)
 Coreg (Carvedilol)
 Darvocet-N **QLL/QD** (Propoxyphene with Acetaminophen **QLL/QD**)
 DDAVP (Desmopressin)
 Depo-Provera **QLL** (Medroxyprogesterone Acetate 150mg/ml **QLL**)
 Dexedrine SR (Dextroamphetamine Sustained Release Capsule)
 DiaBeta, Micronase, Glynase (Glyburide)
 Didronel (Etidronate Disodium)
 Diflucan 50, 100, 200mg Tablet **N** (Fluconazole **N**)
 Diflucan 150mg **QLL** (Fluconazole **QLL**)
 Diprolene AF (Betamethasone Dipropionate Augmented Cream)
 Duricef (Cefadroxil)
 Dyazide (Triamterene with Hydrochlorothiazide)
 Dynacirc (Isradipine)
 Effexor **QLL** (Venlafaxine **QLL**)
 Elocon Cream, Ointment, Solution (Mometasone)

Eskalith CR (Lithium Carbonate Controlled-Release)
 Fioricet (Butalbital with Acetaminophen and Caffeine)
 Flexeril (Cyclobenzaprine)
 Flonase **QLL** (Fluticasone Nasal Spray **QLL**)
 Floxin Otic (Ofloxacin Otic Drops)
 Fosamax **QLL** (Alendronate **QLL**)
 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 **QLL/QD** (Lovastatin **QLL/QD**)
 Mobic **QLL** (Meloxicam **QLL**)
 Monopril (Fosinopril)
 Monopril HCT (Fosinopril with Hydrochlorothiazide)
 Motrin (Ibuprofen) - Prescription strengths only
 Mycelex Troche (Clotrimazole Troche)
 Naprosyn (Naproxen) - Prescription strengths only
 Nasarel **QLL**, Nasalide **QLL** (Flunisolide Nasal Spray **QLL**)
 Neurontin Capsule, Tablet (Gabapentin)
 Nizoral (Ketoconazole)
 Norvasc (Amlodipine Besylate)
 Ocuflax Eye Drops (Ofloxacin)
 Paxil **QLL** (Paroxetine **QLL**)
 Percocet 5-325, 7.5-500, 10-650 **QLL/QD** (Oxycodone with Acetaminophen **QLL/QD**)
 Plendil (Felodipine)
 Pletal (Cilostazol)
 Pravachol **QLL/QD, ½T** (Pravastatin **QLL/QD, ½T**)
 Prinivil, Zestril (Lisinopril)

Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
 Procardia XL (Nifedipine Extended-Release)
 Provera (Medroxyprogesterone)
 Prozac **QLL** (Fluoxetine **QLL**)
 Rebetol **QLL, N** (Ribavirin **QLL, N**)
 Remeron **QLL** (Mirtazapine **QLL**)
 Remeron SolTab **QLL** (Mirtazapine Dispersible Tablet **QLL**)
 Restoril 15, 30mg (Temazepam)
 Ritalin (Methylphenidate)
 Ritalin SR (Methylphenidate Extended-Release)
 Sporanox **QLL, N** (Itraconazole **QLL, N**)
 Surmontil (Trimipramine Maleate)
 Tenormin (Atenolol)
 Tenoretic (Atenolol with Chlorthalidone)
 Toprol XL 25mg (Metoprolol Succinate Sustained Release)
 Tylenol #3 **QLL/QD** (Acetaminophen with Codeine **QLL/QD**)
 Ultracet **QLL** (Tramadol with Acetaminophen **QLL**)
 Ultram **QLL** (Tramadol **QLL**)
 Ultravate Cream, Ointment (Halobetasol Propionate)
 Uniphyll (Theophylline Anhydrous Tablet, Sustained Action)
 Valium (Diazepam)
 Vaseretic (Enalapril with Hydrochlorothiazide)
 Vasotec (Enalapril)
 Vicodin **QLL/QD**, Vicodin ES **QLL/QD** (Acetaminophen with Hydrocodone **QLL/QD**)
 Vicoprofen (Ibuprofen with Hydrocodone)
 Voltaren Tablet (Diclofenac)
 Wellbutrin **QLL** (Bupropion **QLL**)
 Wellbutrin SR **QLL, N** (Bupropion Sustained Action **QLL, N**)
 Xanax, Xanax XR (Alprazolam)
 Zantac Syrup (Ranitidine Syrup)
 Ziac (Bisoprolol with Hydrochlorothiazide)
 Zithromax (Azithromycin)
 Zocor **QLL/QD, ½T** (Simvastatin **QLL/QD, ½T**)
 Zofran **QLL** (Ondansetron **QLL**)
 Zoloft **QLL, ½T** (Sertraline **QLL, ½T**)
 Zonegran (Zonisamide)
 Zovirax Tablet, Capsule, Suspension (Acyclovir)

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