

2010 Three-Tier Prescription Drug List Reference Guide

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2010 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 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 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.

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.

Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are lower-cost Tier 1 or Tier 2 medications 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. These 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.uhcsr.com, 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 www.uhcsr.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 www.uhcsr.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 once per calendar year (January 1). Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication 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 www.uhcsr.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 since generic medications are your lowest-cost option. Go to www.uhcsr.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.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting www.uhcsr.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 www.uhcsr.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

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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.

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.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.uhcsr.com or call the toll-free member phone number on the back of your ID card for more current information.

Log on to www.uhcsr.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 www.uhcsr.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 www.uhcsr.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

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2010 Three-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
Cefdinir **SL**
Cefpodoxime Tablet
Cefprozil
Cefuroxime
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
Cerumenex Otic
Chloromycetin Otic
Cipro Suspension
Ciprodex Otic
Cleocin HCl 75 mg
Dapsone
Furadantin Suspension, Oral
Gantrisin
Levaquin Tablet, Solution
Macroclintan 25 mg
Tobi
Vancocin HCl
Velosef 250 mg Suspension
Zyvox

Tier 3

Adoxa
Augmentin XR
Avelox
Cedax
Dispermox
Doryx
EryPed Tablet, Chewable
Factive
Geocillin
Keftab
Ketek
Monurol
Neggram
Noroxin
Oracea
PCE
Primsol
Proquin XR
Raniclor Tablet, Chewable
Solodyn
Suprax
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.

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Anti-Infectives Antifungals

Tier 1

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

Tier 2

Clindesse 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
Famciclovir **SL**
Ganciclovir
Ribavirin **SL**
Rimantadine HCl Tablet

Tier 2

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

Tier 3

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

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol
Dipyridamole
Heparin Sodium
Sulfapyrazone
Ticlopidine HCl
Warfarin Sodium

Tier 2

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

Tier 3

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

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2010 Three-Tier Prescription Drug List Reference Guide

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Acebutolol HCl
 Amiloride HCl
 Amiloride HCl/
 Hydrochlorothiazide
 Amlodipine Besylate
 Amlodipine/Benazepril **SL**
 Atenolol
 Benazepril HCl
 Benazepril/Hydrochlorothiazide
 Betaxolol HCl
 Bisoprolol Fumarate/
 Hydrochlorothiazide
 Bumetanide
 Captopril
 Captopril/Hydrochlorothiazide
 Carvedilol
 Chlorothiazide Tablet
 Chlorthalidone
 Clonidine HCl
 Clonidine HCl/Chlorthalidone
 Clonidine Patch,
 Transdermal Weekly **SL**
 Diltiazem HCl
 Doxazosin Mesylate
 Enalapril Maleate
 Enalapril Maleate/
 Hydrochlorothiazide
 Eplerenone
 Felodipine
 Fosinopril
 Fosinopril/Hydrochlorothiazide
 Furosemide
 Guanfacine HCl
 Hydralazine HCl
 Hydralazine HCl/
 Hydrochlorothiazide
 Hydrochlorothiazide
 Indapamide
 Isradipine
 Labetalol HCl
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Methyclothiazide
 Methyldopa 250, 500 mg
 Methyldopa/
 Hydrochlorothiazide
 Metolazone
 Metoprolol Succinate
 Metoprolol Tartrate

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**
 Dibenzylidine
 Enduron 2.5 mg
 Hyzaar **SL**
 Micardis **SL**
 Micardis HCT **SL**
 Sular 8.5, 10, 17, 25.5, 34 mg

Tier 3

Atacand **SL 1/2T**
 Atacand HCT **SL**
 Avalide **SL**
 Avapro **SL 1/2T**
 Cardene SR
 Cardura XL
 Catapres-TTS **SL**
 Coreg CR **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
 Tarka
 Tekturna **SL**
 Tekturna HCT **SL**
 Teveten **SL**
 Wytensin

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N Notification required **SL** Supply limit **1/2T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

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

Tier 1	Tier 2	Tier 3
Metoprolol/Hydrochlorothiazide		
Minoxidil		
Moexipril HCl 1/2T		
Nadolol		
Nadolol/Bendroflumethiazide		
Nicardipine HCl		
Nifedipine		
Nifedipine Tablet, Osmotic Laser-Drilled Formulation		
Nisoldipine 20, 30, 40 mg		
Pindolol		
Prazosin HCl		
Propranolol HCl		
Propranolol HCl/ Hydrochlorothiazide		
Quinapril HCl/ Hydrochlorothiazide		
Quinapril HCl/Magnesium Carbonate		
Ramipril		
Spironolactone		
Spironolactone/ Hydrochlorothiazide		
Terazosin HCl		
Timolol Maleate		
Trandolapril 1/2T		
Triamterene/ Hydrochlorothiazide		
Verapamil HCl		

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N Notification required **SL** Supply limit **1/2T** Eligible for Half Tablet Program

2010 Three-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 **1/2T**
Simvastatin **1/2T**

Tier 2

Advicor
Antara
Altoprev
Crestor **SL 1/2T**
Fenoglide
Lipitor **SL 1/2T**
Lipofen
Niaspan
Simcor **SL**
Tricor 48, 145 mg
Triglide
Vytorin **SL**
Welchol

Tier 3

Caduet **SL**
Lescol **SL**
Lescol XL **SL**
Lovaza
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

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2010 Three-Tier Prescription Drug List Reference Guide

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine Capsule,
Sustained-Release
24 Hour **SL**
D-Amphetamine Sulfate Tablet,
Capsule, Sustained-Action
Methamphetamine HCl Tablet
Methylphenidate

Tier 2

Vyvanse **SL**

Tier 3

Adderall XR **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
Bupropion HCl Tablet,
Sustained-Action
Bupropion HCl Tablet,
Sustained-Release
24 Hour **SL N**
Citalopram Hydrobromide
Clomipramine HCl
Desipramine HCl
Doxepin HCl
Fluoxetine HCl
Fluvoxamine Maleate
Imipramine HCl
Maprotiline HCl
Mirtazapine
Nefazodone HCl
Nortriptyline HCl
Paroxetine HCl
Sustained-Release,
24 Hour **SL**
Paroxetine HCl Tablet
Protriptyline HCl
Sertraline HCl **1/2T**
Tranylcypromine Sulfate
Trazodone HCl
Trimipramine Maleate
Venlafaxine HCl

Tier 2

Nardil

Tier 3

Cymbalta **SL**
Effexor XR **SL**
Emsam
Lexapro **SL 1/2T**
Luvox CR **SL**
Marplan
Pexeva **SL 1/2T**
Pristiq **SL**
Prozac Weekly **SL**
Tofranil-PM
Venlafaxine
Extended-Release **SL**

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

N Notification required **SL** Supply limit **1/2T** Eligible for Half Tablet Program

2010 Three-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 Nasal
 Spray **SL**
 Sumatriptan Succinate
 Tablet **SL**

Tier 2

Cafergot
 Ergomar
 Migranal

Tier 3

Amerge **SL**
 Axert **SL**
 Frova **SL**
 Maxalt **SL**
 Maxalt MLT **SL**
 Migranal **SL**
 Treximet **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**
 Ambien CR **SL**
 Butisol Sodium
 Doral
 Lunesta **SL**
 Restoril 7.5 mg
 Rozerem **SL**
 Seconal Sodium
 Sonata **SL**

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2010 Three-Tier Prescription Drug List Reference Guide

Central Nervous System Seizure Disorders

Tier 1

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

Tier 2

Celontin
 Diastat **SL**
 Dilantin
 Felbatol
 Gabitril
 Mebaral 50 mg
 Mysoline
 Neurontin Solution, Oral
 Peganone
 Phenytek
 Tegretol

Tier 3

Equetro
 Keppra XR
 Lamictal Dose Pack
 Lyrica **SL**
 Stavzor
 Topamax Sprinkle

Central Nervous System Other

Tier 1

Alprazolam
 Amantadine HCl
 Bzotropine 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
 Carbox
 Cognex
 Exelon
 Invega **SL**
 Namenda
 Paxipam
 Provigil **SL**
 Razadyne Solution
 Requip XL
 Seroquel XR **SL**
 Stalevo
 Tranxene SD
 Zelapar
 Zyprexa Zydis **SL**

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2010 Three-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
Foam **SL**
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

Tier 2

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

Tier 3

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

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N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Dermatology (cont. from page 12)

Tier 1

Fluorouracil
 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
 Isotretinoin
 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

Psorcon E Ointment
 Solaraze Gel
 Sulfacet-R
 Tretin-X **SL N**
 Triaz
 Umecta
 Vanos **SL**
 Vanoxide-HC
 Veragen
 Verdeso **SL**
 Vusion
 Xolegel
 Ziana **SL**

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

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-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

Genotropin **SL N**
 Humatrope **SL N**
 Norditropin **SL N**
 Omnitrope **SL N**
 Zorbivte **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.

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Endocrine/Diabetes Non-Insulin

Tier 1

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

Tier 2

Actoplus Met **SL**
Actos **SL**
Avandamet **SL**
Avandaryl **SL**
Avandia **SL**
Byetta **SL**
Duetact **SL**
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

Cabergoline
Calcitonin Salmon Nasal Spray
Calcitriol
Danazol
Desmopressin Acetate
Dexamethasone
Fludrocortisone Acetate
Fortical
Hydrocortisone Tablet
Levothyroxine Sodium
Liothyronine Sodium
Methimazole
Methylprednisolone Tablet,
Dose Pack 4 mg
Octreotide Acetate **N**
Orapred
Oxandrolone
Prednisolone Sodium
Phosphate Solution, Oral
Prednisolone Syrup
Prednisone
Propylthiouracil

Tier 2

Androderm
Androgel **SL**
Android
Aristocort Tablet
Calderol
Cytadren
Halotestin
Hectorol
Hytakerol
Kuvan **SL**
Liquid Pred
Medrol 2, 8, 16, 24, 32 mg
Pediapred
Sandostatin
Synarel
Synthroid
Zemplar **SL**

Tier 3

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

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

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-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

Tobramycin/Dexamethasone

Suspension

Tier 2

Blephamide S.O.P.

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.

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-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**
 Dorzolamide HCl/Timolol
 Maleate **SL**
 Levobunolol HCl
 Methazolamide
 Metipranolol
 Pilocarpine HCl
 Timolol Maleate Drops

Tier 2

Alphagan P **SL**
 Azopt **SL**
 Betimol **SL**
 Combigan **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
 Pantoprazole **SL**
 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**
 Nexium Suspension **SL**
 Pepcid Suspension, Oral
 Prevacid Capsule,
 Delayed-Release
 Enteric-Coated **SL**
 Prevacid Naprapac **SL**
 Prevacid Solutab **SL**
 Prevacid Suspension,
 Delayed-Release,
 Reconst. **SL**
 Prilosec Rx 10, 20 mg
 Prilosec Rx 40 mg **SL**

Gastrointestinal Nausea/Vomiting

Tier 1

Dronabinol
 Granisetron HCl Tablet **SL**
 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**
 Kytril Solution, Oral **SL**

Tier 3

Anzemet **SL**
 Cesamet **SL**
 Sancuso **SL**

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N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-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**
Asacol
Asacol HD
Halflytely-Bisacodyl
Moviprep
Pentasa

Men's Health Erectile Dysfunction

Tier 1

Tier 2

Tier 3

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

Men's Health Prostate

Tier 1

Doxazosin Mesylate
Finasteride
Terazosin HCl

Tier 2

Tier 3

Avodart
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**
Soltamox
Tussionex **SL**

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N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-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
Detrol LA
Sanctura

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**
Calcitonin Salmon Nasal Spray
Estradiol
Estradiol Patch, Transdermal
Weekly **SL**
Estropipate Tablet
Fortical

Tier 2

Actonel **SL**
Actonel with Calcium **SL**
Boniva **SL**
Climara **SL**
Esclim
Estraderm **SL**
Evista
Forteo
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
Butorphanol Tartrate Aerosol,
Spray **SL**
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
Fentanyl Citrate Lollipop **SL**

Tier 2

Codeine Phosphate
MSIR Capsule
OxyContin **SL**
RMS-Suppository 10, 20, 30 mg
Voltaren Gel

Tier 3

Arthrotec
Avinza **SL**
Celebrex **SL**
Equagesic
Fentora **SL**
Flector
Hycet
Kadian **SL**
Opana **SL**
Opana ER **SL**
Subutex **SL**
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.

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Musculoskeletal Pain Relief (cont. from page 19)

Tier 1	Tier 2	Tier 3
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		
Mefenamic Acid		
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		
Tolmetin Sodium		
Tramadol HCl		
Tramadol HCl/ Acetaminophen SL		

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N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Musculoskeletal Rheumatoid Arthritis

Tier 1

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Tier 2

Cimzia **SL**
Cuprimine
Enbrel **SL**
Humira **SL**
Rheumatrex
Simponi **SL**
Trexall

Tier 3

Kineret **SL**

Musculoskeletal Other

Tier 1

Baclofen
Carisoprodol
Cyclobenzaprine
Methocarbamol
Orphenadrine
Orphenadrine Compound
Tizanidine

Tier 2

Robaxisal

Tier 3

Skelaxin
Soma 250 mg
Zanaflex

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

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Respiratory Asthma/COPD

Tier 1

Albuterol Aerosol **SL**
Albuterol Sulfate
Albuterol Sulfate/Ipratropium
Solution, Non-Oral
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**
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**
Xopenex Vial, Nebulizer **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.

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-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**
Veramyst **SL**

Respiratory Oral Allergy

Tier 1

Clemastine Fumarate
Fexofenadine
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**
Allegra Suspension **SL**
Allegra-D **SL**
Bromfed Tablet
Clarinet **SL**
Clarinet-D **SL**
Dallergy Drops, Tablet
Dallergy Jr.
Deconamine Chewable Tablet
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.

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Women's Health Contraceptives

Tier 1

Desogestrel-Ethinyl Estradiol
Desogestrel-Ethinyl Estradiol/
Ethinyl Estradiol
Ethinyl Estradiol/Desogestrel
Ethinyl Estradiol/
Drospirenone
Ethinodiol D-Ethinyl Estradiol
Levonorgestrel-Ethinyl
Estradiol
Levonorgestrel-Ethinyl
Estradiol Tablet, Dosepak,
3 month **SL**
Medroxyprogesterone Acet
150 mg/ml
Norethindrone
Norethindrone A-E Estradiol
Norethindrone A-E Estradiol/
Ferrous Fumarate
Norethindrone-Ethinyl
Estradiol
Norethindrone-Mestranol
Norgestimate-Ethinyl Estradiol
Norgestrel-Ethinyl Estradiol

Tier 2

NuvaRing
Ovrette
Plan B
Yaz

Tier 3

Alesse
Cyclessa
Depo-SubQ Provera
Desogen
Femcon Fe
Lo/Ovral
Loestrin 24 Fe
Lybrel
Nor-Q-D
Ortho Evra
Ortho Micronor
Ortho-Cyclen
Ortho-Novum 7/7/7
Ortho Tri-Cyclen
Ortho Tri-Cyclen Lo
Ovcon
Ovcon 35 Fe
Seasonique
Triphasil
Yasmin

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

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Women's Health Estrogen/Progesterone

Tier 1

Estradiol
Estradiol Patch, Transdermal
Weekly **SL**
Estradiol 1 mg/Norethindrone
Acetate 0.5 mg
Estropipate Tablet
Medroxyprogesterone Acet
Methyltestosterone/
Estrogens, Esterified Tablet
Norethindrone

Tier 2

Activella 0.5 mg/0.1 mg
Cenestin
Climara **SL**
Crinone
Divigel
Enjuvia
Esclim
Estraderm **SL**
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
First-Progesterone VGS
Gynodiol 1.5 mg
Menest
Menostar Patch, Transdermal
Weekly **SL**
Preamin
Premphase
Prempro
Prochieve

Women's Health Prenatal Vitamins

Tier 1

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

Tier 2

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.

N Notification required **SL** Supply limit **½T** Eligible for Half Tablet Program

2010 Three-Tier Prescription Drug List Reference Guide

Additional Tier 3 Drugs with a generic equivalent in Tier 1

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

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

N Notification required **SL** Supply limit **1/2T** Eligible for Half Tablet Program

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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 (Bupropion)
Wellbutrin SR **N** (Bupropion
Sustained-Action)
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.

N Notification required **SL** Supply limit **1/2T** Eligible for Half Tablet Program