



# Prescription Drug List

2008 Consumer Reference Guide



# 2008 Three-Tier Prescription Drug List Reference Guide

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

This guide will:

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

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

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

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

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

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [www.myuhc.com](http://www.myuhc.com) or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [www.myuhc.com](http://www.myuhc.com) for additional information during your open enrollment period or you may contact your employer or health plan for additional information. In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

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## 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. You and your doctor decide which medication is appropriate for you.

### Tier 1 – Your Lowest-Cost Option

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

### Tier 2 – Your Midrange-Cost Option

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

### Tier 3 – Your Highest-Cost Option

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

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

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

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

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

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

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

The PDL Management Committee decides the tier placement of a particular prescription medication based upon clinical information from the UnitedHealthcare Pharmacy and Therapeutics (P&T) Committee and economic and financial considerations. The Committee looks at the overall health care value of a particular medication in order to balance the need for flexibility and choice for our members and an affordable pharmacy benefit for employer groups and health plans.

## How often will prescription medications change tiers?

Medications may move to a higher tier up to three times per calendar year, depending on your benefit. Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the Customer Care number on your ID card or visit **[www.myuhc.com](http://www.myuhc.com)**.

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

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

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

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

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

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

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

The specific definitions for these notations (**QLL**, **QD**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs can help:

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

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

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

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where a representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

## How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit **[www.myuhc.com](http://www.myuhc.com)** or call the Customer Care number on your ID card for more current information.

Log on to [myuhc.com](http://myuhc.com) for the following pharmacy resources and tools:

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

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

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

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## What if I still have questions?

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

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# Tier 1

Acetaminophen with Codeine <b>QLL/OD</b>	Desogen
Acetaminophen with Hydrocodone <b>QLL/OD</b>	Diazepam
Acyclovir Tablet, Capsule, Suspension	Diclofenac
Alendronate <b>QLL</b>	Dicyclomine
Allopurinol	Digoxin
Alprazolam	Diltiazem Controlled Release Capsule
Alprazolam Extended Release	Diltiazem Sustained Release 12 Hour Capsule
Amitriptyline	Diltiazem Tablet
Amlodipine Besylate	Doxazosin
Amoxicillin	Doxepin
Amoxicillin with Potassium Clavulanate	Doxycycline
Amphetamine with Dextroamphetamine Salt Combination	Enalapril
Ampicillin	Enalapril with Hydrochlorothiazide
Asmanex <b>QLL</b>	Erythromycin
Atenolol	Estradiol Patch <b>QLL</b>
Atenolol with Chlorthalidone	Estropipate
Azithromycin	Etidronate Disodium
Bisoprolol with Hydrochlorothiazide	Etodolac
Bupropion <b>QLL</b>	Felodipine
Bupropion Sustained Action <b>QLL, N</b>	Fenofibrate
Buspiron	Fluconazole 50, 100, 200mg <b>N</b>
Butalbital with Acetaminophen & Caffeine	Fluconazole 150mg <b>QLL</b>
Captopril	Flunisolide Nasal Spray <b>QLL</b>
Carbamazepine	Fluocinonide
Carisoprodol	Fluoxetine <b>QLL</b>
Carvedilol	Flurazepam
Cefaclor	Fluticasone Nasal Spray <b>QLL</b>
Cefadroxil	Folic Acid
Cefuroxime	Foradil <b>QLL</b>
Cephalexin	Fosinopril
Chlorhexidine	Fosinopril with Hydrochlorothiazide
Cilostazol	Frova <b>QLL</b>
Ciprofloxacin	Furosemide
Citalopram <b>QLL</b>	Gabapentin Capsule, Tablet
Clarithromycin Tablet	Gemfibrozil
Clindamycin Capsule	Gentamicin
Clindamycin Gel, Solution, Lotion, Swabs	Glimepiride
Clindamycin Vaginal Cream	Glipizide
Clobetasol	Glipizide Extended Release
Clonazepam	Glyburide
Clonidine	Hydrochlorothiazide
Clotrimazole with Betamethasone	Hydroxychloroquine
Colestipol	Hydroxyzine
Cromolyn	Ibuprofen - Prescription strengths only
Cyclessa	Ibuprofen with Hydrocodone
Cyclobenzaprine	Imipramine
Desmopressin	Indapamide
	Indomethacin

Some medications are noted with N, OD, QLL, or DS. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

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

**P = Progression Rx.**

**QD = Quantity Duration.** Some medications have a limited amount that can be covered for a specific period of time.

**QLL = Quantity Level Limit.** Some medications have a limited amount that can be covered at one time.

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

**½T = Eligible for Half Tablet Program.**

## Tier 1 *continued*

Isosorbide	Oxycodone with Ibuprofen <b>QLL</b>
Isradipine	Paroxetine <b>QLL</b>
Ketoconazole	Penicillin V Potassium
Leflunomide <b>QLL</b>	Phenytoin
Levothyroxine	Piroxicam
Levoxyl	Polymyxin B with Trimethoprim
Lisinopril	Potassium Chloride
Lisinopril with Hydrochlorothiazide	Potassium Citrate
Lithium Carbonate	Pravastatin <b>QLL/QD, ½T</b>
Lo/Ovral	Prazosin
Lorazepam	Prednisone
Lovastatin <b>QLL/QD</b>	Primidone
Maxalt <b>QLL</b>	Promethazine
Maxalt <b>MLT QLL</b>	Promethazine with Codeine
Medroxyprogesterone 150mg/ml <b>QLL</b>	Propoxyphene with
Medroxyprogesterone Tablet	Acetaminophen <b>QLL/QD</b>
Meloxicam <b>QLL</b>	Propranolol Tablet
Metformin	Pulmicort Flexhaler <b>QLL</b>
Metformin Extended Release	Pulmicort Turbuhaler <b>QLL</b>
Methocarbamol	<b>QVAR QLL</b>
Methotrexate	Ranitidine Syrup
Methylphenidate	Relpax <b>QLL</b>
Methylphenidate Extended Release	Sertraline <b>QLL, ½T</b>
Methylprednisolone	Simvastatin <b>QLL/QD, ½T</b>
Metoclopramide	Spirolactone
Metoprolol	Sulfamethoxazole with Trimethoprim
Metoprolol Succinate Sustained	Sulindac
Release 25mg	Tamoxifen
Metronidazole	Temazepam
Metronidazole Cream	Terazosin
Mirtazapine <b>QLL</b>	Terconazole Suppository <b>QLL</b>
Mirtazapine Dispersible Tablet <b>QLL</b>	Tetracycline
Nadolol	Theophylline
Naproxen - Prescription strengths only	Tramadol <b>QLL</b>
Neomycin/Polymyxin/Hydrocortisone	Tramadol with Acetaminophen <b>QLL</b>
Nifedipine	Trazodone
Nifedipine Controlled Release Tablet	Triamcinolone
Nifedipine Extended Release	Triamterene with Hydrochlorothiazide
Nortriptyline	Triazolam
Novolin Vials	Trimipramine Maleate
Novolog Vials	Venlafaxine <b>QLL</b>
Nystatin	Verapamil
Nystatin with Triamcinolone	Warfarin
Ofloxacin Eye Drops	Xopenex HFA <b>QLL</b>
Ofloxacin Otic Drops	Zolpidem <b>QLL/QD</b>
Ondansetron <b>QLL</b>	Zomig <b>QLL</b>
Orapred Oral Solution	Zomig ZMT <b>QLL</b>
Oxybutynin	Zonisamide
Oxycodone with Acetaminophen <b>QLL/QD</b>	

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

**½T** = **Eligible for Half Tablet Program.**

## Tier 2

Aceon  $\frac{1}{2}$ T  
 Aciphex **QLL/QD**  
 Activella  
 Actonel **QLL**  
 Actonel with Calcium **QLL**  
 Actoplus Met **QLL**  
 Actos **QLL**  
 Adderall XR **QLL**  
 Advicor  
 Alesse  
 Alphagan P **QLL**  
 Altace  
 Altoprev **QLL/QD**  
 Antara  
 Asacol  
 Astelin **QLL**  
 Avandamet **QLL**  
 Avandaryl **QLL**  
 Avandia **QLL**  
 Axid Oral Solution  
 Balsalazide Disodium  
 Benicar **QLL/QD,  $\frac{1}{2}$ T**  
 Benicar HCT **QLL/QD**  
 Boniva **QLL**  
 Butorphanol Nasal Spray **QLL**  
 Byetta **QLL**  
 Cabergoline  
 Cardizem LA  
 Cefdinir **QLL**  
 Cefprozil  
 Cenestin  
 Clarithromycin Suspension  
 Clarithromycin XL  
 Climara **QLL**  
 Clindesse  
 Coumadin  
 Cozaar **QLL/QD,  $\frac{1}{2}$ T**  
 Crestor **QLL/QD**  
 Depakote  
 Depakote ER  
 Diclofenac Sodium Drops  
 Dilantin  
 Diltiazem Sustained Action Capsule  
 Diltiazem Sustained Release  
     24 Hour Capsule  
 Diovan **QLL/QD,  $\frac{1}{2}$ T**  
 Diovan HCT **QLL/QD**  
 Duetact **QLL**  
 Effexor XR **QLL**  
 Emend **QLL**  
 Enablex **QLL**  
 Enjuvia  
 Esclim **QLL**  
 Estraderm **QLL**  
 Estratest  
 Estratest H.S.  
 Estring **QLL**  
 Evista  
 Fentanyl Citrate Lollipop **QLL/QD, N**  
 Fentanyl Transdermal System **QLL/QD**  
 Fortical **QLL**  
 Geodon **QLL**  
 Glipizide with Metformin  
 Glyburide with Metformin  
 Glycopyrrolate  
 Granisetron Tablet **QLL**  
 Hyzaar **QLL/QD**  
 Imitrex Injection **QLL**  
 Isotretinoin  
 Janumet **QLL**  
 Januvia **QLL**  
 Lanoxin  
 Lantus Vials  
 Leuprolide  
 Levaquin  
 Levemir Vials  
 Lidoderm **QLL/QD**  
 Lipitor **QLL/QD**  
 Lofibra Tablet  
 Lumigan **QLL**  
 Mesalamine Enema  
 Metoprolol Succinate Sustained Release  
     50, 100, 200mg  
 Metronidazole Vaginal Gel  
 Micardis **QLL/QD**  
 Micardis HCT **QLL/QD**  
 Minocycline  
 Moexipril  $\frac{1}{2}$ T  
 Nabumetone  
 Nasonex **QLL**  
 Niaspan  
 Omeprazole **QLL/QD**  
 Orphenadrine  
 Orphenadrine Compound  
 Oxandrolone  
 Oxcarbazepine  
 Oxycontin **QLL/QD**  
 Oxytrol

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## Tier 2 *continued*

Plavix  
 Precare  
 Prefest  
 Prevacid Solutab **QLL/QD**  
 Prometrium  
 Protonix **QLL/QD**  
 Protopic **QLL, N**  
 Pulmicort Respules **QLL**  
 Quinapril  
 Quinapril with Hydrochlorothiazide  
 Ramipril Capsule  
 Ranexa **QLL**  
 Risperdal (M-Tab = Tier 3) **QLL**  
 Seroquel **QLL**  
 Singulair **QLL**  
 Spiriva **QLL**  
 Sular  
 Symbyax  
 Synthroid  
 Tegretol  
 Tegretol XR  
 Terbinafine Tablet **QLL, N**  
 Tilade **QLL**  
 Tolmetin  
 Travatan **QLL**  
 Travatan Z **QLL**  
 Tricor Tablet  
 Triglide  
 Triphasil  
 Twinject **QLL**  
 Valtrex **QLL**  
 Vesicare **QLL**  
 Vivelle **QLL**  
 Vivelle Dot **QLL**  
 Vytorin **QLL**  
 Vyvanse **QLL**  
 Yasmin  
 Yaz  
 Zantac Syrup  
 Zegerid **QLL/QD**  
 Zomig Nasal Spray **QLL**  
 Zylet  
 Zyprexa (Zydis = Tier 3) **QLL**

Tier 2

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## Tier 3

Abilify <b>QLL</b>	Coreg CR <b>QLL</b>
Accolate <b>QLL</b>	Cosopt <b>QLL</b>
Accupril	Cryselle
Accuretic	Cymbalta <b>QLL/QD</b>
Actiq <b>QLL/QD, N</b>	Daytrana <b>QLL</b>
Advair Diskus <b>QLL</b>	Detrol LA <b>QLL</b>
Advair HFA <b>QLL</b>	Differin <b>QLL, N</b>
Albuterol Sulfate/Ipratropium Solution, Non-Oral	Ditropan XL <b>QLL</b>
Allegra <b>QLL/QD</b>	Duragesic <b>QLL/QD</b>
Allegra ODT <b>QLL/QD, Excluded</b>	DuoNeb
Allegra Suspension <b>QLL/QD, Excluded</b>	Elidel <b>QLL, N</b>
Allegra-D <b>QLL/QD, Excluded</b>	Epipen <b>QLL</b>
Ambien CR <b>QLL/QD</b>	Epipen Jr. <b>QLL</b>
Amerge <b>QLL</b>	Estrostep FE
Amlodipine and Benazepril <b>QLL</b>	Factive
Anzemet <b>QLL</b>	Famciclovir <b>QLL</b>
Apri	Famvir <b>QLL</b>
Armour Thyroid	FemHRT
Atacand <b>QLL/QD, 1/2T</b>	Fentora <b>QLL/QD, N</b>
Augmentin XR	Fexofenadine <b>QLL/QD</b>
Avapro <b>QLL/QD, 1/2T</b>	Finasteride <b>N</b>
Avelox	Flomax
Axert <b>QLL</b>	Flovent HFA <b>QLL</b>
Azmacort <b>QLL</b>	Focalin <b>QLL</b>
Beconase AQ <b>QLL</b>	Focalin XR <b>QLL</b>
Biaxin Suspension	Fosamax Plus D <b>QLL</b>
Biaxin XL	Glucovance
Bupropion Sustained Release 24 Hour 300mg <b>QLL, N</b>	Glumetza
Catapres-TTS <b>QLL</b>	Humalog
Cefzil	Humulin
Celebrex <b>QLL/QD</b>	Imitrex Nasal Spray <b>QLL</b>
Cesamet <b>QLL, P</b>	Imitrex Tablet <b>QLL</b>
Cesia	Inderal LA
Cialis <b>QD</b>	Invega <b>QLL</b>
Ciclopirox Solution, Topical <b>QLL</b>	Kytril Tablet <b>QLL</b>
Cipro XR	Lamictal
Ciprofloxacin Tablet, Sustained Release, 24 Hour	Lamisil Tablet <b>QLL, N</b>
Clarinex <b>QLL/QD, Excluded</b>	Lantus SoloStar
Clarinex-D <b>QLL/QD, Excluded</b>	Lescol <b>QLL/QD</b>
Climara Pro <b>QLL</b>	Levemir Pen
Colazal	Levitra <b>QD</b>
Combipatch <b>QLL</b>	Levonorgestrel-Ethinyl Estradiol Tablet, Dosepack, 3 Month <b>QLL</b>
Combivent <b>QLL</b>	Levothroid
Concerta <b>QLL</b>	Lexapro <b>QLL, 1/2T</b>
	Lialda
	Loestrin

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

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

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

## Tier 3 *continued*

Loestrin FE  
 Lotensin  
 Lotrel **QLL**  
 Lovaza **QLL**  
 Low-Ogestrel  
 Lunesta **QLL/QD**  
 Lybrel  
 Lyrica **QLL/QD**  
 Mavik ½T  
 Metadate CD **QLL**  
 Metaglip  
 Mircette  
 Modicon  
 Nasacort AQ **QLL**  
 Nexium **QLL/QD, Excluded**  
 Nordette  
 Omnicef **QLL**  
 Orapred ODT  
 Ortho Evra **QLL**  
 Ortho Tri-Cyclen  
 Ortho Tri-Cyclen Lo  
 Ortho-Cept  
 Ortho-Cyclen  
 Ortho-Novum  
 Oscion  
 Oxybutynin Sustained Release **QLL**  
 Pantoprazole **QLL/QD**  
 Paxil CR **QLL**  
 Pexeva **QLL, ½T**  
 Premarin  
 Premphase  
 Prempro  
 Prevacid Capsule **QLL/QD, Excluded**  
 ProAir HFA **QLL**  
 Propranolol Sustained Action Capsule  
 Proventil HFA **QLL**  
 Reclipsen  
 Relafen  
 Restoril 7.5, 22.5mg  
 Rhinocort AQ **QLL**  
 Ritalin LA **QLL**  
 Rozerem **QLL/QD**  
 Sanctura **QLL**  
 Seasonale **QLL**  
 Seasonique  
 Serevent Diskus **QLL**  
 Skelaxin

Solia  
 Sonata **QLL/QD**  
 Strattera **QLL**  
 Symlin **QLL**  
 Tekturna **QLL/QD**  
 Tequin  
 Terazol **QLL**  
 Terconazole Cream **QLL**  
 Teveten **QLL/QD**  
 Tobradex  
 Topamax  
 Toprol XL 50, 100, 200mg  
 Trandolapril  
 Triaz **Excluded**  
 Trileptal  
 Univaso ½T  
 Uroxatral **QLL**  
 Vantin  
 Velivet  
 Ventolin HFA **QLL**  
 Verapamil Capsule, 24 Hour Sustained  
 Release Pellets  
 Verelan PM  
 Viagra **QD**  
 Voltaren Eye Drops  
 Wellbutrin XL **QLL, N**  
 Xalatan **QLL**  
 Xopenex Solution  
 Xyzal **QLL/QD**  
 Zetia **QLL/QD**  
 Zmax **QLL**

**NOTE:**

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

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**Additional Tier Three drugs with a generic equivalent in Tier One**

- Adderall (Amphetamine with Dextroamphetamine Salt Combination)
- Aldactone (Spironolactone)
- Amaryl (Glimepiride)
- Ambien **QLL/QD** (Zolpidem **QLL/QD**)
- Anaprox (Naproxen)
- Ativan (Lorazepam)
- Augmentin ES (Amoxicillin with Potassium Clavulanate)
- Biaxin Tablet (Clarithromycin Tablet)
- Buspar (Buspirone)
- Calan, Calan SR (Verapamil)
- Capoten (Captopril)
- Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour Capsule)
- Cardura (Doxazosin)
- Ceftin (Cefuroxime)
- Celexa **QLL** (Citalopram **QLL**)
- Ciloxan Eye Drops (Ciprofloxacin)
- Cipro (Ciprofloxacin)
- Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)
- Colestid (Colestipol)
- Coreg (Carvedilol)
- Darvocet-N **QLL/QD** (Propoxyphene with Acetaminophen **QLL/QD**)
- DDAVP (Desmopressin)
- Depo-Provera **QLL** (Medroxyprogesterone Acetate 150mg/ml **QLL**)
- DiaBeta, Micronase, Glynase (Glyburide)
- Didronel (Etidronate Disodium)
- Diffucan 50, 100, 200mg Tablet **N** (Fluconazole **N**)
- Diffucan 150mg **QLL** (Fluconazole **QLL**)
- Duricef (Cefadroxil)
- Dyazide (Triamterene with Hydrochlorothiazide)
- Dynacirc (Isradipine)
- Effexor **QLL** (Venlafaxine **QLL**)
- Eskalith CR (Lithium Carbonate Controlled Release)
- Fioricet (Butalbital with Acetaminophen and Caffeine)
- Flonase **QLL** (Fluticasone Nasal Spray **QLL**)
- Floxin Otic (Ofloxacin Otic Drops)
- Fosamax **QLL** (Alendronate **QLL**)
- Glucophage, XR (Metformin)
- Glucotrol, XL (Glipizide)
- Hytrin (Terazosin)
- Inderal (Propranolol)
- Keflex (Cephalexin)
- Klonopin (Clonazepam)
- Lasix (Furosemide)
- Lopid (Gemfibrozil)
- Lopressor (Metoprolol)
- Medrol Dosepak (Methylprednisolone)
- Mevacor **QLL/QD** (Lovastatin **QLL/QD**)
- Mobic **QLL** (Meloxicam **QLL**)
- Monopril (Fosinopril)
- Monopril HCT (Fosinopril with Hydrochlorothiazide)
- Motrin (Ibuprofen) - Prescription strengths only
- Naprosyn (Naproxen) - Prescription strengths only
- Nasarel **QLL**, Nasalide **QLL** (Flunisolide Nasal Spray **QLL**)
- Neurontin Capsule, Tablet (Gabapentin)
- Norvasc (Amlodipine Besylate)
- Ocuflox Eye Drops (Ofloxacin)
- Paxil **QLL** (Paroxetine **QLL**)
- Percocet 5-325, 7.5-500, 10-650 **QLL/QD** (Oxycodone with Acetaminophen **QLL/QD**)
- Plendil (Felodipine)
- Pletal (Cilostazol)
- Pravachol **QLL/QD**, **1/2T** (Pravastatin **QLL/QD**, **1/2T**)
- Prinivil, Zestril (Lisinopril)
- Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
- Procardia XL (Nifedipine Extended Release)
- Provera (Medroxyprogesterone)
- Prozac **QLL** (Fluoxetine **QLL**)
- Remeron **QLL** (Mirtazapine **QLL**)
- Remeron SolTab **QLL** (Mirtazapine Dispersible Tablet **QLL**)
- Restoril 15, 30mg (Temazepam)
- Ritalin (Methylphenidate)
- Ritalin SR (Methylphenidate Extended Release)
- Surmontil (Trimipramine Maleate)
- Tenormin (Atenolol)
- Tenoretic (Atenolol with Chlorthalidone)
- Tiazac (Diltiazem)

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**Additional Tier Three drugs with a generic equivalent in Tier One**

Toprol XL 25mg (Metoprolol Succinate Sustained Release)  
 Tylenol #3 **QLL/QD** (Acetaminophen with Codeine **QLL/QD**)  
 Ultracet **QLL** (Tramadol with Acetaminophen **QLL**)  
 Ultram **QLL** (Tramadol **QLL**)  
 Valium (Diazepam)  
 Vasoretic (Enalapril with Hydrochlorothiazide)  
 Vasotec (Enalapril)  
 Vicodin **QLL/QD**, Vicodin ES **QLL/QD** (Acetaminophen with Hydrocodone **QLL/QD**)  
 Vicoprofen (Ibuprofen with Hydrocodone)  
 Voltaren Tablet (Diclofenac)  
 Wellbutrin **QLL** (Bupropion **QLL**)  
 Wellbutrin SR **QLL, N** (Bupropion Sustained Action **QLL, N**)  
 Xanax, Xanax XR (Alprazolam)  
 Zantac Syrup (Ranitidine Syrup)  
 Ziac (Bisoprolol with Hydrochlorothiazide)  
 Zithromax (Azithromycin)  
 Zocor **QLL/QD, 1/2T** (Simvastatin **QLL/QD, 1/2T**)  
 Zofran **QLL** (Ondansetron **QLL**)  
 Zoloft **QLL, 1/2T** (Sertraline **QLL, 1/2T**)  
 Zonegran (Zonisamide)  
 Zovirax Capsule, Tablet, Suspension (Acyclovir)

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