

## 2007 Prescription Drug List Reference Guide

### **IMPORTANT NOTICE – PLEASE READ CAREFULLY**

**Your Prescription Drug List (formerly known as Preferred Drug List) has changed. Please note that prescription medications on this new list may be in different tiers than those on your old list, which may impact the amount you pay for the medication.**

**We suggest that you print the most current Prescription Drug List from our Customers link at [www.goldenrule.com](http://www.goldenrule.com) and bring it with you to your doctor appointments. Ask your doctor to refer to the Prescription Drug List 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.**

**Your 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 reference 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 many people have asked regarding the pharmacy benefit. For additional information, please visit our Customers link at [www.goldenrule.com](http://www.goldenrule.com) or call the Member Services number on the back of your ID card.

### **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.

Your pharmacy benefit is designed to provide you with coverage for a comprehensive selection of prescription medications. This PDL lists the most commonly prescribed medications for certain conditions. You can find the most current PDL at [www.goldenrule.com](http://www.goldenrule.com) (click on Customers). 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 your policy/certificate defines your pharmacy coverage and may exclude coverage for certain medications listed in the PDL found in this reference guide.

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

Prescription medications are categorized within three tiers, which determines the amount you pay when you fill a prescription at a participating retail pharmacy. Your health plan sets the actual benefit amounts for the medications covered under your pharmacy benefit. Consult your policy/certificate for more specific information about the copayments, coinsurance, and deductibles that may apply to your pharmacy benefit coverage.

### **Your Lowest-Cost Option Generic Medications**

**Tier 1** is your lowest cost 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 Brand Medications**

**Tier 2** is your middle cost 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 Brand Medications**

**Tier 3** is your highest cost 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, with a copayment for generic medications and a higher copayment for brand medications. The brand copayment applies for medications in Tiers 2 and 3, however using Tier 2 medications is a more cost effective option.

Some plans have a three-tier pharmacy benefit. In your policy/certificate, Tier 1 is referred to as “generics;” Tier 2 is referred to as “preferred brands;” and Tier 3 is referred to as “non-preferred brands.”

### **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 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, you may visit our Customers link at [www.goldenrule.com](http://www.goldenrule.com), or call the Member Services number on the back of your ID card for 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 health plan may save money if you and your doctor decide the generic medication is right for you.

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

Certain medications in the PDL 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 Member Services 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.

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

Since the PDL may change periodically, we encourage you to visit our Customers link at [www.goldenrule.com](http://www.goldenrule.com) for the most current information.

Once there, you can also compare costs of medications to identify cost-saving opportunities and contact a registered pharmacist seven days a week.

## **What if I still have questions?**

If you have additional questions about your pharmacy benefit, please call the Member Services number on the back of your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

## **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 the PDL 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.
- To view the most current version of the PDL and information about your specific benefit plan, please visit our Customer Service Center at [www.goldenrule.com](http://www.goldenrule.com).
- If you have questions about your pharmacy benefit, please call the Member Services phone number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

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.

# 2007 Prescription Drug List Reference Guide

## 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  
 Apri  
 Asmanex **QL**  
 Aspirin with Caffeine and Butalbital  
 Aspirin with Codeine, Caffeine and Butalbital  
 Atenolol  
 Atenolol with Chlorthalidone  
 Aviane  
 Azathioprine  
 Azithromycin  
 Baclofen  
 Benazepril  
 Benazepril with Hydrochlorothiazide  
 Benzonatate  
 Benzotropine  
 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 Action **QL, N**  
 Bupropion Sustained Release 24 Hour 300mg **QL, N**  
 Buspirone  
 Butorphanol Nasal Spray **QL**  
 Cabergoline  
 Calcitriol  
 Captopril  
 Captopril with Hydrochlorothiazide  
 Carbamazepine  
 Carbidopa/Levodopa  
 Carisoprodol  
 Cefaclor  
 Cefadroxil  
 Cefprozil  
 Cefuroxime  
 Cephalexin  
 Cesia  
 Chlordiazepoxide  
 Chlorhexidine  
 Chlorthalidone  
 Chlorzoxazone  
 Cholestyramine  
 Cholestyramine with Aspartame  
 Cilostazol  
 Ciprofloxacin  
 Citalopram **QL**  
 Clarithromycin  
 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  
 Cryselles  
 Cyclobenzaprine  
 Cyproheptadine  
 Desipramine  
 Desmopressin  
 Desonide  
 Desoximetasone  
 Dexamethasone  
 Dextroamphetamine

Dextroamphetamine Sustained Release  
 Diazepam  
 Diclofenac  
 Dicloxacillin  
 Dicyclomine  
 Diflorasone  
 Diflunisal  
 Digoxin  
 Diltiazem  
 Diphenoxylate  
 Diphenoxylate with Atropine  
 Dipyrindamole  
 Doxazosin  
 Doxepin  
 Doxycycline  
 Econazole  
 Enalapril  
 Enalapril with Hydrochlorothiazide  
 Enpresse  
 Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital  
 Errin  
 Erythromycin Base 250, 333mg  
 Erythromycin Ethylsuccinate  
 Erythromycin Stearate  
 Erythromycin with Benzoyl Peroxide  
 Estradiol Patch **QL**  
 Estropipate  
 Etidronate Disodium  
 Etodolac  
 Fast Take Test Strips **QL, DS**  
 Felodipine  
 Fenofibrate  
 Fentanyl Citrate Lollipop **QL/QD, N**  
 Fentanyl Transdermal System **QL/QD**  
 Fexofenadine **QL/QD**  
 Finasteride **N**  
 Flecainide  
 Fluconazole 50, 100, 200mg **N**  
 Fluconazole 150mg **QL**  
 Fludrocortisone  
 Fluocinolone  
 Fluocinonide  
 Fluocinonide-E  
 Fluorometholone  
 Fluoxetine **QL**  
 Flurazepam  
 Flurbiprofen  
 Fluticasone Nasal Spray **QL**  
 Fluvoxamine **QL**  
 Folic Acid  
 Foradil **QL**  
 Fortical **QL**  
 Fosinopril

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.

# 2007 Prescription Drug List Reference Guide

Fosinopril with Hydrochlorothiazide	Lidocaine Viscous	Nadolol
Freestyle Test Strips <b>QL, DS</b>	Lisinopril	Naproxen - Prescription strengths only
Frova <b>QL</b>	Lisinopril with Hydrochlorothiazide	Necon
Furosemide	Lithium Carbonate	Nefazodone <b>QL</b>
Gabapentin Capsule, Tablet	Lithium Carbonate Controlled-Release	Neomycin/Polymyxin B/Dexamethasone
Gemfibrozil	Lithium Carbonate Extended-Release	Neomycin/Polymyxin/Gramicidin
Gentamicin	Lorazepam	Neomycin/Polymyxin/Hydrocortisone
Glimepiride	Lovastatin <b>QL/QD</b>	Nifedipine
Glipizide	Low-Ogestrel	Nifedipine Controlled-Release
Glipizide Extended-Release	Maxalt <b>QL</b>	Nifedipine Extended Release
Glipizide with Metformin	Maxalt <b>MLT QL</b>	Nitrofurantoin/Nitrofurantoin
Glyburide	Mebendazole	Macrocrystals
Glyburide Micronized	Medroxyprogesterone 150mg/ml <b>QL</b>	Nitrofurantoin Macrocrystals
Glyburide with Metformin	Medroxyprogesterone Tablet	Nitroglycerin
Glycopyrrolate	Mefloquine <b>QL</b>	Norethindrone
Guanfacine	Megestrol	Nortrel
Halobetasol Cream, Ointment	Meloxicam <b>QL</b>	Nortriptyline
Haloperidol	Meperidine	Novolin Vials
Hydralazine	Meperidine with Promethazine	Novolog Vials
Hydrochlorothiazide	Mesalamine Enema	Nystatin
Hydrocodone with Homatropine	Metformin	Nystatin with Triamcinolone
Hydrocortisone Acetate Suppositories	Metformin Extended-Release	Ofloxacin Eye Drops
Hydrocortisone Valerate	Methadone	Ogestrel
Hydromorphone	Methimazole	Omeprazole <b>QL/QD</b>
Hydroxychloroquine	Methocarbamol	Ondansetron <b>QL, N</b>
Hydroxyzine	Methotrexate	One Touch Test Strips <b>QL, DS</b>
Ibuprofen - Prescription strengths only	Methyldopa	One Touch Ultra Test Strips <b>QL, DS</b>
Ibuprofen with Hydrocodone	Methylphenidate	Orapred
Imipramine	Methylphenidate Extended-Release	Orphenadrine
Indapamide	Methylprednisolone	Orphenadrine Compound
Indomethacin	Methyltestosterone with Esterfied	Oxandrolone
Ipratropium Inhalation Solution	Estrogens	Oxaprozin
Isometheptene, Dichloralphenazone and	Metoclopramide	Oxazepam
Acetaminophen	Metolazone	Oxybutynin
Isoniazid	Metoprolol	Oxybutynin Sustained Release <b>QL</b>
Isosorbide Dinitrate	Metoprolol Succinate Sustained	Oxycodone
Isosorbide Mononitrate	Release 25mg	Oxycodone with Acetaminophen <b>QL/QD</b>
Isotretinoin	Metronidazole	Oxycodone with Aspirin
Isradipine	Metronidazole Cream	Paroxetine <b>QL</b>
Itraconazole <b>QL, N</b>	Metronidazole Vaginal Gel	PEG 3350/Powder for Solution
Junel	Microgestin	Penicillin V Potassium
Junel FE	Microgestin FE	Pentoxifylline
Kariva	Minocycline	Permethrin Cream
Ketoconazole	Minoxidil Tablet	Phenazopyridine
Ketoprofen	Mirtazapine <b>QL</b>	Phenobarbital
Ketorolac	Mirtazapine Dispersible Tablet <b>QL</b>	Phenylephrine with Chlorpheniramine
Labetalol	Misoprostol	and Scopolamine
Lactulose	Moexipril	Phenylephrine with Hydrocodone
Leflunomide <b>QL</b>	Mometasone	Phenytoin
Lessina	Mononessa	Pindolol
Leuprolide	Morphine	Piroxicam
Levonorgestrel-Ethinyl Estradiol Tablet,	Morphine Sulfate Controlled	Polymyxin B with Trimethoprim
Dosepack, 3 Month <b>QL</b>	Release <b>QL/QD</b>	Portia
Levothyroxine	Mupirocin Ointment	Potassium Chloride
Levora	Nabumetone	Potassium Citrate

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.

# 2007 Prescription Drug List Reference Guide

Pravastatin <b>QL/QD</b>	Temazepam
Prazosin	Terazosin
Precision Q-I-D Test Strips <b>QL, DS</b>	Terbutaline
Precision Xtra Test Strips <b>QL, DS</b>	Terconazole Cream <b>QL</b>
Prednisolone	Terconazole Suppository <b>QL</b>
Prednisone	Tetracycline
Prenatal Vitamins - Generic prescription strengths only	Theophylline
Primidone	Thyroid
Probenecid	Timolol Drops
Prochlorperazine	Tizanidine
Promethazine	Tobramycin
Promethazine with Codeine	Tolmetin
Promethazine with Dextromethorphan	Torsemide
Promethazine with Phenylephrine	Tramadol <b>QL</b>
Promethazine with Phenylephrine and Codeine	Tramadol with Acetaminophen <b>QL</b>
Propafenone	Trandolapril
Propoxyphene	Trazodone
Propoxyphene with Acetaminophen <b>QL/QD</b>	Tretinoin <b>N</b>
Propranolol Sustained Action Capsule	Tri-Sprintec
Propranolol Tablet	Triamcinolone
Propylthiouracil	Triamterene with Hydrochlorothiazide
Pulmicort Flexhaler <b>QL</b>	Triazolam
Pulmicort Turbuhaler <b>QL</b>	Trimethobenzamide
Quinapril	Trimethobenzamide with Benzocaine
Quinapril with Hydrochlorothiazide	Trimethoprim
QVAR <b>QL</b>	Trinessa
Reclipsen	Trivora
Relpax <b>QL</b>	Ursodiol
Ribavirin <b>QL, N</b>	Velivet
Rifampin	Venlafaxine <b>QL</b>
Salsalate	Verapamil
Selenium Sulfide	Warfarin
Sertraline <b>QL</b>	Xopenex HFA <b>QL</b>
Silver Sulfadiazine	Zomig <b>QL</b>
Simvastatin <b>QL/QD</b>	Zomig ZMT <b>QL</b>
Sodium Fluoride	Zonisamide
Solia	Zovia 1/35E
Sotalol	Zovia 1/50E
Spironolactone with Hydrochlorothiazide	
Spironolactone	
Sprintec	
Sucralfate	
Sulfacetamide	
Sulfacetamide with Sulfur	
Sulfamethoxazole with Trimethoprim	
Sulfasalazine	
Sulfasalazine EC	
Sulfatrim	
Sulindac	
Surestep Test Strips <b>QL, DS</b>	
Tamoxifen	

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.

# 2007 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  
 Antara  
 Aricept **QL**  
 Aricept ODT **QL**  
 Arimidex  
 Arixtra **QL**  
 Asacol  
 Astelin **QL**  
 Atrovent Inhaler  
 Avandamet **QL**  
 Avandaryl **QL**  
 Avandia **QL**  
 Avonex **QL**  
 Azelex  
 Azmacort **QL**  
 Bactroban Cream, Nasal Ointment  
 Benicar **QL/QD**  
 Benicar HCT **QL/QD**  
 Benzamycin  
 Betaseron **QL**  
 Betoptic S  
 Biaxin XL  
 BiDil  
 Boniva **QL**  
 Canasa  
 Capex Shampoo  
 Carac Cream  
 Cardizem LA  
 Cellcept  
 Cenestin  
 Ciprodex  
 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  
 Diovan **QL/QD**  
 Diovan HCT **QL/QD**  
 Dovonex  
 Effexor XR **QL**  
 Efudex Cream  
 Elestat  
 Enablex **QL**  
 Entocort EC  
 Esclim **QL**  
 Estraderm **QL**  
 Estratest  
 Estratest H.S.  
 Estring **QL**  
 Evista  
 Femara  
 Flovent HFA **QL**  
 Fosamax **QL**  
 Fosamax Plus D **QL**  
 Fosrenol  
 Gabitril  
 Geodon  
 Glucagon Emergency Kit  
 Grifulvin V Tablet  
 Humatrope **QD, N**  
 Hyzaar **QL/QD**  
 Imitrex **QL**  
 Intal **QL**  
 Keppra  
 Ketek  
 Kytril **QL, N**  
 Lamisil Tablet **QL, N**  
 Lanoxin  
 Lantus Vials  
 Levaquin  
 Lidoderm  
 Lindane  
 Lipitor **QL/QD**  
 Lo/Ovral  
 Lofibra Tablet  
 Lovenox **QL**  
 Lumigan **QL**  
 Malarone

Methergine  
 Metrogel  
 Metrolotion  
 Micardis **QL/QD**  
 Micardis HCT **QL/QD**  
 Mirapex  
 Nasonex **QL**  
 Neoral  
 Neupogen  
 Niaspan  
 Norditropin **QD, N**  
 Norvasc  
 Novolin Pens/Cartridges  
 Novolog Pens/Cartridges  
 Nutropin **QD, N**  
 Nuvaring  
 Omnicef **QL**  
 Optivar  
 Ortho-Prefest  
 Oxycontin **QL/QD**  
 Oxytrol  
 Patanol  
 Pegasys **QL, N**  
 Peg-Intron **QL, N**  
 Plavix  
 Prandin **QL**  
 Precose  
 Premarin  
 Premphase  
 Prempro  
 Prevacid Solutab **QL/QD**  
 Prevpac **QL**  
 Procrit **QD**  
 Proctofoam-HC  
 Prograf  
 Prometrium  
 Protonix **QL/QD**  
 Protopic **N**  
 Pulmicort Respules **QL**  
 Renagel  
 Requip  
 Risperdal (M-Tab = Tier 3)  
 Roferon A **QL, N**  
 Serevent Diskus **QL**  
 Seroquel  
 Serostim **QD, N**  
 Singulair **QL**  
 Soriatane  
 Spiriva **QL**  
 Sular  
 Symbyax  
 Synthroid  
 Tegretol  
 Tegretol XR  
 Testim 1% **QL**

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.

# 2007 Prescription Drug List Reference Guide

Tev-Tropin **QD, N**  
Tilade **QL**  
Toprol XL 50, 100, 200mg  
Travatan **QL**  
Travatan Z **QL**  
Tricor Tablet  
Triglide  
Trileptal  
Triphasil  
Trusopt  
Twinject **QL**  
Urso  
Urso Forte  
Valtrex **QL**  
Vesicare **QL**  
Vivelle **QL**  
Vivelle-Dot **QL**  
Voltaren Eye Drops  
Vytorin **QL**  
Welchol  
Yasmin  
Zantac Syrup  
Zegerid **QL/QD**  
Zomig Nasal Spray **QL**  
Zovirax Ointment, Cream  
Zylet  
Zyprexa (Zydis = Tier 3)  
Zyrtec **QL/QD**  
Zyrtec-D **QL/QD**

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.

# 2007 Prescription Drug List Reference Guide

## Tier Three

Abilify  
Accolate **QL**  
Accu-Chek Test Strips **QL, DS**  
Aclovate  
Acular  
Aggrenox  
Allegra-D **QL/QD,E**  
Alocril  
Alomide  
Ambien **QL/QD**  
Ambien CR **QL/QD**  
Amerge **QL**  
Analpram-HC  
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**  
Beconase AQ **QL**  
Benzacilin  
Blephamide Eye Drops  
Byetta **QL**  
Caduet **QL**  
Carafate Suspension  
Carbatrol  
Casodex  
Catapres-TTS **QL**  
Celebrex **QL/QD**  
Cenogen Ultra  
Chemstrip BG Test Strips **QL, DS**  
Cialis **QD**  
Ciloxan Ophthalmic Ointment  
Cipro XR  
Clarinox **QL/Q,E**  
Clarinox-D **QL/QD,E**  
Climara Pro **QL**  
Clindagel  
Colyte  
Combipatch **QL**  
Combivent **QL**  
Combunox **QL**  
Concerta **QL**  
Cosopt **QL**  
Covera-HS  
Cutivate  
Cyclessa

Cymbalta **QL**  
Cytomel  
Denavir  
Derma-Smoother/FS  
Desogen  
Detrol  
Detrol LA **QL**  
Diprolene  
Doryx  
Duac  
Duoneb  
Elidel **N**  
Elmiron  
Elocon  
Enbrel **QL/QD**  
Epipen **QL**  
Epipen Jr. **QL**  
Estrostep FE  
Extendryl SR  
Factive  
Famvir **QL**  
FemHRT  
Finacea  
Flomax  
Focalin **QL**  
Focalin XR **QL**  
Genotropin **QD, N**  
Glucometer Test Strips **QL, DS**  
Gynazole-1  
Gynodiol 1.5mg Tablet  
Humalog  
Humibid DM  
Humibid LA  
Humira **QL/QD**  
Humulin  
Intron A **QL, N**  
Kadian **QL/QD**  
Kineret **QL/QD**  
Klaron  
Lamictal  
Lescol **QL/QD**  
Lescol XL **QL/QD**  
Levitra **QD**  
Levothroid  
Lexapro **QL**  
Locoid  
Locoid Lipocream  
Loestrin  
Loestrin FE  
Loprox  
Lotemax  
Lotrel **QL**  
Lotronex **QL/QD, N**  
Lunesta **QL/QD**  
Luxiq

Lyrica **QL/QD**  
Maxair Autohaler **QL**  
Menest  
Mentax  
Metadate CD **QL**  
Miacalcin Nasal Spray **QL**  
Mircette  
Modicon  
Naftin  
Nasacort **QL**  
Nasacort AQ **QL**  
Natelle  
Nestabs RX  
Nexium **QL/QD,E**  
Nitrostat  
Nordette  
Noritate  
Nulev  
Nulytely  
Olux  
Omacor **QL**  
Ortho Evra **QL**  
Ortho Micronor  
Ortho Tri-Cyclen  
Ortho Tri-Cyclen Lo  
Ortho-Cept  
Ortho-Cyclen  
Ortho-Novum  
Ovcon-50  
Oxistat  
Paxil CR **QL**  
Penlac **QL**  
Pentasa  
Periostat  
Plexion  
Ponstel  
Precare Conceive  
Precare Prenatal  
Premesis RX  
Prenate Advance  
Prenate GT  
Prevacid Capsule **QL/QD,E**  
Primacare  
ProAir HFA **QL**  
Proventil HFA **QL**  
Provigil **QL, N**  
Prozac Weekly **QL**  
Quixin  
Rebif **QL**  
Relenza **QL, N**  
Restasis **QL, N**  
Restoril 7.5, 22.5mg  
Retin-A Micro **N**  
Rhinocort **QL**  
Rhinocort Aqua **QL**

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.

# 2007 Prescription Drug List Reference Guide

Ritalin LA **QL**  
Rosanil  
Rozerem **QL/QD**  
Sanctura **QL**  
Sarafem **QL**  
Skelaxin  
Sonata **QL/QD**  
Starlix **QL**  
Strattera **QL**  
Symlin **QL**  
Tamiflu **QL, N**  
Tarka  
Tazorac **N**  
Tequin  
Teveten **QL/QD**  
Theo-24  
Tobradex  
Topamax  
Tracer BG Test Strips **QL, DS**  
Transderm-Scop  
Tri-Norinyl  
Triaz  
Tussionex  
Uniphyl  
Uniretic  
Uroxatral **QL**  
Vagifem  
Vantin  
Ventolin HFA **QL**  
Verelan PM  
Viagra **QD**  
Vigamox  
Visicol  
Wellbutrin XL **QL, N**  
Xalatan **QL**  
Xopenex Solution  
Zelnorm **QL/QD, N**  
Zetia **QL/QD**  
Zmax **QL**  
Zymar

## NOTE:

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

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.

# 2007 Prescription Drug List Reference Guide

## Additional Tier Three drugs with a generic alternative in Tier One

Accupril (Quinapril)  
 Actiq **QL/QD, N** (Fentanyl Citrate Lollipop **QL/QD, N**)  
 Adderall (Amphetamine with Dextroamphetamine Salt Combination)  
 Aldactone (Spironolactone)  
 Allegra **QL/QD** (Fexofenadine **QL/QD**)  
 Amaryl (Glimepiride)  
 Anaprox (Naproxen)  
 Arava **QL** (Leflunomide **QL**)  
 Ativan (Lorazepam)  
 Augmentin ES (Amoxicillin with Potassium Clavulanate)  
 Biaxin (Clarithromycin)  
 Buspar (Buspirone)  
 Calan, Calan SR (Verapamil)  
 Capoten (Captopril)  
 Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour Capsule)  
 Cardura (Doxazosin)  
 Ceftin (Cefuroxime)  
 Cefzil (Cefprozil)  
 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)  
 Ditropan XL **QL** (Oxybutynin Sustained Release **QL**)  
 Duragesic **QL/QD** (Fentanyl Transdermal System **QL/QD**)  
 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)  
 Glucovance (Glyburide with Metformin)  
 Hytrin (Terazosin)  
 Inderal (Propranolol)  
 Inderal LA (Propranolol Sustained Action Capsule)  
 Keflex (Cephalexin)  
 Klonopin (Clonazepam)  
 Lasix (Furosemide)  
 Lithobid (Lithium Carbonate Extended-Release)  
 Lipid (Gemfibrozil)  
 Lopressor (Metoprolol)  
 Lotensin (Benazepril)  
 Lotensin HCT (Benazepril with Hydrochlorothiazide)  
 Lotrisone (Betamethasone with Clotrimazole)  
 Macrobid (Nitrofurantoin/Nitrofurantoin Macrocrystal)  
 Mavik (Trandolapril)  
 Medrol Dosepak (Methylprednisolone)  
 Metaglip (Glipizide with Metformin)  
 Metrocream (Metronidazole Cream)  
 Metrogel Vaginal (Metronidazole Vaginal Gel)  
 Mevacor **QL/QD** (Lovastatin **QL/QD**)  
 Mobic **QL** (Meloxicam **QL**)  
 Monopril (Fosinopril)  
 Motrin (Ibuprofen) - Prescription strengths only  
 Myclex Troche (Clotrimazole Troche)  
 Naprosyn (Naproxen) - Prescription strengths only  
 Neurontin Capsule, Tablet (Gabapentin)  
 Nizoral (Ketoconazole)  
 Ocuflox Eye Drops (Ofloxacin)  
 Paxil **QL** (Paroxetine **QL**)  
 Percocet 5-325, 7.5-500, 10-650 **QL/QD** (Oxycodone with Acetaminophen **QL/QD**)  
 Plendil (Felodipine)  
 Pletal (Cilostazol)  
 Pravachol **QL/QD** (Pravastatin **QL/QD**)

Prinivil, Zestril (Lisinopril)  
 Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)  
 Procardia XL (Nifedipine Extended-Release)  
 Proscar **N** (Finasteride **N**)  
 Provera (Medroxyprogesterone)  
 Prozac **QL** (Fluoxetine **QL**)  
 Rebetal **QL, N** (Ribavirin **QL, N**)  
 Relafen (Nabumetone)  
 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)  
 Terazol **QL** (Terconazole **QL**)  
 Toprol XL 25mg (Metoprolol Succinate Sustained Release)  
 Tylenol #3 **QL/QD** (Acetaminophen with Codeine **QL/QD**)  
 Ultracet **QL** (Tramadol with Acetaminophen **QL**)  
 Ultram **QL** (Tramadol **QL**)  
 Ultravate Cream, Ointment (Halobetasol Propionate)  
 Univasc (Moexipril)  
 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 Action **QL, N**)  
 Wellbutrin XL 300mg **QL, N** (Bupropion Sustained Release 24 Hour **QL, N**)  
 Xanax, Xanax XR (Alprazolam)  
 Ziac (Bisoprolol with Hydrochlorothiazide)  
 Zithromax (Azithromycin)  
 Zocor **QL/QD** (Simvastatin **QL/QD**)  
 Zofran **QL, N** (Ondansetron **QL, N**)  
 Zoloft **QL** (Sertraline **QL**)  
 Zonegran (Zonisamide)  
 Zovirax Tablet, Capsule, Suspension (Acyclovir)

Some medications are noted with N, QD, QL, 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.

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

**QL = Quantity Level.** 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.

**E =** 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.