

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 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. 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. 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. Each Tier is assigned a copayment, which is an amount you pay when you visit the pharmacy or order your medications through our mail order 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 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 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 Service number on your ID card for more information about your benefit plan.

Who decides which medications get placed in which tier?

Our PDL Management Committee makes tier placement decisions.

This approach helps to ensure access to a wide range of medications and controls 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?

The tier placement of a medication on the PDL may change. While medications change tiers infrequently, such changes may occur up to four times per calendar year, depending on your benefit. Additionally, when a brand name medication becomes available as a generic, that brand name medication may move to a higher tier. 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, www.myuhc.com, or call the Customer Service number on your ID card for copayment information about 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 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 may be used to treat the same medical condition. 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 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 the best 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, fill prescriptions online for mail order of medications you take regularly, check the status of your mail order and contact a registered pharmacist seven days a week.

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

To learn more about your pharmacy benefit coverage, please visit 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, you will also be able to:

- Locate a participating retail pharmacy by zip code
- Order ongoing prescriptions by mail
- 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. Once you have logged in, click on "Prescriptions."
- Inquire about the availability of a cost-saving Tier 1 alternative. Some Tier 1 medications may be used to treat the same medical condition 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. You may also call the Customer Service telephone number printed on your ID card for information about your pharmacy benefit.

Tier One

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

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

Clobetasol
Clomiphene
Clomipramine
Clonazepam
Clonidine
Clorzepate
Clotrimazole Troches
Clotrimazole with Betamethasone
Colchicine
Cromolyn
Cryselle
Cyclobenzaprine
Cyproheptadine
Desipramine
Desmopressin Nasal Spray
Desonide
Desoximetasone
Dexamethasone
Dextroamphetamine
Dextroamphetamine Sustained-Release
Diazepam
Diclofenac
Dicloxacillin
Dicyclomine
Didanosine 200, 250, 400 mg Capsules, Delayed-Release
Diflorasone
Diflunisal
Digoxin
Diltiazem
Diltiazem Sustained-Release
Diphenoxylate
Diphenoxylate with Atropine
Dipyridamole
Doxazosin
Doxepin
Doxycycline
Econazole
Enalapril
Enalapril with Hydrochlorothiazide
Enpresse
Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital
Errin
Erythromycin

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.

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Erythromycin Ethylsuccinate	Ibuprofen - Prescription strengths only	Methadone
Erythromycin Stearate	Ibuprofen with Hydrocodone	Methimazole
Erythromycin with Benzoyl Peroxide	Imipramine	Methocarbamol
Estradiol Patch 0.05, 0.1 mg	Indapamide	Methotrexate
Estropipate	Indomethacin	Methyl dopa
Etodolac	Ipratropium Inhalation Solution	Methylphenidate
Fast Take Test Strips DS	Isometheptene, Dichloralphenazone and Acetaminophen	Methylphenidate Extended-Release
Felodipine	Isoniazid	Methylprednisolone
Fentanyl Transdermal System QL	Isosorbide Dinitrate	Methyltestosterone with Esterified Estrogens
Flecainide	Isosorbide Mononitrate	Metoclopramide
Fluconazole 50, 100, 200 mg N	Isotretinoin	Metolazone
Fluconazole 150 mg QL	Junel	Metoprolol
Fludrocortisone	Junel FE	Metronidazole
Fluocinolone	Kariva	Metronidazole Cream
Fluocinonide	Ketoconazole Cream, Shampoo, Tablet	Microgestin
Fluocinonide-E	Ketoprofen	Microgestin FE
Fluorometholone	Ketorolac	Minocycline
Fluoxetine QL	Labetalol	Minoxidil
Flurazepam	Lactulose	Mirtazapine QL
Flurbiprofen	Lessina	Mirtazapine Dispersible Tablet QL
Fluvoxamine QL	Levothyroxine	Misoprostol
Folic Acid	Levora-28	Mometasone Cream, Ointment
Fosinopril	Lidocaine Viscous	Mononessa
Fosinopril with Hydrochlorothiazide	Lisinopril	Morphine
Freestyle Test Strips DS	Lisinopril with Hydrochlorothiazide	Mupirocin Ointment
Furosemide	Lithium Carbonate	Nabumetone
Gabapentin	Lithium Carbonate Controlled-Release	Nadolol
Gemfibrozil	Lithium Carbonate Extended-Release	Naproxen - Prescription strengths only
Gentamicin	Lorazepam	Necon
Glipizide	Lovastatin QL/QD	Nefazodone QL
Glipizide Extended-Release	Low-Ogestrel	Neomycin/Polymyxin B/ Dexamethasone
Glyburide	Mebendazole	Neomycin/Polymyxin/Gramicidin
Glyburide Micronized	Medroxyprogesterone	Neomycin/Polymyxin/ Hydrocortisone
Guanfacine	Mefloquine	Nifedipine
Halobetasol Cream, Ointment	Megestrol	Nifedipine Controlled-Release
Haloperidol	Meperidine	Nifedipine Extended Release
Hydralazine	Meperidine with Promethazine	Nitrofurantoin/Nitrofurantoin Macrocrystals
Hydrochlorothiazide	Mesalamine Enema	Nitrofurantoin Macrocrystals
Hydrocodone with Homatropine	Metformin	Nitroglycerin
Hydrocortisone Acetate Suppositories	Metformin Extended-Release	Norethindrone
Hydrocortisone Valerate		
Hydromorphone		
Hydroxychloroquine		
Hydroxyzine		

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Nortrel	Prochlorperazine	Terbutaline
Nortriptyline	Promethazine	Tetracycline
Novolin 70/30 Vials	Promethazine with Codeine	Theophylline
Novolin N Vials	Promethazine with	Thyroid
Novolin R Vials	Dextromethorphan	Timolol Drops
Novolog Vials	Promethazine with Phenylephrine	Tizanidine
Novolog Mix 70/30 Vials	Promethazine with Phenylephrine	Tobramycin
Nystatin	and Codeine	Torse mide
Nystatin with Triamcinolone	Propafenone	Tramadol QL
Ofloxacin Eye Drops	Propoxyphene	Trazodone
Ogestrel	Propoxyphene with	Tretinoin
One Touch Test Strips DS	Acetaminophen	Tri-Sprintec
One Touch Ultra Test Strips DS	Propranolol	Triamcinolone
Orphenadrine	Propylthiouracil	Triamterene with
Oxaprozin	Pseudoephedrine with	Hydrochlorothiazide
Oxazepam	Chlorpheniramine and	Triazolam
Oxybutynin	Scopolamine	Trimethobenzamide
Oxycodone	Pseudoephedrine with	Trimethobenzamide with
Oxycodone with Acetaminophen	Hydrocodone and Codeine	Benzocaine
Oxycodone with Aspirin	Quinapril	Trimethoprim
Paroxetine QL	Quinapril with	Trinessa
PEG 3350/Powder for Solution	Hydrochlorothiazide	Trivora-28
Penicillin V Potassium	Rifampin	Ursodiol
Pentoxifylline	Roxicet	Verapamil
Permethrin Cream	Salsalate	Warfarin
Phenazopyridine	Selenium Sulfide	Zovia 1/35E
Phenobarbital	Silver Sulfadiazine	Zovia 1/50E
Phenylephrine with	Sodium Fluoride	
Chlorpheniramine and	Sotalol	
Scopolamine	Spiro nolactone with	
Phenylephrine with Hydrocodone	Hydrochlorothiazide	
and Codeine	Spiro nolactone	
Phenytoin	Sprintec	
Pindolol	Sucralfate	
Piroxicam	Sulfacetamide	
Polymyxin B with Trimethoprim	Sulfacetamide with Sulfur	
Portia	Sulfamethoxazole with	
Potassium Chloride	Trimethoprim	
Prazosin	Sulfasalazine	
Precision Q-I-D Test Strips DS	Sulfasalazine EC	
Precision Xtra Test Strips DS	Sulfatrim	
Prednisolone	Sulindac	
Prednisone	Surestep Test Strips DS	
Prenatal Vitamins - Prescription	Tamoxifen	
strengths only	Temazepam	
Primidone	Terconazole 3 Cream	
Probenecid	Terazosin	

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Tier Two

Aceon
 Aciphex **QL/QD**
 Actonel **QL**
 Actos **QL**
 Acular
 Adderall XR **QL**
 Adoxa
 Advair Diskus **QL**
 Aldara
 Alesse-28
 Allegra **QL/QD**
 Allegra-D **QL/QD**
 Alocril
 Alphagan P
 Altace
 Altoprev **QL/QD**
 Amaryl
 Androderm
 Antabuse
 Aricept
 Arimidex
 Arixtra **QL**
 Asacol
 Astelin **QL**
 Atrovent Inhaler
 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 **QL**
 Cellcept
 Cenestin
 Ciprodex
 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**
 Estraderm **QL**
 Estratest
 Estratest H.S.
 Estring **QL**
 Estrostep FE
 Evista
 Femara
 Femhrt
 Flonase **QL**
 Flovent **QL**
 Foradil **QL**
 Fosamax **QL**
 Frova **QL/QD**
 Gabitril
 Genotropin **N**
 Geodon
 Glucagon Emergency Kit
 Grifulvin V
 Humalog
 Humalog Mix 75/25
 Humulin 70/30
 Humulin N
 Humulin R
 Hyzaar **QL/QD**
 Imitrex **QL/QD**
 Intal **QL**
 Intron A **QL, N**
 Kaletra
 Keppra
 Ketek
 Kytril **QL, N**
 Lamictal
 Lamisil tab **QL, N**
 Lanoxin
 Lantus
 Levaquin
 Lidoderm
 Lindane
 Lipitor **QL/QD**
 Lithobid
 Lo/Ovral-28
 Lovenox **QL**
 Lumigan
 Malarone
 Maxalt **QL/QD**
 Maxidone
 Methergine
 Metrogel
 Metrogel Vaginal
 Metro lotion
 Miacalcin Nasal Spray
 Micardis **QL/QD**

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Micardis HCT QL/QD	Pulmicort QL	Viramune
Mirapex	Purinethol	Viread
Mircette	Rebetol QL	Vivelle QL
Nasonex QL	Relpax QL/QD	Vivelle-Dot QL
Neoral	Renagel	Voltaren Eye Drops
Neupogen	Requip	Vytorin QL
Nexium QL/QD	Risperdal	Welchol
Niaspan	Roferon A QL, N	Wellbutrin SR, XL QL, N
Nordette-28	Roxicodone	Yasmin 28
Norvasc	Serevent QL	Zaditor
Norvir	Serevent Diskus QL	Zantac syrup
Novolin Pens/Cartridges	Seroquel	Zaroxolyn
Novolog Pens/Cartridges	Serostim N	Zerit
Nutropin N	Singulair QL	Zetia QL/QD
Nuvaring	Soriatane	Ziagen
Omnicef QL	Spiriva QL	Zithromax QL
Optivar	Sporanox QL, N	Zocor QL/QD
Orapred	Sular	Zofran QL, N
Ortho Evra QL	Sustiva	Zofran ODT QL, N
Ortho Micronor	Symbyax	Zoloft QL (50 & 100 mg tab scored for 1/2 tab use)
Ortho Tri-Cyclen	Synthroid	Zomig QL/QD
Ortho Tri-Cyclen Lo	Tazorac	Zonegran
Ortho-Cept	Tegretol	Zovirax Ointment, Cream
Ortho-Cyclen	Tegretol XR	Zyprexa
Ortho-Novum	Terazol 3 Suppository QL	Zyrtec QL/QD
Ortho-Prefest	Terazol 7 QL	Zyrtec-D QL/QD
Oxycontin QL	Testim 1% QL	
Oxytrol	Tilade QL	
Patanol	Tobradex	
Paxil CR QL	Topamax	
Pegasys QL, N	Toprol XL	
Peg-Intron QL, N	Travatan	
Plavix	Tricor	
Prandin QL	Trileptal	
Precose	Triphasil-28	
Premarin	Trizivir	
Premphase	Trusopt	
Prempro	Urocit-K	
Prevident 5000 Plus	Urso	
Prevpac QL	Valtrex QL (1 gram tab scored for 1/2 tab use)	
Procrit	Vanceril QL	
Proctofoam-HC	Vanceril DS QL	
Prograf	Ventolin Rotacaps QL	
Prometrium	Viagra QD	
Protonix QL/QD	Videx EC 125 mg	
Protopic	Viracept	
Protropin N		

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Tier Three

Abilify
Accolate **QL**
Accu-Chek Test Strips **DS**
Aclovate
Actiq **N**
Activella **QL**
Advicor
Aggrenox
Ambien **QL/QD**
Amerge **QL/QD**
Analpram-HC
Androgel
Arava
Armour Thyroid
Arthrotec 50
Arthrotec 75
Ascensia Autodisc **DS**
Ascensia Elite **DS**
Atacand **QL/QD**
Atacand HCT **QL/QD**
Avalide **QL/QD**
Avapro **QL/QD**
Avelox **QL**
Avinza
Avodart **QL, N**
Axert **QL/QD**
Benzaclin
Blephamide
Brevoxyl
Brevoxyl-4
Brevoxyl-8
Caduet
Carbatrol
Carmol 40
Cefzil
Celebrex **QL/QD**
Cenogen Ultra
Chemstrip BG Test Strips **DS**
Cialis **QD**
Cipro XR
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
Duoneb
Duricef 1 gm tablet
Elidel
Elocon Lotion
Enbrel **QL**
Extendryl SR
Famvir **QL**
Finacea
Flexeril
Flomax
Focalin **QL**
Glucometer Test Strips **DS**
Gynazole-1
Gynodiol 1.5 mg tablets
Humalog Pens/Cartridges
Humibid DM
Humibid LA
Humira **QL**
Humulin Pens/Cartridges
Inderal LA
Kadian
Klaron
Lescol **QL/QD**
Lescol XL **QL/QD**
Levitra **QD**
Levothroid
Lexapro **QL**
Locoid Cream, Ointment
Locoid Lipocream
Loestrin
Loestrin FE
Loprox
Lotemax
Lotrel **QL**
Luxiq
Mavik
Maxair Autohaler **QL**
Menest
Mentax
Metadate CD **QL**
Metaglip
Mobic **QL**
Naftin
Nasacort **QL**
Nasacort AQ **QL**
Natafort
Natelle
Nestabs RX
Nitrostat
Noritate
Nulev
Nulytely
Olux
Ovcon-35
Ovcon-50
Oxistat
Panlor SS
Penlac **QL**
Pentasa
Periostat
Plexion
Ponstel
Pravachol **QL/QD**
Precare Conceive
Precare Prenatal
Premesis RX
Prenate Advance
Prenate GT
Primacare
Proscar **N**
Proventil HFA **QL**
Provigil **QL, N**
Prozac Weekly **QL**
Quixin
Rebif **QL**
Relenza **QL, N**
Restasis **QL**
Retin-A Micro **N**
Rhinocort **QL**
Rhinocort Aqua **QL**

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Ritalin LA **QL**
Robinul Forte
Rosanil
Sarafem **QL**
Skelaxin
Sonata **QL/QD**
Starlix **QL**
Strattera **QL**
Tamiflu **QL, N**
Tarka
Tequin **QL**
Teveten **QL/QD**
Theo-24
Tracer BG Test Strips **DS**
Transderm-Scop
Triaz
Tri-Norinyl
Tussionex
Ultracet **QL**
Uniretic
Univasc
Vagifem
Vancenase AQ **QL**
Vantin
Verelan PM
Vicodin ES
Vigamox
Visicol
Xalatan
Xanax XR
Xopenex **QL**
Zelnorm **QL**
Zymar

NOTE:

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

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Additional Tier Three drugs with a generic alternative in Tier One

Accupril (Quinapril)
 Accuretic (Quinapril with Hydrochlorothiazide)
 Accutane (Isotretinoin)
 Adderall (Amphetamine with Dextroamphetamine Salt Combination)
 Aldactone (Spironolactone)
 Anaprox (Naproxen)
 Ativan (Lorazepam)
 Augmentin (Amoxicillin with Potassium Clavulanate)
 Buspar (Buspirone)
 Calan, Calan SR (Verapamil)
 Capoten (Captopril)
 Cardizem CD except for 360 mg strength (Diltiazem)
 Cardura (Doxazosin)
 Ceftin (Cefuroxime)
 Celexa **QL** (Citalopram **QL**)
 Ciloxan Eye Drops (Ciprofloxacin)
 Cipro (Ciprofloxacin)
 Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)
 Darvocet-N (Propoxyphene with Acetaminophen)
 DDAVP Nasal Spray (Desmopressin)
 Dexedrine SR (Dextroamphetamine Sustained-Release Capsule)
 DiaBeta, Micronase, Glynase (Glyburide)
 Diflucan 50, 100, 200 mg tablets **N** (Fluconazole **N**)
 Diflucan 150 mg **QL** (Fluconazole **QL**)
 Diprolene (Betamethasone Dipropionate Augmented Cream, Gel, Ointment)
 Duragesic Patch **QL** (Fentanyl Transdermal System **QL**)
 Duricef (Cefadroxil)
 Dyazide (Triamterene with Hydrochlorothiazide)
 Elocon Cream, Ointment (Mometasone)

Eskalith CR (Lithium Carbonate Controlled-Release)
 Fioricet (Butalbital with Acetaminophen and Caffeine)
 Glucophage, XR (Metformin)
 Glucotrol, XL (Glipizide)
 Glucovance (Glyburide with Metformin)
 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 Hydrochlorothiazide)
 Lotrisone (Betamethasone with Clotrimazole)
 Macrobid (Nitrofurantoin/ Nitrofurantoin Macrocrystal)
 Medrol Dosepak (Methylprednisolone)
 Metrocream (Metronidazole Cream)
 Mevacor **QL/QD** (Lovastatin **QL/QD**)
 Minocin, Dynacin (Minocycline)
 Miralax (PEG3350 Powder for Solution)
 Monopril (Fosinopril)
 Monopril HCT (Fosinopril with Hydrochlorothiazide)
 Motrin (Ibuprofen) - Prescription strengths only
 Mycelex Troche (Clotrimazole Troche)
 Naprosyn (Naproxen) - Prescription strengths only
 Neurontin (Gabapentin)
 Nizoral Cream, Shampoo (Ketoconazole)
 Ocuflax Eye Drops (Ofloxacin)
 Paxil **QL** (Paroxetine **QL**)
 Percocet 5-325, 7.5-500, 10-650 (Oxycodone with Acetaminophen)

Plendil (Felodipine)
 Pletal (Cilostazol)
 Prinivil, Zestril (Lisinopril)
 Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
 Procardia XL (Nifedipine Extended-Release)
 Proventil Inhaler **QL**, Ventolin Inhaler **QL** (Albuterol Inhaler **QL**)
 Provera (Medroxyprogesterone)
 Prozac **QL** (Fluoxetine **QL**)
 Remeron **QL** (Mirtazapine **QL**)
 Remeron SolTab **QL** (Mirtazapine Dispersible Tablet **QL**)
 Restoril (Temazepam)
 Ritalin (Methylphenidate)
 Ritalin SR (Methylphenidate Extended-Release)
 Tenormin (Atenolol)
 Tenoretic (Atenolol with Chlorthalidone)
 Terazol 3 Cream (Terconazole)
 Tiazac (Diltiazem)
 Tylenol #3 (Acetaminophen with Codeine)
 Ultram **QL** (Tramadol **QL**)
 Ultravate Cream, Ointment (Halobetasol Propionate)
 Uniphyl (Theophylline)
 Valium (Diazepam)
 Vaseretic (Enalapril with Hydrochlorothiazide)
 Vasotec (Enalapril)
 Vicodin (Acetaminophen with Hydrocodone)
 Vicoprofen (Ibuprofen with Hydrocodone)
 Videx EC 200, 250, 400 mg (Didanosine Capsule Delayed Release)
 Voltaren (Diclofenac)
 Wellbutrin **QL** (Bupropion **QL**)
 Wellbutrin SR **QL, N** (Bupropion Sustained-Release **QL, N**)
 Xanax (Alprazolam)
 Ziac (Bisoprolol with Hydrochlorothiazide)
 Zovirax Tablet, Capsule, Suspension (Acyclovir)

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