

You have choices in the prescription medications you and your doctor select to treat you. Understanding them will help you make more informed health care decisions.

Your pharmacy benefit provides you with many choices. This booklet will help you understand those 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 plan members have asked regarding UnitedHealthcare's pharmacy benefit. If you have additional questions, please visit us at www.myuhc.com or call the Customer Service number on your ID card.

What is a Prescription Drug List?

A Prescription Drug List (PDL) is a list of prescription medications. The PDL includes brand name and generic medications that have been approved by the United States Food and Drug Administration (FDA) as safe and effective.

The UnitedHealthcare pharmacy benefit is designed to provide you with a comprehensive selection of prescription medications. This booklet lists the most commonly prescribed medications for certain conditions. You can find our complete PDL at www.myuhc.com. 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 define your pharmacy coverage and may exclude coverage for certain medications listed in the condensed PDL found in this booklet. Examples of benefit plan documents may include a Summary Plan Description or a Certificate of Coverage, and a Pharmacy Rider. 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 visit the pharmacy or order your medications through our mail order 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 information about specific copayments, coinsurance, and deductibles.

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 Service number on your ID card for more information about your benefit plan.

Who decides which medications get placed in which tier?

Our PDL Management Committee makes tier placement decisions.

This approach helps to ensure access to a wide range of medications and controls 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?

The tier placement of a medication on the PDL may change. While medications change tiers infrequently, such changes may occur up to four times per calendar year, depending on your benefit. Additionally, when a brand name medication becomes available as a generic, that brand name medication may move to a higher tier. 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 Web site, www.myuhc.com, or call the Customer Service number on your ID card for copayment information about a particular medication.

What is the difference between brand name and generic medications?

Generic medications are medications that 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. Many companies that make brand name medications also produce and market generic medications that are equivalent to the branded products.

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.

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

What are therapeutic alternatives?

“Therapeutic alternative” is a term that we use to describe two or more chemically different medications that may be used to treat the same medical condition. A therapeutic alternative may cost you less than the medication your doctor may prescribe. Some therapeutic alternatives may also be available without a prescription, i.e., “over-the-counter.” If you are interested in pursuing therapeutic alternatives, please talk to your doctor to see if a therapeutic alternative may be right for you.

Why might the medication that I am used to taking no longer be covered?

Periodically, medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when the FDA approves an over-the-counter (non-prescription) equivalent to the prescription medication. The prescription version of the medication is excluded from coverage under your pharmacy benefit and removed from the PDL because your pharmacy benefit excludes coverage for over-the-counter medications. Your doctor can recommend either over-the-counter or prescription medications for your treatment. You can purchase an over-the-counter medication at your local pharmacy without a prescription.

When should I consider “over-the-counter” or non-prescription medications?

An over-the-counter medication can be an appropriate treatment for many conditions. Consult with your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they can 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 have a notation, such as N (for “notification”), QL (for “quantity limitations”), QD (for “quantity duration”), and DS (for “diabetic supplies”), in this booklet. These notations identify medications that have special programs attached to them. Some may require your doctor to notify us before they are dispensed, to make sure that their use is covered within your benefit. Others have a maximum quantity allowed for each copayment. Still others have additional programs that apply. The specific definitions for these notations are listed at the bottom of each page of the PDL.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.myuhc.com 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 the best 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, fill prescriptions online for mail order of medications you take regularly, check the status of your mail order and contact a registered pharmacist seven days a week.

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

To learn more about your pharmacy benefit coverage, please visit www.myuhc.com. Registering is easy. From there, you just need to click on the Prescriptions tab and 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
- Member-specific copayment amounts for prescription medications
- 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
- Order ongoing prescriptions by mail
- Review your prescription history
- Set up e-mail reminders for prescription refills

What if I still have questions?

If you have additional questions about your pharmacy benefit, please call the Customer Service number on 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 this PDL booklet 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."
- Inquire about the availability of a cost-saving Tier 1 alternative. Some Tier 1 medications may be used to treat the same medical condition as medications classified in Tiers 2 and 3, but are less expensive. As a result, Tier 1 medications are available to you for the lowest out-of-pocket expense.
- Ask your doctor or pharmacist if there is an over-the-counter medication available to treat your condition.
- Always refer to your benefit plan materials to determine your coverage for medications and copayment, coinsurance, and deductibles. Examples of benefit plan documents may include a Summary Plan Description or a Certificate of Coverage, and a Pharmacy Rider. If you do not have the benefit plan documents, please contact your employer or health plan for this information. Some medications listed on the PDL may not be covered under your specific benefit plan.
- If you still have questions about your pharmacy benefit, please call the Customer Service 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, 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.

To learn more about your pharmacy benefit and to review potential Tier 1 and Tier 2 alternative medications that are covered by your benefit, simply visit www.myuhc.com. You may also call the Customer Service telephone number printed on your ID card for information about your pharmacy benefit.

Tier One

Acebutolol
 Acetaminophen with Caffeine and Butalbital
 Acetaminophen with Codeine
 Acetaminophen with Codeine, Caffeine and Butalbital
 Acetaminophen with Hydrocodone
 Acetaminophen with Oxycodone
 Acetazolamide
 Acetic Acid with Hydrocortisone Otic Solution
 Acyclovir Tabs, Caps, Suspension
 Albuterol Extended Release Tablet
 Albuterol Inhalation Solution
 Albuterol Inhaler **QL**
 Allopurinol
 Alprazolam
 Amantadine Tabs, Caps, 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
 Aspirin with Caffeine and Butalbital
 Aspirin with Codeine, Caffeine and Butalbital
 Atenolol
 Atenolol with Chlorthalidone
 Aviane
 Azathioprine

Baclofen
 Benazepril
 Benazepril with Hydrochlorothiazide
 Benzonatate
 Benztropine
 Betamethasone Dipropionate Augmented Cream, Gel
 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
 Butorphanol Nasal Spray **QL**
 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**
 Clarithromycin
 Clidinium with Chlordiazepoxide
 Clindamycin Capsules
 Clindamycin Gel, Soln, Lotion,

Swabs
 Clobetasol
 Clomiphene
 Clomipramine
 Clonazepam
 Clonidine
 Clorazepate
 Clotrimazole Troches
 Clotrimazole with Betamethasone
 Colchicine
 Cromolyn
 Cryelle
 Cyclobenzaprine
 Cyproheptadine
 Desipramine
 Desmopressin Nasal Spray
 Desonide
 Desoximetasone
 Dexamethasone
 Dextroamphetamine
 Dextroamphetamine Sustained-Release
 Diazepam
 Diclofenac
 Dicloxacillin
 Dicyclomine
 Didanosine 200, 250, 400 mg Capsules, Delayed-Release
 Diflorasone
 Diflunisal
 Digoxin
 Diltiazem
 Diltiazem Sustained-Release
 Diphenoxylate
 Diphenoxylate with Atropine
 Dipyrindamole
 Doxazosin
 Doxepin
 Doxycycline
 Econazole
 Enalapril
 Enalapril with Hydrochlorothiazide
 Enpresse
 Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital
 Errin

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.

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Erythromycin	Hydroxyzine	Metformin
Erythromycin Ethylsuccinate	Ibuprofen - Prescription strengths only	Metformin Extended-Release
Erythromycin Stearate	Ibuprofen with Hydrocodone	Methadone
Erythromycin with Benzoyl Peroxide	Imipramine	Methimazole
Estradiol Patch 0.05, 0.1 mg	Indapamide	Methocarbamol
Estropipate	Indomethacin	Methotrexate
Etodolac	Ipratropium Inhalation Solution	Methyldopa
Fast Take Test Strips DS	Isometheptene, Dichloralphenazone and Acetaminophen	Methylphenidate
Felodipine	Isoniazid	Methylphenidate Extended-Release
Fentanyl Transdermal System QL	Isosorbide Dinitrate	Methylprednisolone
Flecainide	Isosorbide Mononitrate	Methyltestosterone with Esterified Estrogens
Fluconazole 50, 100, 200 mg N	Isotretinoin	Metoclopramide
Fluconazole 150 mg QL	Itraconazole QL, N	Metolazone
Fludrocortisone	Junel	Metoprolol
Fluocinolone	Junel FE	Metronidazole
Fluocinonide	Kariva	Metronidazole Cream
Fluocinonide-E	Ketoconazole Cream, Shampoo, Tablet	Microgestin
Fluorometholone	Ketoprofen	Microgestin FE
Fluoxetine QL	Ketorolac	Minocycline
Flurazepam	Labetalol	Minoxidil
Flurbiprofen	Lactulose	Mirtazapine QL
Fluvoxamine QL	Lessina	Mirtazapine Dispersible Tablet QL
Folic Acid	Levothyroxine	Misoprostol
Fosinopril	Levora-28	Mometasone Cream, Ointment
Fosinopril with Hydrochlorothiazide	Lidocaine Viscous	Mononessa
Freestyle Test Strips DS	Lisinopril	Morphine
Furosemide	Lisinopril with Hydrochlorothiazide	Mupirocin Ointment
Gabapentin	Lithium Carbonate	Nabumetone
Gemfibrozil	Lithium Carbonate Controlled-Release	Nadolol
Gentamicin	Lithium Carbonate Extended-Release	Naproxen - Prescription strengths only
Glipizide	Lorazepam	Necon
Glipizide Extended-Release	Lovastatin QL/QD	Nefazodone QL
Glyburide	Low-Ogestrel	Neomycin/Polymyxin B/ Dexamethasone
Glyburide Micronized	Mebendazole	Neomycin/Polymyxin/ Gramicidin
Guanfacine	Medroxyprogesterone	Neomycin/Polymyxin/ Hydrocortisone
Halobetasol Cream, Ointment	Mefloquine	Nifedipine
Haloperidol	Megestrol	Nifedipine Controlled-Release
Hydralazine	Meperidine	Nifedipine Extended Release
Hydrochlorothiazide	Meperidine with Promethazine	Nitrofurantoin/Nitrofurantoin Macrocrystals
Hydrocodone with Homatropine	Mesalamine Enema	Nitrofurantoin Macrocrystals
Hydrocortisone Acetate Suppositories		
Hydrocortisone Valerate		
Hydromorphone		
Hydroxychloroquine		

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Nitroglycerin	Prenatal Vitamins - Prescription strengths only	Tamoxifen
Norethindrone	Primidone	Temazepam
Nortrel	Probenecid	Terconazole 3 Cream
Nortriptyline	Prochlorperazine	Terazosin
Novolin 70/30 Vials	Promethazine	Terbutaline
Novolin N Vials	Promethazine with Codeine	Tetracycline
Novolin R Vials	Promethazine with Dextromethorphan	Theophylline
Novolog Vials	Promethazine with Phenylephrine	Thyroid
Novolog Mix 70/30 Vials	Promethazine with Phenylephrine and Codeine	Timolol Drops
Nystatin	Propafenone	Tizanidine
Nystatin with Triamcinolone	Propoxyphene	Tobramycin
Ofloxacin Eye Drops	Propoxyphene with Acetaminophen	Torseamide
Ogestrel	Propranolol	Tramadol QL
One Touch Test Strips DS	Propylthiouracil	Trazodone
One Touch Ultra Test Strips DS	Pseudoephedrine with Chlorpheniramine and Scopolamine	Tretinoin
Orapred	Pseudoephedrine with Hydrocodone and Codeine	Tri-Sprintec
Orphenadrine	Quinapril	Triamcinolone
Oxaprozin	Quinapril with Hydrochlorothiazide	Triamterene with Hydrochlorothiazide
Oxazepam	Ribavirin QL	Triazolam
Oxybutynin	Rifampin	Trimethobenzamide
Oxycodone	Roxicet	Trimethobenzamide with Benzocaine
Oxycodone Sustained-Release Tablet QL	Salsalate	Trimethoprim
Oxycodone with Acetaminophen	Selenium Sulfide	Trinessa
Oxycodone with Aspirin	Silver Sulfadiazine	Trivora-28
Paroxetine QL	Sodium Fluoride	Ursodiol
PEG 3350/Powder for Solution	Sotalol	Verapamil
Penicillin V Potassium	Spiro lactone with Hydrochlorothiazide	Warfarin
Pentoxifylline	Spiro lactone	Zovia 1/35E
Permethrin Cream	Sprintec	Zovia 1/50E
Phenazopyridine	Sucralfate	
Phenobarbital	Sulfacetamide	
Phenylephrine with Chlorpheniramine and Scopolamine	Sulfacetamide with Sulfur	
Phenylephrine with Hydrocodone and Codeine	Sulfamethoxazole with Trimethoprim	
Phenytoin	Sulfasalazine	
Pindolol	Sulfasalazine EC	
Piroxicam	Sulfatrim	
Polymyxin B with Trimethoprim	Sulindac	
Portia	Surestep Test Strips DS	
Potassium Chloride		
Prazosin		
Precision Q-I-D Test Strips DS		
Precision Xtra Test Strips DS		
Prednisolone		
Prednisone		

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Tier Two

Aceon
Aciphex **QL/QD**
Activella
Actonel **QL**
Actos **QL**
Acular
Adderall XR **QL**
Adoxa
Advair Diskus **QL**
Advicor
Aldara
Alesse-28
Allegra **QL/QD**
Allegra-D **QL/QD**
Alocril
Alphagan P
Altace
Altoprev **QL/QD**
Amaryl
Androderm
Antabuse
Antara
Aricept
Arimidex
Arixtra **QL**
Asacol
Astelin **QL**
Atrovent Inhaler
Augmentin XR
Avandamet
Avandia **QL**
Avonex **QL**
Avonex Administration Pack **QL**
Azelex
Azmacort **QL**
Bactroban Cream, Nasal Ointment
Benicar **QL/QD**
Benicar HCT **QL/QD**
Benzamycin
Betaseron **QL**
Betoptic S
Biaxin XL
Canasa
Capex Shampoo
Carac Cream
Carafate Suspension
Cardizem LA
Casodex
Catapres-TTS **QL**
Cellcept
Cenestin
Ciprodex
Cleocin Vaginal Cream,
Suppositories
Climara **QL** 0.025, 0.0375,
0.06, 0.075 mg
Colazal
Colestid
Combivir
Copaxone **QL**
Copegus **QL, N**
Coreg
Cortef
Cosopt
Coumadin
Cozaar **QL/QD**
Cyclessa
Dapsone
DDAVP Tablets
Depakote
Depakote ER
Depakote Sprinkle
Depo-Provera **QL**
Differin **N**
Dilantin
Diovan **QL/QD**
Diovan HCT **QL/QD**
Ditropan XL **QL**
Dovonex
Duricef Suspension
Effexor **QL**
Effexor XR **QL**
Efudex
Elmiron
Entocort EC
Epipen
Epipen Jr.
Epivir
Esclim **QL**
Estraderm **QL**
Estratest
Estratest H.S.
Estring **QL**
Estrostep FE
Evista
Femara
Flonase **QL**
Flovent **QL**
Foradil **QL**
Fosamax **QL**
Frova **QL/QD**
Gabitril
Genotropin **N**
Geodon
Glucagon Emergency Kit
Grifulvin V
Hyzaar **QL/QD**
Imitrex **QL/QD**
Intal **QL**
Intron A **QL, N**
Kaletra
Keppra
Ketek
Kytril **QL, N**
Lamictal
Lamisil tab **QL, N**
Lanoxin
Lantus
Levaquin
Lidoderm
Lindane
Lipitor **QL/QD**
Lithobid
Lo/Ovral-28
Lofibra
Lovenox **QL**
Lumigan
Malarone
Maxalt **QL/QD**
Maxidone
Methergine
Metrogel
Metrogel Vaginal
Metro lotion
Miacalcin Nasal Spray
Micardis **QL/QD**
Micardis HCT **QL/QD**
Mirapex
Mircette
Nasonex **QL**

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Neoral	Requip	Welchol
Neupogen	Risperdal	Wellbutrin SR, XL QL, N
Nexium QL/QD	Roferon A QL, N	Yasmin 28
Niaspan	Roxicodone	Zaditor
Nordette-28	Serevent QL	Zantac syrup
Norvasc	Serevent Diskus QL	Zaroxolyn
Norvir	Seroquel	Zerit
Novolin Pens/Cartridges	Serostim N	Zetia QL/QD
Novolog Pens/Cartridges	Singulair QL	Ziagen
Nutropin N	Soriatane	Zithromax QL
Nuvaring	Spiriva QL	Zocor QL/QD
Omnicef QL	Sular	Zofran QL, N
Optivar	Sustiva	Zofran ODT QL, N
Ortho Evra QL	Symbyax	Zoloft QL (50 & 100 mg tab scored for 1/2 tab use)
Ortho Micronor	Synthroid	Zomig QL/QD
Ortho Tri-Cyclen	Tazorac	Zonegran
Ortho Tri-Cyclen Lo	Tegretol	Zovirax Ointment, Cream
Ortho-Cept	Tegretol XR	Zyprexa
Ortho-Cyclen	Terazol 3 Suppository QL	Zyrtec QL/QD
Ortho-Novum	Terazol 7 QL	Zyrtec-D QL/QD
Ortho-Prefest	Testim 1% QL	
Oxycontin QL	Tilade QL	
Oxytrol	Tobradex	
Patanol	Topamax	
Paxil CR QL	Toprol XL	
Pegasys QL, N	Travatan	
Peg-Intron QL, N	Tricor	
Plavix	Trileptal	
Prandin QL	Triphasil-28	
Precose	Trizivir	
Premarin	Trusopt	
Premphase	Urocit-K	
Prempro	Urso	
Prevident 5000 Plus	Valtrex QL (1 gram tab scored for 1/2 tab use)	
Prevpac QL	Vanceril QL	
Procrit	Vanceril DS QL	
Proctofoam-HC	Ventolin Rotacaps QL	
Prograf	Viagra QD	
Prometrium	Videx EC 125 mg	
Protonix QL/QD	Viracept	
Protopic	Viramune	
Protropin N	Viread	
Pulmicort QL	Vivelle QL	
Purinethol	Vivelle-Dot QL	
QVAR QL	Voltaren Eye Drops	
Relpax QL/QD	Vytorin QL	
Renagel		

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Tier Three

Abilify
Accolate **QL**
Accu-Chek Test Strips **DS**
Aclovate
Actiq **N**
Aggrenox
Ambien **QL/QD**
Amerge **QL/QD**
Analpram-HC
Androgel
Arava
Armour Thyroid
Arthrotec 50
Arthrotec 75
Ascensia Autodisc **DS**
Ascensia Elite **DS**
Atacand **QL/QD**
Atacand HCT **QL/QD**
Avalide **QL/QD**
Avapro **QL/QD**
Avelox **QL**
Avinza
Avodart **QL, N**
Axert **QL/QD**
Beconase AQ **QL**
Benzaclin
Blephamide
Brevoxyl
Brevoxyl-4
Brevoxyl-8
Caduet
Carbatrol
Carmol 40
Cefzil
Celebrex **QL/QD**
Cenogen Ultra
Chemstrip BG Test Strips **DS**
Cialis **QD**
Cipro XR
Clindagel
Colyte with Flavor Packets
Combipatch
Combivent **QL**
Concerta **QL**
Covera-HS
Crestor **QL/QD**
Cutivate
Cytomel
Dallergy
Denavir
Derma-Smoothe/FS
Dermatop
Desogen
Detrol
Detrol LA **QL**
Diprolene Lotion
Doryx
Dostinex
Duac
Duoneb
Duricef 1 gm tablet
Elidel
Elocon Lotion
Enbrel **QL**
Extendryl SR
Famvir **QL**
FemHRT
Finacea
Flexeril
Flomax
Focalin **QL**
Glucometer Test Strips **DS**
Gynazole-1
Gynodiol 1.5 mg tablets
Humalog
Humalog Mix 75/25
Humibid DM
Humibid LA
Humira **QL**
Humulin 70/30
Humulin N
Humulin R
Inderal LA
Kadian
Klaron
Lescol **QL/QD**
Lescol XL **QL/QD**
Levitra **QD**
Levothroid
Lexapro **QL**
Locoid Cream, Ointment
Locoid Lipocream
Loestrin
Loestrin FE
Loprox
Lotemax
Lotrel **QL**
Luxiq
Mavik
Maxair Autohaler **QL**
Menest
Mentax
Metadate CD **QL**
Metaglip
Mobic **QL**
Naftin
Nasacort **QL**
Nasacort AQ **QL**
Natafort
Natelle
Nestabs RX
Nitrostat
Noritate
Nulev
Nulytely
Olux
Ovcon-35
Ovcon-50
Oxistat
Panlor SS
Penlac **QL**
Pentasa
Periostat
Plexion
Ponstel
Pravachol **QL/QD**
Precare Conceive
Precare Prenatal
Premesis RX
Prenate Advance
Prenate GT
Primacare
Proscar **N**
Proventil HFA **QL**
Provigil **QL, N**
Prozac Weekly **QL**
Quixin
Rebif **QL**
Relenza **QL, N**
Restasis **QL**

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Retin-A Micro **N**
Rhinocort **QL**
Rhinocort Aqua **QL**
Ritalin LA **QL**
Robinul Forte
Rosanil
Sarafem **QL**
Skelaxin
Sonata **QL/QD**
Starlix **QL**
Strattera **QL**
Tamiflu **QL, N**
Tarka
Tequin **QL**
Teveten **QL/QD**
Theo-24
Tracer BG Test Strips **DS**
Transderm-Scop
Triaz
Tri-Norinyl
Tussionex
Ultracet **QL**
Uniphyl
Uniretic
Univasc
Vagifem
Vancenase AQ **QL**
Vantin
Verelan PM
Vicodin ES
Vigamox
Visicol
Xalatan
Xanax XR
Xopenex **QL**
Zegerid **QL/QD**
Zelnorm **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.**

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Additional Tier Three drugs with a generic alternative in Tier One

Accupril (Quinapril)
Accuretic (Quinapril with Hydrochlorothiazide)
Accutane (Isotretinoin)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)
Aldactone (Spironolactone)
Anaprox (Naproxen)
Ativan (Lorazepam)
Augmentin (Amoxicillin with Potassium Clavulanate)
Biaxin (Clarithromycin)
Buspar (Buspirone)
Calan, Calan SR (Verapamil)
Capoten (Captopril)
Cardizem CD except for 360 mg strength (Diltiazem)
Cardura (Doxazosin)
Ceftin (Cefuroxime)
Celexa **QL** (Citalopram **QL**)
Ciloxan Eye Drops (Ciprofloxacin)
Cipro (Ciprofloxacin)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)
Darvocet-N (Propoxyphene with Acetaminophen)
DDAVP Nasal Spray (Desmopressin)
Dexedrine SR (Dextroamphetamine Sustained-Release Capsule)
DiaBeta, Micronase, Glynase (Glyburide)
Diflucan 50, 100, 200 mg tablets **N** (Fluconazole **N**)
Diflucan 150 mg **QL** (Fluconazole **QL**)
Diprolene (Betamethasone Dipropionate Augmented Cream, Gel, Ointment)
Duragesic Patch **QL** (Fentanyl Transdermal System **QL**)
Duricef (Cefadroxil)
Dyazide (Triamterene with Hydrochlorothiazide)
Elocon Cream, Ointment (Mometasone)

Eskalith CR (Lithium Carbonate Controlled-Release)
 Fioricet (Butalbital with Acetaminophen and Caffeine)
 Glucophage, XR (Metformin)
 Glucotrol, XL (Glipizide)
 Glucovance (Glyburide with Metformin)
 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**)
 Minocin, Dynacin (Minocycline)
 Monopril (Fosinopril)
 Monopril HCT (Fosinopril with Hydrochlorothiazide)
 Motrin (Ibuprofen) - Prescription strengths only
 Mycelex Troche (Clotrimazole Troche)
 Naprosyn (Naproxen) - Prescription strengths only
 Neurontin (Gabapentin)
 Nizoral Cream, Shampoo (Ketoconazole)
 Ocuflox Eye Drops (Ofloxacin)
 Paxil **QL** (Paroxetine **QL**)
 Percocet 5-325, 7.5-500, 10-650 (Oxycodone with Acetaminophen)
 Plendil (Felodipine)
 Pletal (Cilostazol)
 Prinivil, Zestril (Lisinopril)

Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
 Procardia XL (Nifedipine Extended-Release)
 Proventil Inhaler **QL**, Ventolin Inhaler **QL** (Albuterol Inhaler **QL**)
 Provera (Medroxyprogesterone)
 Prozac **QL** (Fluoxetine **QL**)
 Rebetol **QL** (Ribavirin **QL**)
 Remeron **QL** (Mirtazapine **QL**)
 Remeron SolTab **QL** (Mirtazapine Dispersible Tablet **QL**)
 Restoril (Temazepam)
 Ritalin (Methylphenidate)
 Ritalin SR (Methylphenidate Extended-Release)
 Sporanox **QL, N** (Itraconazole **QL, N**)
 Tenormin (Atenolol)
 Tenoretic (Atenolol with Chlorthalidone)
 Terazol 3 Cream (Terconazole)
 Tylenol #3 (Acetaminophen with Codeine)
 Ultram **QL** (Tramadol **QL**)
 Ultravate Cream, Ointment (Halobetasol Propionate)
 Valium (Diazepam)
 Vaseretic (Enalapril with Hydrochlorothiazide)
 Vasotec (Enalapril)
 Vicodin (Acetaminophen with Hydrocodone)
 Vicoprofen (Ibuprofen with Hydrocodone)
 Videx EC 200, 250, 400 mg (Didanosine Capsule Delayed Release)
 Voltaren (Diclofenac)
 Wellbutrin **QL** (Bupropion **QL**)
 Wellbutrin SR **QL, N** (Bupropion Sustained-Release **QL, N**)
 Xanax (Alprazolam)
 Ziac (Bisoprolol with Hydrochlorothiazide)
 Zovirax Tablet, Capsule, Suspension (Acyclovir)

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