

# Preliminary 2005 Three-Tier Prescription Drug List

## Member Reference Guide



You have choices in the prescription medications you and your doctor select to treat you. Understanding them will help you make more informed health care decisions.

Your pharmacy benefit provides you with many choices. This booklet will help you understand those 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 many plan members have asked regarding UnitedHealthcare's pharmacy benefit. If you have additional questions, please visit us at [www.myuhc.com](http://www.myuhc.com) or call the Customer Service number on your ID card.

### What is a Prescription Drug List?

A Prescription Drug List (PDL) is a list of prescription medications generally covered under your pharmacy benefit, subject to limits or conditions that may apply. The PDL includes brand name and generic medications that have been approved by the United States Food and Drug Administration (FDA) as safe and effective.

The UnitedHealthcare pharmacy benefit is designed to provide you with a comprehensive selection of prescription medications. This booklet lists the most commonly prescribed medications for certain conditions. You can find our complete PDL at [www.myuhc.com](http://www.myuhc.com). 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 define your pharmacy coverage and may exclude coverage for certain medications listed in the condensed PDL found in this booklet. Examples of benefit plan documents may include a Summary Plan Description or a Certificate of Coverage, and a Pharmacy Rider. 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 – Tier 1, Tier 2, and Tier 3. Each Tier is assigned a copayment, which is an amount you pay when you visit the pharmacy or order your medications through **Medco by Mail**. 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 information about specific copayments, coinsurance, and deductibles.

#### 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 no Tier 1 medication is 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 Service number on your ID card for more information about your benefit plan.

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

Our National Pharmacy and Therapeutics (P&T) Committee, comprised of physicians and pharmacists, reviews new and existing medications and makes recommendations to the PDL Management Committee. Recommendations are based on the clinical role the medication plays in treating a given disease or condition.

Our PDL Management Committee then makes tier placement decisions based on clinical, economic, and other factors. Some clinical factors may include:

- Evaluations of the medication’s place in therapy.
- The relative safety or relative effectiveness of the medication.
- Supply limits or notification requirements that may apply to the medication.

Some economic factors may include:

- The acquisition cost of the medication.
- The rebates available for the medication.
- Assessments on the total health care value of the medication.

This approach helps to assure 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 whether a particular medication is appropriate for you.

## How often will prescription medications change tiers?

The tier placement of a medication on the PDL may change. While medications change tiers infrequently, such changes can occur up to four times per calendar year. 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, you may visit our Web site at [www.myuhc.com](http://www.myuhc.com) or call the Customer Service number on your ID card for the most up-to-date tier status and copayment information for a particular medication.

## **What is the difference between brand name and generic medications?**

Generic medications are medications that contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available most often only after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture a chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications that are equivalent to the branded products.

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.

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. You and your employer or health plan may save money if you and your doctor decide the generic medication is right for you.

## **What are therapeutic alternatives?**

“Therapeutic alternative” is a term that we use to describe two or more chemically different medications that generally produce the same clinical effects. A therapeutic alternative may cost you less than the medication your doctor may prescribe. Some therapeutic alternatives may also be available without a prescription, i.e., “over-the-counter.” If you are interested in pursuing therapeutic alternatives, please talk to your doctor to see if a therapeutic alternative may be right for you.

## **Why might the medication that I am used to taking no longer be covered?**

Periodically, medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when the FDA approves an over-the-counter (non-prescription) equivalent to the prescription medication. The prescription version of the medication is excluded from coverage under your pharmacy benefit and removed from the PDL because your pharmacy benefit excludes coverage for over-the-counter medications. Your doctor can recommend either over-the-counter or prescription medications for your treatment. You can purchase an over-the-counter medication at your local pharmacy without a prescription.

## **When should I consider “over-the-counter” or non-prescription medications?**

An over-the-counter medication can be an appropriate treatment for many conditions. Consult with your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they can 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 have a notation, such as N (for “notification”), QL (for “quantity limitations”), QD (for “quantity duration”), and DS (for “diabetic supplies”), in this booklet. These notations identify medications that have special programs attached to them. Some may require your doctor to notify us before they are dispensed, to make sure that their use is covered within your benefit. Others have a maximum quantity allowed for each copayment. Still others have additional programs that apply. The specific definitions for these notations are listed at the bottom of each page of the PDL.

## **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) 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 the best 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, fill prescriptions online for medications you take regularly by using our mail order pharmacy, check the status of your mail order prescription 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)?**

To learn more about your pharmacy benefit coverage, please visit [www.myuhc.com](http://www.myuhc.com). Registering is easy. From there, you just need to click on the Prescriptions tab and 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
- Member-specific copayment amounts for prescription medications
- 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
- Order ongoing prescriptions for mail order
- Review your prescription history
- Set up e-mail reminders for prescription refills

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

If you have additional questions about your pharmacy benefit, please call the Customer Service number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

## 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 booklet 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."
- Inquire about the availability of a cost-saving Tier 1 alternative. Some Tier 1 medications may have the same therapeutic effects as medications classified in Tiers 2 and 3, but are less expensive. As a result, Tier 1 medications are available to you for the lowest out-of-pocket expense.
- Ask your doctor or pharmacist if there is an over-the-counter medication available to treat your condition.
- Always refer to your benefit plan materials to determine your coverage for medications and copayment, coinsurance, and deductibles. Examples of benefit plan documents may include a Summary Plan Description or a Certificate of Coverage, and a Pharmacy Rider. If you do not have the benefit plan documents, please contact your employer or health plan for this information. Some medications listed on the PDL may not be covered under your specific benefit plan.
- If you still have questions about your pharmacy benefit, please call the Customer Service number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

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, 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.

To learn more about your pharmacy benefit and to review potential Tier 1 and Tier 2 alternative medications that are covered by your benefit, simply visit [www.myuhc.com](http://www.myuhc.com). You may also call the Customer Service telephone number printed on your ID card for information about your pharmacy benefit.

# Preliminary 2005 Three-Tier Prescription Drug List

## Member Reference Guide

Here is your Preliminary 2005 Prescription Drug List. This booklet provides information on medications that are covered under your pharmacy plan and lists those drugs that are available at the most affordable cost to you. This Prescription Drug List is provided for open enrollment purposes to assist you in your benefit plan decisions as well as Flexible Spending Account allocations. Please note that the list effective for 2005 is subject to change prior to 12/2/04. After December 2nd, you may obtain the most current Prescription Drug List and information on your drug coverage at [www.myuhc.com/pharmacy](http://www.myuhc.com/pharmacy).

### Tier One

Acebutolol	Antipyrine with Benzocaine Otic Solution	Carbidopa/Levodopa
Acetaminophen with Caffeine and Butalbital	Anucort-HC Suppository	Carbofed DM
Acetaminophen with Codeine	Apri	Cardec DM
Acetaminophen with Codeine, Caffeine and Butalbital	Aspirin with Caffeine and Butalbital	Carisoprodol
Acetaminophen with Hydrocodone	Atenolol	Cartia XT
Acetaminophen with Oxycodone	Atenolol with Chlorthalidone	Cefaclor
Acetazolamide	Aviane	Cefadroxil
Acetic Acid with Hydrocortisone Otic Solution	Azathioprine	Cefuroxime
Acticin Cream	Baclofen	Cephalexin
Acyclovir Tabs, Caps, Suspension	Belladonna Alkaloids with Phenobarbital	Chlordiazepoxide
Advanced Natalcare	Bellamine-S	Chlorhexidine
Albuterol Extended Release Tablet	Bellaspas	Chlorthalidone
Albuterol Inhalation Solution	Benazepril	Chlorzoxazone
Albuterol Inhaler	Benzonatate	Cholestyramine
Allopurinol	Benzotropine	Cholestyramine with Aspartame
Alprazolam	Betamethasone Dipropionate Augmented Cream, Gel	Cimetidine
Amantadine Tabs, Caps, Syrup	Betamethasone Dipropionate Cream, Lotion, Ointment, Gel	Ciprofloxacin
Ami-Tex LA	Betamethasone Valerate	Claravis
Ami-Tex PSE	Betamethsone with Clotrimazole	Clidinium with Chlordiazepoxide
Amibid DM	Bisoprolol	Clindamycin Capsules
Amidrine	Bisoprolol with Hydrochlorothiazide	Clindamycin Gel, Soln, Lotion, Swabs
Amiloride with Hydrochlorothiazide	Brometane DX	Clobetasol
Amiodarone	Bromocriptine	Clomiphene
Amitriptyline	Bumetanide	Clomipramine
Amitriptyline with Chlordiazepoxide	Bupropion <b>QL</b>	Clonazepam
Amitriptyline with Perphenazine	Bupropion Sustained-Release <b>QL, N</b>	Clonidine
Amoxicillin	Buspiron	Clorazepate
Amoxicillin with Clavulanate	Butorphanol <b>QL</b> Nasal Spray	Codeine with Aspirin, Caffeine and Butalbital
Amphetamine with Dextroamphetamine Salt Combination	Calcitriol	Colchicine
Ampicillin	Captopril	Crantex LA
	Captopril with Hydrochlorothiazide	Cromolyn
	Carbamazepine	Cryelle
		Cyclobenzaprine
		Cyproheptadine
		Desipramine
		Desmopressin Nasal Spray
		Desonide
		Desoximetasone

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.

## Preliminary 2005 Three-Tier Prescription Drug List Member Reference Guide

Dexamethasone	Gemfibrozil	Klor-Con 8
Dextroamphetamine	Gentamicin	Klor-Con M10
Diazepam	Glipizide	Klor-Con M20
Diclofenac	Glipizide Extended-Release	Labetalol
Dicloxacillin	Glyburide	Lactulose
Dicyclomine	Glyburide Micronized	Lessina
Diflorasone	Guaifen PSE	Levothyroxine
Diflunisal	Guaifenesin	Levora-28
Digitek	Guaifenesin with Codeine	LevoxyI
Digoxin	Guaifenesin with Codeine, Dextromethorphan and	Lidocaine Viscous
Diltia XT	Phenylephrine	Lisinopril
Diltiazem	Guaifenesin with	Lisinopril with Hydrochlorothiazide
Diphenoxylate	Dextromethorphan	Lithium Carbonate
Diphenoxylate with Atropine	Guaifenesin with Hydrocodone	Lithium Carbonate Controlled-Release
Dipyridamole	Guaifenesin with Phenylephrine	Lithium Carbonate Extended-Release
Doxazosin	Guaifenex DM	Lorazepam
Doxepin	Guaifenex G	Lovastatin <b>QL</b>
Doxycycline	Guaifenex GP	Low-Ogestrel
Duradrin	Guaifenex LA	Mebendazole
Econazole	Guaifenex PSE	Medroxyprogesterone
Enalapril	Guanfacine	Mefloquine
Enalapril with Hydrochlorothiazide	Haloperidol	Megestrol
Enpresse	Hemorrhoidal HC	Meperidine
Entab-DM	Histinex HC	Meperidine with Promethazine
Errin	Hydralazine	Metformin
Ery-Tab 250, 333 mg	Hydrochlorothiazide	Metformin Extended-Release
Erythromycin	Hydrocodone with Homatropine	Methadone
Erythromycin Ethylsuccinate	Hydrocortisone Acetate	Methimazole
Erythromycin with Benzoyl Peroxide	Hydrocortisone Valerate	Methocarbamol
Estradiol Patch 0.05, 0.1 mg	Hydromorphone	Methotrexate
Estropipate	Hydroxychloroquine	Methyl dopa
Etodolac	Hydroxyzine	Methylphenidate
Famotidine	Ibuprofen	Methylphenidate Extended- Release
Flecainide	Ibuprofen/Hydrocodone	Methylprednisolone Dosepak
Fluconazole 50, 100, 200 mg <b>N</b>	Imipramine	Metoclopramide
Fluconazole 150 mg <b>QL</b>	Indapamide	Metolazone
Fludrocortisone	Indomethacin	Metoprolol
Fluocinolone	Ipratropium Inhalation Solution	Metronidazole
Fluocinonide	Isoniazid	Metronidazole Cream
Fluocinonide-E	Isosorbide Dinitrate	Microgestin
Fluorometholone	Isosorbide Mononitrate	Microgestin FE
Fluoxetine <b>QL</b>	Isotretinoin	Migrazone
Flurazepam	Junel FE	Migrin-A
Flurbiprofen	Kariva	Minocycline
Fluvoxamine	Ketoconazole Cream, Shampoo, tablet	Minoxidil
Folic Acid	Ketoprofen	
Fosinopril	Ketorolac	
Furosemide		

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.

## Preliminary 2005 Three-Tier Prescription Drug List Member Reference Guide

Mirtazapine <b>QL</b>	Penicillin V Potassium	Q-Bid DM
Mirtazapine Soltab <b>QL</b>	Pentoxifylline	Q-Bid LA
Misoprostol	Periogard	Quinapril/Hydrochlorothiazide
Moexipril	Phenazopyridine	Quinine
Mometasone Ointment	Phenobarbital	Ranitidine
Mononessa	Phenylephrine with	Rifampin
Morphine	Chlorpheniramine and	Rimantadine
Mupirocin Ointment	Scopolamine	Roxicet
Nabumetone	Phenylephrine with Hydrocodone	Salsalate
Nadolol	and Codeine	Selenium Sulfide
Naproxen	Phenytoin	SF 5000 Plus
Natalcare	Pindolol	Silver Sulfadiazine
Natalcare CFE	Piroxicam	Sodium Fluoride
Natalcare Plus	Polymyxin B with Trimethoprim	Sotalol
Natatab	Portia	Spiroinolactone with
Natatab FA	Potassium Chloride	Hydrochlorothiazide
Necon	Prazosin	Spiroinolactone
Nefazodone <b>QL</b>	Prednisolone	Sprintec
Neomycin/Polymyxin B/ Dexamethasone	Prednisone	Sucralfate
Neomycin/Polymyxin/Gramicidin	Prenatal 19	Sulfacetamide
Neomycin/Polymyxin/ Hydrocortisone	Prenatal MTR	Sulfacetamide with Sulfur
Nifedipine	Prenatal Plus	Sulfamethoxazole with
Nifedipine Controlled-Release Tabs	Prenatal Rx	Trimethoprim
Nifedipine Extended Release	Primidone	Sulfasalazine
Nitrofurantoin Macrocrystals	Probenecid	Sulfasalazine EC
Nitroglycerin	Prochlorperazine	Sulfatrim
Nitroquick	Proctosol-HC	Sulindac
Nitrotab	Promethazine	Syntest D.S.
Nizatidine	Promethazine with Codeine	Syntest H.S.
Norethindrone	Promethazine with	Tamoxifen
Nortrel	Dextromethorphan	Tannate 12 S
Nortriptyline	Promethazine with Phenylephrine	Taztia XT
Nystatin	Promethazine with Phenylephrine	Temazepam
Nystatin with Triamcinolone	and Codeine	Teraconazole 3 Cream
Ofloxacin Eye Drops	Propafenone	Terazosin
Ogestrel	Propoxyphene	Terbutaline
Orphenadrine	Propoxyphene with	Tetracycline
Oxaprozin	Acetaminophen	Theophylline
Oxazepam	Propranolol	Thyroid
Oxybutynin	Propylthiouracil	Timolol Drops
Oxycodone	Pseudoephedrine with	Tizanidine
Oxycodone with Acetaminophen	Brompheniramine	Tobramycin
Oxycodone with Aspirin	Pseudoephedrine with	Torseamide
Pacerone	Chlorpheniramine	Tramadol <b>QL</b>
Paroxetine	Pseudoephedrine with	Trazodone
PEG 3350/Electrolyte Solution	Chlorpheniramine and	Tretinoin
	Scopolamine	Tri-Sprintec
	Pseudoephedrine with	Triamcinolone
	Hydrocodone and Codeine	

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.



## Preliminary 2005 Three-Tier Prescription Drug List Member Reference Guide

Triamterene with  
 Hydrochlorothiazide  
 Triazolam  
 Trimethobenzamide  
 Trimethobenzamide with  
 Benzocaine  
 Trimethoprim  
 Trinessa  
 Trivora-28  
 Ultra Natalcare  
 Unithroid  
 Ursodiol  
 Verapamil  
 Vi-Q-Tuss  
 Vinate GT  
 Warfarin  
 Zovia 1/35E  
 Zovia 1/50E

### *Tier Two*

Accu-Chek Test Strips **DS**  
 Accupril  
 Aceon  
 Aciphex **QL/QD**  
 Actonel **QL**  
 Actos **QL**  
 Acular  
 Adderall XR **QL**  
 Adoxa  
 Advair Diskus **QL**  
 Aldara  
 Alesse-28  
 Alocril  
 Alphagan P  
 Altace  
 Amaryl  
 Androderm  
 Antabuse  
 Aricept  
 Arimidex  
 Arixtra **QL**  
 Asacol  
 Astelin **QL**  
 Atrovent Inhaler  
 Augmentin ES-600  
 Augmentin XR  
 Avandamet  
 Avandia **QL**  
 Avonex **QL**  
 Avonex Administration Pack **QL**  
 Azelex  
 Azmacort **QL**  
 Bactroban Cream, Nasal Ointment  
 Beconase AQ **QL**  
 Benicar **QL/QD**  
 Benicar HCT **QL/QD**  
 Benzamycin  
 Betaseron **QL**  
 Betoptic S  
 Biaxin **QL**  
 Biaxin XL **QL**  
 Canasa  
 Capex Shampoo  
 Carac Cream  
 Carafate Suspension  
 Cardizem LA  
 Casodex

Catapres-TTS  
 Celexa **QL** (20 & 40 mg tab  
 scored for 1/2 tab use)  
 Cellcept  
 Cenestin  
 Chemstrip Test Strips **DS**  
 Cipro HC  
 Clarinex **QL/QD**  
 Cleocin Vaginal Cream,  
 Suppositories  
 Climara **QL** 0.025, 0.0375,  
 0.06, 0.075 mg  
 Colazal  
 Colestid  
 Combivir  
 Copaxone **QL**  
 Copegus **QL, N**  
 Coreg  
 Cortef  
 Cosopt  
 Coumadin  
 Cozaar **QL/QD**  
 Cyclessa  
 Dapsone  
 DDAVP Tablets  
 Depakote  
 Depakote ER  
 Depakote Sprinkle  
 Depo-Provera **QL**  
 Differin **N**  
 Dilantin  
 Diovan **QL/QD**  
 Diovan HCT **QL/QD**  
 Ditropan XL **QL**  
 Dovonex  
 Duricef Suspension  
 Effexor **QL**  
 Effexor XR **QL**  
 Efudex  
 Elmiron  
 Entocort EC  
 Epipen  
 Epipen Jr.  
 Epivir  
 Esclim **QL**  
 Estrace  
 Estraderm **QL**  
 Estratest  
 Estratest H.S.

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.

## Preliminary 2005 Three-Tier Prescription Drug List Member Reference Guide

Estring <b>QL</b>	Metroloction	Procrit
Estrostep FE	Miacalcin Nasal Spray	Proctofoam-HC
Evista	Micardis <b>QL/QD</b>	Prograf
Famvir <b>QL</b>	Micardis HCT <b>QL/QD</b>	Prometrium
Fast Take Test Strips <b>DS</b>	Mirapex	Protonix <b>QL/QD</b>
Femara	Mircette	Protopic
Femhrt	Mycelex Troche	Protropin <b>N</b>
Flonase <b>QL</b>	Nasonex <b>QL</b>	Pulmicort <b>QL</b>
Flovent <b>QL</b>	Neoral	Purinethol
Foradil <b>QL</b>	Neupogen	Rebetol <b>QL</b>
Fosamax <b>QL</b>	Neurontin	Relpax <b>QL/QD</b>
Frova <b>QL/QD</b>	Nexium <b>QL/QD</b>	Renagel
Gabitril	Niaspan	Requip
Genotropin <b>N</b>	Nordette-28	Rhinocort Aqua <b>QL</b>
Glucagon Emergency Kit	Norvasc	Risperdal
Grifulvin V	Norvir	Roferon A <b>QL, N</b>
Humalog	Novolin 70/30	Rowasa
Humalog Mix 75/25	Novolin N	Roxicodone
Humulin 70/30	Novolin R	Serevent <b>QL</b>
Humulin N	Novolog	Serevent Diskus <b>QL</b>
Humulin R	Novolog Mix 70/30	Seroquel
Hyzaar <b>QL/QD</b>	Nutropin <b>N</b>	Serostim <b>N</b>
Imitrex <b>QL/QD</b>	Nuvaring	Singulair <b>QL</b>
Intal <b>QL</b>	Omnicef <b>QL</b>	Soriatane
Intron A <b>QL, N</b>	One Touch Test Strips <b>DS</b>	Sporanox <b>QL, N</b>
Kaletra	One Touch Ultra Test Strips <b>DS</b>	Sular
Keppra	Optivar	Surestep Test Strips <b>DS</b>
Kytril <b>QL, N</b>	Orapred	Sustiva
Lamictal	Ortho Evra <b>QL</b>	Synthroid
Lamisil tab <b>QL, N</b>	Ortho Micronor	Tazorac
Lanoxin	Ortho Tri-Cyclen	Tegretol
Lantus	Ortho Tri-Cyclen Lo	Tegretol XR
Levaquin	Ortho-Cept	Terazol 3 Suppository <b>QL</b>
Lidoderm	Ortho-Cyclen	Terazol 7 <b>QL</b>
Lindane	Ortho-Novum	Testim 1% <b>QL</b>
Lipitor <b>QL/QD</b>	Ortho-Prefest	Tilade <b>QL</b>
Lithobid	Oxycontin <b>QL</b>	Tobradex
Lo/Ovral-28	Patanol	Topamax
Loestrin	Paxil CR <b>QL</b>	Toprol XL
Loestrin FE	Pegasys <b>QL, N</b>	Travatan
Lovenox <b>QL</b>	Peg-Intron <b>QL, N</b>	Tricor
Lumigan	Plavix	Trileptal
Macrobid	Prandin <b>QL</b>	Triphasil-28
Malarone	Precose	Trizivir
Maxalt <b>QL/QD</b>	Premarin	Trusopt
Maxidone	Premphase	Urocit-K
Methergine	Prempro	Urso
Metrogel	Prevident 5000 Plus	Valtrex <b>QL</b> (1 gram tab scored for 1/2 tab use)
Metrogel Vaginal	Prevpac <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.

**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.

## Preliminary 2005 Three-Tier Prescription Drug List Member Reference Guide

Vanceril **QL**  
Vanceril DS **QL**  
Ventolin Rotacaps **QL**  
Viagra **QL/QD**  
Videx EC  
Viracept  
Viramune  
Viread  
Vivelle **QL**  
Vivelle-Dot **QL**  
Voltaren Eye Drops  
Welchol  
Wellbutrin XL **QL, N**  
Xalatan  
Yasmin 28  
Zantac syrup  
Zaroxolyn  
Zerit  
Zetia **QL/QD**  
Ziagen  
Zithromax **QL**  
Zocor **QL/QD**  
Zofran **QL, N**  
Zofran ODT **QL, N**  
Zoloft **QL** (50 & 100 mg tab  
scored for 1/2 tab use)  
Zomig **QL/QD**  
Zonegran  
Zovirax  
Zyprexa  
Zyrtec **QL/QD**  
Zyrtec-D **QL/QD**

### *Tier Three*

Abilify  
Accolate **QL**  
Aclovate  
Actiq  
Activella **QL**  
Advicor  
Aggrenox  
Allegra **QL/QD**  
Allegra-D **QL/QD**  
Allerx  
Altacor **QL/QD**  
Ambien **QL/QD**  
Amerge **QL/QD**  
Analpram-HC  
Androgel  
Arava  
Armour Thyroid  
Arthrotec 50  
Arthrotec 75  
Ascensia Autodisc  
Ascensia Elite  
Atacand **QL/QD**  
Atacand HCT **QL/QD**  
Avalide **QL/QD**  
Avapro **QL/QD**  
Avelox **QL**  
Avinza  
Avodart **QL, N**  
Axert **QL/QD**  
Benzaclin  
Bextra **QL/QD**  
Blephamide  
Brevoxyl  
Brevoxyl-4  
Brevoxyl-8  
Cal-Nate  
Carbatrol  
Carmol 40  
Cefzil  
Celebrex **QL/QD**  
Cenogen Ultra  
Cialis **QL/QD**  
Cipro XR  
Ciprodex  
Citracal Prenatal RX  
Clindagel  
Colyte with Flavor Packets

Combipatch  
Combivent **QL**  
Concerta **QL**  
Covera-HS  
Crestor **QL/QD**  
Cutivate  
Cytomel  
Dallergy  
Denavir  
Derma-Smoothe/FS  
Dermatop  
Desogen  
Detrol  
Detrol LA **QL**  
Diprolene Lotion  
Doryx  
Dostinex  
Duac  
Duet  
Duoneb  
Duragesic **QL**  
Duricef 1 gm tablet  
Elidel  
Elocon Cream, Lotion  
Enbrel  
Extendryl SR  
Finacea  
Flexeril  
Flomax  
Focalin **QL**  
Freestyle Test Strips  
Geodon  
Glucometer Test Strips **DS**  
Gynazole-1  
Gynodiol 1.5 mg tablets  
Humibid DM  
Humibid LA  
Humira **QL**  
Inderal LA  
Kadian  
Klaron  
Lescol **QL/QD**  
Lescol XL **QL/QD**  
Levitra **QL/QD**  
Levothroid  
Lexapro **QL**  
Locoid Cream, Ointment  
Locoid Lipocream

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.

# Preliminary 2005 Three-Tier Prescription Drug List Member Reference Guide

Loprox  
Lotemax  
Lotrel **QL**  
Luxiq  
Mavik  
Maxair Autohaler **QL**  
Menest  
Mentax  
Metadate CD **QL**  
Metaglip  
Miralax  
Mobic **QL**  
Naftin  
Nasacort **QL**  
Nasacort AQ **QL**  
Natafort  
Natelle  
Nestabs RX  
Nitrostat  
Noritate  
Nulev  
Nulytely  
Olux  
Ovcon-35  
Ovcon-50  
Oxistat  
Panlor SS  
Panmist DM  
Penlac  
Pentasa  
Periostat  
Plendil  
Pletal  
Plexion  
Ponstel  
Pravachol **QL/QD**  
Precare Conceive  
Precare Prenatal  
Precision Test Strips **DS**  
Premesis RX  
Prenate Advance  
Prenate GT  
Prevacid **QL/QD**  
Primacare  
Proscar **N**  
Proventil HFA **QL**  
Provigil **QL, N**  
Prozac Weekly **QL**  
Quixin  
Rebif **QL**  
Relenza **QL, N**  
Restasis  
Retin-A Micro **N**  
Ritalin LA **QL**  
Robinul Forte  
Rosanil  
Sarafem **QL**  
Skelaxin  
Sonata **QL/QD**  
Starlix **QL**  
Strattera **QL**  
Tamiflu **QL, N**  
Tanafed DMX  
Tarka  
Tequin **QL**  
Teveten **QL/QD**  
Theo-24  
Transderm-Scop  
Triaz  
Tri-Norinyl  
Tussi-12D  
Tussi-12D S  
Tussionex  
Ultracet **QL**  
Ultravate  
Uniretic  
Vagifem  
Vancenase AQ **QL**  
Vantin  
Verelan PM  
Vicodin ES  
Vigamox  
Visicol  
Xanax XR  
Xopenex **QL**  
Zaditor  
Zelnorm **QL**  
Zymar

## NOTE:

- Compounded prescriptions are Tier Three
- Pens & cartridges are Tier Three

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.

## Preliminary 2005 Three-Tier Prescription Drug List Member Reference Guide

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

Accutane (Isotretinoin)	Glucophage XR (Metformin Extended-Release)	Tiazac (Taztia XT)
Accuretic (Quinapril/Hydrochlorothiazide)	Glucotrol XL (Glipizide Extended-Release)	Tri-Levlen 28 (Triphasil)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Glucovance (Metformin/Glyburide)	Ultram (Tramadol)
Ativan (Lorazepam)	Gynodiol 0.5, 1.0 and 2.0 mg tablets (Estradiol Micronized)	Uniphyl (Theophylline)
Cardizem CD (Diltiazem) except 360 mg strength	K-Dur (Potassium Chloride)	Univasc (Moexipril)
Ceftin tablets (Cefuroxime)	Klonopin (Clonazepam)	Valium (Diazepam)
Ciloxan Eye Drops (Ciprofloxacin)	Lasix (Furosemide)	Vasotec (Enalapril)
Cipro (Ciprofloxacin)	Levlen 28 (Levora)	Vicodin (Acetaminophen with Hydrocodone)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Levlite-28 (Lessina)	Vicoprofen (Ibuprofen with Hydrocodone)
Darvocet-N 100 (Propoxyphene with Acetaminophen)	Lithobid (Lithium Carbonate Extended-Release)	Wellbutrin SR (Bupropion Sustained-Release)
DDAVP Nasal Spray (Desmopressin)	Locoid Solution (Hydrocortisone Butyrate)	Xanax (Alprazolam)
Demulen 1/35-28 (Zovia)	Lopressor (Metoprolol)	Zestoretic (Lisinopril with Hydrochlorothiazide)
Dexedrine (Dextroamphetamine SR Capsule)	Lortab (Acetaminophen with Hydrocodone)	Zestril (Lisinopril)
Diprolene (Betamethasone Dipropionate Augmented Cream, Gel, Ointment)	Lotensin (Benazepril)	Ziac (Bisoprolol with Hydrochlorothiazide)
Diflucan 50, 100, 200 mg <b>N</b> (Fluconazole <b>N</b> )	Lotensin HCT (Benazepril with Hydrochlorothiazide)	
Diflucan 150 mg <b>QL</b> (Fluconazole <b>QL</b> )	Lotrisone (Betamethasone with Clotrimazole)	
Diprolene AF Cream (Betamethasone Dipropionate Augmented Cream)	Maxzide-25 mg (Triamterene with Hydrochlorothiazide)	
Duricef Capsules (Cefadroxil)	Medrol Dosepak (Methylprednisolone)	
Dyazide (Triamterene with Hydrochlorothiazide)	Metrocream (Metronidazole)	
Dynacin (Minocycline)	Monopril (Fosinopril)	
Elocon Ointment (Mometasone)	Nizoral Cream (Ketoconazole)	
Eskalith CR (Lithium Carbonate Controlled-Release)	Nor-Q-D (Nora-BE)	
Fioricet (Acetaminophen with Caffeine and Butalbital)	Ocuflox Eye Drops (Ofloxacin)	
Flexeril 10 mg tablet (Cyclobenzaprine)	Paxil (Paroxetine)	
Glucophage (Metformin)	Prinivil (Lisinopril)	
	Procardia XL (Nifedipine Extended-Release)	
	Provera (Medroxyprogesterone)	
	Prozac (Fluoxetine)	
	Remeron Soltab <b>QL</b> (Mirtazapine Soltab <b>QL</b> )	
	Remeron tablets (Mirtazapine)	
	Restoril 15, 30 mg capsules (Temazepam)	
	Ritalin (Methylphenidate)	
	Tenormin (Atenolol)	
	Terazol 3 Cream (Teraconazole)	

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.