

# 2010 Four-Tier Prescription Drug List Reference Guide

## Table of Contents

<b>Introduction</b> .....	1-3
<b>Prescription Drug List - 2010</b> .....	4-28
<b>Anti-Infectives</b>	
Antibiotics .....	4
Antifungals .....	5
Antivirals .....	5
<b>Cardiovascular/Heart Disease</b>	
Coagulation Therapy .....	5
High Blood Pressure .....	6, 7
High Cholesterol .....	8
Other .....	8
<b>Central Nervous System</b>	
Attention Deficit Disorder .....	9
Depression .....	9
Migraine .....	10
Sedatives/Hypnotics .....	10
Seizure Disorders .....	11
Other .....	11
<b>Dermatology</b> .....	12, 13
<b>Endocrine/Diabetes</b>	
Blood Glucose Monitoring .....	14
Growth Hormone .....	14
Insulin .....	14
Non-Insulin .....	15
Other .....	15
<b>Eye Conditions</b>	
Anti-Allergy .....	16
Antibiotics .....	16
Glaucoma .....	17
<b>Gastrointestinal</b>	
Acid Suppression .....	17
Nausea/Vomiting .....	17
Other .....	18
<b>Men's Health</b>	
Erectile Dysfunction .....	18
Prostate .....	18
<b>Miscellaneous</b>	
Miscellaneous .....	18
Overactive Bladder .....	19
<b>Musculoskeletal</b>	
Osteoporosis .....	19
Pain Relief .....	19, 20
Rheumatoid Arthritis .....	21
Other .....	21
<b>Respiratory</b>	
Asthma/COPD .....	22
Nasal Allergy .....	23
Oral Allergy .....	23
<b>Women's Health</b>	
Contraceptives .....	24
Estrogen/Progesterone .....	25
Prenatal Vitamins .....	25
<b>Additional Tier 3 Drugs with a generic equivalent in Tier 1</b> .....	26, 27
<b>Tier 4 Drugs</b> .....	28

# 2010 Four-Tier Prescription Drug List Reference Guide

## Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication benefit choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

## What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes medications, products or devices that have been approved by the U.S. Food and Drug Administration into tiers.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your employer or health plan include a Summary Plan Description (SPD) or a Certificate of Coverage (COC). Please refer to these documents to determine which medications are covered under your individual plan.

## Understanding Tiers

Prescription medications are categorized within four tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your employer or health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance, and deductibles that are part of your plan.

**Some plans may require you to pay the entire cost of the medication until the plan deductible has been met.**

### Tier 1 – Your Lowest-Cost Option

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

### Tiers 2 and 3 – Your Midrange-Cost Options

Tier 2 and Tier 3 medications are your middle copayment options. If you are currently taking a medication in Tier 3, ask your doctor whether there are lower-cost Tier 1 or Tier 2 alternatives that may be right for your treatment.

### Tier 4 – Your Highest-Cost Option

Tier 4 medications are your highest copayment option. If you are currently taking a medication in Tier 4, ask your doctor whether there are lower-cost Tier 1, Tier 2, or Tier 3 alternatives that may be right for your treatment.

**Note: Compounded medications** are medications with one or more ingredients that are prepared “on-site” by a pharmacist, are classified at the Tier 3 level. However, if any one of the ingredients in the compound is classified as being on Tier 4 then a Tier 4 copayment will apply.

***Please note:** Some plans have a two-tier pharmacy benefit rather than a four-tier pharmacy benefit. Generally, a two-tier closed pharmacy benefit plan does not cover medications classified in Tier 3 and Tier 4 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 three-tier prescription plan. Refer to your enrollment materials, check the Drug Pricing/Coverage information on [myuhc.com](http://myuhc.com)<sup>®</sup>, or call the toll-free member phone number on the back of your ID card for more information about your benefit plan.*

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free member phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [myuhc.com](http://myuhc.com) for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the “Preferred Drug List (PDL).” This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

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

The UnitedHealthcare PDL Management Committee makes tier placement decisions. The Committee's goal is to help ensure access to a wide range of medications, while controlling health care costs for you and your employer or health plan. The PDL Management Committee is comprised of senior level UnitedHealth Group physicians and business leaders. You and your doctor decide which medication is appropriate for you.

## **What factors does the PDL Management Committee look at to make tier placement decisions?**

The PDL Management Committee decides the tier placement of a particular prescription medication based on clinical information from the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and economic considerations. The Committee looks at the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for employer groups and health plans.

## **How often will prescription medications change tiers?**

Medications may change tiers up to six times per calendar year, depending on your benefit. Most changes will occur on January 1 and July 1. Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the toll-free member phone number on the back of your ID card or visit [myuhc.com](http://myuhc.com).

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

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

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest-cost option. Please note that some generic medications may be in Tier 2, Tier 3, or Tier 4 and will not have the lowest copayment available under your pharmacy benefit plan. Go to [myuhc.com](http://myuhc.com) to determine the copayment for your generic medication.

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

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to another prescription medication or an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment.

## **When should I consider discussing over-the-counter or non-prescription medications with my doctor?**

An over-the-counter medication can be an appropriate treatment for some 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.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free member phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [myuhc.com](http://myuhc.com) for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

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

The specific definitions for these notations (**SL, N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free member phone number on the back of your ID card if you need additional information about these notations.

## **What should I do if I use a self-administered injectable medication?**

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. 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 **myuhc.com** or call the toll-free member phone number on the back of your ID card for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

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

- Refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

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

Please call the toll-free member phone number on the back of your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free member phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access **myuhc.com** for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

## 2010 Four-Tier Prescription Drug List Reference Guide

### Anti-Infectives Antibiotics

#### Tier 1

A-B Otic  
 Amoxicillin Trihydrate Capsule,  
 Chewable Tablet, Drops,  
 Suspension, Tablet  
 Amoxicillin Trihydrate/  
 Potassium Clavulanate  
 Azithromycin  
 Cefaclor  
 Cefadroxil Hydrate  
 Cefpodoxime Tablet  
 Cefprozil  
 Cefuroxime Axetil Tablet  
 Cephalexin Monohydrate  
 Cephadrine Capsule  
 Ciprofloxacin Tablet  
 Clarithromycin Tablet  
 Clindamycin HCl 150, 300 mg  
 Dicloxacillin Sodium Capsule  
 Dimethyl Sulfoxide Solution,  
 Non-Oral  
 Doxycycline Hyclate  
 Doxycycline Monohydrate  
 Capsule  
 Erythromycin Base Capsule,  
 Delayed-Release  
 Erythromycin Base Tablet,  
 Enteric-Coated 250, 333 mg  
 Erythromycin Estolate  
 Erythromycin Ethylsuccinate  
 Erythromycin Ethylsuccinate/  
 Sulfisoxazole Acetyl  
 Erythromycin Stearate  
 Methenamine Mandelate  
 Metronidazole  
 Minocycline HCl  
 Neomycin Sulfate  
 Neomycin/Polymyxin/HC Otic  
 Nitrofurantoin Macrocrystal  
 Nitrofurantoin/Nitrofurantoin  
 Macrocrystal  
 Ofloxacin  
 Ofloxacin Otic  
 Penicillin V Potassium  
 Sulfadiazine  
 Sulfamethoxazole/Trimethoprim  
 Sulfisoxazole  
 Tetracycline HCl  
 Trimethoprim

#### Tier 2

Augmentin  
 Cefdinir **SL**  
 Cerumenex Otic  
 Chloromycetin Otic  
 Cipro Suspension  
 Ciprodex Otic  
 Clarithromycin Suspension  
 Clarithromycin Sustained-Release  
 Tablet  
 Cleocin HCl 75 mg  
 Dapsone  
 Furadantin Suspension, Oral  
 Gantrisin  
 Levaquin Tablet, Solution  
 Macrochantin 25 mg  
 Tobi  
 Vancocin HCl  
 Velosef 250 mg Suspension  
 Zyvox

#### Tier 3

Avelox  
 Cedax  
 Cefuroxime Axetil Suspension  
 Ciprofloxacin Tablet,  
 Sustained-Release 24 Hour  
 Dispermox  
 EryPed Tablet, Chewable  
 Factive  
 Geocillin  
 Keftab  
 Ketek  
 Maxaquin  
 Monurol  
 Neggram  
 Noroxin  
 Oracea  
 PCE  
 Primsol  
 Proquin XR  
 Raniclor Tablet, Chewable  
 Solodyn  
 Suprax  
 Tequin  
 Vibramycin Suspension  
 Vibramycin Syrup  
 Xifaxan  
 Zagam  
 Zmax

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Anti-Infectives Antifungals

#### Tier 1

Clotrimazole Troche  
 Fluconazole  
 Griseofulvin Microsize  
 Suspension  
 Griseofulvin Ultramicrosized  
 Itraconazole Capsule **SL**  
 Ketoconazole  
 Nystatin  
 Terbinafine HCl Tablet **SL**  
 Terconazole Vaginal

#### Tier 2

Clindesse Vaginal  
 Metronidazole Vaginal  
 Mycostatin  
 Noxafil  
 Sporanox Solution, Oral  
 Vfend **SL**

#### Tier 3

Ancobon  
 Fulvicin U/F  
 Gynazole-1 Vaginal  
 Lamisil Granules **SL**

### Anti-Infectives Antivirals

#### Tier 1

Acyclovir  
 Amantadine HCl  
 Ganciclovir  
 Ribavirin **SL N**  
 Rimantadine HCl Tablet

#### Tier 2

Baraclude  
 Epivir HBV  
 Famciclovir **SL**  
 Hepsera  
 Rebetol Solution **SL N**  
 Valcyte **SL**  
 Valtrex **SL**

#### Tier 3

Flumadine Syrup  
 Relenza **SL**  
 Tamiflu **SL**  
 Tyzeka

### Cardiovascular/Heart Disease Coagulation Therapy

#### Tier 1

Cilostazol  
 Dipyridamole  
 Heparin Sodium  
 Sulfapyrazole  
 Ticlopidine HCl  
 Warfarin Sodium

#### Tier 2

Arixtra **SL**  
 Coumadin  
 Lovenox **SL**  
 Plavix

#### Tier 3

Aggrenox  
 Fragmin **SL**  
 Innohep **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Cardiovascular/Heart Disease High Blood Pressure

#### Tier 1

Acebutolol HCl  
 Amiloride HCl  
 Amiloride HCl/  
 Hydrochlorothiazide  
 Amlodipine Besylate  
 Atenolol  
 Benazepril HCl  
 Benazepril/Hydrochlorothiazide  
 Betaxolol HCl  
 Bisoprolol Fumarate/  
 Hydrochlorothiazide  
 Bumetanide  
 Captopril  
 Captopril/Hydrochlorothiazide  
 Carvedilol  
 Chlorothiazide Tablet  
 Chlorthalidone  
 Clonidine HCl  
 Clonidine HCl/Chlorthalidone  
 Diltiazem HCl  
 Diltiazem HCl Capsule,  
 Controlled-Release  
 Diltiazem HCl Capsule,  
 Sustained-Release 12 Hour  
 Doxazosin Mesylate  
 Enalapril Maleate  
 Enalapril Maleate/  
 Hydrochlorothiazide  
 Felodipine  
 Fosinopril  
 Fosinopril/Hydrochlorothiazide  
 Furosemide  
 Guanfacine HCl  
 Hydralazine HCl  
 Hydralazine HCl/  
 Hydrochlorothiazide  
 Hydrochlorothiazide  
 Indapamide  
 Isradipine  
 Labetalol HCl  
 Lisinopril  
 Lisinopril/Hydrochlorothiazide  
 Methylothiazide  
 Methyldopa 250, 500 mg  
 Methyldopa/  
 Hydrochlorothiazide  
 Metolazone

#### Tier 2

Aceon **1/2T**  
 Aldactazide 50-50 mg  
 Azor **SL**  
 Benicar **SL 1/2T**  
 Benicar HCT **SL**  
 Bystolic  
 Cardizem CD 360 mg  
 Cardizem LA  
 Cozaar **SL 1/2T**  
 Dibenzyline  
 Diltiazem HCl Capsule,  
 Sustained-Action  
 Diltiazem HCl Capsule,  
 Sustained-Release 24 Hour  
 Enduron 2.5 mg  
 Eplerenone  
 Hyzaar **SL**  
 Metoprolol Succinate Tablet,  
 Sustained-Release  
 24 Hour 50, 100, 200 mg  
 Micardis **SL**  
 Micardis HCT **SL**  
 Moexipril HCl **1/2T**  
 Nisoldipine 20, 30, 40 mg  
 Quinapril HCl/Hydrochlorothiazide  
 Sular 8.5, 10, 17, 25.5, 34 mg

#### Tier 3

Amlodipine/Benazepril **SL**  
 Atacand **SL 1/2T**  
 Atacand HCT **SL**  
 Avalide **SL**  
 Avapro **SL 1/2T**  
 Cardene SR  
 Cardura XL  
 Catapres-TTS **SL**  
 Clonidine Patch,  
 Transdermal Weekly **SL**  
 Covera-HS  
 Diovan **SL 1/2T**  
 Diovan HCT **SL**  
 DynaCirc CR  
 Dyrenium  
 Edecrin  
 Enduronyl  
 Enduronyl Forte  
 Exforge **SL**  
 Exforge HCT  
 Guanabenz Acetate  
 Innopran XL  
 Levatol  
 Lexxel  
 Minizide  
 Naturetin  
 Propranolol HCl  
 Sustained-Action Capsule  
 Tarka  
 Tekturna **SL**  
 Tekturna HCT **SL**  
 Teveten **SL**  
 Verapamil HCl Capsule, 24 Hour  
 Sustained-Release Pellets  
 Wytensin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Cardiovascular/Heart Disease High Blood Pressure (cont. from page 6)

#### Tier 1

Metoprolol Succinate Tablet,  
Sustained-Release 24 Hour  
25 mg  
Metoprolol Tartrate  
Metoprolol/Hydrochlorothiazide  
Minoxidil  
Nadolol  
Nadolol/Bendroflumethiazide  
Nicardipine HCl  
Nifedipine  
Nifedipine Tablet, Osmotic  
Laser-Drilled Formulation  
Pindolol  
Prazosin HCl  
Propranolol HCl Tablet  
Propranolol HCl/  
Hydrochlorothiazide  
Quinapril HCl/Magnesium  
Carbonate  
Ramipril  
Spironolactone  
Spironolactone/  
Hydrochlorothiazide  
Terazosin HCl  
Timolol Maleate  
Trandolapril **1/2T**  
Triamterene/  
Hydrochlorothiazide  
Verapamil HCl

#### Tier 2

#### Tier 3

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.  
**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage



## 2010 Four-Tier Prescription Drug List Reference Guide

### Cardiovascular/Heart Disease High Cholesterol

#### Tier 1

Cholestyramine/Aspartame  
Cholestyramine/Sucrose  
Colestipol HCl  
Fenofibrate 54, 67, 134, 160,  
200 mg  
Gemfibrozil  
Lovastatin  
Pravastatin **½T**  
Simvastatin **½T**

#### Tier 2

Advicor  
Antara  
Altoprev  
Crestor **SL ½T**  
Fenoglide  
Lipitor **SL ½T**  
Lipofen  
Niaspan  
Simcor **SL**  
Tricor 48, 145 mg  
Triglide  
Vytorin **SL**  
Welchol

#### Tier 3

Lescol **SL**  
Lescol XL **SL**  
Lovaza  
Pravigard-PAC  
Trilipix  
Zetia **SL**

### Cardiovascular/Heart Disease Other

#### Tier 1

Amiodarone  
Digoxin  
Disopyramide  
Flecainide  
Isosorbide Dinitrate  
Isosorbide Mononitrate  
Mexiletine  
Nitroglycerin  
Procainamide  
Propafenone  
Sotalol

#### Tier 2

Lanoxin

#### Tier 3

Ethmozine  
Minitran  
Nitro-Dur  
Nitrolingual  
Rythmol SR

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **½T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Central Nervous System Attention Deficit Disorder

#### Tier 1

Amphetamine Aspartate/  
Amphetamine Sulfate/  
Dextroamphetamine  
D-Amphetamine Sulfate Tablet,  
Capsule, Sustained-Action  
Methamphetamine HCl Tablet  
Methylphenidate

#### Tier 2

Adderall XR **SL**  
Vyvanse **SL**

#### Tier 3

Amphetamine Aspartate/  
Amphetamine Sulfate/  
Dextroamphetamine Capsule,  
Sustained-Release 24 Hour **SL**  
Concerta **SL**  
Daytrana **SL**  
Focalin XR **SL**  
Metadate CD **SL**  
Methylin Solution, Oral  
Methylin Tablet, Chewable  
Ritalin LA **SL**  
Strattera **SL**

### Central Nervous System Depression

#### Tier 1

Amitriptyline HCl  
Amitriptyline/Perphenazine  
Amoxapine  
Bupropion HCl **N**  
Bupropion HCl Tablet,  
Sustained-Action **N**  
Citalopram Hydrobromide  
Clomipramine HCl  
Desipramine HCl  
Doxepin HCl  
Fluoxetine HCl Capsule  
Fluvoxamine Maleate  
Imipramine HCl  
Maprotiline HCl  
Mirtazapine  
Nefazodone HCl  
Nortriptyline HCl  
Paroxetine HCl Tablet  
Protriptyline HCl  
Sertraline HCl **1/2T**  
Tranylcypromine Sulfate  
Trazodone HCl  
Trimipramine Maleate  
Venlafaxine HCl

#### Tier 2

Bupropion HCl Tablet,  
Sustained-Release  
24 Hour **SL N**  
Fluoxetine HCl Tablet  
Nardil

#### Tier 3

Cymbalta **SL**  
Effexor XR **SL**  
Emsam  
Lexapro **SL 1/2T**  
Luvox CR **SL**  
Marplan  
Paroxetine HCl  
Sustained-Release, 24 Hour **SL**  
Pexeva **SL 1/2T**  
Pristiq **SL**  
Prozac Weekly **SL**  
Tofranil-PM

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Central Nervous System Migraine

#### Tier 1

Acetaminophen/Butalbital  
 Acetaminophen/Caffeine/  
 Butalbital **SL**  
 Aspirin/Caffeine/Butalbital  
 Dihydroergotamine Mesylate  
 Ergotamine Tartrate/  
 Belladonna Alkaloids/  
 Phenobarbital  
 Ergotamine Tartrate/Caffeine  
 Suppository, Rectal  
 Ergotamine Tartrate/Caffeine/  
 Belladonna Alkaloids/  
 Pentobarbital  
 Isometheptene Mucate/  
 Acetaminophen/  
 Dichloralphenazone  
 Isometheptene/  
 Acetaminophen/Caffeine  
 Relpax **SL**  
 Sumatriptan Succinate  
 Injection **SL**  
 Sumatriptan Succinate  
 Tablet **SL**

#### Tier 2

Cafergot  
 Ergomar  
 Migranal  
 Sansert  
 Sumatriptan Succinate Nasal  
 Spray **SL**

#### Tier 3

Amerge **SL**  
 Axert **SL**  
 Frova **SL**  
 Maxalt **SL**  
 Maxalt MLT **SL**  
 Migranal **SL**  
 Zomig **SL**  
 Zomig Nasal Spray **SL**  
 Zomig ZMT **SL**

### Central Nervous System Sedatives/Hypnotics

#### Tier 1

Chloral Hydrate  
 Estazolam  
 Flurazepam HCl  
 Temazepam  
 Triazolam  
 Zaleplon **SL**  
 Zolpidem Tartrate **SL**

#### Tier 2

#### Tier 3

Ambien **SL P**  
 Ambien CR **SL**  
 Butisol Sodium  
 Doral  
 Lunesta **SL P**  
 Restoril 7.5 mg  
 Rozerem **SL P**  
 Seconal Sodium  
 Sonata **SL P**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.  
**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Central Nervous System Seizure Disorders

#### Tier 1

Acetazolamide  
 Carbamazepine  
 Clonazepam  
 Divalproex Sodium Tablet  
 Ethosuximide  
 Gabapentin Capsule, Tablet  
 Lamotrigine  
 Levetiracetam  
 Mephobarbital  
 Phenobarbital  
 Phenytoin  
 Primidone  
 Topiramate Tablet  
 Valproic Acid  
 Zonisamide

#### Tier 2

Carbamazepine Tablet,  
 Sustained-Release 12 Hour  
 Celontin  
 Diastat **SL**  
 Dilantin  
 Divalproex Sodium  
 Divalproex Sodium Tablet,  
 Sustained-Release  
 Felbatol  
 Gabitril  
 Mebaral 50 mg  
 Mysoline  
 Neurontin Solution, Oral  
 Oxcarbazepine  
 Peganone  
 Phenytek  
 Tegretol

#### Tier 3

Equetro  
 Lamictal Dose Pack  
 Lyrica **SL**  
 Stavzor **E**  
 Topamax Sprinkle

### Central Nervous System Other

#### Tier 1

Alprazolam  
 Amantadine HCl  
 Benztropine Mesylate  
 Bromocriptine Mesylate  
 Buspirone HCl  
 Carbidopa/Levodopa  
 Chlordiazepoxide HCl  
 Clorazepate Dipotassium  
 Clozapine  
 Diazepam  
 Galantamine  
 Lithium Carbonate  
 Lorazepam  
 Loxapine Succinate  
 Oxazepam  
 Risperidone **SL**  
 Ropinirole HCl  
 Selegiline HCl  
 Thiothixene 1, 2, 5, 10 mg  
 Trihexyphenidyl HCl

#### Tier 2

Akineton  
 Apokyn  
 Aricept  
 Aricept ODT  
 Clozaril  
 Comtan  
 FazaClo  
 Geodon **SL**  
 Loxitane C  
 Mirapex  
 Moban  
 Navane 20 mg  
 Orap  
 Seroquel **SL**  
 Symbyax **SL**  
 Tasmar  
 Zyprexa **SL**

#### Tier 3

Abilify **SL**  
 Azilect  
 Carbex  
 Cognex  
 Exelon  
 Invega **SL**  
 Kemadrin  
 Namenda  
 Paxipam  
 Provigil **SL N**  
 Razadyne Solution  
 Requip XL **E**  
 Seroquel XR **SL**  
 Stalevo  
 Tranxene SD  
 Zelapar  
 Zyprexa Zydis **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Dermatology

#### Tier 1

Alclometasone Dipropionate  
Cream, Ointment 0.05%  
Aluminum Chloride  
Amcinonide Cream, Ointment  
Betamethasone Dipropionate  
Cream, Lotion, Ointment  
Betamethasone Dipropionate/  
Propylene Glycol Gel, Lotion,  
Ointment  
Betamethasone DP  
Augmented Cream 0.05%  
Betamethasone Valerate  
Cream, Lotion, Ointment  
Ciclopirox Cream, Gel, Lotion  
Ciclopirox Solution, Non-Oral  
Clindamycin Phosphate  
Clobetasol Propionate Cream,  
Gel, Ointment  
Clobetasol Propionate  
Solution, Non-Oral  
Clotrimazole/Betamethasone  
Dipropionate  
Desonide Cream, Lotion,  
Ointment  
Desoximetasone Cream, Gel,  
Ointment  
Diflorasone Diacetate Cream,  
Ointment  
Diflorasone Diacetate/  
Emollient Cream  
Doxepin Cream  
Econazole Nitrate  
Erythromycin Base/Benzoyl  
Peroxide  
Erythromycin Base/Ethyl  
Alcohol  
Erythromycin Base/Ethyl  
Alcohol Swab, Medicated  
Fluocinolone Acetonide  
Cream, Ointment  
Fluocinolone Acetonide  
Solution Non-Oral  
Fluocinonide Cream, Gel,  
Ointment  
Fluocinonide Solution,  
Non-Oral  
Fluocinonide/Emollient Cream  
Fluorouracil

#### Tier 2

Aldara  
Azelex **SL**  
Benzamycin  
Condylox Gel  
Isotretinoin  
Lidoderm **SL**  
Locoid Lipocream  
Oxsoralen-Ultra  
Protopic **SL N**  
Regranex **N**  
Retin-A Micro **SL N**  
Sulfoxyl Regular  
Tazorac **SL N**  
Trisoralen  
Zovirax

#### Tier 3

Altabax **SL**  
Atralin **MC SL**  
Avita Gel **SL N**  
Bactroban **SL**  
Benzaclin **SL**  
Brevoxyl **E**  
Carmol HC Cream  
Centany  
Clindagel **SL**  
Clobetasol Propionate Foam **SL**  
Clobex **SL**  
Cloderm  
Cordran  
Cordran SP Cream  
Cutivate Lotion **MC**  
Denavir  
Derma-Smoothe/FS  
Desonate **SL**  
Desquam-X  
Differin Gel 0.3% **SL N**  
Drysol  
Duac **SL**  
Duac-CS **SL**  
Elidel **SL N**  
Emla  
Ertaczo  
Evoclin **SL**  
Exelderm  
Extina **SL**  
Finacea Gel  
Furacin  
Halog  
Loprox Shampoo **MC**  
Lustra-AF  
Mentax  
Metrogel 1% **MC**  
Metro lotion  
Naftin  
Noritate **MC**  
Olux-E **SL**  
Oscion  
Oxistat  
Pandel Cream  
Panretin Gel  
Plexion Sct  
Psorcon E Ointment  
Solaraze Gel  
Sulfacet-R  
Tretin-X **SL N**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Dermatology (cont. from page 12)

#### Tier 1

Fluticasone Propionate Cream,  
Ointment  
Gentamicin Sulfate  
Halobetasol Propionate Cream,  
Ointment  
Hyaluronate Sodium  
Suspension 0.1%  
Hydrocortisone Butyrate  
Ointment, Solution, Non-Oral  
Hydrocortisone Cream, Lotion,  
Ointment  
Hydrocortisone Valerate  
Cream, Ointment  
Ketoconazole Cream, Shampoo  
Lidocaine HCl Gel, Ointment,  
Solution  
Metronidazole Cream, Gel  
Mometasone Furoate Cream,  
Ointment, Solution  
Mupirocin Ointment  
Nystatin  
Nystatin/Triamcinolone  
Acetonide  
Podofilox Liquid  
Prednicarbate Cream  
Sulfacetamide Sodium  
Suspension, Topical  
Sulfacetamide Sodium/Sulfur  
Sulfacetamide Sodium/Sulfur/  
Urea  
Sulfacetamide Sodium/Urea  
Lotion  
Tretinoin Cream, Gel **N**  
Triamcinolone Acetonide  
Cream, Lotion, Ointment  
Urea 40% Emulsion

#### Tier 2

#### Tier 3

Triaz **E**  
Umecta  
Vanos **SL**  
Vanoxide-HC  
Veragen  
Verdeso **SL**  
Vusion  
Xolegel **MC**  
Ziana **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Endocrine/Diabetes Blood Glucose Monitoring

#### Tier 1

Fast Take System  
 Fast Take Test Strips **SL**  
 Freestyle Freedom Lite System  
 Freestyle Lite System  
 Freestyle Lite Test Strips **SL**  
 Freestyle System  
 Freestyle Test Strips **SL**  
 One Touch System  
 One Touch Test Strips **SL**  
 One Touch Ultra 2 System  
 One Touch Ultra Mini System  
 One Touch Ultra System  
 One Touch Ultra Test Strips **SL**  
 Precision Q-I-D System  
 Precision Q-I-D Test Strips **SL**  
 Precision Xtra System  
 Precision Xtra Test Strips **SL**  
 Surestep System  
 Surestep Test Strips **SL**

#### Tier 2

#### Tier 3

Accu-Chek System  
 Accu-Chek Test Strips **SL**  
 Ascensia System  
 Ascensia Test Strips **SL**  
 Assure System  
 Assure Test Strips **SL**  
 Prestige System  
 Prestige Test Strips **SL**

### Endocrine/Diabetes Growth Hormone

#### Tier 1

#### Tier 2

Nutropin **SL N**  
 Nutropin AQ **SL N**  
 Nutropin Depot **SL N**  
 Saizen **SL N**  
 Serostim **SL N**  
 Tev-Tropin **SL N**

#### Tier 3

Zorbtive **SL N**

### Endocrine/Diabetes Insulin

#### Tier 1

Novolin 70/30 Vials  
 Novolin L Vials  
 Novolin N Vials  
 Novolin R Vials  
 NovoLog Mix 70/30 Vials  
 NovoLog Vials

#### Tier 2

Lantus Vials  
 Levemir Vials  
 Novolin 70/30 Pens/Cartridges  
 Novolin L Pens/Cartridges  
 Novolin N Pens/Cartridges  
 Novolin R Pens/Cartridges  
 NovoLog Mix 70/30 Pens/  
 Cartridges  
 NovoLog Pens/Cartridges

#### Tier 3

Apidra  
 Humalog Pens/Cartridges  
 Humalog Vials  
 Humulin Pens  
 Humulin Vials  
 Lantus Solostar Pens/Cartridges  
 Levemir Pens  
 Relion

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Endocrine/Diabetes Non-Insulin

#### Tier 1

Acetohexamide  
Chlorpropamide  
Glimepiride  
Glipizide  
Glyburide  
Glyburide/Metformin HCl  
Metformin HCl  
Tolazamide  
Tolbutamide

#### Tier 2

Acarbose  
Actoplus Met **SL**  
Actos **SL**  
Avandamet **SL**  
Avandaryl **SL**  
Avandia **SL**  
Byetta **SL**  
Duetact **SL**  
Glipizide/Metformin HCl  
Glyset  
Janumet **SL**  
Januvia **SL**  
Prandin **SL**

#### Tier 3

Fortamet Tablet, Sr Osmotic Push  
24 Hour  
Glumetza  
Riomet Solution, Oral  
Starlix **SL**  
Symlin

### Endocrine/Diabetes Other

#### Tier 1

Calcitriol  
Danazol  
Desmopressin Acetate  
Dexamethasone  
Fludrocortisone Acetate  
Hydrocortisone Tablet  
Levothyroxine Sodium  
Methimazole  
Methylprednisolone Tablet,  
Dose Pack 4 mg  
Octreotide Acetate  
Orapred  
Prednisolone Sodium  
Phosphate Solution, Oral  
Prednisolone Syrup  
Prednisone  
Propylthiouracil

#### Tier 2

Androderm  
Androgel **SL**  
Android  
Aristocort Tablet  
Cabergoline  
Calcitonin Salmon Nasal Spray  
Calderol  
Cytadren  
Fortical  
Halotestin  
Hectorol  
Hytakerol  
Kuvan **SL N**  
Liothyronine Sodium  
Liquid Pred  
Medrol 2, 8, 16, 24, 32 mg  
Oxandrolone  
Pediapred  
Sandostatin **N**  
Synarel  
Synthroid  
Zemplar **SL**

#### Tier 3

Armour Thyroid  
Celestone Oral Solution  
Cortone Acetate  
First-Testosterone  
Orapred ODT  
Sensipar  
Stimate  
Striant  
Thyrolar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage



## 2010 Four-Tier Prescription Drug List Reference Guide

### Eye Conditions Anti-Allergy

#### Tier 1

Cromolyn Sodium

#### Tier 2

Elestat **SL**

Optivar **SL**

#### Tier 3

Acular **SL**

Alamast

Alocril

Alomide

Emadine

Livostin

Opticrom

Pataday **SL**

Patanol **SL**

### Eye Conditions Antibiotics

#### Tier 1

Bacitracin/Polymyxin B Sulfate

Chloramphenicol

Ciprofloxacin HCl Drops

Erythromycin Base

Gentamicin Sulfate

Neomycin Sulfate/Bacitracin

Zinc/Polymyxin B/

Hydrocortisone Ointment

Neomycin Sulfate/Bacitracin/

Polymyxin B Ointment

Neomycin Sulfate/

Dexamethasone Sodium

Phosphate

Neomycin Sulfate/Gramicidin

D/Polymyxin B Drops

Neomycin Sulfate/Polymyxin

B Sulfate/Hydrocortisone

Suspension, Drops

Neomycin/Polymyxin B

Sulfate/Dexamethasone

Ofloxacin

Polymyxin B Sulfate/

Trimethoprim

Sulfacetamide Sodium

Sulfacetamide Sodium/

Prednisolone Acetate

Sulfacetamide Sodium/

Prednisolone Sodium

Phosphate

Tobramycin Sulfate Drops

#### Tier 2

Blephamide S.O.P.

Tobramycin/Dexamethasone  
Suspension

#### Tier 3

Azasite

Blephamide Suspension, Drops

Chloroptic S.O.P. Ointment

Ciloxan Ointment

Iquix

Natacyn

Poly-Pred

Pred-G

Quixin

Tobrex Ointment

Vigamox

Zylet

Zymar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Eye Conditions Glaucoma

#### Tier 1

Acetazolamide  
Acetazolamide Capsule,  
Sustained-Action  
Betaxolol HCl  
Brimonidine Tartrate  
Carteolol HCl  
Dipivefrin HCl  
Dorzolamide HCl **SL**  
Levobunolol HCl  
Methazolamide  
Metipranolol  
Pilocarpine HCl  
Timolol Maleate Drops

#### Tier 2

Alphagan P **SL**  
Azopt **SL**  
Betimol **SL**  
Combigan **SL**  
Dorzolamide HCl/Timolol  
Maleate **SL**  
Epifrin  
Isopto Carbachol  
Lumigan **SL**  
Osmoglyn  
P6E1  
Phospholine Iodide  
Pilopine HS  
Travatan **SL**  
Travatan Z **SL**

#### Tier 3

Betoptic S  
Iopidine  
Istalol  
Rescula  
Xalatan **SL**

### Gastrointestinal Acid Suppression

#### Tier 1

Cimetidine Tablet, Liquid  
Misoprostol  
Omeprazole  
Ranitidine HCl Syrup  
Sucralfate Tablet

#### Tier 2

Aciphex **SL**  
Axid Oral Solution  
Helidac  
Prevpac **SL**  
Protonix **SL**  
Pylera  
Zegerid **SL**

#### Tier 3

Carafate Oral Suspension  
Nexium Capsule **SL E**  
Nexium Suspension **SL**  
Pantoprazole **SL**  
Pepcid Suspension, Oral  
Prevacid Capsule,  
Delayed-Release  
Enteric-Coated **SL E**  
Prevacid Naprapac **SL E**  
Prevacid Suspension,  
Delayed-Release,  
Reconst. **SL E**  
Prilosec Rx 10, 20 mg **E**  
Prilosec Rx 40 mg **SL E**

### Gastrointestinal Nausea/Vomiting

#### Tier 1

Dronabinol  
Ondansetron **SL**  
Prochlorperazine Maleate  
25 mg Suppository, Rectal  
Prochlorperazine Maleate  
Tablet  
Trimethobenzamide HCl  
Capsule

#### Tier 2

Compazine 2.5, 5 mg Suppository  
Compazine Syrup  
Emend **SL**  
Granisetron HCl Tablet **SL**  
Kytril Solution, Oral **SL**  
Torecan

#### Tier 3

Anzemet **SL**  
Cesamet **SL P**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Gastrointestinal Other

#### Tier 1

Mesalamide  
Metoclopramide  
Polyethylene Glycol  
Sulfasalazine

#### Tier 2

Apriso  
Canasa  
Dipentum  
Entocort EC  
GoLYTELY Packet  
Lialda  
Lotronex **SL**  
Relistor  
Trilyte with Flavor Packets

#### Tier 3

Amitiza **SL N**  
Asacol  
Halflytely-Bisacodyl  
Moviprep  
Pentasa

### Men's Health Erectile Dysfunction

#### Tier 1

#### Tier 2

#### Tier 3

Caverject **SL**  
Cialis **SL**  
Edex **SL**  
Levitra **SL**  
Muse **SL**  
Viagra **SL**

### Men's Health Prostate

#### Tier 1

Doxazosin Mesylate  
Finasteride **N**  
Terazosin HCl

#### Tier 2

#### Tier 3

Avodart **N**  
Flomax  
Uroxatral

### Miscellaneous

#### Tier 1

Azathioprine  
Benzonatate  
Chlorhexidine Gluconate  
Folic Acid  
Phenazopyridine  
Prednisolone Acetate  
Promethazine/Codeine  
Tamoxifen  
Vitamin D (Rx only)

#### Tier 2

Arimidex  
Aromasin  
Cellcept Suspension  
Fareston  
Femara  
Myfortic  
Neoral  
Prograf  
Rapamune  
Sandimmune  
Twinject **SL**

#### Tier 3

Epipen **SL**  
Epipen Jr **SL**  
Restasis **SL N**  
Soltamox  
Tussionex **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Miscellaneous Overactive Bladder

#### Tier 1

Dicyclomine HCl Tablet  
Flavoxate HCl  
Hyoscyamine Sulfate  
Oxybutynin Chloride

#### Tier 2

Enablex  
Oxytrol  
Pro-Banthine  
Sanctura XR  
Vesicare

#### Tier 3

Detrol  
Sanctura

### Musculoskeletal Osteoporosis

#### Tier 1

Alendronate Sodium **SL**  
Estradiol  
Estradiol Patch, Transdermal  
Weekly **SL**  
Estropipate Tablet

#### Tier 2

Actonel **SL**  
Actonel with Calcium **SL**  
Boniva **SL**  
Calcitonin Salmon Nasal Spray  
Climara **SL**  
Esclim  
Estraderm **SL**  
Evista  
Forteo **N**  
Fortical  
Ogen Cream  
Vivelle **SL**  
Vivelle-Dot **SL**

#### Tier 3

Fosamax Plus D **SL**  
Premarin

### Musculoskeletal Pain Relief

#### Tier 1

Acetaminophen/Butalbital  
Acetaminophen/Caffeine/  
Butalbital **SL**  
Acetaminophen/  
Phenyltoloxamine Citrate  
Aspirin/Caffeine/Butalbital  
Codeine Phosphate/  
Acetaminophen **SL**  
Codeine Phosphate/  
Acetaminophen/Caffeine/  
Butalbital **SL**  
Codeine Phosphate/Aspirin/  
Caffeine/Butalbital  
Codeine Sulfate  
Diclofenac Potassium  
Diclofenac Sodium  
Dihydrocodeine Bit/  
Acetaminophen/Caffeine  
Etodolac  
Fenoprofen Calcium

#### Tier 2

Codeine Phosphate  
Butorphanol Tartrate Aerosol,  
Spray **SL**  
Fentanyl Citrate Lollipop **SL N**  
MSIR Capsule  
OxyContin **SL**  
RMS-Suppository 10, 20, 30 mg  
Tolmetin Sodium  
Voltaren Gel

#### Tier 3

Arthrotec  
Avinza **SL**  
Celebrex **SL**  
Equagesic  
Fentora **SL N**  
Hycet  
Kadian **SL**  
Mefenamic Acid  
Opana **SL**  
Opana ER **SL**  
Subutex **SL N**  
Synalgos-DC  
Triaprin  
Ultram ER **SL**  
Xodol  
Zydone

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Musculoskeletal Pain Relief (cont. from page 19)

#### Tier 1

Fentanyl Transdermal **SL**  
 Flurbiprofen  
 Hydrocodone Bit/  
 Acetaminophen **SL**  
 Hydrocodone Bit/  
 Acetaminophen Elixir,  
 Tablet **SL**  
 Hydromorphone HCl Tablet  
 Ibuprofen  
 Ibuprofen/Hydrocodone  
 Indomethacin  
 Ketoprofen  
 Ketorolac Tromethamine  
 Levorphanol Tartrate  
 Meclofenamate Sodium  
 Meloxicam  
 Meperidine HCl  
 Methadone HCl  
 Morphine Sulfate Solution,  
 Oral  
 Morphine Sulfate Suppository,  
 Rectal 5 mg  
 Morphine Sulfate Tablet,  
 Sustained-Action **SL**  
 Nabumetone  
 Naproxen  
 Naproxen Sodium  
 Oxaprozin  
 Oxycodone HCl  
 Oxycodone HCl Concentrate,  
 Oral  
 Oxycodone HCl/  
 Acetaminophen **SL**  
 Oxycodone HCl/Ibuprofen  
 Oxycodone/Aspirin  
 Pentazocine HCl/  
 Acetaminophen  
 Pentazocine HCl/  
 Naloxone HCl  
 Piroxicam  
 Propoxyphene Napsylate/  
 Apap **SL**  
 Sulindac  
 Tramadol HCl  
 Tramadol HCl/  
 Acetaminophen **SL**

#### Tier 2

#### Tier 3

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.  
**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Musculoskeletal Rheumatoid Arthritis

**Tier 1**

Azathioprine  
Hydroxychloroquine Sulfate  
Leflunomide  
Methotrexate Sodium  
Sulfasalazine

**Tier 2**

Cimzia **SL N**  
Cuprimine  
Humira **SL N**  
Rheumatrex  
Trexall

**Tier 3**

Enbrel **SL**  
Kineret **SL N**  
Simponi **SL**

### Musculoskeletal Other

**Tier 1**

Baclofen  
Carisoprodol  
Cyclobenzaprine  
Methocarbamol  
Tizanidine

**Tier 2**

Orphenadrine  
Orphenadrine Compound  
Robaxisal

**Tier 3**

Skelaxin  
Zanaflex

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Respiratory Asthma/COPD

#### Tier 1

Albuterol Aerosol **SL**  
Albuterol Sulfate  
Asmanex **SL**  
Cromolyn Sodium Ampul for  
Nebulization  
Dyphylline  
Foradil **SL**  
Guaifenesin/Dyphylline  
Ipratropium Bromide Solution,  
Non-Oral  
Isoetharine HCl Solution,  
Non-Oral  
Metaproterenol Sulfate  
Pulmicort Flexhaler **SL**  
QVAR **SL**  
Terbutaline Sulfate  
Theophylline  
Ventolin HFA **SL**

#### Tier 2

Alupent **SL**  
Elixophyllin GG  
Intal **SL**  
Proventil Tablet, Sustained-Action  
Pulmicort Respules **SL**  
Singular **SL**  
Slo-Phyllin  
Spiriva **SL**  
Tilade **SL**  
T-Phyl

#### Tier 3

Accolate **SL**  
Advair Diskus **SL**  
Advair HFA **SL**  
Aerobid **SL**  
Aerobid-M **SL**  
Albuterol Sulfate/Ipratropium  
Solution, Non-Oral  
Alvesco **SL**  
Atrovent HFA **SL**  
Azmacort **SL**  
Brovana  
Combivent **SL**  
Elixophyllin Elixir  
Elixophyllin-KI Elixir  
Flovent Diskus **SL**  
Flovent HFA **SL**  
Lufyllin Tablet  
Maxair Autohaler **SL**  
Perforomist **SL**  
Proair HFA **SL**  
Proventil HFA **SL**  
Quibron-T Tablet  
Serevent Diskus **SL**  
Symbicort **SL**  
Theo-24  
Uniphyl  
Volmax  
Xopenex HFA **SL**  
Zyflo  
Zyflo CR **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Respiratory Nasal Allergy

#### Tier 1

Flunisolide  
Fluticasone Propionate **SL**

#### Tier 2

Astelin **SL**  
Nasonex **SL**

#### Tier 3

Astepro  
Beconase AQ **SL**  
Nasacort  
Nasacort AQ **SL**  
Omnaris **SL**  
Rhinocort Aqua **SL**

### Respiratory Oral Allergy

#### Tier 1

Clemastine Fumarate  
Hydroxyzine HCl  
Phenylephrine HCl/  
Chlorpheniramine Maleate/  
Scopolamine Syrup  
Phenylephrine HCl/  
Phenylpropanolamine  
HCl/Phenyltoloxamine/  
Chlorpheniramine  
Phenylephrine HCl/  
Promethazine HCl  
Pseudoephedrine HCl/  
Brompheniramine Maleate  
Pseudoephedrine HCl/  
Chlorpheniramine Maleate

#### Tier 2

Atarax 100 mg

#### Tier 3

Allegra ODT **SL E**  
Allegra Suspension **SL E**  
Allegra-D **SL E**  
Bromfed Tablet  
Clarinet **SL E**  
Clarinet-D **SL E**  
Dallergy Drops, Tablet  
Dallergy Jr.  
Deconamine Chewable Tablet  
Fexofenadine  
Histex CT  
Lodrane  
Rynatan Pediatric  
Rynatuss  
Semprex-D  
Xyzal **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage



## 2010 Four-Tier Prescription Drug List Reference Guide

### Women's Health Contraceptives

#### Tier 1

Desogestrel-Ethinyl Estradiol  
Desogestrel-Ethinyl Estradiol/  
Ethinyl Estradiol  
Ethinyl Estradiol/Desogestrel  
Ethinodiol D-Ethinyl Estradiol  
Levonorgestrel-Ethinyl  
Estradiol  
Medroxyprogesterone Acet  
150 mg/ml  
Norethindrone A-E Estradiol  
Norethindrone-Mestranol  
Norgestrel-Ethinyl Estradiol  
Ortho Micronor  
Ortho Tri-Cyclen  
Ortho-Cyclen  
Ortho-Novum 7/7/7

#### Tier 2

NuvaRing  
Ovrette  
Plan B  
Yasmin  
Yaz

#### Tier 3

Alesse  
Camila  
Cyclessa  
Depo-SubQ Provera  
Desogen  
Errin  
Ethinyl Estradiol/Drospirenone  
Femcon Fe  
Jolivette  
Levonorgestrel-Ethinyl Estradiol  
Tablet, Dosepak, 3 month **SL**  
Lo/Ovral  
Loestrin 24 Fe  
Lybrel  
Mononessa  
Nor-Q-D  
Nora-Be  
Norethindrone A-E Estradiol/  
Ferrous Fumarate  
Norethindrone Acetate  
Necon 7/7/7  
Nortrel 7/7/7  
Ortho Evra  
Ortho Tri-Cyclen Lo  
Ovcon  
Ovcon 35 Fe  
Previfem  
Seasonique  
Sprintec  
Tri-Previfem  
Tri-Sprintec  
Trinessa  
Triphasil

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Women's Health Estrogen/Progesterone

#### Tier 1

Estradiol  
Estradiol Patch, Transdermal  
Weekly **SL**  
Estropipate Tablet  
Medroxyprogesterone Acet  
Methyltestosterone/  
Estrogens, Esterified Tablet  
Norethindrone

#### Tier 2

Activella 0.5 mg/0.1 mg  
Cenestin  
Climara **SL**  
Crinone **N**  
Divigel  
Enjuvia  
Esclim  
Estraderm **SL**  
Estradiol 1 mg/Norethindrone  
Acetate 0.5 mg  
Estratest  
Estratest H.S.  
Estring **SL**  
Evamist  
Ogen Cream  
Ortho-Dienestrol Cream  
Ovrette  
Prefest  
Prometrium  
Vagifem  
Vivelle **SL**  
Vivelle-Dot **SL**

#### Tier 3

Alora **SL**  
Angeliq  
Climara Pro  
Combipatch **SL**  
Elestrin  
Endometrin  
Esclim  
Estinyl  
Estrasorb **SL**  
EstroGel **SL**  
Femhrt  
Femring **SL**  
Femtrace  
First-Progesterone **MC**  
First-Progesterone VGS  
Gynodiol 1.5 mg  
Menest  
Menostar Patch, Transdermal  
Weekly **SL**  
Preamarin  
Premphase  
Prempro  
Prochieve **N**

### Women's Health Prenatal Vitamins

#### Tier 1

Folic Acid  
Prenatal Vitamins/Iron,  
Carbonyl/Docusate/  
Folic Acid  
Prenatal Vitamins/Vitamin A/  
Iron Fumarate/Folic Acid

#### Tier 2

PNV No. 52/Iron B-G  
Suc-Pro/FA  
Prenatal Vitamins/Fe Asp Gly/  
Docusate/Folic Acid  
Pruet DHA  
Pruet DHA EC  
Renate DHA  
Renate DHA Extra  
Setonet  
Setonet-EC

#### Tier 3

Brand Prenatal Vitamins

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies **N** Notification required **P** Progression Rx **SL** Supply limit **1/2T** Eligible for Half Tablet Program **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Additional Tier 3 Drugs with a generic equivalent in Tier 1

Accupril (Quinapril)	Dyazide (Triamterene with Hydrochlorothiazide)	Ocuflox Eye Drops (Ofloxacin)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Dynacirc (Isradipine)	Paxil (Paroxetine)
Aldactone (Spironolactone)	Effexor (Venlafaxine)	Penlac (Ciclopirox Solution, Non-Oral)
Altace (Ramipril)	Eskalith CR (Lithium Carbonate Controlled-Release)	Percocet 5-325, 7.5-500, 10-650 <b>SL</b> (Oxycodone with Acetaminophen <b>SL</b> )
Amaryl (Glimepiride)	Fioricet <b>SL</b> (Butalbital with Acetaminophen and Caffeine <b>SL</b> )	Plendil (Felodipine)
Ambien <b>SL P</b> (Zolpidem <b>SL P</b> )	Flonase <b>SL</b> (Fluticasone Nasal Spray <b>SL</b> )	Pletal (Cilostazol)
Anaprox (Naproxen)	Floxin Otic (Ofloxacin Otic Drops)	Pravachol <b>1/2T</b> (Pravastatin <b>1/2T</b> )
Ativan (Lorazepam)	Fosamax <b>SL</b> (Alendronate <b>SL</b> )	Prilosec (Omeprazole)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Glucophage, XR (Metformin)	Prinivil, Zestril (Lisinopril)
Biaxin Tablet (Clarithromycin Tablet)	Glucotrol, XL (Glipizide)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Buspar (Buspirone)	Glucovance (Glyburide with Metformin)	Procardia XL (Nifedipine Extended-Release)
Calan, Calan SR (Verapamil)	Hytrin (Terazosin)	Proscar <b>N</b> (Finasteride <b>N</b> )
Capoten (Captopril)	Imitrex Injection <b>SL</b> (Sumatriptan Succinate Injection <b>SL</b> )	Provera (Medroxyprogesterone)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Imitrex Tablet <b>SL</b> (Sumatriptan Succinate Tablet <b>SL</b> )	Prozac (Fluoxetine Capsule)
Cardura (Doxazosin)	Inderal (Propranolol)	Relafen (Nabumetone)
Ceftin (Cefuroxime)	Keflex (Cephalexin)	Remeron (Mirtazapine)
Cefzil (Cefprozil)	Keppra (Levetiracetam)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Celexa (Citalopram)	Klonopin (Clonazepam)	Requip (Ropinirole)
Ciloxan Eye Drops (Ciprofloxacin)	Lamictal (Lamotrigine)	Restoril 15, 30 mg (Temazepam)
Cipro (Ciprofloxacin)	Lamisil Tablet <b>SL</b> (Terbinafine Tablet <b>SL</b> )	Risperdal <b>SL</b> (Risperidone <b>SL</b> )
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Lasix (Furosemide)	Ritalin (Methylphenidate)
Colectid (Colestipol)	Lofibra (Fenofibrate Micronized)	Ritalin SR (Methylphenidate Extended-Release)
Coreg (Carvedilol)	Lopid (Gemfibrozil)	Sonata <b>SL P</b> (Zaleplon <b>SL P</b> )
Darvocet-N <b>SL</b> (Propoxyphene with Acetaminophen <b>SL</b> )	Lopressor (Metoprolol)	Surmontil (Trimipramine Maleate)
DDAVP (Desmopressin)	Mavik <b>1/2T</b> (Trandolapril <b>1/2T</b> )	Tenoretic (Atenolol with Chlorthalidone)
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Medrol Dosepak (Methylprednisolone)	Tenormin (Atenolol)
Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml)	Mevacor (Lovastatin)	Tiazac (Diltiazem)
DiaBeta, Micronase, Glynase (Glyburide)	Mobic (Meloxicam)	Topamax (Topiramate)
Didronel (Etidronate Disodium)	Monopril (Fosinopril)	Toprol XL 25 mg (Metoprolol Succinate Sustained-Release)
Diflucan (Fluconazole)	Monopril HCT (Fosinopril with Hydrochlorothiazide)	Trusopt <b>SL</b> (Dorzolamide Eye Drops <b>SL</b> )
Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)	Motrin (Ibuprofen) - Prescription strengths only	Tylenol #3 <b>SL</b> (Acetaminophen with Codeine <b>SL</b> )
Duragesic <b>SL</b> (Fentanyl Transdermal <b>SL</b> )	Naprosyn (Naproxen) - Prescription strengths only	Ultracet <b>SL</b> (Tramadol with Acetaminophen <b>SL</b> )
Duricef (Cefadroxil)	Nasarel, Nasalide <b>SL</b> (Flunisolide Nasal Spray <b>SL</b> )	Ultram (Tramadol)
	Neurontin Capsule, Tablet (Gabapentin)	Valium (Diazepam)
	Norvasc (Amlodipine Besylate)	Vaseretic (Enalapril with Hydrochlorothiazide)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Additional Tier 3 Drugs with a generic equivalent in Tier 1 (cont. from page 26)

Vasotec (Enalapril)  
Vicodin **SL**, Vicodin ES  
    **SL** (Acetaminophen with  
    Hydrocodone **SL**)  
Vicoprofen (Ibuprofen with  
    Hydrocodone)  
Voltaren Tablet (Diclofenac)  
Wellbutrin **N** (Bupropion **N**)  
Wellbutrin SR **N** (Bupropion  
    Sustained-Action **N**)  
Xanax, Xanax XR (Alprazolam)  
Zantac Syrup (Ranitidine Syrup)  
Ziac (Bisoprolol with  
    Hydrochlorothiazide)  
Zithromax (Azithromycin)  
Zocor **1/2T** (Simvastatin **1/2T**)  
Zofran **SL** (Ondansetron **SL**)  
Zoloft **1/2T** (Sertraline **1/2T**)  
Zonegran (Zonisamide)  
Zovirax Capsule, Tablet,  
    Suspension (Acyclovir)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies    **N** Notification required    **P** Progression Rx    **SL** Supply limit    **1/2T** Eligible for Half Tablet Program    **E** May be excluded from coverage

## 2010 Four-Tier Prescription Drug List Reference Guide

### Tier 4 Drugs

Acanya  
Accutane  
Adoxa **E**  
Amrix **E**  
Asacol HD **E**  
Augmentin XR **E**  
Bravelle  
Caduet **SL E**  
Clobex Shampoo **E**  
Coreg CR **SL E**  
Detrol LA **E**  
Doryx **E**  
Epiduo **E**  
Flector **E**  
Follistim  
Follistim AQ  
Genotropin **SL N E**  
Humatrope **SL N E**  
Infergen **SL N**  
Intron A **SL N**  
Keppra XR **E**  
Menopur  
Norditropin **SL N E**  
Olux-Olux-E **E**  
Omnitrope **SL E**  
Prevacid Solutab **SL E**  
Repronex  
Sancuso **SL E**  
Soma 250 mg **E**  
Testim **SL E**  
Treximet **SL E**  
Venlafaxine  
    Extended-Release **SL E**  
Veramyst **SL E**  
Xopenex Vial, Nebulizer **SL E**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

**MC** Multiple copay applies   **N** Notification required   **P** Progression Rx   **SL** Supply limit   **1/2T** Eligible for Half Tablet Program   **E** May be excluded from coverage