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 "onsite" 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.

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 selfadministered 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.

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.

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

Amlodipine Besylate

Amlodipine and Benazepril QL

Amoxicillin

Amoxicillin with Potassium Clavulanate Amphetamine with Dextroamphetamine

Salt Combination

Ampicillin

Antipyrine with Benzocaine Otic

Solution Apri Asmanex **QL**

Aspirin with Caffeine and Butalbital Aspirin with Codeine, Caffeine and

Butalbital Atenolol

Atenolol with Chlorthalidone

Aviane Azathioprine Azithromycin Baclofen

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 Action **QL, N**Bupropion Sustained Release 24 Hour

300mg **QL, N** Buspirone

Butorphanol Nasal Spray QL

Cabergoline Calcitriol Captopril

Captopril with Hydrochlorothiazide

Carbamazepine Carbidopa/Levodopa

Carisoprodol
Carvedilol
Cefaclor
Cefadroxil
Cefdinir **QL**Cefprozil
Cefuroxima

Cefuroxime Cephalexin Cesia

Chlordiazepoxide Chlorhexidine Chlorthalidone Chlorzoxazone Cholestyramine

Cholestyramine with Aspartame Ciclopirox Solution, Topical **QL**

Cilostazol Ciprofloxacin

Ciprofloxacin Tablet, Sustained Release,

24 Hour Citalopram **QL** Clarithromycin

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 Cromolyn Cryselle Cyclobenzaprine Cyproheptadine Desipramine

Desmopressin
Desonide
Desoximetasone
Dexamethasone

Dextroamphetamine

Dextroamphetamine Sustained Release

Diazepam
Diclofenac
Dicloxacillin
Dicyclomine
Diflorasone
Diflunisal
Digoxin
Diltiazem
Diphenoxylate

Diphenoxylate with Atropine

Dipyridamole
Doxazosin
Doxepin
Doxycycline
Econazole
Enalapril

Enalapril with Hydrochlorothiazide

Enpresse

Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital

Errin

Erythromycin Base 250, 333mg Erythromycin Ethylsuccinate Erythromycin Stearate

Erythromycin with Benzoyl Peroxide

Estradiol Patch **QL**Estropipate
Etidronate Disodium

Etodolac Famciclovir **QL**

Felodipine

Fast Take Test Strips QL, DS

Fenofibrate
Fentanyl Citrate Lollipop **QL/QD, N**Fentanyl Transdermal System **QL/QD**

Fexofenadine **QL/QD**Finasteride **N**Flecainide

Fluconazole 50, 100, 200mg **N**Fluconazole 150mg **QL**Fludrocortisone

Flunisolide Nasal Spray QL

Fluocinolone
Fluocinonide
Fluocinonide-E
Fluorometholone
Fluorouracil Cream
Fluoxetine **QL**Flurazepam
Flurbiprofen

Fluticasone Nasal Spray QL

Fluvoxamine **QL**Folic Acid
Foradil **QL**Fortical **QL**

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

Fosinopril
Fosinopril with Hydrochlorothiazide
Freestyle Lite Test Strips **QL, DS**Freestyle Test Strips **QL, DS**

Frova **QL** Furosemide

Gabapentin Capsule, Tablet

Gemfibrozil Gentamicin Glimepiride Glipizide

Glipizide Extended-Release Glipizide with Metformin

Glyburide

Glyburide Micronized Glyburide with Metformin

Glycopyrrolate Guanfacine

Halobetasol Cream, Ointment

Haloperidol Hydralazine

Hydrochlorothiazide

Hydrocodone with Homatropine Hydrocortisone Acetate Suppositories

Hydrocortisone Valerate Hydromorphone Hydroxychloroquine Hydroxyzine

Ibuprofen - Prescription strengths only

Ibuprofen with Hydrocodone

Imipramine Indapamide Indomethacin

Ipratropium Inhalation Solution Isometheptene, Dichloralphenazone and

Acetaminophen Isoniazid

Isosorbide Dinitrate
Isosorbide Mononitrate

Isotretinoin Isradipine Itraconazole **QL, N**

Junel
Junel FE
Kariva
Ketoconazole
Ketoprofen
Ketorolac
Labetalol
Lactulose
Leflunomide **QL**Lessina

Levonorgestrel-Ethinyl Estradiol Tablet,

Dosepack, 3 Month QL

Levothyroxine

Leuprolide

Lidocaine Viscous

Lisinopril

Lisinopril with Hydrochlorothiazide

Lithium Carbonate

Lithium Carbonate Controlled-Release Lithium Carbonate Extended-Release

Lorazepam Lovastatin **QL/QD** Low-Ogestrel Maxalt **QL** Maxalt MLT **QL** Mebendazole

Medroxyprogesterone 150mg/ml **QL** Medroxyprogesterone Tablet

Mefloquine **QL**Megestrol
Meloxicam **QL**Meperidine

Meperidine with Promethazine

Mesalamine Enema

Metformin

Metformin Extended-Release

Methadone Methimazole Methocarbamol Methotrexate Methyldopa Methylphenidate

Methylphenidate Extended-Release

Methylprednisolone

Methyltestosterone with Esterfied Estrogens Metoclopramide

Metolazone Metoprolol

Metoprolol Succinate Sustained

Release Metronidazole Metronidazole Cream Metronidazole Vaginal Gel

Microgestin Microgestin FE Minocycline Minoxidil Tablet Mirtazapine **QL**

Mirtazapine Dispersible Tablet QL

Misoprostol Moexipril Mometasone Mononessa Morphine

Morphine Sulfate Controlled Release **QL/QD**

Mupirocin Ointment Nabumetone

Nadolol Nadolol/Bendroflumethiazide Naproxen - Prescription strengths only

Necon

Nefazodone QL

Neomycin/Polymyxin B/Dexamethasone

Neomycin/Polymyxin/Gramicidin Neomycin/Polymyxin/Hydrocortisone

Nifedipine

Nifedipine Controlled-Release Nifedipine Extended Release Nitrofurantoin/Nitrofurantoin

Macrocrystals

Nitrofurantoin Macrocrystals

Nitroglycerin Norethindrone Nortrel Nortriptyline Novolin Vials Novolog Vials Nystatin

Nystatin with Triamcinolone

Ofloxacin Eye Drops
Ofloxacin Otic Drops

Ogestrel

Omeprazole **QL/QD** Ondansetron **QL, N**

One Touch Test Strips **QL, DS**One Touch Ultra Test Strips **QL, DS**

Orapred Oral Solution

Orphenadrine

Orphenadrine Compound

Oxandrolone
Oxaprozin
Oxazepam
Oxcarbazepine
Oxybutynin

Oxybutynin Sustained Release **QL**

Oxycodone

Oxycodone with Acetaminophen **QL/QD**

Oxycodone with Aspirin

Paroxetine **QL**

PEG 3350/Powder for Solution

Penicillin V Potassium Pentoxifylline Permethrin Cream Phenazopyridine Phenobarbital

Phenylephrine with Chlorpheniramine

and Scopolamine

Phenylephrine with Hydrocodone

Phenytoin Pindolol Piroxicam

Polymyxin B with Trimethoprim

Portia

Potassium Chloride Potassium Citrate Pravastatin **QL/QD**

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

QL = Quantity Level. 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.

Precision Q-I-D Test Strips QL, DS

Precision Xtra Test Strips **QL, DS**

Prednisolone Prednisone

Prenatal Vitamins - Generic prescription

strengths only Primidone Probenecid Prochlorperazine Promethazine

Promethazine with Codeine

Promethazine with Dextromethorphan Promethazine with Phenylephrine Promethazine with Phenylephrine and

Codeine Propafenone

Propoxyphene

Propoxyphene with Acetaminophen

QL/QD

Propranolol Sustained Action Capsule

Propranolol Tablet
Propylthiouracil
Pulmicort Flexhaler **QL**

Pulmicort Turbuhaler ${f QL}$

Quinapril
Quinapril with Hydrochlorothiazide

QVAR QL
Ranitidine Syrup
Reclipsen
Relpax QL
Ribavirin QL, N
Rifampin
Salsalate
Selenium Sulfide
Sertraline QL
Silver Sulfadiazine

Simvastatin **QL/QD** Sodium Fluoride Solia

Sotalol
Spironolactone with
Hydrochlorothiazide
Spironolactone
Sprintec
Sucralfate

Sulfacetamide Sulfacetamide with Sulfur

Sulfamethoxazole with Trimethoprim

Sulfasalazine Sulfasalazine EC Sulfatrim Sulindac

Surestep Test Strips QL, DS

Tamoxifen

Temazepam Terazosin

Terbinafine Tablet QL, N

Terbutaline

Terconazole Cream **QL**Terconazole Suppository **QL**

Tetracycline
Theophylline
Thyroid
Timolol Drops
Tizanidine
Tobramycin
Tolmetin
Torsemide

Tramadol with Acetaminophen QL

Trandolapril Trazodone Tretinoin **N** Tri-Sprintec Triamcinolone

Tramadol QL

Triamterene with Hydrochlorothiazide

Triazolam

Trimethobenzamide

Trimethobenzamide with Benzocaine

Trimethoprim Trimipramine Maleate Trinessa

Trivora
Ursodiol
Velivet
Venlafaxine QL
Verapamil
Warfarin
Xopenex HFA QL
Zolpidem QL/QD
Zomig QL
Zomig ZMT QL
Zonisamide
Zovia 1/35E
Zovia 1/50E

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Tier Two
Aceon
Aciphex QL/QD
Activella
Actonel 5, 35mg QL

Actonel 5, 35mg **QL**Actonel with Calcium **QL**Actoplus Met **QL**Actos **QL**

Adderall XR **QL** Adoxa (Dosepack = Tier 3)

Advicor Aldara Alesse Alphagan P **QL** Altace

Altoprev **QL/QD**Androderm
Androgel **QL**Antabuse
Antara
Aricept **QL**Aricept **QL**Arimidex
Arixtra **QL**Asacol

Atrovent Inhaler Avandamet QL Avandaryl QL Avandia QL Avonex QL Axid Oral Solution

Azelex

Astelin OL

Bactroban Cream, Nasal Ointment

Benicar QL/QD
Benicar HCT QL/QD
Benzamycin
Betaseron QL/QD
Betoptic S
Biaxin XL
BiDil
Boniva QL
Byetta QL
Canasa
Capex Shampoo
Carac Cream
Cardizem LA

Cleocin Vaginal Suppositories

Climara **QL**Clindesse
Colazal
Copaxone **QL**Coreg

Cellcept

Cenestin

Ciprodex

Coumadin
Cozaar QL/QD
Crestor QL/QD
Dapsone
Depakote
Depakote ER
Depakote Sprinkle
Dilantin

Diovan **QL/QD**Diovan HCT **QL/QD**Dovonex
Duetact **QL**Effexor XR **QL**Elestat
Enablex **QL**Enjuvia
Entocort EC
Esclim **QL**Estraderm **QL**Estratest

Estratest H.S.

Estring QL

Evista
Femara
Fosamax **QL**Fosamax Plus D **QL**Fosrenol
Gabitril
Geodon

Grifulvin V Tablet
Humatrope QD, N
Hyzaar QL/QD
Imitrex Injection QL
Intal QL

Glucagon Emergency Kit

Janumet **QL**Januvia **QL**Keppra
Kytril **QL, N**Lanoxin
Lantus Vials
Levaquin
Levemir Vials
Lidoderm **QL/QD**Lindane
Lipitor **QL/QD**

Lovenox **QL**Lumigan **QL**Malarone
Methergine
Metrogel
Metrolotion
Micardis **QL/QD**Micardis HCT **QL/QD**

I o/Ovral

Lofibra Tablet

Mirapex
Nasonex **QL**Neoral
Neupogen
Niaspan
Norditropin **QD, N**Novolin Pens/Cartridges

Novolog Pens/Cartridges

Nutropin **QD**, **N**Nuvaring
Optivar
Ortho-Prefest
Oxycontin **QL/QD**Oxytrol

Pegasys QL. N

Peg-Intron QL, N Plavix Prandin QL Precare Precose Premarin Premphase Prempro

Prevacid Solutab **QL/QD**Prevpac **QL**Procrit **QD**

Procrit UD
Proctofoam-HC
Prograf
Prometrium
Protonix QL/QD
Protopic N
Pulmicort Respules QL

Ranexa **QL** Renagel Requip

Retin-A Micro **QL, N**Risperdal (M-Tab = Tier 3)

Roferon A QL, N Seroquel Serostim QD, N Singulair QL Soriatane Spiriva QL Sular Symbyax Synthroid Tazorac QL, N Tegretol Tearetol XR Testim 1% QL Tev-Tropin QD, N Tilade QL Travatan QL Travatan Z QL Tricor Tablet

Triglide

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Triphasil

Trusopt

Twinject **QL**

Urso

Urso Forte

Valtrex **QL**

Vesicare QL

Vivelle QL

Vivelle-Dot QL

Voltaren Eye Drops

Vytorin **QL**

Welchol

Yasmin

Yaz

Zegerid QL/QD

Zomig Nasal Spray **QL**

Zovirax Ointment, Cream

Zylet

Zyprexa (Zydis = Tier 3)

Zyrtec **QL/QD** Zyrtec-D **QL/QD**

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Tier Three Abilify Accolate QL

Accu-Chek Test Strips QL, DS Aclovate

Acular Actonel 75mg QL Advair Diskus QL Advair HFA QL

Aggrenox

Allegra-D QL/QD, Excluded

Alocril Alomide Ambien CR QL/QD Amerge QL Analpram-HC 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 OL

Blephamide Eye Drops

Caduet **QL**

Azmacort OL

Beconase AO OL Benzaclin

Carafate Suspension Carbatrol Catapres-TTS QL Celebrex QL/QD Cenogen Ultra

Chemstrip BG Test Strips QL, DS

Cialis OD

Ciloxan Ophthalmic Ointment Clarinex QL/QD. Excluded Clarinex-D QL/QD, Excluded

Climara Pro QL Clindagel Colyte Combipatch QL Combivent QL Combunox QL

Concerta **QL**

Cosopt QL Covera-HS Cutivate Cyclessa

Cymbalta QL Cytomel Daytrana QL Denavir

Derma-Smoothe/FS Desogen Detrol

Detrol LA QL Differin QL, N Diprolene Dorvx Duac

Elidel N Elocon Enbrel QL/QD Epipen QL Epipen Jr. QL Estrostep FE Extendryl SR

Factive FemHRT Finacea Flomax Flovent HFA QL

Focalin QL Focalin XR QL Genotropin QD, N

Glucometer Test Strips QL, DS Glumetza Gvnazole-1

Gynodiol 1.5mg Tablet

Humalog Humibid DM Humibid LA Humira QL/QD Humulin Imitrex Nasal Spray QL Imitrex Tablet **QL** Intron A QL, N

Kadian QL/QD Ketek Kineret QL/QD Klaron Lamictal

Lantus SoloStar Lescol QL/QD Lescol XL QL/QD Levemir Pen Levitra OD Levothroid Lexapro QL

Locoid Locoid Lipocream

Loestrin FE Loprox Lotemax Lovaza OL Lunesta QL/QD

Luxia

Lvrica QL/QD Maxair Autohaler QL Menest

Mentax Metadate CD QL

Miacalcin Nasal Spray QL

Mircette Modicon Naftin Nasacort QL Nasacort AQ QL Natelle

Nestabs RX Nexium QL/QD, Excluded

Nitrostat Nordette Noritate Nulev Nulytely Olux

Orapred ODT Ortho Evra QL Ortho Micronor Ortho Tri-Cyclen Ortho Tri-Cyclen Lo Ortho-Cept Ortho-Cyclen

Ortho-Novum Oscion Ovcon-50 Oxistat Patanol Paxil CR QL Pentasa Periostat Plexion Ponstel

Precare Conceive Precare Prenatal Premesis RX Prenate Advance Prenate GT

Prevacid Capsule QL/QD, Excluded

Primacare ProAir HFA QL Proventil HFA QL Provigil QL, N Prozac Weekly QL

Quixin

Some medications are noted with N, QD, QL, 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.

Loestrin

Lialda

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

Excluded = Many benefit plans exclude coverage of medications that are classified by the Pharmacy and Therapeutics Committee as therapeutically equivalent to over-the-counter medications. Check your benefit plan documents for coverage information or call the Customer Care number on your ID card for more information.

Rebif QL

Relenza QL. N

Restasis QL, N

Restoril 7.5, 22.5mg

Rhinocort QL

Rhinocort Aqua QL

Ritalin LA QL

Rosanil

Rozerem QL/QD

Sanctura QL

Sarafem QL

Serevent Diskus QL

Skelaxin

Sonata QL/QD

Starlix QL

Strattera QL

Symlin QL

Tamiflu QL, N

Tarka

Tequin

Teveten QL/QD

Theo-24

Tobradex

Topamax

Tracer BG Test Strips QL, DS

Transderm-Scop

Tri-Norinyl

Triaz

Tussionex

Uniphyl

Uniretic

Uroxatral **QL**

Vagifem

Vantin

Ventolin HFA QL

Viagra **QD**

Vigamox

Visicol

Wellbutrin XL QL, N

Xalatan QL

Xopenex Solution

Xyzal QL/QD

Zelnorm QL/QD, N

Zetia QL/QD

Ziana QL

Zmax QL

Zymar

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

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

Excluded = Many benefit plans exclude coverage of medications that are classified by the Pharmacy and Therapeutics Committee as therapeutically equivalent to over-the-counter medications. Check your benefit plan documents for coverage information or call the Customer Care number on your ID card for more information.

Additional Tier Three drugs with a generic alternative in Tier One

Accupril (Quinapril)

Actiq QL/QD, N (Fentanyl Citrate Lollipop QL/QD, N)

Adderall (Amphetamine with

Dextroamphetamine Salt Combination)

Aldactone (Spironolactone)

Allegra QL/QD (Fexofenadine QL/QD)

Amaryl (Glimepiride)

Ambien QL/QD (Zolpidem QL/QD)

Anaprox (Naproxen)

Arava QL (Leflunomide QL)

Ativan (Lorazepam)

Augmentin ES (Amoxicillin with

Potassium Clavulanate)

Biaxin (Clarithromycin)

Buspar (Buspirone)

Calan, Calan SR (Verapamil)

Capoten (Captopril)

Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour

Capsule)

Cardura (Doxazosin)

Ceftin (Cefuroxime)

Cefzil (Cefprozil)

Celexa QL (Citalogram QL)

Ciloxan Eye Drops (Ciprofloxacin)

Cipro (Ciprofloxacin)

Cipro XR (Ciprofloxacin Tablet,

Sustained Release, 24 Hour) Cleocin T (Clindamycin Gel, Lotion,

Solution, Swabs)

Colestid (Colestipol)

Copegus QL, N (Ribavirin QL, N)

Coreg (Carvedilol)

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)

Ditropan XL QL (Oxybutynin Sustained

Release QL)

Duragesic **QL/QD** (Fentanyl Transdermal System QL/QD)

Duricef (Cefadroxil)

Dvazide (Triamterene with

Hvdrochlorothiazide)

Dynacirc (Isradipine)

Effexor QL (Venlafaxine QL)

Elocon Cream, Ointment, Solution

(Mometasone)

Eskalith CR (Lithium Carbonate

Controlled-Release)

Famvir QL (Famciclovir QL)

Fioricet (Butalbital with Acetaminophen

and Caffeine)

Flexeril (Cyclobenzaprine)

Flonase QL (Fluticasone Nasal

Spray QL)

Floxin Otic (Ofloxacin Otic Drops)

Glucophage, XR (Metformin)

Glucotrol, XL (Glipizide)

Glucovance (Glyburide with Metformin)

Hytrin (Terazosin)

Inderal (Propranolol)

Inderal LA (Propranolol Sustained

Action Capsule)

Keflex (Cephalexin)

Klonopin (Clonazepam)

Lamisil Tablet QL, N (Terbinafine Tablet

QL, N)

Lasix (Furosemide)

Lithobid (Lithium Carbonate

Extended-Release)

Lopid (Gemfibrozil)

Lopressor (Metoprolol)

Lotensin (Benazepril)

Lotensin HCT (Benazepril with

Hydrochlorothiazide)

Lotrel QL (Amlodipine and

Benazepril QL)

Lotrisone (Betamethasone with

Clotrimazole)

Macrobid (Nitrofurantoin/

Nitrofurantoin Macrocrystal)

Mavik (Trandolapril)

Medrol Dosepak (Methylprednisolone)

Metaglip (Glipizide with Metformin)

Metrocream (Metronidazole Cream)

Metrogel Vaginal (Metronidazole Vaginal Gel)

Mevacor QL/QD (Lovastatin QL/QD)

Mobic QL (Meloxicam QL)

Monopril (Fosinopril)

Motrin (Ibuprofen) - Prescription

strengths only

Mycelex Troche (Clotrimazole Troche)

Naprosyn (Naproxen) - Prescription strengths only

Nasalide QL, Nasarel QL (Flunisolide

Nasal Spray QL)

Neurontin Capsule, Tablet (Gabapentin)

Nizoral (Ketoconozole)

Norvasc (Amlodipine)

Ocuflox Eye Drops (Ofloxacin)

Omnicef QL (Cefdinir QL)

Paxil QL (Paroxetine QL)

Penlac QL (Ciclopirox Solution, Topical

Percocet 5-325, 7.5-500, 10-650 QL/QD

(Oxycodone with Acetaminophen

Plendil (Felodipine) Pletal (Cilostazol)

Pravachol QL/QD (Pravastatin QL/QD)

Prinivil, Zestril (Lisinopril)

Prinzide, Zestoretic (Lisinopril with

Hydrochlorothiazide)

Procardia XL (Nifedipine

Extended-Release)

Proscar N (Finasteride N)

Provera (Medroxyprogesterone)

Prozac QL (Fluoxetine QL)

Rebetol QL, N (Ribavirin QL, N)

Relafen (Nabumetone)

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) Surmontil (Trimipramine Maleate)

Tenormin (Atenolol) Tenoretic (Atenolol with Chlorthalidone)

Terazol QL (Terconazole QL)

Toprol XL (Metoprolol Succinate

Sustained Release) Trileptal (Oxcarbazepine)

Tylenol #3 QL/QD (Acetaminophen with

Codeine QL/QD)

Ultracet **QL** (Tramadol with

Acetaminophen QL) Ultram QL (Tramadol QL)

Ultravate Cream, Ointment (Halobetasol

Propionate)

Univasc (Moexipril)

Valium (Diazepam)

Vaseretic (Enalapril with

Hydrochlorothiazide) Vasotec (Enalapril)

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Verelan PM (Verapamil Sustained Release)
Vicodin **QL/QD**, Vicodin ES **QL/QD**(Acetaminophen with Hydrocodone **QL/QD**)
Vicoprofon (Hyurofon with

Vicoprofen (Ibuprofen with Hydrocodone) Voltaren Tablet (Diclofenac) Wellbutrin QL (Bupropion QL) Wellbutrin SR QL, N (Bupropion Sustained Action QL, N) Wellbutrin XL 300mg QL, N (Bupropion Sustained Release 24 Hour QL, N) Xanax, Xanax XR (Alprazolam) Zantac Syrup (Ranitidine Syrup) Ziac (Bisoprolol with Hydrochlorothiazide) Zithromax (Azithromycin) Zocor QL/QD (Simvastatin QL/QD) Zofran QL, N (Ondansetron QL, N) Zoloft QL (Sertraline QL) Zonegran (Zonisamide) Zovirax Tablet, Capsule, Suspension (Acyclovir)

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