

2009 Prescription Drug List Reference Guide

Your Neighborhood Health Partnership (NHP) pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

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

What is a Prescription Drug List (PDL)?

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

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

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

Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your employer or health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. You and your doctor decide which medication is appropriate for you.

Tier 1 – Your Lowest-Cost Option

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

Tier 2 – Your Midrange-Cost Option

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

Tier 3 – Your Highest-Cost Option

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

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

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

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

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

In certain documents, the Prescription Drug List (PDL) was referred to as the “Preferred Drug List (PDL).” This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

Who decides which medications get placed in which tier?

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

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

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

How often will prescription medications change tiers?

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

What is the difference between brand name and generic medications?

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

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

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

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

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

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When should I consider discussing over-the-counter or non-prescription medications with my doctor?

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

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

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

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

Please call Customer Service 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. We have developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where a representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit www.mynhp.com or call the Customer Service number on your ID card for more current information.

Log on to mynhp.com for the following pharmacy resources and tools:

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

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

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

What if I still have questions?

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

Si usted esta interesado en conocer mas sobre su beneficio de farmacia o si necesita asistencia leyendo esta información, por favor llame al 1 877-842-6048.

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Tier One

Acebutolol	Bromocriptine	Diflorasone
Acetaminophen with Caffeine and Butalbital	Bumetanide	Diflunisal
Acetaminophen with Codeine SL	Bupropion	Digoxin
Acetaminophen with Codeine, Caffeine and Butalbital SL	Bupropion Sustained Action N	Diltiazem Controlled Release Capsule
Acetaminophen with Hydrocodone SL	Buspirone	Diltiazem Sustained Release 12 Hours Capsule
Acetazolamide	Calcitriol	Diltiazem Tablet
Acetic Acid with Hydrocortisone Otic Solution	Captopril	Diphenoxylate
Acyclovir Tablet, Capsule, Suspension	Captopril with Hydrochlorothiazide	Diphenoxylate with Atropine
Albuterol Extended Release Tablet	Carbamazepine	Dipyridamole
Albuterol Inhalation Solution	Carbidopa/Levodopa	Doxazosin
Alendronate SL	Carisoprodol	Doxepin
Allopurinol	Carvedilol	Doxycycline
Alprazolam	Cefaclor	Econazole
Alprazolam Extended Release	Cefadroxil	Enalapril
Amantadine Tablet, Capsule, Syrup	Cefuroxime	Enalapril with Hydrochlorothiazide
Amiloride with Hydrochlorothiazide	Cephalexin	Enpresse
Amiodarone	Chlordiazepoxide	Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital
Amitriptyline	Chlorhexidine	Errin
Amitriptyline with Chlordiazepoxide	Chlorthalidone	Erythromycin Base 250, 333mg
Amitriptyline with Perphenazine	Chlorzoxazone	Erythromycin Ethylsuccinate
Amlodipine Besylate	Cholestyramine	Erythromycin Stearate
Amoxicillin SL	Cholestyramine with Aspartame	Erythromycin with Benzoyl Peroxide
Amoxicillin with Potassium Clavulanate	Ciclopirox Gel, Topical	Estradiol Patch SL
Amphetamine with Dextroamphetamine Salt Combination	Cilostazol	Estropipate
Ampicillin	Ciprofloxacin SL	Etidronate Disodium
Antipyrine with Benzocaine Otic Solution	Citalopram SL	Etodolac
Asmanex SL	Clarithromycin Tablet SL	Fast Take Test Strips SL, DS
Aspirin with Caffeine and Butalbital	Clidinium with Chlordiazepoxide	Felodipine
Aspirin with Codeine, Caffeine and Butalbital SL	Clindamycin Capsule	Fenofibrate Micronized 54, 67, 134, 160, 200mg
Atenolol	Clindamycin Gel, Soln, Lotion, Swabs	Flecainide
Atenolol with Chlorthalidone	Clindamycin Vaginal Cream	Fluconazole 50, 100, 200mg N
Aviane	Clobetasol	Fluconazole 150mg
Azathioprine	Clomiphene	Fludrocortisone
Azithromycin SL	Clomipramine	Flunisolide Nasal Spray SL
Baclofen	Clonazepam	Fluocinolone
Benazepril	Clonidine	Fluocinonide
Benazepril with Hydrochlorothiazide	Clorazepate	Fluocinonide-E
Benzonatate	Clotrimazole Troches	Fluorometholone
Benzotropine	Clotrimazole with Betamethasone	Fluorouracil Cream
Betamethasone Dipropionate Augmented Cream	Colestipol	Fluoxetine
Betamethasone Dipropionate Cream, Lotion, Ointment, Gel	Cromolyn	Flurazepam
Betamethasone Valerate	Cyclobenzaprine	Flurbiprofen
Betamethasone with Clotrimazole	Cyproheptadine	Fluticasone Nasal Spray SL
Bisoprolol	Desipramine	Fluvoxamine
Bisoprolol with Hydrochlorothiazide	Desmopressin	Folic Acid
	Desonide	Foradil SL
	Desoximetasone	Fosinopril
	Dexamethasone	Fosinopril with Hydrochlorothiazide
	Dextroamphetamine	Freestyle Lite Test Strips SL, DS
	Dextroamphetamine Sustained Release	Freestyle Test Strips SL, DS
	Diazepam	Frova SL
	Diclofenac	
	Dicloxacillin	
	Dicyclomine	

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

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

P = Progression Rx.

SL = Supply Limit. Some medications have a limited amount that can be covered per copayment or period of time.

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

½T = Eligible for Half Tablet Program.

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Furosemide	Low-Ogestrel	Nitrofurantoin Macrocrystals
Gabapentin Capsule, Tablet	Maxalt SL	Nitroglycerin
Galantamine	Maxalt MLT SL	Norethindrone
Gemfibrozil	Mebendazole	Nortrel
Gentamicin	Medroxyprogesterone 150mg/ml SL	Nortriptyline
Glimepiride	Medroxyprogesterone Tablet	Novolin Vials
Glipizide	Mefloquine	Novolog Vials
Glipizide Extended-Release	Megestrol	Nystatin
Glyburide	Meloxicam	Nystatin with Triamcinolone
Glyburide Micronized	Meperidine	Ofloxacin Eye Drops
Guanfacine	Meperidine with Promethazine	Ofloxacin Otic Drops
Halobetasol Cream, Ointment	Metformin	Ogestrel
Haloperidol	Metformin Extended-Release	Ondansetron SL
Hydralazine	Methadone	One Touch Test Strips SL, DS
Hydrochlorothiazide	Methimazole	One Touch Ultra Test Strips SL, DS
Hydrocodone with Homatropine	Methocarbamol	Orapred Oral Solution
Hydrocortisone Acetate Suppositories	Methotrexate	Oxaprozin
Hydrocortisone Valerate	Methyldopa	Oxazepam
Hydromorphone	Methylphenidate	Oxybutynin
Hydroxychloroquine	Methylphenidate Extended-Release	Oxycodone
Hydroxyzine	Methylprednisolone	Oxycodone with Acetaminophen SL
Ibuprofen - Prescription strengths only	Methyltestosterone with Esterfied Estrogens	Oxycodone with Aspirin
Ibuprofen with Hydrocodone	Metoclopramide	Oxycodone with Ibuprofen SL
Imipramine	Metolazone	Paroxetine
Indapamide	Metoprolol	PEG 3350/Powder for Solution
Indomethacin	Metoprolol Succinate Sustained Release 25mg	Penicillin V Potassium
Ipratropium Inhalation Solution	Metronidazole	Pentoxifylline
Isometheptene, Dichloralphenazone and Acetaminophen	Metronidazole Cream	Permethrin Cream
Isoniazid	Microgestin	Phenazopyridine
Isosorbide Dinitrate	Microgestin FE	Phenobarbital
Isosorbide Mononitrate	Minocycline	Phenylephrine with Chlorpheniramine and Scopolamine
Isradipine	Minoxidil Tablet	Phenylephrine with Hydrocodone
Itraconazole N	Mirtazapine SL	Phenytoin
Junel	Mirtazapine Dispersible Tablet SL	Pindolol
Junel FE	Misoprostol	Piroxicam
Kariva	Mometasone	Polymyxin B with Trimethoprim
Ketoconazole	Mononessa	Portia
Ketoprofen	Morphine	Potassium Chloride
Ketorolac	Morphine Sulfate Controlled Release SL	Potassium Citrate
Labetalol	Mupirocin Ointment	Pravastatin SL, 1/2T
Lactulose	Mycophenolate Mofetil	Prazosin
Lamotrigine Dispersible Tablet	Nadolol	Precision Q-I-D Test Strips SL, DS
Leflunomide	Nadolol with Bendroflumethiazide	Precision Xtra Test Strips SL, DS
Lessina	Naproxen - Prescription strengths only	Prednisolone
Levophanol Tartrate	Necon	Prednisone
Levothyroxine	Nefazodone	Prenatal Vitamins - Generic prescription strengths only
Levora	Neomycin/Polymyxin B/Dexamethasone	Primidone
Lidocaine Viscous	Neomycin/Polymyxin/Gramicidin	Probenecid
Lisinopril	Neomycin/Polymyxin/Hydrocortisone	Prochlorperazine
Lisinopril with Hydrochlorothiazide	Nifedipine	Promethazine
Lithium Carbonate	Nifedipine Controlled-Release	Promethazine with Codeine
Lithium Carbonate Controlled-Release	Nifedipine Extended Release	Promethazine with Dextromethorphan
Lithium Carbonate Extended-Release	Nitrofurantoin/Nitrofurantoin Macrocrystals	Promethazine with Phenylephrine
Lorazepam		
Lovastatin SL		

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Promethazine with Phenylephrine and Codeine
Propafenone
Propoxyphene
Propoxyphene with Acetaminophen **SL**
Propranolol Tablet
Propylthiouracil
Pulmicort Flexhaler **SL**
Pulmicort Turbuhaler **SL**
QVAR **SL**
Ranitidine Syrup
Reclipsen
Relpax **SL**
Ribavirin **SL, N**
Rifampin
Risperidone **SL**
Ropinirole
Salsalate
Selenium Sulfide
Sertraline $\frac{1}{2}$ **T**
Silver Sulfadiazine
Simvastatin **SL, $\frac{1}{2}$ T**
Sodium Fluoride
Solia
Sotalol
Spironolactone with Hydrochlorothiazide
Spironolactone
Sprintec
Sucralfate
Sulfacetamide
Sulfacetamide with Sulfur
Sulfamethoxazole with Trimethoprim
Sulfasalazine
Sulfasalazine EC
Sulfatrim
Sulindac
Surestep Test Strips **SL, DS**
Tamoxifen
Temazepam
Terazosin
Terbutaline
Terconazole Suppository
Tetracycline
Theophylline
Theophylline Anhydrous Tablet, Sustained Action
Thyroid
Timolol Drops
Tizanidine
Tobramycin
Torsemide
Tramadol
Tramadol with Acetaminophen **SL**
Trazodone
Tretinoin **SL, N**
Tri-Sprintec
Triamcinolone
Triamterene with Hydrochlorothiazide
Triazolam
Trimethobenzamide
Trimethobenzamide with Benzocaine
Trimethoprim
Trimipramine Maleate
Trinessa
Trivora
Ursodiol
Velivet
Venlafaxine **SL**
Verapamil
Warfarin
Xopenex HFA
Zolpidem **SL**
Zomig **SL**
Zomig ZMT **SL**
Zonisamide
Zovia 1/35E
Zovia 1/50E

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Tier Two

Acarbose	Combigan SL	Levaquin SL
Aceon $\frac{1}{2}$ T	Coumadin	Levemir Vials
Aciphex SL	Cozaar SL, $\frac{1}{2}$T	Lidoderm SL
Activella	Crestor SL, $\frac{1}{2}$T	Lindane
Actonel SL	Dapsone	Lipitor SL, $\frac{1}{2}$T
Actonel with Calcium SL	Depakote	Lipofen
Actoplus Met SL	Depakote ER	Locoid Lipocream
Actos SL	Depakote Sprinkle	Lofibra Tablet
Adderall XR SL	Diclofenac Sodium Drops	Lumigan SL
Advicor	Dilantin	Malarone
Aldara	Diltiazem Sustained Action Capsule	Mesalamine Enema
Alphagan P SL	Diltiazem Sustained Release 24 Hour Capsule	Methergine
Altace	Divalproex Sodium Tablet, Enteric Coated	Metoprolol Succinate Sustained Release 50, 100, 200mg
Altoprev SL	Dovonex Cream Ointment SL	Metroloction
Androderm	Duetact SL	Metronidazole Vaginal Gel
Androgel	Effexor XR SL	Micardis SL
Antabuse	Elestat SL	Micardis HCT SL
Antara	Emend SL	Mirapex
Aricept	Enablex	Moexipril $\frac{1}{2}$ T
Aricept ODT	Enjuvia	Myfortic
Arimidex	Entocort EC	Nabumetone
Asacol	Eplernone	Nasonex SL
Astelin SL	Esclim SL	Neoral
Atrovent Inhaler	Estraderm SL	Niaspan
Avandamet SL	Estradiol/Norethindone Acetate 0.5, 1mg	Nisoldipine 20, 30, 40mg
Avandaryl SL	Estratest	Novolin Pens/Cartridges
Avandia SL	Estratest H.S.	Novolog Pens/Cartridges
Axid Oral Solution	Estring SL	Nuvaring
Azelex SL	Ethinyl Estradiol/Drospiridone 0.3, 3mg	Omeprazole SL
Azor SL	Evista	Optivar SL
Balsalazide Disodium	Femara	Orphenadrine
Benicar SL, $\frac{1}{2}$T	Fenoglide	Orphenadrine Compound
Benicar HCT SL	Fentanyl Citrate Lollipop SL, N	Oxandrolone
Benzamycin	Fentanyl Transdermal System SL	Oxcarbazepine
Betoptic S	Fortical	Oxycontin SL
BiDil	Fosrenol	Oxytrol
Boniva SL	Gabitril	Plavix
Butorphanol Nasal Spray SL	Geodon SL	Prandin SL
Byetta SL	Glipizide with Metformin	Precare
Cabergoline	Glucagon Emergency Kit SL	Precose
Canasa	Glyburide with Metformin	Prefest
Capex Shampoo	Glycopyrrolate	Prevpac SL
Carac Cream	Granisetron Tablet SL	Proctofoam-HC
Cardizem LA	Grifulvin V Tablet	Prograf
Cefdinir SL	Hyzaar SL	Prometrium
Cefprozil	Intal SL	Protonix SL
Cellcept	Isotretinoin	Protopic SL, N
Cenestin	Janumet SL	Pulmicort Respules SL
Ciprodex	Januvia SL	Pylera
Clarithromycin Suspension SL	Keppra	Quinapril
Clarithromycin XL SL	Lamotrigine Tablet	Quinapril with Hydrochlorothiazide
Cleocin Vaginal Suppositories	Lanoxin	Ramipril Capsule
Climara SL	Lantus Vials	Ranexa
Clindesse		Rapamune

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Renagel
Renvela
Requip
Retin-A Micro **SL, N**
Seroquel **SL**
Simcor **SL**
Singulair **SL, N**
Soriatane
Spiriva **SL**
Sular
Symbyax **SL**
Synthroid
Tazorac **SL, N**
Tegretol
Tegretol XR
Terbinafine Tablet **N**
Tilade **SL**
Tolmetin
Travatan **SL**
Travatan Z **SL**
Tricor Tablet
Triglide
Trusopt **SL**
Twinject **SL**
Urso
Urso Forte
Vagifem
Valtrex **SL, 1/2T**
Vesicare
Vivelle **SL**
Vivelle-Dot **SL**
Vytorin
Vyvanse **SL**
Welchol
Yasmin
Yaz
Zegerid **SL**
Zomig Nasal Spray **SL**
Zovirax Ointment, Cream
Zyprexa (Zydis = Tier 3) **SL**

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Tier Three

Abilify **SL**
 Accolate **SL**
 Accu-Chek Test Strips **SL, DS**
 Accupril
 Accutretic
 Aclovate
 Actiq **SL, N**
 Acular **SL**
 Adoxa **N**
 Advair Diskus **SL**
 Advair HFA **SL**
 Aggrenox
 Albuterol Sulfate/Ipratropium Solution,
 Non-Oral
 Allegra **SL**
 Allegra ODT **SL**
 Allegra Suspension **SL**
Allegra-D **SL, Excluded**
 Alocril
 Alomide
 Ambien CR **SL**
 Amerge **SL**
 Amlodipine and Benazepril **SL**
 Analpram-HC
 Anzemet **SL**
 Apri
 Armour Thyroid
 Arthrotec
 Ascensia Autodisc **SL, DS**
 Ascensia Elite **SL, DS**
 Atacand **SL, 1/2T**
 Atacand HCT **SL**
 Augmentin XR
 Avalide **SL**
 Avapro **SL, 1/2T**
 Avelox
 Avinza **SL**
 Avodart **SL, N**
 Axert **SL**
 Azmacort **SL**
 Bactroban **SL**
 Beconase AQ **SL**
 Benzaclin **SL**
 Biaxin Suspension **SL**
 Biaxin XL
 Blephamide Eye Drops
 Brovana
 Bupropion Sustained Release
 24 Hour 300mg **N**
 Caduet **SL, N**
 Carafate Suspension
 Carbatrol
 Catapres-TTS **SL**
 Cefuroxime Suspension
 Cefzil
 Celebrex **SL**
 Cenogen Ultra
 Cesamet **SL, P**
 Cesia
 Chemstrip BG Test Strips **SL, DS**
 Ciclopirox Solution, Topical
 Ciloxan Ophthalmic Ointment
 Cipro XR
 Ciprofloxacin Tablet, Sustained Release,
 24 Hour
Clarinox **SL, Excluded**
Clarinox-D **SL, Excluded**
 Climara Pro **SL**
 Clindagel **SL**
 Clobetasol Propionate Foam **SL**
 Colazal
 Colyte
 Combipatch **SL**
 Combivent **SL**
 Concerta **SL**
 Coreg CR **SL**
 Cosopt **SL**
 Covera-HS
 Cryelle
 Cutivate
 Cyclessa
 Cymbalta **SL**
 Cytomel
 Daytrana **SL**
 Denavir
 Depakote Tablet
 Derma-Smoothe/FS
 Desogen
 Detrol
 Detrol LA
 Differin **SL, N**
 Diovan **SL, 1/2T**
 Diovan HCT **SL**
 Diprolene
 Ditropan XL
 Doryx **N**
 Dostinex
 Duac, Duac CS **SL**
 DuoNeb
 Duragesic **SL**
 Elidel **SL, N**
 Elocon
 Epipen **SL**
 Epipen Jr. **SL**
 Estrostep FE
 Exforge **SL**
 Extendryl SR
 Factive **SL**
 Famciclovir **SL**
 Famvir **SL**
 FemHRT
 Fentora **SL, N**
 Fexofenadine **SL**
 Finacea
 Finasteride **N**
 Flomax
 Flovent HFA **SL**
 Focalin **SL**
 Focalin XR **SL**
 Fosamax Plus D **SL**
 Glucometer Test Strips **SL, DS**
 Glucovance
 Glumetza
 Gynazole-1
 Gynodiol 1.5mg Tablet
 Humalog
 Humibid DM
 Humibid LA
 Humulin
 Imitrex Nasal Spray **SL**
 Imitrex Tablet **SL**
 Inderal LA
 Inspra
 Invega **SL**
 Kadian **SL**
 Ketek
 Kytril Tablet **SL**
 Lamictal
 Lamisil Tablet **N**
 Lantus SoloStar
 Lescol **SL**
 Lescol XL **SL**
 Levemir Pen
 Levonorgestrel-Ethinyl Estradiol Tablet,
 Dosepack, 3 Month **SL**
 Levothroid
 Lexapro **SL, 1/2T**
 Lialda
 Lo/Ovral
 Locoid
 Loestrin
 Loestrin FE
 Loprox
 Lotemax
 Lotrel **SL**
 Lovaza **SL**
 Lunesta **SL, P**
 Luxiq
 Lybrel
 Lyrica **SL**
 Mavik **1/2T**

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2009 Prescription Drug List Reference Guide

Maxair Autohaler SL	Precose	Topamax
Menest	Premarin	Toprol XL 50, 100, 200mg
Mentax	Premesis RX	Tracer BG Test Strips SL, DS
Metadate CD SL	Premphase	Trandolapril
Metaglip	Prempro	Transderm-Scop
Metrogel	Prenate Advance	Tri-Norinyl
Metrogel Vaginal	Prenate GT	Triaz
Miacalcin Nasal Spray	<i>Prevacid Capsule</i> SL, Excluded	Trileptal
Mircette	<i>Prevacid Solutab</i> SL, Excluded	Triphasil
Modicon	Primacare	Tussionex
Naftin	Pristiq SL	Uniretic
Nasacort SL	ProAir HFA SL	Univasc ½T
Nasacort AQ SL	Propranolol Sustained Action Capsule	Uroxatral SL
Nascobal Gel and Spray	Proscar N	Vagifem
Natelle	Proventil HFA SL	Vantin
Nestabs RX	Provigil SL, N	Velivet
<i>Nexium</i> SL, Excluded	Prozac Weekly SL	Ventolin HFA SL
Nexium Suspension SL	Quixin	Verapamil Capsule, 24 Hour Sustained Release Pellets
Nitrostat	Reclipsen	Verelan PM
Nordette	Relafen	Vigamox
Noritate	Relenza SL, N	Visicol
Nulev	Relion	Voltaren Eye Drops SL
Nulytely	Restasis SL, N	Wellbutrin XL SL, N
Olux SL	Restoril 7.5, 22.5mg	Xalatan SL
Omnicef SL	Rhinocort SL	Xopenex Solution
Orapred ODT	Rhinocort Aqua SL	Xyzal SL
Ortho Evra SL	Risperdal M-Tab SL	Yasmin
Ortho Micronor	Ritalin LA SL	Zaleplon SL
Ortho Tri-Cyclen	Robinul Forte	Zelnorm SL, N
Ortho Tri-Cyclen Lo	Rosanol	Zetia SL
Ortho-Cept	Rozerem SL, P	Ziana SL
Ortho-Cyclen	Sanctura	Zmax SL
Ortho-Novum	Sarafem	Zyflo
Oscion	Seasonale SL	Zyflo CR SL
Ovcon-50	Seasonique	Zymar
Oxistat	Sensipar SL	
Oxybutynin Sustained Release SL	Serevent Diskus SL	
Pantoprazole SL	Seroquel XR SL	
Paroxetine Sustained Release 24 Hour SL	Skelaxin	
Pataday	Solia	
Patanol SL	Sonata SL	
Paxil CR SL	Starlix SL	
Penlac N	Strattera SL	
Pentasa	Symlyn SL	
Perforomist SL	Tamiflu SL, N	
Periostat	Tarka	
Peroxetine HCl Sustained Release 24 Hour SL	Tekturna SL	
Pexeva SL, ½T	Tequin SL	
Plexion	Terazol	
Ponstel	Terconazole Cream	
Precare Conceive	Testim 1% SL, N	
Precare Prenatal	Teveten SL	
	Theo-24	
	Tobradex	

NOTE:

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

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2009 Prescription Drug List Reference Guide

Additional Tier Three drugs with a generic equivalent in Tier One

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

Elocon Cream, Ointment, Solution (Mometasone)
 Eskalith CR (Lithium Carbonate Controlled-Release)
 Fioricet (Butalbital with Acetaminophen and Caffeine **SL**)
 Flexeril (Cyclobenzaprine)
 Flonase **SL** (Fluticasone Nasal Spray **SL**)
 Floxin Otic (Ofloxacin Otic Drops)
 Fosamax **SL** (Alendronate **SL**)
 Glucophage, XR (Metformin)
 Glucotrol, XL (Glipizide)
 Hytrin (Terazosin)
 Inderal (Propranolol)
 Keflex (Cephalexin)
 Klonopin (Clonazepam)
 Lasix (Furosemide)
 Lexapro (Citaloprim **SL**)
 Lithobid (Lithium Carbonate Extended-Release)
 Lipid (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 **SL** (Lovastatin **SL**)
 Mobic **SL** (Meloxicam **SL**)
 Monopril (Fosinopril)
 Monopril HCT (Fosinopril with Hydrochlorothiazide)
 Motrin (Ibuprofen) - Prescription strengths only
 Mycelex Troche (Clotrimazole Troche)
 Naprosyn (Naproxen) - Prescription strengths only
 Nasarel **SL**, Nasalide **SL** (Flunisolide Nasal Spray **SL**)
 Neurontin Capsule, Tablet (Gabapentin)
 Nizoral (Ketoconazole)
 Norvasc (Amlodipine Besylate)
 Ocuflax Eye Drops (Ofloxacin)
 Paxil (Paroxetine)
 Percocet 5-325, 7.5-500, 10-650 **SL** (Oxycodone with Acetaminophen **SL**)
 Plendil (Felodipine)
 Pletal (Cilostazol)
 Pravachol **SL**, $\frac{1}{2}$ T (Pravastatin **SL**, $\frac{1}{2}$ T)
 Prinivil, Zestril (Lisinopril)

Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
 Procardia XL (Nifedipine Extended-Release)
 Provera (Medroxyprogesterone)
 Prozac (Fluoxetine)
 Rebetol **SL, N** (Ribavirin **SL, N**)
 Remeron **SL** (Mirtazapine **SL**)
 Remeron SolTab (Mirtazapine Dispersible Tablet)
 Restoril 15, 30mg (Temazepam)
 Ritalin (Methylphenidate)
 Ritalin SR (Methylphenidate Extended-Release)
 Sporanox **N** (Itraconazole **N**)
 Surmontil (Trimipramine Maleate)
 Tenormin (Atenolol)
 Tenoretic (Atenolol with Chlorthalidone)
 Toprol XL 25mg (Metoprolol Succinate Sustained Release)
 Tylenol #3 **SL** (Acetaminophen with Codeine **SL**)
 Ultracet **SL** (Tramadol with Acetaminophen **SL**)
 Ultram **SL** (Tramadol **SL**)
 Ultravate Cream, Ointment (Halobetasol Propionate)
 Uniphyll (Theophylline Anhydrous Tablet, Sustained Action)
 Valium (Diazepam)
 Vaseretic (Enalapril with Hydrochlorothiazide)
 Vasotec (Enalapril)
 Vicodin **SL**, Vicodin ES **SL** (Acetaminophen with Hydrocodone **SL**)
 Vicoprofen (Ibuprofen with Hydrocodone)
 Voltaren Tablet (Diclofenac)
 Wellbutrin (Bupropion)
 Wellbutrin SR **N** (Bupropion Sustained Action **N**)
 Xanax, Xanax XR (Alprazolam)
 Zantac Syrup (Ranitidine Syrup)
 Ziac (Bisoprolol with Hydrochlorothiazide)
 Zithromax (Azithromycin **SL**)
 Zocor **SL**, $\frac{1}{2}$ T (Simvastatin **SL**, $\frac{1}{2}$ T)
 Zofran **SL** (Ondansetron **SL**)
 Zoloft $\frac{1}{2}$ T (Sertraline $\frac{1}{2}$ T)
 Zonegran (Zonisamide)
 Zovirax Tablet, Capsule, Suspension (Acyclovir)

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Self-Injectable Medications

Actimmune
Apokyn
Aranesp **SL, N**
Arixtra **SL**
Avonex **SL**
Betaseron **SL**
Copaxone **SL**
DHE-45
Eligard
Enbrel **SL, N**
Epogen **SL, N**
Forteo **SL**
Fragmin **SL**
Fuzeon **SL**
Genotropin **SL, N**
Heparin
Hep-lock
Hep-pak
Humatrope **SL, N**
Humira **SL, N**
Imitrex **SL**
Increlex **SL, N**
Infergen **SL, N**
Innohep **SL**
Intron A **SL, N**
Kineret **SL, N**
Leukine **N**
Leuprolide
Lovenox **SL**
Lupron
Miacalcin (injection)
Neulasta **N**
Neumega **N**
Neupogen **N**
Norditropin **SL, N**
Nutropin **SL, N**
Pegasys **SL, N**
Peg-Intron **SL, N**
Procrit **SL**
Raptiva **N**
Rebetron **N**
Rebif **SL**
Roferon-A **N**
Saizen **SL, N**
Sandostatin
Serostim **SL, N**
Somavert **SL**
Supprelin
Tev-tropin **SL, N**

NOTE:

Self-injectable medications are subject to a coinsurance amount. There is a monthly out-of-pocket maximum for retail and a higher out-of-pocket maximum for mail order. Growth Hormones are limited to \$10,000 per calendar year.

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