

2009 Three-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 choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list of Food and Drug Administration (FDA)-approved brand name and generic medications.

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

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

Understanding Tiers

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

Some plans may require you to pay the entire cost of the medication until the plan deductible has been met, or may require you to meet a deductible before copayments or coinsurance applies.

Tier 1 – Your Lowest-Cost Option

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

Tier 2 – Your Midrange-Cost Option

This is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is right for your treatment.

Tier 3 – Your Highest-Cost Option

This is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be right for your treatment.

Compounded medications, medications with one or more ingredients that are prepared “on-site” by a pharmacist, are classified at the Tier 3 level.

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

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

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting www.myuhc.com or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

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

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

Who decides which medications get placed in which tier?

The UnitedHealthcare PDL Management Committee makes tier placement decisions to help ensure access to a wide range of medications and control health care costs for you and your employer or health plan. The PDL Management Committee is comprised of senior level 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 upon clinical information from the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and economic and financial considerations. The Committee looks at the overall health care value of a particular medication in order to balance the need for flexibility and choice for our members and an affordable pharmacy benefit for employer groups and health plans.

How often will prescription medications change tiers?

Medications may move to a higher tier up to 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. For the most current information on your pharmacy coverage, please call the Customer Care number on your ID card or visit www.myuhc.com.

What is the difference between brand name and generic medications?

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

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

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

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter or prescription medication. Alternatives on the PDL and other over-the-counter medications may be available.

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

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

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting www.myuhc.com or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

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

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

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 can help:

- Confirm coverage based on your benefit plan
- Alert pharmacists and doctors of potentially harmful medication interactions
- Notify your pharmacist and doctor of duplication in treatments

Please call Customer Care if you need additional information about these notations.

What should I do if I use a 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 where a representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.myuhc.com or call the Customer Care number on your ID card for more current information.

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

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

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

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

What if I still have questions?

Please call the Customer Care number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting www.myuhc.com or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

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.

2009 Three-Tier Prescription Drug List Reference Guide

Tier One

Acebutolol	Bromocriptine	Diclofenac
Acetaminophen with Caffeine and Butalbital	Bumetanide	Dicloxacillin
Acetaminophen with Codeine SL	Bupropion N	Dicyclomine
Acetaminophen with Codeine, Caffeine and Butalbital SL	Bupropion Sustained Action N	Diflorasone
Acetaminophen with Hydrocodone SL	Buspirone	Diflunisal
Acetazolamide	Calcipotriene Solution, Topical SL	Digoxin
Acetic Acid with Hydrocortisone Otic Solution	Calcitriol	Diltiazem Controlled Release Capsule
Acyclovir Tablet, Capsule, Suspension	Calcium Acetate 667mg	Diltiazem Sustained Release 12 Hours Capsule
Albuterol Extended Release Tablet	Captopril	Diltiazem Tablet
Albuterol Inhalation Solution	Captopril with Hydrochlorothiazide	Diphenoxylate
Alendronate SL	Carbamazepine	Diphenoxylate with Atropine
Allopurinol	Carbidopa/Levodopa	Dipyridamole
Alprazolam	Carisoprodol	Divalproex Sodium Tablet, Enteric Coated
Alprazolam Extended Release	Carvedilol	Dorzolamide Eye Drops SL
Amantadine Tablet, Capsule, Syrup	Cefaclor	Doxazosin
Amiloride with Hydrochlorothiazide	Cefadroxil	Doxepin
Amiodarone	Cefuroxime Tablet	Doxycycline
Amitriptyline	Cephalexin	Dronabinol
Amitriptyline with Chlordiazepoxide	Cesia	Econazole
Amitriptyline with Perphenazine	Chlordiazepoxide	Enalapril
Amlodipine Besylate	Chlorhexidine	Enalapril with Hydrochlorothiazide
Amoxicillin	Chlorthalidone	Enpresse
Amoxicillin with Potassium Clavulanate	Chlorzoxazone	Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital
Amphetamine with Dextroamphetamine Salt Combination	Cholestyramine	Errin
Ampicillin	Cholestyramine with Aspartame	Erythromycin Base 250, 333mg
Antipyrine with Benzocaine Otic Solution	Ciclopirox Gel, Topical	Erythromycin Ethylsuccinate
Apri	Cilostazol	Erythromycin Stearate
Asmanex SL	Ciprofloxacin	Erythromycin with Benzoyl Peroxide
Aspirin with Caffeine and Butalbital	Citalopram	Estradiol Patch SL
Aspirin with Codeine, Caffeine and Butalbital	Clarithromycin Tablet	Estropipate
Atenolol	Clidinium with Chlordiazepoxide	Etidronate Disodium
Atenolol with Chlorthalidone	Clindamycin Capsule	Etodolac
Aviane	Clindamycin Gel, Soln, Lotion, Swabs	Fast Take Test Strips SL, DS
Azathioprine	Clindamycin Vaginal Cream	Felodipine
Azithromycin	Clobetasol	Fenofibrate Micronized 54, 67, 134, 160, 200mg
Baclofen	Clomiphene	Flecainide
Benazepril	Clomipramine	Fluconazole
Benazepril with Hydrochlorothiazide	Clonazepam	Fludrocortisone
Benzonatate	Clonidine	Flunisolide Nasal Spray SL
Benzotropine	Clorazepate	Fluocinolone
Betamethasone Dipropionate Augmented Cream	Clotrimazole Troches	Fluocinonide
Betamethasone Dipropionate Cream, Lotion, Ointment, Gel	Clotrimazole with Betamethasone	Fluocinonide-E
Betamethasone Valerate	Colestipol	Fluorometholone
Betamethasone with Clotrimazole	Cromolyn	Fluorouracil Cream
Bisoprolol	Cryselle	Fluoxetine Capsule
Bisoprolol with Hydrochlorothiazide	Cyclobenzaprine	Flurazepam
	Cyproheptadine	Flurbiprofen
	Desipramine	Fluticasone Nasal Spray SL
	Desmopressin	Fluvoxamine
	Desonide	Folic Acid
	Desoximetasone	Foradil SL
	Dexamethasone	
	Dextroamphetamine	
	Dextroamphetamine Sustained Release	
	Diazepam	

Some medications are noted with N, P, SL, DS, or 1/2T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

1/2T = Eligible for Half Tablet Program.

2009 Three-Tier Prescription Drug List Reference Guide

Fosinopril	Lidocaine Viscous	Neomycin/Polymyxin B/Dexamethasone
Fosinopril with Hydrochlorothiazide	Lisinopril	Neomycin/Polymyxin/Gramicidin
Freestyle Lite Test Strips SL, DS	Lisinopril with Hydrochlorothiazide	Neomycin/Polymyxin/Hydrocortisone
Freestyle Test Strips SL, DS	Lithium Carbonate	Nifedipine
Frova SL	Lithium Carbonate Controlled-Release	Nifedipine Controlled-Release
Furosemide	Lithium Carbonate Extended-Release	Nifedipine Extended Release
Gabapentin Capsule, Tablet	Lorazepam	Nitrofurantoin/Nitrofurantoin Macrocrystals
Galantamine	Lovastatin	Nitrofurantoin Macrocrystals
Gemfibrozil	Low-Ogestrel	Nitroglycerin
Gentamicin	Maxalt SL	Norethindrone
Glimepiride	Maxalt MLT SL	Nortrel
Glipizide	Mebendazole	Nortriptyline
Glipizide Extended-Release	Medroxyprogesterone 150mg/ml SL	Novolin Vials
Glyburide	Medroxyprogesterone Tablet	Novolog Vials
Glyburide Micronized	Mefloquine	Nystatin
Glyburide with Metformin	Megestrol	Nystatin with Triamcinolone
Guanfacine	Meloxicam	Ofloxacin Eye Drops
Halobetasol Cream, Ointment	Meperidine	Ofloxacin Otic Drops
Haloperidol	Meperidine with Promethazine	Ogestrel
Hydralazine	Metformin	Ondansetron SL
Hydrochlorothiazide	Metformin Extended-Release	One Touch Test Strips SL, DS
Hydrocodone with Homatropine	Methadone	One Touch Ultra Test Strips SL, DS
Hydrocortisone Acetate Suppositories	Methimazole	Orapred Oral Solution
Hydrocortisone Valerate	Methocarbamol	Oxaprozin
Hydromorphone	Methotrexate	Oxazepam
Hydroxychloroquine	Methylidopa	Oxybutynin
Hydroxyzine	Methylphenidate	Oxycodone
Ibuprofen - Prescription strengths only	Methylphenidate Extended-Release	Oxycodone with Acetaminophen SL
Ibuprofen with Hydrocodone	Methylprednisolone	Oxycodone with Aspirin
Imipramine	Methyltestosterone with Esterfied Estrogens	Oxycodone with Ibuprofen SL
Indapamide	Metoclopramide	Paroxetine
Indomethacin	Metolazone	PEG 3350/Powder for Solution
Ipratropium Inhalation Solution	Metoprolol	Penicillin V Potassium
Isometheptene, Dichloralphenazone and Acetaminophen	Metoprolol Succinate Sustained Release 25mg	Pentoxifylline
Isoniazid	Metronidazole	Permethrin Cream
Isosorbide Dinitrate	Metronidazole Cream	Phenazopyridine
Isosorbide Mononitrate	Microgestin	Phenobarbital
Isradipine	Microgestin FE	Phenylephrine with Chlorpheniramine and Scopolamine
Itraconazole SL	Minocycline	Phenylephrine with Hydrocodone
Junel	Minoxidil Tablet	Phenytoin
Junel FE	Mirtazapine	Pindolol
Kariva	Mirtazapine Dispersible Tablet SL	Piroxicam
Ketoconazole	Misoprostol	Polymyxin B with Trimethoprim
Ketoprofen	Mometasone	Portia
Ketorolac	Mononessa	Potassium Chloride
Labetalol	Morphine	Potassium Citrate
Lactulose	Morphine Sulfate Controlled Release SL	Pravastatin 1/2T
Lamotrigine	Mupirocin Ointment	Prazosin
Leflunomide	Nadolol	Precision Q-I-D Test Strips SL, DS
Lessina	Nadolol with Bendroflumethiazide	Precision Xtra Test Strips SL, DS
Levetiracetam	Naproxen - Prescription strengths only	Prednisolone
Levothyroxine	Necon	Prednisone
Levora	Nefazodone	
Levorphanol Tartrate		

Some medications are noted with N, P, SL, DS, or 1/2T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

1/2T = Eligible for Half Tablet Program.

2009 Three-Tier Prescription Drug List Reference Guide

Prenatal Vitamins - Generic prescription strengths only	Terbutaline
Primidone	Terconazole Suppository
Probenecid	Tetracycline
Prochlorperazine	Theophylline
Promethazine	Theophylline Anhydrous Tablet, Sustained Action
Promethazine with Codeine	Thyroid
Promethazine with Dextromethorphan	Timolol Drops
Promethazine with Phenylephrine	Tizanidine
Promethazine with Phenylephrine and Codeine	Tobramycin
Propafenone	Topiramate
Propoxyphene	Torsemide
Propoxyphene with Acetaminophen SL	Tramadol
Propranolol Tablet	Tramadol with Acetaminophen SL
Propylthiouracil	Trazodone
Protriptyline	Tretinoin SL, N
Pulmicort Flexhaler SL	Tri-Sprintec
Pulmicort Turbuhaler SL	Triamcinolone
Quinapril	Triamterene with Hydrochlorothiazide
QVAR SL	Triazolam
Ramipril	Trimethobenzamide
Ranitidine Syrup	Trimethobenzamide with Benzocaine
Reclipsen	Trimethoprim
Relpax SL	Trimipramine Maleate
Ribavirin SL, N	Trinessa
Rifampin	Trivora
Risperidone SL	Ursodiol
Ropinirole	Velivet
Salsalate	Venlafaxine SL
Selenium Sulfide	Ventolin HFA SL
Sertraline $\frac{1}{2}$ T	Verapamil
Silver Sulfadiazine	Warfarin
Simvastatin $\frac{1}{2}$ T	Zolpidem SL
Sodium Fluoride	Zomig SL
Solia	Zomig ZMT SL
Sotalol	Zonisamide
Spirolactone with Hydrochlorothiazide	Zovia 1/35E
Spirolactone	Zovia 1/50E
Sprintec	
Sucralfate	
Sulfacetamide	
Sulfacetamide with Sulfur	
Sulfamethoxazole with Trimethoprim	
Sulfasalazine	
Sulfasalazine EC	
Sulfatrim	
Sulindac	
Sumatriptan Succinate Injection SL	
Surestep Test Strips SL, DS	
Tamoxifen	
Temazepam	
Terazosin	
Terbinafine Tablet SL	

Some medications are noted with N, P, SL, DS, or $\frac{1}{2}$ T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

$\frac{1}{2}$ T = **Eligible for Half Tablet Program.**

2009 Three-Tier Prescription Drug List Reference Guide

Tier Two

Acarbose
 Aceon $\frac{1}{2}$ T
 Aciphex **SL**
 Activella 0.5mg/1mg
 Actonel **SL**
 Actonel with Calcium **SL**
 Actoplus Met **SL**
 Actos **SL**
 Adderall XR **SL**
 Advicor
 Aldara
 Alphagan P **SL**
 Altoprev **SL**
 Androderm
 Androgel **SL**
 Antabuse
 Antara
 Aranesp **SL**
 Aricept
 Aricept ODT
 Arimidex
 Arixtra **SL**
 Asacol
 Astelin **SL**
 Atrovent Inhaler **SL**
 Avandamet **SL**
 Avandaryl **SL**
 Avandia **SL**
 Avonex **SL**
 Axid Oral Solution
 Azelex
 Azor **SL**
 Balsalazide Disodium
 Benicar **SL**, $\frac{1}{2}$ T
 Benicar HCT **SL**
 Benzamycin
 Betimol **SL**
 Betoptic S
 Boniva **SL**
 Bupropion Sustained Release 24 Hour
SL, N
 Butorphanol Nasal Spray **SL**
 Byetta **SL**
 Bystolic
 Cabergoline
 Calcitonin Salmon Nasal Spray
 Canasa
 Capex Shampoo
 Carac Cream
 Carbamazepine Tablet, Sustained
 Release 12 Hour
 Cardizem LA
 Cefdinir **SL**
 Cefprozil

Cenestin
 Ciprodex
 Clarithromycin Suspension
 Clarithromycin XL
 Cleocin Vaginal Suppositories
 Climara **SL**
 Clindesse
 Combigan **SL**
 Copaxone **SL**
 Coumadin
 Cozaar **SL**, $\frac{1}{2}$ T
 Crestor **SL**, $\frac{1}{2}$ T
 Dapsone
 Diclofenac Sodium Drops **SL**
 Dilantin
 Diltiazem Sustained Action Capsule
 Diltiazem Sustained Release
 24 Hour Capsule
 Divalproex Sodium Capsule, Sprinkle
 Divalproex Sodium Tablet, Sustained
 Release
 Divigel **SL**
 Dorzolamide/Timolol Eye Drops **SL**
 Dovonex Cream, Ointment **SL**
 Duetact **SL**
 Effexor XR **SL**
 Elestat **SL**
 Emend **SL**
 Enablex
 Enjuvia
 Entocort EC
 Eplerenone
 Epogen **SL**
 Esclim **SL**
 Estraderm **SL**
 Estradiol/Norethindrone Acetate
 1mg/0.5mg
 Estratest
 Estratest H.S.
 Estring **SL**
 Evamist **SL**
 Evista
 Femara
 Fenoglide
 Fentanyl Citrate Lollipop **SL, N**
 Fentanyl Transdermal System **SL**
 Finasteride **N**
 Fluoxetine Tablet
 Fortical
 Fosrenol
 Gabitril
 Geodon **SL**
 Glipizide with Metformin
 Glucagon Emergency Kit **SL**
 Glycopyrrolate

Granisetron Tablet **SL**
 Grifulvin V Tablet
 Hyzaar **SL**
 Intal **SL**
 Isotretinoin
 Janumet **SL**
 Januvia **SL**
 Lanoxin
 Lantus Vials
 Leuprolide
 Levaquin
 Levemir Vials
 Lidoderm **SL**
 Lindane **SL**
 Liothyronine
 Lipitor **SL**, $\frac{1}{2}$ T
 Lipofen
 Locoid Lipocream
 Lovenox **SL**
 Lumigan **SL**
 Malarone
 Mesalamine Enema
 Methergine
 Metoprolol Succinate Sustained
 Release 50, 100, 200mg
 Metrogel
 Metro lotion
 Metronidazole Vaginal Gel
 Micardis **SL**
 Micardis HCT **SL**
 Mirapex
 Moexipril $\frac{1}{2}$ T
 Myfortic
 Nabumetone
 Nasonex **SL**
 Neoral
 Neupogen
 Niaspan
 Nisoldipine 20, 30 40mg
 Novolin Pens/Cartridges
 Novolog Pens/Cartridges
 Nutropin **SL, N**
 Nuvaring
 Omeprazole 10, 20mg
 Omeprazole 40mg **SL**
 Optivar **SL**
 Orphenadrine
 Orphenadrine Compound
 Oxandrolone
 Oxcarbazepine
 Oxycontin **SL**
 Oxytrol
 Pegasys **SL, N**
 Peg-Intron **SL, N**
 Plavix

Some medications are noted with N, P, SL, DS, or $\frac{1}{2}$ T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = **Progression Rx**.

SL = **Supply Limit**. Some medications have a limited amount that can be covered per copayment or period of time.

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

$\frac{1}{2}$ T = **Eligible for Half Tablet Program**.

2009 Three-Tier Prescription Drug List Reference Guide

Prandin **SL**
Prefest
Prevpac **SL**
Procrit **SL**
Proctofoam-HC
Prograf
Prometrium
Protonix **SL**
Protopic **SL, N**
Pulmicort Respules **SL**
Pylera
Quinapril with Hydrochlorothiazide
Ranexa
Rapamune
Rebif **SL**
Renagel
Renvela
Retin-A Micro **SL, N**
Roferon A **SL, N**
Saizen **SL, N**
Sanctura XR
Seroquel **SL**
Serostim **SL, N**
Simcor **SL**
Singulair **SL**
Soriatane
Spiriva **SL**
Sular 8.5, 10, 17, 25.5, 34mg
Symbyax **SL**
Synthroid
Tazorac **SL, N**
Tegretol
Tev-Tropin **SL, N**
Tilade **SL**
Tobramycin/Dexamethasone Eye Drops
Tolmetin
Travatan **SL**
Travatan Z **SL**
Tricor 48, 145mg
Triglide
Twinject **SL**
Vagifem
Valtrex **SL**
Vesicare
Vivelle **SL**
Vivelle-Dot **SL**
Voltaren Gel
Vytorin **SL**
Vyvanse **SL**
Welchol
Yasmin
Yaz
Zaleplon **SL**
Zegerid **SL**
Zomig Nasal Spray **SL**
Zovirax Ointment, Cream
Zyprexa (Zydis = Tier 3) **SL**

Some medications are noted with N, P, SL, DS, or 1/2T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = **Progression Rx**.

SL = **Supply Limit**. Some medications have a limited amount that can be covered per copayment or period of time.

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

1/2T = **Eligible for Half Tablet Program**.

2009 Three-Tier Prescription Drug List Reference Guide

Tier Three

Abilify SL	<i>Brevoxy</i> Excluded	Elidel SL, N
Accolate SL	Brovana	Elocon
Accu-Chek Test Strips SL, DS	<i>Caduet</i> SL, Excluded	Enbrel SL, N
Accutec	Carafate Suspension	Epipen SL
Aclovate	Carbatrol	Epipen Jr. SL
Actiq SL, N	Catapres-TTS SL	Estrostep FE
Activella 1mg/0.5mg	Cefuroxime Suspension	Ethinyl Estradiol/Drospirenone 0.3mg/3mg
Acular SL	Cefzil	Exforge SL
<i>Adoxa</i> Excluded	Celebrex SL	Extendryl SR
Advair Diskus SL	Cenogen Ultra	Factive
Advair HFA SL	Cesamet SL, P	Famciclovir SL
Aggrenox	Chemstrip BG Test Strips SL, DS	Famvir SL
Albuterol Sulfate/Ipratropium Solution, Non-Oral	Cialis SL	FemHRT
Alesse	Ciclopirox Solution, Topical	Fentora SL, N
Allegra	Ciloxan Ophthalmic Ointment	Fexofenadine
Allegra ODT SL, Excluded	Cipro XR	Finacea
Allegra Suspension SL, Excluded	Ciprofloxacin Tablet, Sustained Release, 24 Hour	Flomax
Allegra-D SL, Excluded	<i>Clarinx</i> SL, Excluded	Flovent HFA SL
Alocril	<i>Clarinx-D</i> SL, Excluded	Focalin SL
Alomide	Climara Pro SL	Focalin XR SL
Alvesco SL	Clindagel SL	Fosamax Plus D SL
Ambien CR SL	Clobetasol Propionate Foam SL	<i>Genotropin</i> SL, N, Excluded
Amerge SL	Colazal	Glucometer Test Strips SL, DS
Amlodipine and Benazepril SL	Colyte	Glumetza
Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained Release 24 Hour SL	Combipatch SL	Gynazole-1
Analpram-HC	Combivent SL	Gynodiol 1.5mg Tablet
Angeliq	Concerta SL	Humalog
Anzemet SL	<i>Coreg CR</i> SL, Excluded	<i>Humatrope</i> SL, N, Excluded
Armour Thyroid	Cosopt SL	Humibid DM
Arthrotec	Covera-HS	Humibid LA
Ascensia Autodisc SL, DS	Cutivate	Humira SL, N
Ascensia Elite SL, DS	Cyclessa	Humulin
Atacand SL, 1/2T	Cymbalta SL	Imitrex Nasal Spray SL
Atacand HCT SL	Cytomel	Imitrex Tablet SL
Augmentin XR	Daytrana SL	Inderal LA
Avalide SL	Denavir	Inspra
Avapro SL, 1/2T	Depakote ER	Intron A SL, N
Avelox	Depakote Sprinkle	Invega SL
Avinza SL	Derma-Smoother/FS	Kadian SL
Avodart SL, N	Desogen	<i>Keppra XR</i> Excluded
Axert SL	Detrol	Ketek
Azmacort SL	Detrol LA	Kineret SL, N
Bactroban SL	Differin SL, N	Kytril Tablet SL
Beconase AQ SL	Diovan SL, 1/2T	Lantus SoloStar
Benzaclin	Diovan HCT SL	Lescol SL
Betaseron SL, P	Diprolene	Lescol XL SL
Biaxin Suspension	Ditropan XL	Levemir Pen
Biaxin XL	<i>Doryx</i> Excluded	Levitra SL
Blephamide Eye Drops	Dostinex	Levonorgestrel-Ethinyl Estradiol Tablet, Dosepack, 3 Month SL
	Duac, Duac-CS	Levothroid
	DuoNeb	Lexapro SL, 1/2T
	Duragesic SL	

Some medications are noted with N, P, SL, DS, or 1/2T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

1/2T = Eligible for Half Tablet Program.

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

2009 Three-Tier Prescription Drug List Reference Guide

Lialda	Paroxetine HCl Sustained Release 24 Hour SL	Sensipar
Lo/Ovral	Pataday SL	Serevent Diskus SL
Locoid	Patanase	Seroquel XR SL
Loestrin	Patanol SL	Skelaxin
Loestrin FE	Paxil CR SL	Solodyn
Loprox	Penlac	<i>Soma 250mg Excluded</i>
Lotemax	Pentasa	Sonata SL, P
Lotrel SL	Perforomist SL	Starlix SL
Lovaza	Periostat	<i>Stavzor Excluded</i>
Lunesta SL, P	Pexeva SL, 1/2T	Strattera SL
Luxiq	Plexion	Sular 20, 30, 40mg
Lybrel	Ponstel	Sumatriptan Succinate Nasal Spray SL
Lyrica SL	Precare Conceive	Sumatriptan Succinate Tablet SL
Mavik 1/2T	Precare Prenatal	Symlin SL
Maxair Autohaler SL	Precose	Tamiflu SL
Mefenamic Acid	Premarin	Tarka
Menest	Premesis RX	Tegretol XR
Mentax	Premphase	Tekturna SL
Metadate CD SL	Prempro	Tequin
Metaglip	Prenate Advance	Terazol
Metrogel Vaginal	Prenate GT	Terconazole Cream
Miacalcin Nasal Spray	<i>Prevacid Capsule SL, Excluded</i>	<i>Testim SL, Excluded</i>
Mircette	<i>Prevacid Solutab SL, Excluded</i>	Teveten SL
Modicon	<i>Prilosec Rx 10, 20mg Excluded</i>	Theo-24
Naftin	<i>Prilosec Rx 40mg SL, Excluded</i>	Tobradex Eye Ointment
Nasacort	Primacare	Toprol XL 50, 100, 200mg
Nasacort AQ	Pristiq SL	Tracer BG Test Strips SL, DS
Natelle	ProAir HFA SL	Trandolapril
Nestabs RX	Propranolol Sustained Action Capsule	Transderm-Scop
<i>Nexium Capsule SL, Excluded</i>	Proscar N	<i>Treximet SL, Excluded</i>
Nexium Suspension SL	Proventil HFA SL	Tri-Norinyl
Nitrostat	Provigil SL, N	<i>Triaz Excluded</i>
Nordette	Prozac Weekly SL	Trileptal
<i>Norditropin SL, N, Excluded</i>	Quixin	Trilipix
Noritate	Relafen	Triphasil
Nulev	Relenza SL	Tussionex
Nulytely	Relion	Uniretic
Omnicef SL	<i>Requip XL Excluded</i>	Univasc 1/2T
<i>Omnitrope SL, N, Excluded</i>	Restasis SL, N	Uroxatral SL
Opana ER SL	Restoril 7.5, 22.5mg	Vagifem
Orapred ODT	Rhinocort SL	Vantin
Ortho Evra SL	Rhinocort Aqua SL	<i>Venlafaxine Extended Release SL, Excluded</i>
Ortho Micronor	Risperdal M-Tab SL	<i>Veramyst SL, Excluded</i>
Ortho Tri-Cyclen	Ritalin LA SL	Verapamil Capsule, 24 Hour Sustained Release Pellets
Ortho Tri-Cyclen Lo	Robinul Forte	Verelan PM
Ortho-Cept	Rosaniil	Viagra SL
Ortho-Cyclen	Rozerem SL, P	Vigamox
Ortho-Novum	Sanctura	Visicol
Oscion	<i>Sancuso SL, Excluded</i>	Voltaren Eye Drops
Ovcon-50	Sarafem	Wellbutrin XL SL, N
Oxistat	Seasonale SL	Xalatan SL
Oxybutynin Sustained Release	Seasonique	
Pantoprazole SL		

Some medications are noted with N, P, SL, DS, or 1/2T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

1/2T = Eligible for Half Tablet Program.

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

2009 Three-Tier Prescription Drug List Reference Guide

Xopenex HFA **SL**
Xopenex Solution
Xyzal **SL**
Zelnorm **SL, N**
Zetia **SL**
Ziana **SL**
Zmax **SL**
Zyflo
Zyflo CR **SL**
Zylet
Zymar

NOTE:

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

Some medications are noted with N, P, SL, DS, or 1/2T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

1/2T = Eligible for Half Tablet Program.

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

2009 Three-Tier Prescription Drug List Reference Guide

Additional Tier Three drugs with a generic equivalent in Tier One

Accupril (Quinapril)	Dynacirc (Isradipine)	Paxil (Paroxetine)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Effexor SL (Venlafaxine SL)	Percocet 5-325, 7.5-500, 10-650 SL (Oxycodone with Acetaminophen SL)
Aldactone (Spironolactone)	Elocon Cream, Ointment, Solution (Mometasone)	PhosLo (Calcium Acetate 667mg)
Altace (Ramipril)	Eskalith CR (Lithium Carbonate Controlled-Release)	Plendil (Felodipine)
Amaryl (Glimepiride)	Fioricet (Butalbital with Acetaminophen and Caffeine)	Pletal (Cilostazol)
Ambien SL, P (Zolpidem SL)	Flexeril (Cyclobenzaprine)	Pravachol $\frac{1}{2}$ T (Pravastatin $\frac{1}{2}$ T)
Anaprox (Naproxen)	Flonase SL (Fluticasone Nasal Spray SL)	Prinivil, Zestril (Lisinopril)
Arava (Leflunomide)	Floxin Otic (Ofloxacin Otic Drops)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Ativan (Lorazepam)	Fosamax SL (Alendronate SL)	Procardia XL (Nifedipine Extended-Release)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Glucophage, XR (Metformin)	Provera (Medroxyprogesterone)
Biaxin Tablet (Clarithromycin Tablet)	Glucotrol, XL (Glipizide)	Prozac (Fluoxetine)
Buspar (Buspirone)	Glucovance (Glyburide with Metformin)	Razadyne (Galantamine)
Calan, Calan SR (Verapamil)	Hytrin (Terazosin)	Rebetol SL, N (Ribavirin SL, N)
Capoten (Captopril)	Imitrex Injection SL (Sumatriptan Succinate Injection SL)	Remeron (Mirtazapine)
Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour Capsule)	Inderal (Propranolol)	Remeron SolTab SL (Mirtazapine Dispersible Tablet SL)
Cardura (Doxazosin)	Keflex (Cephalexin)	Requip (Ropinirole)
Ceftin (Cefuroxime)	Keppra (Levetiracetam)	Restoril 15, 30mg (Temazepam)
Celexa (Citalopram)	Klonopin (Clonazepam)	Risperdal SL (Risperidone SL)
Ciloxan Eye Drops (Ciprofloxacin)	Lamictal (Lamotrigine)	Ritalin (Methylphenidate)
Cipro (Ciprofloxacin)	Lamisil Tablet SL (Terbinafine Tablet SL)	Ritalin SR (Methylphenidate Extended-Release)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Lasix (Furosemide)	Sporanox SL (Itraconazole SL)
Colestid (Colestipol)	Lithobid (Lithium Carbonate Extended-Release)	Surmontil (Trimipramine Maleate)
Combunox SL (Oxycodone with Ibuprofen SL)	Lofibra (Fenofibrate Micronized)	Tenormin (Atenolol)
Copegus SL, N (Ribavirin SL, N)	Lopid (Gemfibrozil)	Tenoretic (Atenolol with Chlorthalidone)
Coreg (Carvedilol)	Lopressor (Metoprolol)	Topamax (Topiramate)
Darvocet-N SL (Propoxyphene with Acetaminophen SL)	Lotensin (Benazepril)	Toprol XL 25mg (Metoprolol Succinate Sustained Release)
DDAVP (Desmopressin)	Lotensin HCT (Benazepril with Hydrochlorothiazide)	Trusopt SL (Dorzolamide Eye Drops SL)
Depakote (Divalproex Sodium Tablet, Enteric Coated)	Lotrisone (Betamethasone with Clotrimazole)	Tylenol #3 SL (Acetaminophen with Codeine SL)
Depo-Provera SL (Medroxyprogesterone Acetate 150mg/ml SL)	Macrobid (Nitrofurantoin/Nitrofurantoin Macrocrystal)	Ultracet SL (Tramadol with Acetaminophen SL)
Dexedrine SR (Dextroamphetamine Sustained Release Capsule)	Medrol Dosepak (Methylprednisolone)	Ultram (Tramadol)
DiaBeta, Micronase, Glynase (Glyburide)	Metrocream (Metronidazole Cream)	Ultravate Cream, Ointment (Halobetasol Propionate)
Didronel (Etidronate Disodium)	Mevacor (Lovastatin)	Uniphyl (Theophylline Anhydrous Tablet, Sustained Action)
Diflucan (Fluconazole)	Mobic (Meloxicam)	Urso, Urso Forte (Ursodiol)
Diprolene AF (Betamethasone Dipropionate Augmented Cream)	Monopril (Fosinopril)	Valium (Diazepam)
Dovenex Solution SL (Calcipotriene Solution, Topical SL)	Monopril HCT (Fosinopril with Hydrochlorothiazide)	Vaseretic (Enalapril with Hydrochlorothiazide)
Duricef (Cefadroxil)	Motrin (Ibuprofen) - Prescription strengths only	Vasotec (Enalapril)
Dyazide (Triamterene with Hydrochlorothiazide)	Mycelex Troche (Clotrimazole Troche)	Vicodin SL , Vicodin ES SL (Acetaminophen with Hydrocodone SL)
	Naprosyn (Naproxen) - Prescription strengths only	Vicoprofen (Ibuprofen with Hydrocodone)
	Nasarel, Nasalide SL (Flunisolide Nasal Spray SL)	Voltaren Tablet (Diclofenac)
	Neurontin Capsule, Tablet (Gabapentin)	Wellbutrin N (Bupropion N)
	Nizoral (Ketoconazole)	
	Norvasc (Amlodipine Besylate)	
	Ocuflox Eye Drops (Ofloxacin)	

Some medications are noted with N, P, SL, DS, or $\frac{1}{2}$ T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

$\frac{1}{2}$ T = Eligible for Half Tablet Program.

2009 Three-Tier Prescription Drug List Reference Guide

Wellbutrin SR **N** (Bupropion Sustained
Action **N**)
Xanax, Xanax XR (Alprazolam)
Zantac Syrup (Ranitidine Syrup)
Ziac (Bisoprolol with
Hydrochlorothiazide)
Zithromax (Azithromycin)
Zocor $\frac{1}{2}$ **T** (Simvastatin $\frac{1}{2}$ **T**)
Zofran **SL** (Ondansetron **SL**)
Zoloft $\frac{1}{2}$ **T** (Sertraline $\frac{1}{2}$ **T**)
Zonegran (Zonisamide)
Zovirax Tablet, Capsule, Suspension
(Acyclovir)

Some medications are noted with N, P, SL, DS, or $\frac{1}{2}$ T. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

$\frac{1}{2}$ **T = Eligible for Half Tablet Program.**