

The UnitedHealthcare pharmacy benefit offers you flexibility and choice in the prescription medications available to you. Understanding your Prescription Drug List will help you make more informed decisions about prescription medications.

This guide will help you understand these choices. It will also enable you to ask your doctor or pharmacist the right questions regarding your medication needs. Our goal is to provide information that will help you make informed decisions regarding medications for you and your family.

Below you will find some common questions people have asked regarding UnitedHealthcare's pharmacy benefit. If you have pharmacy benefit coverage with UnitedHealthcare, please visit us at www.myuhc.com or call the Customer Care number on your ID card for additional information. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

What is a Prescription Drug List?

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

The UnitedHealthcare pharmacy benefit is designed to provide you with coverage for a comprehensive selection of prescription medications. This guide lists the most commonly prescribed medications for certain conditions. If you have pharmacy benefit coverage with UnitedHealthcare, you can find our complete PDL at www.myuhc.com. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access the complete PDL at www.myuhc.com during your open enrollment period. You and your doctor may refer to this list to consider prescription medication choices and select the appropriate medication to meet your needs.

Keep in mind that the benefit plan documents provided by your employer or health plan may include a Summary Plan Description or a Certificate of Coverage, and a Pharmacy Rider. These documents define your pharmacy coverage and may exclude coverage for certain medications listed in the PDL found in this guide. If you do not have the benefit plan documents, please contact your employer or health plan for this information.

What are tier designations and how do they affect what I actually pay at the pharmacy?

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, which is an amount you pay when you fill a prescription at a participating retail pharmacy or refill your ongoing prescription through the network mail-order pharmacy service. Your employer or health plan sets the actual copayment amounts for the medications covered under your pharmacy benefit. Consult the benefit plan documents provided by your employer or health plan for more specific information about the copayments, coinsurance, and deductibles that may apply to your pharmacy benefit coverage.

Your Lowest-Cost Option

Tier 1 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 appropriate for your treatment.

Midrange-Cost Option

Tier 2 is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is the most appropriate to treat your condition.

Your Highest-Cost Option

Tier 3 is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2. 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 appropriate for your treatment. Compounded medications, those medications containing one or more ingredients that are prepared "on-site" by a pharmacist, are classified at the Tier 3 level, provided that the individual ingredients used in compounding are covered under the pharmacy benefit.

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

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

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

How often will prescription medications change tiers?

While medications change tiers infrequently, such changes may occur up to six times per calendar year, depending on your benefit. Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. However, if you have pharmacy benefit coverage with UnitedHealthcare, you may visit our Web site, www.myuhc.com, or call the Customer Care number on your ID card for copayment information about a particular medication. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com during your open enrollment period for additional information about a particular medication.

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 a chemically equivalent medication.

Before a generic medication can be sold, the FDA must be satisfied that the medication contains the same active ingredients in the same strength as the brand-name equivalent. It must also meet the same quality standards. Many companies that make brand-name medications also produce and market generic medications that are equivalent to the branded products.

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. You and your employer or health plan may save money if you and your doctor decide the generic medication is right for you.

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.

Your doctor can recommend either an over-the-counter medication or a prescription medication for your treatment. You can purchase an over-the-counter medication at your local pharmacy without a prescription.

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?

Certain medications in this guide have a notation, such as N (for "notification"), QL (for "quantity limitations"), QD (for "quantity duration"), and DS (for "diabetic supplies"). The specific definitions for these notations are listed at the bottom of each page of the PDL. Please call Customer Care if you need additional information about these notations.

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

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. You will find these medications included in the body of this document within the list of medications. UnitedHealthcare has developed an enhanced specialty pharmacy network that is part of our Specialty Pharmacy Program. The specialty pharmacy network includes specialty pharmacies, each selected based on their clinical expertise for the targeted therapeutic classes, quality of services and cost. Their pharmacists are trained to help educate members and create personalized plans, if needed, for these specialty medications, which may help improve treatment.

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.

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

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.myuhc.com or call the Customer Care number on your ID card for the most current information. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com during your open enrollment period for the most current information. In addition to information about your pharmacy benefit, www.myuhc.com is your online resource for a variety of health and wellness topics. The site is designed to help you make informed health care decisions for you and your family.

With www.myuhc.com, you can view your prescription claims history, compare costs of medications to identify cost-saving opportunities, and contact a registered pharmacist seven days a week.

How do I find information about my pharmacy benefit on www.myuhc.com?

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your coverage by visiting www.myuhc.com. Follow the instructions for initial registration. Once registered, you can log in and click on the Prescriptions tab, then on Drug Pricing / Coverage, and you will have access to copayment, pricing, and coverage information on most prescription medications. You will also have access to the following information.

- 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, side effects, etc.

At www.myuhc.com, you will also be able to:

- Locate a participating retail pharmacy by zip code
- Review your prescription history

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

- Access www.myuhc.com to refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com during your open enrollment period to learn more about the UnitedHealthcare pharmacy benefit or you may contact your employer or health plan for additional information.

What if I still have questions?

If you have pharmacy benefit coverage with UnitedHealthcare and you have additional questions about your pharmacy benefit, please call the Customer Care number on your ID card.

Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, please contact your employer or health plan for additional information about the UnitedHealthcare pharmacy benefit.

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

Key points to remember

Your doctor may be able to help you save money by prescribing medications in Tier 1 and Tier 2 of the PDL. You and your doctor always make the decisions regarding your treatment. Here are some practical suggestions for getting the most out of your pharmacy benefit:

- Bring this PDL guide to your doctor appointments and ask your doctor to refer to the PDL when prescribing medications. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective and affordable use of your pharmacy benefit.
- If you would like to view a more complete version of the PDL and information about your specific benefit plan, please visit www.myuhc.com. Once you have logged in, click on "Prescriptions."
- If you have pharmacy benefit coverage with UnitedHealthcare and you have additional questions about your pharmacy benefit, please call the Customer Care number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, please contact your employer or health plan for additional information about the UnitedHealthcare pharmacy benefit.

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.

In certain documents, Tier 1 was referred to as "generics;" Tier 2 was referred to as "preferred brands" or "brand name on the PDL;" and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand name not on the PDL." These changes in descriptive terms do not affect your benefit coverage.

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

Tier One

Acebutolol
 Acetaminophen with Caffeine and Butalbital
 Acetaminophen with Codeine **QL/QD**
 Acetaminophen with Codeine, Caffeine and Butalbital **QL/QD**
 Acetaminophen with Hydrocodone **QL/QD**
 Acetazolamide
 Acetic Acid with Hydrocortisone Otic Solution
 Acyclovir Tablet, Capsule, Suspension
 Albuterol Extended Release Tablet
 Albuterol Inhalation Solution
 Allopurinol
 Alprazolam
 Alprazolam Extended Release
 Amantadine Tablet, Capsule, Syrup
 Amiloride with Hydrochlorothiazide
 Amiodarone
 Amitriptyline
 Amitriptyline with Chlordiazepoxide
 Amitriptyline with Perphenazine
 Amoxicillin
 Amoxicillin with Potassium Clavulanate
 Amphetamine with Dextroamphetamine Salt Combination
 Ampicillin
 Antipyrine with Benzocaine Otic Solution
 Aspirin with Caffeine and Butalbital
 Aspirin with Codeine, Caffeine and Butalbital
 Atenolol
 Atenolol with Chlorthalidone
 Aviane
 Azathioprine

Azithromycin Tablet
 Baclofen
 Benazepril
 Benazepril with Hydrochlorothiazide
 Benzonatate
 Benztropine
 Betamethasone Dipropionate Augmented Cream
 Betamethasone Dipropionate Cream, Lotion, Ointment, Gel
 Betamethasone Valerate
 Betamethasone with Clotrimazole
 Bisoprolol
 Bisoprolol with Hydrochlorothiazide
 Bromocriptine
 Bumetanide
 Bupropion **QL**
 Bupropion Sustained Release **QL, N**
 Buspirone
 Calcitriol
 Captopril
 Captopril with Hydrochlorothiazide
 Carbamazepine
 Carbidopa/Levodopa
 Carisoprodol
 Cefaclor
 Cefadroxil
 Cefuroxime
 Cephalexin
 Chlordiazepoxide
 Chlorhexidine
 Chlorthalidone
 Chlorzoxazone
 Cholestyramine
 Cholestyramine with Aspartame
 Cilostazol
 Ciprofloxacin
 Citalopram **QL**
 Clidinium with Chlordiazepoxide
 Clindamycin Capsule
 Clindamycin Gel, Soln, Lotion, Swabs

Clindamycin Vaginal Cream
 Clobetasol
 Clomiphene
 Clomipramine
 Clonazepam
 Clonidine
 Clorazepate
 Clotrimazole Troches
 Clotrimazole with Betamethasone
 Colestipol Packets
 Cromolyn
 Cyclessa
 Cyclobenzaprine
 Cyproheptadine
 Desipramine
 Desmopressin
 Desogen
 Desonide
 Desoximetasone
 Dexamethasone
 Dextroamphetamine
 Dextroamphetamine Sustained Release
 Diazepam
 Diclofenac
 Dicloxacillin
 Dicyclomine
 Diflorasone
 Diflunisal
 Digoxin
 Diltiazem Controlled Release Capsule
 Diltiazem Sustained Release 12 Hours Capsule
 Diltiazem Tablet
 Diphenoxylate
 Diphenoxylate with Atropine
 Dipyrindamole
 Doxazosin
 Doxepin
 Doxycycline
 Econazole
 Enalapril
 Enalapril with Hydrochlorothiazide
 Enpresse

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital	Hydrocortisone Valerate	Mefloquine QL
Errin	Hydromorphone	Megestrol
Erythromycin Base 250, 333mg	Hydroxychloroquine	Meloxicam QL
Erythromycin Ethylsuccinate	Hydroxyzine	Meperidine
Erythromycin Stearate	Ibuprofen - Prescription strengths only	Meperidine with Promethazine
Erythromycin with Benzoyl Peroxide	Ibuprofen with Hydrocodone	Metformin
Estradiol Patch QL	Imipramine	Metformin Extended-Release
Estropipate	Indapamide	Methadone
Etidronate Disodium	Indomethacin	Methimazole
Etodolac	Ipratropium Inhalation Solution	Methocarbamol
Fast Take Test Strips QL, DS	Isometheptene, Dichloralphenazone and Acetaminophen	Methotrexate
Felodipine	Isoniazid	Methylidopa
Fenofibrate	Isosorbide Dinitrate	Methylphenidate
Flecainide	Isosorbide Mononitrate	Methylphenidate Extended-Release
Fluconazole 50, 100, 200mg N	Isradipine	Methylprednisolone
Fluconazole 150mg QL	Itraconazole QL, N	Methyltestosterone with Esterified Estrogens
Fludrocortisone	Junel	Metoclopramide
Fluocinolone	Junel FE	Metolazone
Fluocinonide	Kariva	Metoprolol
Fluocinonide-E	Ketoconazole	Metronidazole
Fluorometholone	Ketoprofen	Metronidazole Cream
Fluoxetine QL	Ketorolac	Microgestin
Flurazepam	Labetalol	Microgestin FE
Flurbiprofen	Lactulose	Minoxidil Tablet
Fluticasone Nasal Spray QL	Leflunomide QL	Mirtazapine QL
Fluvoxamine QL	Lessina	Mirtazapine Dispersible Tablet QL
Folic Acid	Levothyroxine	Misoprostol
Freestyle Test Strips QL, DS	Levora	Mometasone
Furosemide	Lidocaine Viscous	Mononessa
Gabapentin Capsule, Tablet	Lisinopril	Morphine
Gemfibrozil	Lisinopril with Hydrochlorothiazide	Morphine Sulfate Controlled Release QL/QD
Gentamicin	Lithium Carbonate	Mupirocin Ointment
Glimepiride	Lithium Carbonate Controlled-Release	Nadolol
Glipizide	Lithium Carbonate Extended-Release	Naproxen - Prescription strengths only
Glipizide Extended-Release	Lo/Ovral	Necon
Glyburide	Lorazepam	Nefazodone QL
Glyburide Micronized	Lovastatin QL/QD	Neomycin/Polymyxin B/ Dexamethasone
Guanfacine	Mebendazole	Neomycin/Polymyxin/Gramicidin
Halobetasol Cream, Ointment	Medroxyprogesterone 150mg/ml QL	Neomycin/Polymyxin/ Hydrocortisone
Haloperidol	Medroxyprogesterone Tablet	Nifedipine
Hydralazine		
Hydrochlorothiazide		
Hydrocodone with Homatropine		
Hydrocortisone Acetate Suppositories		

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Nifedipine Controlled-Release	Prednisolone	Tetracycline
Nifedipine Extended Release	Prednisone	Theophylline
Nitrofurantoin/Nitrofurantoin Macrocrystals	Prenatal Vitamins - Generic prescription strengths only	Thyroid
Nitrofurantoin Macrocrystals	Primidone	Timolol Drops
Nitroglycerin	Probenecid	Tizanidine
Norethindrone	Prochlorperazine	Tobramycin
Nortrel	Promethazine	Torsemide
Nortriptyline	Promethazine with Codeine	Tramadol QL
Novolin Vials	Promethazine with	Tramadol with Acetaminophen QL
Novolog Vials	Dextromethorphan	Trazodone
Nystatin	Promethazine with Phenylephrine	Tretinoin N
Nystatin with Triamcinolone	Promethazine with Phenylephrine and Codeine	Tri-Sprintec
Ofloxacin Eye Drops	Propafenone	Triamcinolone
Ogestrel	Propoxyphene	Triamterene with Hydrochlorothiazide
One Touch Test Strips QL, DS	Propoxyphene with	Triazolam
One Touch Ultra Test Strips QL, DS	Acetaminophen QL/QD	Trimethobenzamide
Orapred	Propranolol	Trimethobenzamide with Benzocaine
Oxaprozin	Propylthiouracil	Trimethoprim
Oxazepam	Ribavirin QL, N	Trinessa
Oxybutynin	Rifampin	Trivora
Oxycodone	Salsalate	Ursodiol
Oxycodone with Acetaminophen QL/QD	Selenium Sulfide	Venlafaxine QL
Oxycodone with Aspirin	Silver Sulfadiazine	Verapamil
PEG 3350/Powder for Solution	Simvastatin QL/QD	Warfarin
Penicillin V Potassium	Sodium Fluoride	Xopenex HFA QL
Pentoxifylline	Sotalol	Zonisamide
Permethrin Cream	Spiro lactone with Hydrochlorothiazide	Zovia 1/35E
Phenazopyridine	Spiro lactone	Zovia 1/50E
Phenobarbital	Sprintec	
Phenylephrine with	Sucalfate	
Chlorpheniramine and	Sulfacetamide	
Scopolamine	Sulfacetamide with Sulfur	
Phenylephrine with Hydrocodone	Sulfamethoxazole with Trimethoprim	
Phenytoin	Sulfasalazine	
Pindolol	Sulfasalazine EC	
Piroxicam	Sulfatrim	
Polymyxin B with Trimethoprim	Sulindac	
Portia	Surestep Test Strips QL, DS	
Potassium Chloride	Tamoxifen	
Potassium Citrate	Temazepam	
Prazosin	Terazosin	
Precision Q-I-D Test Strips QL, DS	Terbutaline	
Precision Xtra Test Strips QL, DS	Terconazole Suppository QL	

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Tier Two

Aceon
Aciphex **QL/QD**
Activella
Actonel **QL**
Actonel with Calcium **QL**
Actoplus Met **QL**
Actos **QL**
Adderall XR **QL**
Adoxa (Dosepack = Tier 3)
Advair Diskus **QL**
Advair HFA **QL**
Advicor
Aldara
Alesse
Alphagan P **QL**
Altace
Altoprev **QL/QD**
Androderm
Androgel
Antabuse 250mg
Antara
Aricept **QL**
Aricept ODT **QL**
Arimidex
Arixtra **QL**
Asacol
Asmanex **QL**
Astelin **QL**
Atrovent Inhaler
Avandamet **QL**
Avandaryl **QL**
Avandia **QL**
Avonex **QL**
Azelex
Azmecort **QL**
Bactroban Cream, Nasal Ointment
Benicar **QL/QD**
Benicar HCT **QL/QD**
Benzamycin
Betaseron **QL**
Betoptic S
Biaxin XL
BiDil
Boniva **QL**
Butorphanol Nasal Spray **QL**
Cabergoline
Canasa
Capex Shampoo
Carac Cream
Cardizem LA
Cefprozil
Cellcept
Cenestin
Ciprodex
Clarithromycin
Cleocin Vaginal Suppositories
Climara **QL**
Clindesse
Colazal
Colestid Tablets
Copaxone **QL**
Coreg
Cortef 5, 10mg
Coumadin
Cozaar **QL/QD**
Crestor **QL/QD**
Dapsone
Depakote
Depakote ER
Depakote Sprinkle
Differin **N**
Dilantin
Diltiazem Sustained Action Capsule
Diltiazem Sustained Release 24 Hour Capsule
Diovan **QL/QD**
Diovan HCT **QL/QD**
Dovonex
Effexor XR **QL**
Efudex Cream
Enablex **QL**
Entocort EC
Esclim **QL**
Estraderm **QL**
Estratest
Estratest H.S.
Estring **QL**
Evista
Femara
Fentanyl Citrate Lollipop **QL/QD, N**
Fentanyl Transdermal System **QL/QD**
Fexofenadine **QL/QD**
Flovent **QL**
Foradil **QL**
Fortical **QL**
Fosamax **QL**
Fosamax Plus D **QL**
Fosinopril
Fosinopril with Hydrochlorothiazide
Fosrenol
Frova **QL/QD**
Gabitril
Geodon
Glipizide with Metformin
Glucagon Emergency Kit
Glyburide with Metformin
Glycopyrrolate
Grifulvin V Tablet
Humatrope **QD, N**
Hyzaar **QL/QD**
Imitrex **QL/QD**
Intal **QL**
Isotretinoin
Keppra
Ketek
Kytril **QL, N**
Lamisil Tablet **QL, N**
Lanoxin
Lantus Vials
Leuprolide
Levaquin
Lidoderm
Lindane
Lipitor **QL/QD**
Lofibra Tablet
Lovenox **QL**
Lumigan **QL**
Malarone
Maxalt **QL/QD**
Maxalt MLT **QL/QD**
Mesalamine Enema
Methergine
Metrogel
Metro lotion
Metronidazole Vaginal Gel
Micardis **QL/QD**
Micardis HCT **QL/QD**
Minocycline

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Mirapex	Risperdal (M-Tab = Tier 3)	Zyrtec QL/QD
Nabumetone	Roferon A QL, N	Zyrtec-D QL/QD
Nasonex QL	Serevent QL	
Neoral	Serevent Diskus QL	
Neupogen	Seroquel	
Niaspan	Serostim QD, N	
Norditropin QD, N	Sertraline QL	
Norvasc	Singulair QL	
Novolin Pens/Cartridges	Soriatane	
Novolog Pens/Cartridges	Spiriva QL	
Nutropin QD, N	Sular	
Nuvaring	Symbyax	
Omeprazole QL/QD	Synthroid	
Omnicef QL	Tegretol	
Optivar	Tegretol XR	
Orphenadrine	Testim 1% QL	
Orphenadrine Compound	Tev-Tropin QD, N	
Ortho-Prefest	Tilade QL	
Oxycontin QL/QD	Tolmetin	
Oxytrol	Toprol XL	
Paroxetine QL	Travatan QL	
Patanol	Tricor Tablet	
Pegasys QL, N	Triglide	
Peg-Intron QL, N	Trileptal	
Prandin QL	Triphasil	
Precose	Trusopt	
Premarin	Twinject QL	
Premphase	Urso	
Prempro	Urso Forte	
Prevacid Solutab QL/QD	Valtrex QL	
Prevident 5000 Plus	Vesicare QL	
Prevpac QL	Vivelle QL	
Procrit QD	Vivelle-Dot QL	
Proctofoam-HC	Voltaren Eye Drops	
Prograf	Vytorin QL	
Prometrium	Welchol	
Protonix QL/QD	Yasmin	
Protopic N	Zantac Syrup	
Protropin QD, N	Zegerid QL/QD	
Pulmicort QL	Zithromax Oral Suspension	
Quinapril	Zofran QL, N	
Quinapril with Hydrochlorothiazide	Zofran ODT QL, N	
QVAR QL	Zomig QL/QD	
Relpax QL/QD	Zomig ZMT QL/QD	
Renagel	Zovirax Ointment, Cream	
Requip	Zylet	
	Zyprexa (Zydis = Tier 3)	

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Tier Three

Abilify
Accolate **QL**
Accu-Chek Test Strips **QL, DS**
Accupril
Accuretic
Aclovate
Actiq **QL/QD, N**
Acular
Aggrenox
Allegra **QL/QD**
Allegra-D **QL/QD**
Alocril
Alomide
Ambien **QL/QD**
Ambien CR **QL/QD**
Amerge **QL/QD**
Analpram-HC
Apri
Armour Thyroid
Arthrotec
Ascensia Autodisc **QL, DS**
Ascensia Elite **QL, DS**
Atacand **QL/QD**
Atacand HCT **QL/QD**
Augmentin XR
Avalide **QL/QD**
Avapro **QL/QD**
Avelox
Avinza **QL/QD**
Avodart **QL, N**
Axert **QL/QD**
Beconase AQ **QL**
Benzaclin
Biaxin
Blephamide Eye Drops
Byetta **QL**
Caduet **QL**
Carafate Suspension
Carbatrol
Casodex
Catapres-TTS **QL**
Cefzil
Celebrex **QL/QD**
Cenogen Ultra
Cesia
Chemstrip BG Test Strips **QL, DS**

Cialis **QD**
Ciloxan Ophthalmic Ointment
Cipro XR
Climara Pro **QL**
Clindagel
Colyte
Combipatch **QL**
Combivent **QL**
Combunox **QL**
Concerta **QL**
Cosopt **QL**
Covera-HS
Cryselle
Cutivate
Cymbalta **QL**
Cytomel
Denavir
Derma-Smoothe/FS
Dermatop
Detrol
Detrol LA **QL**
Diprolene
Ditropan XL **QL**
Doryx
Dostinex
Duac
Duoneb
Duragesic **QL/QD**
Elidel **N**
Elmiron
Elocon
Enbrel **QL/QD**
Epipen **QL**
Epipen Jr. **QL**
Estrostep FE
Extendryl SR
Factive
Famvir **QL**
FemHRT
Finacea
Finasteride **N**
Flomax
Focalin **QL**
Focalin XR **QL**
Genotropin **QD, N**
Glucometer Test Strips **QL, DS**
Glucoavance
Gynazole-1

Gynodiol 1.5mg Tablet
Humalog
Humibid DM
Humibid LA
Humira **QL/QD**
Humulin
Inderal LA
Intron A **QL, N**
Kadian **QL/QD**
Kineret **QL/QD**
Klaron
Lamictal
Lescol **QL/QD**
Lescol XL **QL/QD**
Levitra **QD**
Levonorgestrel-Ethinyl Estradiol
Tablet, Dosepack, 3 Month **QL**
Levothroid
Lexapro **QL**
Locoid
Locoid Lipocream
Loestrin
Loestrin FE
Loprox
Lotemax
Lotrel **QL**
Lotronex **QL/QD, N**
Low-Ogestrel
Lunesta **QL/QD**
Luxiq
Lyrica **QL/QD**
Mavik
Maxair Autohaler **QL**
Menest
Mentax
Metadate CD **QL**
Metaglip
Metrogel Vaginal
Miacalcin Nasal Spray **QL**
Mircette
Modicon
Monopril
Monopril HCT
Naftin
Nasacort **QL**
Nasacort AQ **QL**
Natelle
Nestabs RX

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Nitrostat	Robinul Forte
Nordette	Rosanil
Noritate	Rozerem QL/QD
Nulev	Sanctura QL
Nulytely	Sarafem QL
Olux	Seasonale QL
Ortho Evra QL	Skelaxin
Ortho Micronor	Solia
Ortho Tri-Cyclen	Sonata QL/QD
Ortho Tri-Cyclen Lo	Starlix QL
Ortho-Cept	Strattera QL
Ortho-Cyclen	Symlyn QL
Ortho-Novum	Tamiflu QL, N
Ovcon-50	Tarka
Oxistat	Tazorac N
Paxil QL	Tequin
Paxil CR QL	Terazol QL
Penlac QL	Terconazole Cream QL
Pentasa	Teveten QL/QD
Periostat	Theo-24
Plavix	Tobradex
Plexion	Topamax
Ponstel	Tracer BG Test Strips QL, DS
Pravachol QL/QD	Transderm-Scop
Pravastatin QL/QD	Tri-Norinyl
Precare Conceive	Triaz
Precare Prenatal	Tussionex
Premesis RX	Uniphyl
Prenate Advance	Uniretic
Prenate GT	Univasc
Primacare	Uroxatral QL
ProAir HFA QL	Vagifem
Proscar N	Vantin
Proventil HFA QL	Velivet
Provigil QL, N	Ventolin HFA QL
Prozac Weekly QL	Verelan PM
Quixin	Viagra QD
Rebif QL	Vigamox
Reclipsen	Visicol
Relafen	Wellbutrin XL QL, N
Relenza QL, N	Xalatan QL
Restasis QL, N	Xopenex Solution
Restoril 7.5, 22.5mg	Zelnorm QL/QD, N
Retin-A Micro N	Zetia QL/QD
Rhinocort QL	Zmax QL
Rhinocort Aqua QL	Zolofl QL
Ritalin LA QL	Zymar

NOTE:

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

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Additional Tier Three drugs with a generic alternative in Tier One

Adderall (Amphetamine with Dextroamphetamine Salt Combination)
Aldactone (Spironolactone)
Amaryl (Glimepiride)
Anaprox (Naproxen)
Arava **QL** (Leflunomide **QL**)
Ativan (Lorazepam)
Augmentin ES (Amoxicillin with Potassium Clavulanate)
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 **QL** (Citalopram **QL**)
Ciloxan Eye Drops (Ciprofloxacin)
Cipro (Ciprofloxacin)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)
Colestid Packets (Colestipol Packets)
Copegus **QL, N** (Ribavirin **QL, N**)
Darvocet-N **QL/QD** (Propoxyphene with Acetaminophen **QL/QD**)
DDAVP (Desmopressin)
Depo-Provera **QL** (Medroxyprogesterone Acetate 150mg/ml **QL**)
Dexedrine SR (Dextroamphetamine Sustained Release Capsule)
DiaBeta, Micronase, Glynase (Glyburide)
Didronel (Etidronate Disodium)
Diflucan 50, 100, 200mg Tablet **N** (Fluconazole **N**)
Diflucan 150mg **QL** (Fluconazole **QL**)
Diprolene AF (Betamethasone Dipropionate Augmented Cream)
Duricef (Cefadroxil)

Dyazide (Triamterene with Hydrochlorothiazide)
Dynacirc (Isradipine)
Effexor **QL** (Venlafaxine **QL**)
Elocon Cream, Ointment, Solution (Mometasone)
Eskalith CR (Lithium Carbonate Controlled-Release)
Fioricet (Butalbital with Acetaminophen and Caffeine)
Flexeril (Cyclobenzaprine)
Flonase **QL** (Fluticasone Nasal Spray **QL**)
Glucophage, XR (Metformin)
Glucotrol, XL (Glipizide)
Hytrin (Terazosin)
Inderal (Propranolol)
Keflex (Cephalexin)
Klonopin (Clonazepam)
Lasix (Furosemide)
Lithobid (Lithium Carbonate Extended-Release)
Lopid (Gemfibrozil)
Lopressor (Metoprolol)
Lotensin (Benazepril)
Lotensin HCT (Benazepril with Hydrochlorothiazide)
Lotrisone (Betamethasone with Clotrimazole)
Macrobid (Nitrofurantoin/Nitrofurantoin Macrocrystal)
Medrol Dosepak (Methylprednisolone)
Metrocream (Metronidazole Cream)
Mevacor **QL/QD** (Lovastatin **QL/QD**)
Mobic **QL** (Meloxicam **QL**)
Motrin (Ibuprofen) - Prescription strengths only
Mycelex Troche (Clotrimazole Troche)
Naprosyn (Naproxen) - Prescription strengths only
Neurontin Capsule, Tablet (Gabapentin)
Nizoral (Ketoconazole)
Ocuflox Eye Drops (Ofloxacin)

Percocet 5-325, 7.5-500, 10-650 **QL/QD** (Oxycodone with Acetaminophen **QL/QD**)
Plendil (Felodipine)
Pletal (Cilostazol)
Prinivil, Zestril (Lisinopril)
Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Procardia XL (Nifedipine Extended-Release)
Provera (Medroxyprogesterone)
Prozac **QL** (Fluoxetine **QL**)
Rebetol **QL, N** (Ribavirin **QL, N**)
Remeron **QL** (Mirtazapine **QL**)
Remeron SolTab **QL** (Mirtazapine Dispersible Tablet **QL**)
Restoril 15, 30mg (Temazepam)
Ritalin (Methylphenidate)
Ritalin SR (Methylphenidate Extended-Release)
Sporanox **QL, N** (Itraconazole **QL, N**)
Tenormin (Atenolol)
Tenoretic (Atenolol with Chlorthalidone)
Tylenol #3 **QL/QD** (Acetaminophen with Codeine **QL/QD**)
Ultracet **QL** (Tramadol with Acetaminophen **QL**)
Ultram **QL** (Tramadol **QL**)
Ultravate Cream, Ointment (Halobetasol Propionate)
Valium (Diazepam)
Vaseretic (Enalapril with Hydrochlorothiazide)
Vasotec (Enalapril)
Vicodin **QL/QD**, Vicodin ES **QL/QD** (Acetaminophen with Hydrocodone **QL/QD**)
Vicoprofen (Ibuprofen with Hydrocodone)
Voltaren Tablet (Diclofenac)
Wellbutrin **QL** (Bupropion **QL**)
Wellbutrin SR **QL, N** (Bupropion Sustained Release **QL, N**)
Xanax, Xanax XR (Alprazolam)
Ziac (Bisoprolol with Hydrochlorothiazide)

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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

2007 Three-Tier Prescription Drug List Reference Guide

Zithromax Tablet (Azithromycin
Tablet)

Zocor **QL/QD**

(Simvastatin **QL/QD**)

Zonegran (Zonisamide)

Zovirax Tablet, Capsule,
Suspension (Acyclovir)

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

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

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

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time.

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