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

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

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

What is a Prescription Drug List?

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

The UnitedHealthcare pharmacy benefit is designed to provide you with coverage for a comprehensive selection of prescription medications. This guide lists the most commonly prescribed medications for certain conditions. You and your doctor may refer to this list to consider prescription medication choices and select the appropriate medication to meet your needs.

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

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

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

Your Lowest-Cost Option

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

Midrange-Cost Option

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

Your Highest-Cost Option

Tier 3 is your highest copayment option.

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

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

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

Who decides which medications get placed in which tier?

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

How often will prescription medications change tiers?

While medications change tiers infrequently, such changes may occur up to six times per calendar year, depending on your benefit. Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. However, if you have pharmacy benefit coverage with UnitedHealthcare, you may visit our Web site, www.myuhc.com, or call the Customer Care number on your ID card for copayment information about a particular medication. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com during your open enrollment period for additional information about a particular medication.

What is the difference between brandname 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 brandname medication expires. At that time, other companies are permitted to manufacture a chemically equivalent medication.

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

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

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication.

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

When should I consider discussing "overthe-counter" or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for many conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

Why are there "notations" next to certain medications in the PDL, and what do they mean?

Certain medications in this guide have a notation, such as N (for "notification"), QL (for "quantity limitations"), QD (for "quantity duration"), and DS (for "diabetic supplies"). The specific definitions for these notations are listed at the bottom of each page of the PDL. Please call Customer Care if you need additional information about these notations.

What should I do if I use a selfadministered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. You will find these medications included in the body of this document within the list of medications. UnitedHealthcare has developed an enhanced specialty pharmacy network that is part of our Specialty Pharmacy Program. The specialty pharmacy network includes specialty pharmacies, each selected based on their clinical expertise for the targeted therapeutic classes, quality of services and cost. Their pharmacists are trained to help educate members and create personalized plans, if needed, for these specialty medications, which may help improve treatment.

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

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 the most current information. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com during your open enrollment period for the most current information. In addition to information about your pharmacy benefit, www.myuhc.com is your online resource for a variety of health and wellness topics. The site is designed to help you make informed health care decisions for you and your family.

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

How do I find information about my pharmacy benefit on www.myuhc.com?

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

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions, side effects, etc.

At www.myuhc.com, you will also be able to:

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

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

- Access www.myuhc.com to refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

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

What if I still have questions?

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

Key points to remember

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

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

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage. Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

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

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 Amitripyline with Perphenazine

Amoxicillin

Amoxicillin with Potassium Clavulanate Amphetamine with Dextroamphetamine

Salt Combination

Ampicillin

Antipyrine with Benzocaine Otic

Solution Asmanex QL

Aspirin with Caffeine and Butalbital Aspirin with Codeine, Caffeine and

Butalbital Atenolol

Atenolol with Chlorthalidone

Aviane Azathioprine Azithromycin Baclofen Benazepril

Benazepril with Hydrochlorothiazide

Benzonatate Benztropine

Betamethasone Dipropionate

Augmented Cream

Betamethasone Dipropionate Cream,

Lotion, Ointment, Gel Betamethasone Valerate Betamethasone with Clotrimazole

Bisoprolol

Bisoprolol with Hydrochlorothiazide

Bromocriptine Bumetanide

Bupropion **QL**

Bupropion Sustained Action QL, N

Buspirone Calcitriol Captopril

Captopril with Hydrochlorothiazide

Carbamazepine Carbidopa/Levodopa Carisoprodol Cefaclor Cefadroxil Cefuroxime Cephalexin

Chlordiazepoxide Chlorhexidine Chlorthalidone Chlorzoxazone

Cholestvramine Cholestyramine with Aspartame

Cilostazol Ciprofloxacin Citalopram QL Clarithromycin Tablet

Clidinium with Chlordiazepoxide

Clindamycin Capsule

Clindamycin Gel, Soln, Lotion, Swabs

Clindamycin Vaginal Cream

Clobetasol Clomiphene Clomipramine Clonazepam Clonidine Clorazepate

Clotrimazole Troches

Clotrimazole with Betamethasone

Colestipol Packets Cromolyn Cyclessa Cyclobenzaprine Cyproheptadine Desipramine Desmopressin

Desogen Desonide Desoximetasone Dexamethasone

Dextroamphetamine **Dextroamphetamine Sustained Release**

Diazepam Diclofenac Dicloxacillin Dicyclomine Diflorasone

Diflunisal

Diltiazem Controlled Release Capsule

Diltiazem Sustained Release

12 Hours Capsule Diltiazem Tablet Diphenoxylate

Diphenoxylate with Atropine

Dipvridamole Doxazosin Doxepin Doxycycline Econazole Enalapril

Enalapril with Hydrochlorothiazide

Enpresse

Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital

Ervthromycin Base 250, 333mg Erythromycin Ethylsuccinate Erythromycin Stearate

Erythromycin with Benzoyl Peroxide

Estradiol Patch QL Estropipate **Etidronate Disodium**

Etodolac

Fast Take Test Strips QL, DS

Felodipine Fenofibrate Flecainide

Fluconazole 50, 100, 200mg N Fluconazole 150mg QL Fludrocortisone Fluocinolone Fluocinonide Fluocinonide-E Fluorometholone Fluoxetine QL Flurazepam

Flurbiprofen Fluticasone Nasal Spray QL Fluvoxamine **QL** Folic Acid

Foradil QL Fosinopril Freestyle Test Strips QL, DS

Frova QL Furosemide

Gabapentin Capsule, Tablet Gemfibrozil

Gentamicin Glimepiride Glipizide

Glipizide Extended-Release Glvburide

Glyburide Micronized

Digoxin

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.

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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

Isradipine Itraconazole **QL, N**

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

Lidocaine Viscous

Lisinopril

Levora

Lisinopril with Hydrochlorothiazide

Lithium Carbonate

Lithium Carbonate Controlled-Release Lithium Carbonate Extended-Release

Lo/Ovral Lorazepam Lovastatin **QL/QD** Maxalt **QL** Maxalt MLT **QL** Mebendazole

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

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

Meperidine with Promethazine

Metformin

Metformin Extended-Release

Methadone Methimazole Methocarbamol Methotrexate Methyldopa

Methylphenidate Methylphenidate Extended-Release

Methylprednisolone

Methyltestosterone with Esterfied

Estrogens Metoclopramide Metolazone Metoprolol

Release 25mg

Metoprolol Succinate Sustained

Metronidazole Metronidazole Cream Microgestin Microgestin FF

Microgestin FE Minoxidil Tablet Mirtazapine **QL**

Mirtazapine Dispersible Tablet QL

Misoprostol Mometasone Mononessa Morphine

Morphine Sulfate Controlled Release

QL/QD

Mupirocin Ointment

Nadolol

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

Ogestrel

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

Orapred

Oxaprozin Oxazepam Oxybutynin Oxycodone

Oxycodone with Acetaminophen **QL/QD**Oxycodone with Aspirin

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

Prazosin

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 Tablet
Propylthiouracil
Pulmicort Flexhaler **QL**Pulmicort Turbuhaler **QL**

QVAR QL
Relpax QL
Ribavirin QL, N
Rifampin
Salsalate
Selenium Sulfide
Silver Sulfadiazine
Simvastatin QL/QD
Sodium Fluoride

Sotalol

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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.

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

Terbutaline

Terconazole Suppository QL

Tetracycline

Theophylline

Thyroid

Timolol Drops

Tizanidine

Tobramycin

Torsemide

Tramadol **QL**

Tramadol with

Acetaminophen QL

Trazodone

Tretinoin N

Tri-Sprintec

Triamcinolone

Triamterene with Hydrochlorothiazide

Triazolam

Trimethobenzamide

Trimethobenzamide with Benzocaine

Trimethoprim

Trinessa

Trivora

Ursodiol

Venlafaxine QL

Verapamil

Warfarin

Xopenex HFA QL

Zomig **QL**

Zomig ZMT **QL**

Zonisamide

Zovia 1/35E

Zovia 1/50E

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Tier Two Aceon Aciphex QL/QD Activella Actonel QL

Actonel with Calcium **QL**Actoplus Met **QL**Actos **QL**Adderall XR **QL**

Adoxa (Dosepack = Tier 3)

Advicor Aldara Alesse Alphagan P **QL** Altace Altoprev **QL/QD**

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

Atrovent Inhaler

Avandamet **QL**

Avandaryl **QL** Avandia **QL** Avonex **QL** Azelex

Bactroban Cream, Nasal Ointment

Benicar **QL/QD**Benicar HCT **QL/QD**Benzamycin
Betaseron **QL**Betoptic S
Biaxin XL
BiDil

Butorphanol Nasal Spray QL

Cabergoline
Canasa
Capex Shampoo
Carac Cream
Cardizem LA
Cefprozil
Cellcept
Cenestin
Ciprodex

Boniva QL

Clarithromycin Suspension Cleocin Vaginal Suppositories

Climara **QL** Clindesse Colazal Colestid Tablets
Copaxone QL
Coreg
Cortef 5, 10mg
Coumadin
Cozaar QL/QD
Crestor QL/QD
Dapsone
Depakote

Depakote ER Depakote Sprinkle Differin **N** Dilantin

Diltiazem Sustained Action Capsule Diltiazem Sustained Release

24 Hour Capsule Diovan **QL/QD** Diovan HCT **QL/QD** Dovonex

Effexor XR QL
Efudex Cream
Elestat
Enablex QL
Entocort EC
Esclim QL
Estraderm QL
Estratest
Estratest H.S.
Estring QL
Evista

Evista
Femara
Fentanyl Citrate Lollipop **QL/QD, N**

Fentanyl Transdermal System **QL/QD**Fexofenadine **QL/QD**Fortical **QL**Fosamax **QL**

Fosamax Plus D **QL**Fosinopril with Hydrochlorothiazide

Fosinopril Fosrenol
Gabitril
Geodon

Glipizide with Metformin Glucagon Emergency Kit Glyburide with Metformin Glycopyrrolate

Grifulvin V Tablet
Humatrope QD, N
Hyzaar QL/QD
Intal QL
Isotretinoin
Keppra
Ketek

Kytril **QL, N** Lamisil Tablet **QL, N** Lanoxin Lantus Vials Leuprolide
Levaquin
Lidoderm
Lindane
Lipitor **QL/QD**Lofibra Tablet
Lovenox **QL**Lumigan **QL**Malarone

Methergine Metrogel Metrolotion

Mesalamine Enema

Metronidazole Vaginal Gel Micardis **QL/QD**

Micardis HCT **QL/QD**Minocycline
Mirapex
Moexipril
Nabumetone
Nasonex **QL**Neoral
Neupogen
Niaspan

Norditropin \mathbf{QD} , \mathbf{N}

Norvasc

Novolin Pens/Cartridges Novolog Pens/Cartridges

Nutropin **QD, N** Nuvaring

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

Optivar Orphenadrine

Orphenadrine Compound Ortho-Prefest

Oxandrolone
Oxycontin **QL/QD**Oxytrol
Paroxetine **QL**Pegasys **QL**, **N**Peg-Intron **QL**, **N**Plavix

Plavix
Prandin **QL**Pravastatin **QL/QD**Precose
Premarin
Premphase
Prempro

Prevacid Solutab **QL/QD**

Prevacid Solutar
Prevpac QL
Procrit QD
Proctofoam-HC
Prograf
Prometrium

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Protonix QL/QD

Protopic N

Pulmicort Respules **QL**

Quinapril

Quinapril with Hydrochlorothiazide

Renagel

Requip

Risperdal (M-Tab = Tier 3)

Roferon A QL, N

Seroquel

Serostim QD, N

Sertraline QL

Singulair QL

Soriatane

Spiriva QL

Sular

Symbyax

Synthroid

Tegretol

Tegretol XR

Testim 1% **QL**

Tev-Tropin **QD**, **N**

Tilade **QL**

Tolmetin

Toprol XL 50, 100, 200mg

Travatan **QL**

Travatan Z QL

Tricor Tablet

Triglide

Trileptal

Triphasil

Trusopt

Twinject **QL**

Urso

Urso Forte

Valtrex QL

Vesicare **QL**

Vivelle QL

Vivelle-Dot **QL**

Voltaren Eye Drops

Vytorin **QL**

Welchol

Yasmin

Zantac Syrup

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

Accupril Accuretic Aclovate Actia QL/QD, N Acular Advair Diskus QL

Advair HFA QL Aggrenox

Allegra QL/QD Allegra-D QL/QD,E Alocril

Alomide Ambien QL/QD Ambien CR QL/QD Amerge **QL** Analpram-HC

Apri

Armour Thyroid Arthrotec

Ascensia Autodisc QL, DS Ascensia Elite QL, DS

Atacand QL/QD Atacand HCT QL/QD Augmentin XR

Avalide QL/QD Avapro QL/QD

Avelox Avinza QL/QD Avodart QL, N Axert QL Azmacort QL Beconase AQ QL Benzaclin Biaxin Suspension Blephamide Eye Drops

Bupropion Sustained Release 24 Hour 300mg QL, N Bvetta QL

Caduet QL Carafate Suspension Carbatrol

Casodex Catapres-TTS QL

Cefzil Celebrex QL/QD Cenogen Ultra Cesia

Chemstrip BG Test Strips QL, DS

Cialis **QD**

Ciloxan Ophthalmic Ointment Cipro XR

Clarinex QL/QD,E

Clarinex-D QL/QD,E Climara Pro QL Clindagel Colyte Combinatch QL

Combivent **QL** Combunox QL Concerta QL Cosopt **QL**

Covera-HS Crvselle Cutivate Cvmbalta QL Cvtomel Denavir

Derma-Smoothe/FS Detrol

Detrol LA QL Diprolene Ditropan XL QL Doryx Dostinex

Duac Duoneb

Duragesic QL/QD Elidel N Elmiron

Elocon Enbrel QL/QD Epipen QL Epipen Jr. QL

Estrostep FE Extendryl SR **Factive** Famvir QL **FemHRT** Finacea Finasteride N Flomax Flovent HFA QL

Focalin QL Focalin XR QL Genotropin QD, N Glucometer Test Strips QL, DS

Glucovance Gvnazole-1 Gynodiol 1.5mg Tablet Humalog

Humibid DM Humibid I A Humira QL/QD Humulin Imitrex QL Inderal LA Intron A QL, N Kineret QL/QD Klaron Lamictal Lescol QL/QD Lescol XI OL/OD Levitra OD

Levonorgestrel-Ethinyl Estradiol Tablet,

Dosepack, 3 Month QL Levothroid

Lexapro QL Locoid Locoid Lipocream Loestrin Loestrin FE Loprox Lotemax

Lotrel QL Lotronex QL/QD, N Low-Ogestrel Lunesta QL/QD

Luxiq Lyrica QL/QD Mavik

Maxair Autohaler QL

Menest Mentax Metadate CD QL

Metaglip Metrogel Vaginal

Miacalcin Nasal Spray QL

Mircette Modicon Monopril HCT Naftin Nasacort **QL** Nasacort AQ QL Natelle

Nestabs RX Nexium QL/QD.E Nitrostat Nordette Noritate Nulev Nulytely Olux Omacor OL Ortho Fyra OL

Ortho Micronor Ortho Tri-Cyclen Ortho Tri-Cyclen Lo Ortho-Cept Ortho-Cyclen Ortho-Novum Ovcon-50

Kadian QL/QD Oxybutynin Sustained Release QL 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.

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

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

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

E = 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.

Patanol

Paxil **QL**

Paxil CR QL

Penlac **QL** Pentasa Periostat

Plexion

Ponstel Pravachol **QL/QD** Precare Conceive Precare Prenatal Premesis RX Prenate Advance

Prenate GT Prevacid Capsule **QL/QD,E**

Primacare ProAir HFA **QL**

Propranolol Sustained Action Capsule

Proscar N
Proventil HFA QL
Provigil QL, N
Prozac Weekly QL

Quixin
Rebif **QL**Reclipsen
Relafen
Relenza **QL, N**Restasis **QL, N**Restoril 7.5, 22.5mg

Restoril 7.5, 22.5ing Retin-A Micro N Rhinocort QL Rhinocort Aqua QL Ritalin LA QL Robinul Forte Rosanil

Rozerem **QL/QD**Sanctura **QL**Sarafem **QL**Seasonale **QL**Serevent Diskus **QL**

Skelaxin Solia

Sonata QL/QD
Starlix QL
Strattera QL
Symlin QL
Tamiflu QL, N

Tarka Tazorac **N** Tequin Terazol **QL**

Terconazole Cream **QL**

Teveten **QL/QD** Theo-24 Tobradex Topamax

Tracer BG Test Strips QL, DS

Trandolapril
Transderm-Scop
Tri-Norinyl
Triaz
Tussionex
Uniphyl
Uniretic
Univasc
Uroxatral **QL**Vagifem
Vantin
Velivet

Ventolin HFA **QL** Verelan PM Viagra **QD** Vigamox Visicol

Wellbutrin XL QL, N
Xalatan QL
Xopenex Solution
Zelnorm QL/QD, N
Zetia QL/QD
Zmax QL
Zofran QL, N
Zoloft QL

Zymar

NOTE

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

Adderall (Amphetamine with

Dextroamphetamine Salt Combination)

Aldactone (Spironolactone)

Amaryl (Glimepiride)

Anaprox (Naproxen)

Arava QL (Leflunomide QL)

Ativan (Lorazepam)

Augmentin ES (Amoxicillin with

Potassium Clavulanate)

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 QL (Citalopram QL)

Ciloxan Eye Drops (Ciprofloxacin)

Cipro (Ciprofloxacin)

Cleocin T (Clindamycin Gel, Lotion,

Solution, Swabs)

Colestid Packets (Colestipol Packets)

Copegus QL, N (Ribavirin QL, N)

Darvocet-N QL/QD (Propoxyphene with

Acetaminophen QL/QD)

DDAVP (Desmopressin)

Depo-Provera QL

(Medroxyprogesterone

Acetate 150mg/ml QL)

Dexedrine SR (Dextroamphetamine

Sustained Release Capsule)

DiaBeta, Micronase, Glynase

(Glyburide)

Didronel (Etidronate Disodium)

Diflucan 50, 100, 200mg

Tablet N (Fluconazole N)

Diflucan 150mg QL (Fluconazole QL)

Diprolene AF (Betamethasone

Dipropionate Augmented Cream)

Duricef (Cefadroxil)

Dyazide (Triamterene with

Hydrochlorothiazide)

Dynacirc (Isradipine)

Effexor QL (Venlafaxine QL)

Elocon Cream, Ointment, Solution

(Mometasone)

Eskalith CR (Lithium Carbonate

Controlled-Release)

Fioricet (Butalbital with Acetaminophen

and Caffeine)

Flexeril (Cyclobenzaprine)

Flonase QL (Fluticasone Nasal

Spray QL)

Glucophage, XR (Metformin)

Glucotrol, XL (Glipizide)

Hytrin (Terazosin)

Inderal (Propranolol)

Keflex (Cephalexin)

Klonopin (Clonazepam)

Lasix (Furosemide)

Lithobid (Lithium Carbonate

Extended-Release)

Lopid (Gemfibrozil)

Lopressor (Metoprolol)

Lotensin (Benazepril)

Lotensin HCT (Benazepril with

Hvdrochlorothiazide)

Lotrisone (Betamethasone with

Clotrimazole)

Macrobid (Nitrofurantoin/

Nitrofurantoin Macrocrystal)

Medrol Dosepak (Methylprednisolone)

Metrocream (Metronidazole Cream)

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

Neurontin Capsule, Tablet (Gabapentin)

Nizoral (Ketoconozole)

Ocuflox Eye Drops (Ofloxacin)

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

(Oxycodone with Acetaminophen QL/QD)

Plendil (Felodipine)

Pletal (Cilostazol)

Prinivil, Zestril (Lisinopril)

Prinzide, Zestoretic (Lisinopril with

Hydrochlorothiazide)

Procardia XL (Nifedipine Extended-

Release)

Provera (Medroxyprogesterone)

Prozac QL (Fluoxetine QL)

Rebetol QL, N (Ribavirin QL, N)

Remeron **QL** (Mirtazapine **QL**)

Remeron SolTab QL (Mirtazapine

Dispersible Tablet QL)

Restoril 15, 30mg (Temazepam)

Ritalin (Methylphenidate)

Ritalin SR (Methylphenidate

Extended-Release)

Sporanox QL, N (Itraconazole QL, N)

Tenormin (Atenolol)

Tenoretic (Atenolol with Chlorthalidone)

Toprol XL 25mg (Metoprolol Succinate

Sustained Release)

Tylenol #3 QL/QD (Acetaminophen with

Codeine OL/OD)

Ultracet **QL** (Tramadol with

Acetaminophen QL)

Ultram QL (Tramadol QL)

Ultravate Cream, Ointment (Halobetasol

Propionate)

Valium (Diazepam)

Vaseretic (Enalapril with

Hvdrochlorothiazide)

Vasotec (Enalapril)

Vicodin QL/QD. Vicodin ES QL/QD

(Acetaminophen with Hydrocodone

QL/QD)

Vicoprofen (Ibuprofen with

Hydrocodone)

Voltaren Tablet (Diclofenac)

Wellbutrin QL (Bupropion QL)

Wellbutrin SR QL, N (Bupropion

Sustained Action QL, N) Xanax, Xanax XR (Alprazolam)

Ziac (Bisoprolol with

Hydrochlorothiazide)

Zithromax (Azithromycin)

Zocor QL/QD (Simvastatin QL/QD)

Zonegran (Zonisamide) Zovirax Tablet, Capsule, Suspension

(Acyclovir)

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