



## 2010 Four-Tier Prescription Drug List Consumer Reference Guide



# Table of Contents

<b>Introduction</b> .....	1-6
<b>Prescription Drug List - 2010</b> .....	7-30
<b>Anti-Infectives</b>	
Antibiotics .....	7
Antifungals .....	8
Antivirals .....	8
<b>Cardiovascular/Heart Disease</b>	
Coagulation Therapy .....	8
High Blood Pressure .....	8-10
High Cholesterol .....	10
Other .....	10
<b>Central Nervous System</b>	
Attention Deficit Disorder .....	11
Depression .....	11
Migraine .....	12
Sedatives/Hypnotics .....	12
Seizure Disorders .....	13
Other .....	13
<b>Dermatology</b> .....	14, 15
<b>Endocrine/Diabetes</b>	
Blood Glucose Monitoring .....	16
Growth Hormone .....	16
Insulin .....	16
Non-Insulin .....	17
Other .....	17
<b>Eye Conditions</b>	
Anti-Allergy .....	18
Antibiotics .....	18
Glaucoma .....	19
<b>Gastrointestinal</b>	
Acid Suppression .....	19
Nausea/Vomiting .....	19
Other .....	20
<b>Men's Health</b>	
Erectile Dysfunction .....	20
Prostate .....	20
<b>Miscellaneous</b>	
Miscellaneous .....	21
Overactive Bladder .....	21
<b>Musculoskeletal</b>	
Osteoporosis .....	21
Pain Relief .....	22, 23
Rheumatoid Arthritis .....	23
Other .....	23
<b>Respiratory</b>	
Asthma/COPD .....	24
Nasal Allergy .....	25
Oral Allergy .....	25
<b>Women's Health</b>	
Contraceptives .....	26
Estrogen/Progesterone .....	27
Prenatal Vitamins .....	27
<b>Additional Tier 3 Drugs with a generic equivalent in Tier 1</b> .....	28, 29
<b>Tier 4 Drugs</b> .....	30



# 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.

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.

## 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**.

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.

## 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** 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** 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.

## 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.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](https://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](https://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.

## 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.

## 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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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  
 Sulfapyrazone  
 Ticlopidine HCl  
 Warfarin Sodium

### Tier 2

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

### Tier 3

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

## 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

### Tier 2

Aceon **½T**  
 Aldactazide 50-50 mg  
 Azor **SL**  
 Benicar **SL ½T**  
 Benicar HCT **SL**  
 Bystolic  
 Cardizem CD 360 mg  
 Cardizem LA  
 Cozaar **SL ½T**  
 Dibenzyline  
 Diltiazem HCl Capsule,  
 Sustained-Action

### Tier 3

Amlodipine/Benazepril **SL**  
 Atacand **SL ½T**  
 Atacand HCT **SL**  
 Avalide **SL**  
 Avapro **SL ½T**  
 Cardene SR  
 Cardura XL  
 Catapres-TTS **SL**  
 Clonidine Patch,  
 Transdermal Weekly **SL**  
 Covera-HS  
 Diovan **SL ½T**  
 Diovan HCT **SL**  
 DynaCirc CR

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

**Cardiovascular/Heart Disease High Blood Pressure** (cont. from page 8)

**Tier 1**

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  
 Methyclothiazide  
 Methyldopa 250, 500 mg  
 Methyldopa/  
 Hydrochlorothiazide  
 Metolazone  
 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

**Tier 2**

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 **½T**  
 Nisoldipine 20, 30, 40 mg  
 Quinapril HCl/  
 Hydrochlorothiazide  
 Sular 8.5, 10, 17, 25.5,  
 34 mg

**Tier 3**

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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

**Cardiovascular/Heart Disease High Blood Pressure** (cont. from page 9)

**Tier 1**  
 Propranolol HCl Tablet  
 Propranolol HCl/  
 Hydrochlorothiazide  
 Quinapril HCl/Magnesium  
 Carbonate  
 Ramipril  
 Spironolactone  
 Spironolactone/  
 Hydrochlorothiazide  
 Terazosin HCl  
 Timolol Maleate  
 Trandolapril **½T**  
 Triamterene/  
 Hydrochlorothiazide  
 Verapamil HCl

**Tier 2**

**Tier 3**

**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

## 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 **½T**  
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 ½T**  
Luvox CR **SL**  
Marplan  
Paroxetine HCl  
Sustained-Release,  
24 Hour **SL**  
Pexeva **SL ½T**  
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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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

## 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  
 Benzotropine 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**  
 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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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  
 Condyllox Gel  
 Isotretinoin  
 Lidoderm **SL**  
 Locoid Lipocream  
 Oxsoresalen-Ultra  
 Protopic **SL N**  
 Regranex **N**  
 Retin-A Micro **SL N**  
 Sulfoxyl Regular  
 Tazorac **SL N**  
 Trisoralen  
 Zovirax

### Tier 3

Altanax **SL**  
 Atralin **MC SL**  
 Avita Gel **SL N**  
 Bactroban **SL**  
 Benzacilin **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-Smoother/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**  
 Metroloction  
 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

**Dermatology** (cont. from page 14)

**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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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

## 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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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

## 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**  
 Acid Oral Solution  
 Helidac  
 Prevacid **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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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

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

## 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**

## 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

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

## 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  
 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

### 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

## Musculoskeletal Pain Relief

### Tier 1

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

## 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 P**  
Kineret **SL N**  
Simponi **SL P**

## 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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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**  
 Singulair **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  
 Uniphyll  
 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

## 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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## Women's Health Contraceptives

### Tier 1

Desogestrel-Ethinyl Estradiol  
 Desogestrel-Ethinyl Estradiol/  
 Ethinyl Estradiol  
 Ethinyl Estradiol/Desogestrel  
 Ethynodiol 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  
 Jolivet  
 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

## 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**  
 Premarin  
 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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

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

Accupril (Quinapril)	Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)	Monopril (Fosinopril)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Duragesic <b>SL</b> (Fentanyl Transdermal <b>SL</b> )	Monopril HCT (Fosinopril with Hydrochlorothiazide)
Aldactone (Spironolactone)	Duricef (Cefadroxil)	Motrin (Ibuprofen) - Prescription strengths only
Altace (Ramipril)	Dyazide (Triamterene with Hydrochlorothiazide)	Naprosyn (Naproxen) - Prescription strengths only
Amaryl (Glimepiride)	Dynacirc (Isradipine)	Nasarel, Nasalide <b>SL</b> (Flunisolide Nasal Spray <b>SL</b> )
Ambien <b>SL P</b> (Zolpidem <b>SL P</b> )	Effexor (Venlafaxine)	Neurontin Capsule, Tablet (Gabapentin)
Anaprox (Naproxen)	Eskalith CR (Lithium Carbonate Controlled-Release)	Norvasc (Amlodipine Besylate)
Ativan (Lorazepam)	Fioricet <b>SL</b> (Butalbital with Acetaminophen and Caffeine <b>SL</b> )	Ocuflox Eye Drops (Ofloxacin)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Flonase <b>SL</b> (Fluticasone Nasal Spray <b>SL</b> )	Paxil (Paroxetine)
Biaxin Tablet (Clarithromycin Tablet)	Floxin Otic (Ofloxacin Otic Drops)	Penlac (Ciclopirox Solution, Non-Oral)
Buspar (Buspirone)	Fosamax <b>SL</b> (Alendronate <b>SL</b> )	Percocet 5-325, 75-500, 10-650 <b>SL</b> (Oxycodone with Acetaminophen <b>SL</b> )
Calan, Calan SR (Verapamil)	Glucophage, XR (Metformin)	Plendil (Felodipine)
Capoten (Captopril)	Glucotrol, XL (Glipizide)	Pletal (Cilostazol)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Glucovance (Glyburide with Metformin)	Pravachol <b>1/2T</b> (Pravastatin <b>1/2T</b> )
Cardura (Doxazosin)	Hytrin (Terazosin)	Prilosec (Omeprazole)
Ceftin (Cefuroxime)	Imitrex Injection <b>SL</b> (Sumatriptan Succinate Injection <b>SL</b> )	Prinivil, Zestril (Lisinopril)
Cefzil (Cefprozil)	Imitrex Tablet <b>SL</b> (Sumatriptan Succinate Tablet <b>SL</b> )	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Celexa (Citalopram)	Inderal (Propranolol)	Procardia XL (Nifedipine Extended-Release)
Ciloxan Eye Drops (Ciprofloxacin)	Keflex (Cephalexin)	Proscar <b>N</b> (Finasteride <b>N</b> )
Cipro (Ciprofloxacin)	Keppra (Levetiracetam)	Provera (Medroxyprogesterone)
Cipro (Ciprofloxacin)	Klonopin (Clonazepam)	Prozac (Fluoxetine Capsule)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Lamictal (Lamotrigine)	Relafen (Nabumetone)
Colestid (Colestipol)	Lamisil Tablet <b>SL</b> (Terbinafine Tablet <b>SL</b> )	Remeron (Mirtazapine)
Coreg (Carvedilol)	Lasix (Furosemide)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Darvocet-N <b>SL</b> (Propoxyphene with Acetaminophen <b>SL</b> )	Lofibra (Fenofibrate Micronized)	Requip (Ropinirole)
DDAVP (Desmopressin)	Lopid (Gemfibrozil)	Restoril 15, 30 mg (Temazepam)
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Lopressor (Metoprolol)	Risperdal <b>SL</b> (Risperidone <b>SL</b> )
Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml)	Mavik <b>1/2T</b> (Trandolapril <b>1/2T</b> )	Ritalin (Methylphenidate)
DiaBeta, Micronase, Glynase (Glyburide)	Medrol Dosepak (Methylprednisolone)	Ritalin SR (Methylphenidate Extended-Release)
Didronel (Etidronate Disodium)	Mevacor (Lovastatin)	Sonata <b>SL P</b> (Zaleplon <b>SL P</b> )
Diflucan (Fluconazole)	Mobic (Meloxicam)	

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

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

Surmontil (Trimipramine Maleate)  
 Tenoretic (Atenolol with Chlorthalidone)  
 Tenormin (Atenolol)  
 Tiazac (Diltiazem)  
 Topamax (Topiramate)  
 Toprol XL 25 mg (Metoprolol Succinate Sustained-Release)  
 Trusopt **SL** (Dorzolamide Eye Drops **SL**)  
 Tylenol #3 **SL** (Acetaminophen with Codeine **SL**)  
 Ultracet **SL** (Tramadol with Acetaminophen **SL**)  
 Ultram (Tramadol)  
 Valium (Diazepam)  
 Vaseretic (Enalapril with Hydrochlorothiazide)  
 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 **½T** (Simvastatin **½T**)  
 Zofran **SL** (Ondansetron **SL**)  
 Zoloft **½T** (Sertraline **½T**)  
 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

**½T** Eligible for Half Tablet Program

**E** May be excluded from coverage

## 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



**myuhc.com**<sup>®</sup> Medication Costs and Comparisons





**[www.myuhc.com](http://www.myuhc.com)**



Printed on paper containing recycled material.

© 2009 Medco Health Solutions, Inc. / UnitedHealthCare Services, Inc. All rights reserved.  
4-Tier Advantage Consumer PDL C1114-01

Created September, 2009. For the most current PDL updates, visit **myuhc.com** or call the phone number on the back of your ID card.

100-9085 DL930778 1/10