



**2010 State Health Benefit Plan Three-Tier
Prescription Drug List Reference Guide
for Choice Plus**



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2010 State Health Benefit Plan Three-Tier Prescription Drug List Reference Guide for Choice Plus

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

This guide will:

1. Help you understand your medication benefit 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 that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration.

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

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting myuhc.com or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit www.welcometouhc.com/shbp for additional information during your open enrollment period or you may contact your 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.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

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 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 should decide which medication is appropriate for you.**

Tier 1 – Your Lowest-Cost Option

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

Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. 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.

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

Please note: Refer to your enrollment materials, check the Drug Pricing/Coverage information on www.welcometouhc.com/shbp or log on myuhc.com[®], or call the toll-free Customer Care phone number on the back of your ID card for more information about your benefit plan or to inquire about additional medications that are not listed on the PDL.

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Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall health care value of the medication to ensure an unbiased approach. Committee members are various health care professionals including physicians and pharmacists with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

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How often will prescription medications change tiers?

Medications may change tiers once per calendar year (January 1). Additionally, when a brand-name medication becomes available as a generic, the tier status of the brand-name medication 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 toll-free Customer Care phone number on the back of your ID card or visit www.welcometouhc.com/shbp or log on myuhc.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 or lower tier alternative is available and if it might be appropriate for you since generic medications are your lowest-cost option. Call the toll-free Customer Care phone number on the back of your ID card or visit **www.welcometouhc.com/shbp** or log on **myuhc.com** to determine the copayment for your generic medication.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **www.welcometouhc.com/shbp** for additional information during your open enrollment period or you may contact your health plan for additional information.

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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. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment. Talk to your doctor about the most appropriate medication for you.

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 some 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 as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free Customer Care phone number on the back of your ID card if you need additional information about these notations.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting myuhc.com or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit www.welcometouhc.com/shbp for additional information during your open enrollment period or you may contact your health plan for additional information.

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

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. 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 call the toll-free Customer Care phone number on the back of your ID card or log on **myuhc.com** or visit **www.welcometouhc.com/shbp** for more current information.

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

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

What if I still have questions?

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

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **myuhc.com** or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit **www.welcometouhc.com/shbp** for additional information during your open enrollment period or you may contact your health plan for additional information.

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Anti-Infectives Antibiotics

Tier 1

A-B Otic
 Amoxicillin Trihydrate
 Amoxicillin Trihydrate/
 Potassium Clavulanate
 Ampicillin Trihydrate
 Azithromycin
 Cefadroxil Hydrate
 Cefdinir
 Cefprozil
 Cefuroxime
 Cephalixin Monohydrate
 Ciprofloxacin Tablet
 Ciprofloxacin Tablet
 Sustained-Release 24 Hour
 Clarithromycin Suspension
 Clarithromycin
 Sustained-Release Tablet
 Clarithromycin Tablet
 Clindamycin HCl
 Dicloxacillin Sodium
 Doxycycline
 Erythromycin
 Erythromycin Base Tablet,
 Enteric-Coated
 250, 333 mg
 Metronidazole
 Minocycline HCl
 Neomycin/Polymyxin/HC Otic
 Nitrofurantoin Macrocrystal
 Nitrofurantoin/Nitrofurantoin
 Macrocrystal
 Ofloxacin Otic
 Penicillin V Potassium
 Sulfamethoxazole/Trimethoprim
 Tetracycline HCl

Tier 2

Augmentin
 Cipro Suspension
 Ciprodex Otic
 Cleocin HCl 75 mg
 Dapsone
 Ery-Tab 500 mg
 Furadantin Suspension, Oral
 Levaquin
 Macrochantin 25 mg
 Tobi
 Vancocin HCl
 Velosef 250 mg Suspension
 Zyvox

Tier 3

Adoxa
 Augmentin XR
 Avelox
 Cipro HC
 Doryx
 Oracea
 Solodyn
 Suprax

Anti-Infectives Antifungals

Tier 1

Clotrimazole
 Fluconazole
 Itraconazole Capsule **SL**
 Ketoconazole
 Metronidazole Vaginal
 Nystatin
 Terbinafine HCl Tablet
 Terconazole Vaginal

Tier 2

Clindesse Vaginal
 Mycostatin
 Noxafil
 Sporanox Solution, Oral
 Vfend

Tier 3

Gynazole-1 Vaginal
 Lamisil Granules

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Anti-Infectives Antivirals

Tier 1

Acyclovir
Amantadine HCl
Famciclovir
Ribavirin **N**
Valcyclovir

Tier 2

Baraclude
Epivir HBV
Hepsera
Rebetol Solution **N**
Valcyte
Valtrex

Tier 3

Relenza **SL**
Tamiflu **SL**

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol
Pentoxifylline
Warfarin Sodium

Tier 2

Arixtra **SL**
Coumadin
Lovenox **SL**
Plavix

Tier 3

Aggrenox
Fragmin **SL**
Innohep **SL**

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Amlodipine Besylate
Amlodipine/Benazepril
Atenolol
Atenolol Chlorthalidone
Benazepril HCl
Benazepril/
Hydrochlorothiazide
Bisoprolol Fumarate
Bisoprolol Fumarate/
Hydrochlorothiazide
Bumetanide
Captopril
Captopril/Hydrochlorothiazide
Carvedilol
Chlorthalidone
Clonidine HCl
Clonidine Patch,
Transdermal Weekly
Diltiazem HCl
Diltiazem HCl Capsule,
Controlled-Release
Diltiazem HCl Capsule,
Sustained-Action
Diltiazem HCl Capsule,
Sustained-Release 12 Hour
Diltiazem HCl Capsule,
Sustained-Release 24 Hour
Diltiazem HCl Tablet,
Sustained-Release 24 Hour
Doxazosin Mesylate
Enalapril Maleate

Tier 2

Aldactazide 50-50 mg
Altace
Azor
Benicar
Benicar HCT
BiDil
Bystolic
Cardizem CD 360 mg
Cardizem LA 120 mg
Clorpes
Dibenzyline
Diuril 250 mg/5 ml
Suspension
Micardis
Micardis HCT
Sular 8.5, 10, 17, 25.5,
34 mg
Thalitone

Tier 3

Aceon
Atacand
Atacand HCT
Avalide
Avapro
Cardizem LA 180, 240, 300,
360, 420 mg
Catapres-TTS
Coreg CR
Cozaar
Diovan
Diovan HCT
Exforge
Exforge HCT
Hyzaar
Tarka
Tekturna
Tekturna HCT
Teveten

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 8)

Tier 1

Enalapril Maleate/
 Hydrochlorothiazide
 Eplerenone
 Felodipine
 Fosinopril
 Fosinopril/
 Hydrochlorothiazide
 Furosemide
 Guanfacine HCl
 Hydralazine HCl
 Hydralazine HCl/
 Hydrochlorothiazide
 Hydrochlorothiazide
 Indapamide
 Labetalol HCl
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Losartan
 Losartan/
 Hydrochlorothiazide
 Methyl dopa
 Methyl dopa/
 Hydrochlorothiazide
 Metolazone
 Metoprolol Succinate Tablet,
 Sustained-Release
 Metoprolol Tartrate
 Metoprolol/
 Hydrochlorothiazide
 Minoxidil
 Moexipril HCl
 Nadolol
 Nifedipine
 Nisoldipine 20, 30, 40 mg
 Perindopril Erbumine
 Propranolol HCl
 Propranolol HCl Capsule,
 Sustained-Action
 Propranolol HCl/
 Hydrochlorothiazide
 Quinapril HCl/
 Hydrochlorothiazide
 Quinapril HCl/Magnesium
 Carbonate
 Ramipril
 Spironolactone
 Spironolactone/
 Hydrochlorothiazide
 Terazosin HCl
 Timolol Maleate

Tier 2

Tier 3

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 9)

Tier 1

Torsemide
 Trandolapril
 Triamterene/
 Hydrochlorothiazide
 Verapamil HCl
 Verapamil HCl Capsule,
 24 Hour Sustained-Release
 Pellets

Tier 2

Tier 3

Cardiovascular/Heart Disease High Cholesterol

Tier 1

Cholestyramine
 Colestipol HCl
 Fenofibrate
 Fenofibric Acid
 Gemfibrozil
 Lovastatin
 Pravastatin
 Simvastatin

Tier 2

Advicor
 Antara
 Altoprev
 Crestor
 Fenoglide
 Fenofibrate
 Lipitor
 Lipofen
 Niaspan
 Simcor
 Tricor 48, 145 mg
 Triglide
 Vytorin
 Welchol

Tier 3

Caduet
 Lescol
 Lescol XL
 Lovaza
 Trilipix
 Zetia

Cardiovascular/Heart Disease Other

Tier 1

Amiodarone
 Digoxin
 Flecainide Acetate
 Isosorbide Dinitrate
 Isosorbide Mononitrate
 Mexiletine
 Nitroglycerin
 Sotalol

Tier 2

Lanoxin
 Ranexa

Tier 3

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Capsule, Sustained-Release
24 Hour **N SL**
Amphetamine Salt Combo **SL**
Dextroamphetamine
Sulphate **SL**
Methamphetamine HCl Tablet
Methylphenidate

Tier 2

Intuniv **N SL**
Vyvanse **N SL**

Tier 3

Adderall XR **N SL**
Concerta **N SL**
Daytrana **N SL**
Focalin XR **N SL**
Metadate CD **N SL**
Methylin **N**
Ritalin LA **N SL**
Strattera **N SL**

Central Nervous System Depression

Tier 1

Amitriptyline HCl
Amitriptyline/Perphenazine
Bupropion HCl
Bupropion HCl Tablet,
Sustained-Action
Bupropion HCl Tablet,
Sustained-Release
24 Hour
Citalopram Hydrobromide
Doxepin HCl
Fluoxetine HCl Capsule
Fluoxetine HCl Capsule,
Delayed-Release **SL**
Fluvoxamine Maleate
Imipramine HCl
Mirtazapine
Nefazodone HCl
Nortriptyline HCl
Paroxetine HCl
Sustained-Release, 24 Hour
Paroxetine HCl Tablet
Sertraline HCl
Trazodone HCl
Venlafaxine HCl

Tier 2

Cymbalta
Effexor XR
Lexapro

Tier 3

Aplenzin
Luvox CR
Pexeva
Pristiq
Venlafaxine
Extended-Release

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Central Nervous System Migraine

Tier 1

Acetaminophen/Caffeine/
Butalbital **SL**
Aspirin/Caffeine/Butalbital
Isometheptene Mucate/
Acetaminophen/
Dichloralphenazone
Sumatriptan Succinate
Injection **SL**
Sumatriptan Succinate Nasal
Spray **SL**
Sumatriptan Succinate
Tablet **SL**

Tier 2

Cafergot
Ergomar
Frova **SL**
Maxalt **SL**
Maxalt MLT **SL**
Relpax **SL**
Zomig **SL**
Zomig ZMT **SL**

Tier 3

Amerge **SL**
Axert **SL**
Migranal
Treximet **SL**
Zomig Nasal Spray **SL**

Central Nervous System Multiple Sclerosis

Tier 1

Tier 2

Avonex **SL**
Copaxone **SL**
Rebif **SL**

Tier 3

Betaseron **P SL**

Central Nervous System Sedatives/Hypnotics

Tier 1

Temazepam
Triazolam
Zaleplon **SL**
Zolpidem Tartrate **SL**

Tier 2

Tier 3

Ambien **P SL**
Ambien CR **P SL**
Edluar **P SL**
Lunesta **P SL**
Rozerem **P SL**
Sonata **P SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Central Nervous System Seizure Disorders

Tier 1

Carbamazepine
 Carbamazepine Tablet,
 Sustained-Release 12 Hour
 Clonazepam
 Divalproex Sodium Sprinkle
 Capsule
 Divalproex Sodium Tablet
 Divalproex Sodium Tablet,
 Sustained-Release
 Gabapentin Capsule, Tablet
 Lamotrigine
 Levetiracetam
 Oxcarbazepine
 Phenobarbital
 Phenytoin Sodium
 Primidone
 Topiramate
 Zonisamide

Tier 2

Celontin
 Diastat
 Dilantin
 Felbatol
 Gabitril
 Mysoline
 Neurontin Solution, Oral
 Peganone
 Tegretol

Tier 3

Carbatrol
 Keppra XR
 Lamictal Dose Pack
 Lamictal ODT
 Lamictal XR
 Lyrica **N**
 Stavzor

Central Nervous System Other

Tier 1

Alprazolam
 Benzotropine Mesylate
 Buspirone HCl
 Carbidopa/Levodopa
 Clorazepate Dipotassium
 Diazepam
 Galantamine
 Lithium Carbonate
 Lorazepam
 Pramipexole
 Risperidone
 Ropinirole HCl

Tier 2

Akineton
 Apokyn
 Aricept
 Aricept ODT
 Comtan
 FazaClo
 Geodon
 Moban
 Navane 20 mg
 Orap
 Seroquel
 Seroquel XR
 Symbyax
 Tasmar
 Xyrem **N SL**
 Zyprexa

Tier 3

Abilify
 Clozaril
 Exelon
 Invega
 Namenda
 Nuvigil **N SL**
 Provigil **N SL**
 Requip XL
 Zyprexa Zydys

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Dermatology

Tier 1

Alclometasone Dipropionate
 Benzoyl Peroxide 5%
 Cleanser
 Betamethasone Dipropionate
 Betamethasone Valerate
 Ciclopirox Cream, Gel, Lotion
 Ciclopirox Shampoo 1%
 Ciclopirox Solution, Non-Oral
 Clindamycin Phosphate
 Clindamycin Phosphate
 Foam 1%
 Clindamycin Phosphate/
 Benzoyl Peroxide Gel
 1%-5%
 Clobetasol Propionate
 Clobetasol Propionate Foam
 Clotrimazole/Betamethasone
 Desonide
 Desoximetasone
 Econazole Nitrate
 Erythromycin
 Erythromycin/Benzoyl
 Peroxide
 Fluocinonide
 Fluticasone Propionate
 Halobetasol Propionate
 Hydrocortisone
 Hydrocortisone Valerate
 Imiquimod
 Isotretinoin
 Ketoconazole
 Lidocaine HCl
 Metronidazole
 Mometasone Furoate
 Mupirocin
 Nystatin
 Nystatin/Triamcinolone
 Acetonide
 Permethrin
 Silver Sulfadiazine
 Sulfacetamide Sodium/Sulfur
 Tretinoin **N**
 Triamcinolone Acetonide
 Urea

Tier 2

Azelex
 Benzamycin
 Condylox Gel
 Locoid Lipocream
 Oxsoralen-Ultra
 Protopic **N**
 Regranex **N**
 Retin-A Micro **N SL**
 Sulfoxyl Regular
 Tazorac **N SL**
 Zovirax

Tier 3

Acanya
 Accutane
 Aczone
 Aldara
 Altabax
 Atralin **N SL**
 Avita Gel **N**
 Bactroban
 Benzaclin
 Brevoxyl
 Clindagel
 Clobex
 Clobex Shampoo
 Cutivate Lotion
 Denavir
 Derma-Smoothe/FS
 Desonate
 Differin Gel 0.3% **N SL**
 Duac-CS
 Elidel **N**
 Epiduo
 Evoclin
 Extina
 Finacea
 Finacea Plus
 Loprox Shampoo
 Metrogel 1%
 Metrolothin
 Naftin
 NeoBenz Micro
 NeoBenz Micro SD
 Noritate
 Olux-E
 Olux-Olux-E
 Oscion
 Oxistat
 Taclonex
 Taclonex Scalp
 Tretin-X **N SL**
 Triaz
 Vanos
 Vectical
 Verdeso
 Vusion
 Xolegel
 Ziana

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Endocrine/Diabetes Blood Glucose Monitoring

Tier 1

Fast Take System
 Fast Take Test Strips **SL**
 Freestyle Freedom Lite System
 Freestyle Lite System
 Freestyle Lite Test Strips **SL**
 Freestyle System
 Freestyle Test Strips **SL**
 One Touch System
 One Touch Test Strips **SL**
 One Touch Ultra 2 System
 One Touch Ultra Mini System
 One Touch Ultra System
 One Touch Ultra Test Strips **SL**
 Precision Q-I-D System
 Precision Q-I-D Test Strips **SL**
 Precision Xtra System
 Precision Xtra Test Strips **SL**
 Surestep System
 Surestep Test Strips **SL**

Tier 2

Tier 3

Accu-Chek System
 Accu-Chek Test Strips **SL**
 Ascensia System
 Ascensia Test Strips **SL**
 Assure System
 Assure Test Strips **SL**
 Prestige System
 Prestige Test Strips **SL**

Endocrine/Diabetes Growth Hormone

Tier 1

Tier 2

Nutropin, AQ, NuSpin **N SL**
 Saizen **N SL**
 Serostim **N SL**
 Tev-Tropin **N SL**

Tier 3

Genotropin **N P SL**
 Humatrope **N P SL**
 Norditropin **N P SL**
 Omnitrope **N P SL**
 Zorbtive **N SL**

Endocrine/Diabetes Insulin

Tier 1

Humalog Vials
 Humulin Vials
 Novolin 70/30 Vials
 Novolin L Vials
 Novolin N Vials
 Novolin R Vials
 NovoLog Mix 70/30 Vials
 NovoLog Vials

Tier 2

Humalog Pens/Cartridges
 Humulin Pens
 Lantus Vials
 Levemir Vials
 NovoLog FlexPen
 NovoLog Mix 70/30 FlexPen

Tier 3

Apidra
 Lantus Solostar Pens/
 Cartridges
 Levemir Pens

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Endocrine/Diabetes Non-Insulin

Tier 1

Acarbose
 Glimepiride
 Glipizide
 Glipizide/Metformin HCl
 Glyburide
 Glyburide/Metformin HCl
 Metformin HCl
 Nateglinide

Tier 2

Actoplus Met
 Actos
 Avandamet
 Avandaryl
 Avandia
 Byetta **SL**
 Duetact
 Glyset
 Janumet
 Januvia
 Prandin

Tier 3

Fortamet
 Glumetza
 Starlix
 Symlin

Endocrine/Diabetes Other

Tier 1

Cabergoline
 Calcitriol
 Desmopressin Acetate
 Dexamethasone
 Fludrocortisone Acetate
 Hydrocortisone Tablet
 Levothyroxine Sodium
 Liothyronine Sodium
 Methimazole
 Methylprednisolone Tablet,
 Dose Pack 4 mg
 Octreotide Acetate **N**
 Orapred
 Oxandrolone
 Prednisolone
 Prednisone
 Testosterone

Tier 2

Androderm **SL**
 Androgel **SL**
 Android
 Hectorol
 Kuvan **N SL**
 Medrol 2, 8, 16, 24, 32 mg
 Pediapred
 Sandostatin **N**
 Synarel
 Synthroid
 Zemplar

Tier 3

Armour Thyroid
 Orapred ODT
 Testim **SL**

Eye Conditions Anti-Allergy

Tier 1

AzelaStine HCl
 Ketorolac Tromethamine

Tier 2

Elestat

Tier 3

Optivar
 Pataday
 Patanol

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Eye Conditions Antibiotics

Tier 1

Ciprofloxacin HCl Drops
 Erythromycin
 Gentamicin Sulfate
 Neomycin/Polymyxin B
 Sulfate/Dexamethasone
 Ofloxacin
 Polymyxin B Sulfate/
 Trimethoprim
 Sulfacetamide Sodium
 Tobramycin Sulfate Drops
 Tobramycin/Dexamethasone

Tier 2

Blephamide S.O.P.

Tier 3

Azasite
 Vigamox
 Zylet
 Zymar

Eye Conditions Glaucoma

Tier 1

Acetazolamide
 Apraclonidine
 Brimonidine Tartrate
 Brimonidine Tartrate 0.15%
 Dorzolamide HCl
 Dorzolamide HCl/Timolol
 Maleate
 Timolol Maleate

Tier 2

Alphagan P 0.1%
 Azopt
 Betimol
 Combigan
 Lumigan
 Phospholine Iodide
 Pilopine HS
 Travatan
 Travatan Z

Tier 3

Iopidine 1%
 Xalatan

Gastrointestinal Acid Suppression

Tier 1

Cimetidine
 Lansoprazole **N**
 Misoprostol
 Nizatidine Oral Solution
 Omeprazole **N**
 Pantoprazole **N**
 Ranitidine HCl Syrup
 Sucralfate Tablet

Tier 2

Aciphex **N**
 Helidac
 Prevacid Solutab **N**
 Prevpac **N**
 Pylera
 Zegerid **N**

Tier 3

Carafate Oral Suspension
 Dexilant **N**
 Nexium Capsule **N**
 Nexium Suspension **N**
 Prevacid Capsule,
 Delayed-Release
 Enteric-Coated **N**
 Prevacid Naprapac **N**
 Prilosec Rx 10, 20 mg **N**
 Prilosec Rx 40 mg **N**
 Protonix **N**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Gastrointestinal Nausea/Vomiting

Tier 1

Granisetron HCl Tablet **SL**
 Ondansetron
 Prochlorperazine Maleate

Tier 2

Emend **SL**

Tier 3

Anzemet **SL**
 Cesamet **SL**
 Sancuso **SL**
 Transderm-Scop

Gastrointestinal Other

Tier 1

Belladonna/Phenobarbital
 Chlordiazepoxide/Clidinium
 Diphenoxylate/Atropine
 Lactulose
 Mesalamide
 Metoclopramide HCl
 Polyethylene Glycol
 Sulfasalazine
 Trilyte with Flavor Packets
 Ursodiol

Tier 2

Apriso
 Canasa
 Dipentum
 Entocort EC
 GoLYTELY Packet
 Lialda
 Lotronex **N SL**
 Relistor

Tier 3

Amitiza **N SL**
 Asacol
 Asacol HD
 Halflytely-Bisacodyl
 Moviprep
 Pentasa

Men's Health Erectile Dysfunction

Tier 1

Tier 2

Tier 3

Caverject **SL**
 Cialis **SL**
 Edex **SL**
 Levitra **SL**
 Muse **SL**
 Viagra **SL**

Men's Health Prostate

Tier 1

Doxazosin Mesylate
 Finasteride **N**
 Tamsulosin
 Terazosin HCl

Tier 2

Tier 3

Avodart **N**
 Flomax
 Rapaflo
 Uroxatral

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Miscellaneous

Tier 1

Antipyrine/Benzocaine
 Azathioprine
 Benzonatate
 Cabergoline
 Chlorhexidine Gluconate
 Epinephrine Pen Injector **SL**
 Megestrol Acetate
 Mycophenolate Mofetil
 Capsule, Tablet
 Phenazopyridine
 Tacrolimus Anhydrous
 Tamoxifen Citrate

Tier 2

Arimidex
 Aromasin
 Cellcept Suspension
 Epipen **SL**
 Epipen Jr **SL**
 Fareston
 Femara
 Lidoderm **SL**
 Myfortic
 Neoral
 Rapamune
 Sandimmune
 Twinject **SL**

Tier 3

Restasis **N**
 Tussionex **SL**

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
 Hyoscyamine Sulfate
 Oxybutynin Chloride

Tier 2

Enablex
 Gelnique
 Oxytrol
 Sanctura XR
 Vesicare

Tier 3

Detrol
 Detrol LA
 Sanctura
 Toviaz

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**
 Calcitonin Salmon Nasal
 Spray
 Fortical

Tier 2

Actonel **SL**
 Boniva **SL**
 Evista
 Forteo **N**

Tier 3

Fosamax Plus D **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Musculoskeletal Pain Relief

Tier 1

Buprenorphine Hydrochloride **N SL**
 Butalbital Compound/
 Codeine **SL**
 Butorphanol Tartrate Aerosol,
 Spray **SL**
 Codeine Phosphate/
 Acetaminophen **SL**
 Codeine Phosphate/
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Diclofenac Potassium
 Diclofenac Sodium
 Etodolac
 Fentanyl Citrate Lollipop **N SL**
 Fentanyl Transdermal **SL**
 Hydrocodone Bit/
 Acetaminophen **SL**
 Hydromorphone HCl
 Ibuprofen
 Ibuprofen/Hydrocodone
 Indomethacin
 Ketorolac Tromethamine
 Mefenamic Acid
 Meloxicam
 Meperidine HCl
 Methadone HCl
 Morphine Sulfate
 Morphine Sulfate Tablet,
 Sustained-Action
 Nabumetone
 Naproxen
 Naproxen Sodium
 Oxaprozin
 Oxycodone HCl
 Oxycodone HCl/
 Acetaminophen **SL**
 Oxycodone HCl/Ibuprofen
 Oxycodone/Aspirin
 Piroxicam
 Propoxyphene Napsylate/
 Acetaminophen **SL**
 Sulindac
 Tolmetin Sodium
 Tramadol HCl
 Tramadol HCl Tablet,
 Sustained-Release 24 Hour
 Tramadol HCl/
 Acetaminophen **SL**

Tier 2

Codeine Phosphate
 MSIR Capsule
 Opana ER **SL**
 OxyContin **SL**
 Voltaren Gel

Tier 3

Arthrotec
 Avinza **SL**
 Celebrex
 Fentora **N SL**
 Flector
 Kadian **SL**
 Opana **SL**
 Ryzolt

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Musculoskeletal Rheumatoid Arthritis

Tier 1

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Tier 2

Cimzia **N SL**
Cuprimine
Enbrel **N SL**
Humira **N SL**
Simponi **N SL**
Trexall

Tier 3

Kineret **N SL**

Musculoskeletal Other

Tier 1

Allopurinol
Baclofen
Carisoprodol
Colchicine
Cyclobenzaprine
Metaxalone
Methocarbamol
Orphenadrine
Orphenadrine Compound
Tizanidine

Tier 2

Tier 3

Amrix
Savella
Skelaxin
Soma 250 mg

Respiratory Asthma/COPD

Tier 1

Albuterol Sulfate
Albuterol Sulfate/Ipratropium
Solution, Non-Oral
Asmanex **SL**
Budesonide Inhalation
Suspension 0.25 mg/2 ml,
0.5 mg/2 ml **SL**
Foradil **SL**
Ipratropium Bromide
Pulmicort Flexhaler **SL**
QVAR **SL**
Theophylline
Ventolin HFA **SL**

Tier 2

Atrovent HFA **SL**
Azmacort **SL**
Brondil
Combivent **SL**
Elixophyllin GG
Flovent Diskus **SL**
Flovent HFA **SL**
Intal **SL**
Pulmicort Respules
1 mg/2 ml **SL**
Serevent Diskus **SL**
Singular **SL**
Spiriva **SL**
Symbicort **SL**

Tier 3

Accolate **SL**
Advair Diskus **SL**
Advair HFA **SL**
Alvesco **SL**
Maxair Autohaler **SL**
Perforomist **SL**
Proair HFA **SL**
Proventil HFA **SL**
Xopenex HFA **SL**
Xopenex Vial, Nebulizer **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Respiratory Nasal Allergy

Tier 1

Flunisolide
Fluticasone Propionate **SL**

Tier 2

Astelin **SL**
Nasonex **SL**

Tier 3

Astepro
Beconase AQ **SL**
Nasacort AQ **SL**
Omnaris
Patanase
Rhinocort Aqua **SL**
Veramyst

Respiratory Oral Allergy

Tier 1

Cyproheptadine HCl
Fexofenadine HCl
Hydroxyzine HCl
Hydroxyzine Pamoate
Promethazine HCl
Pseudoephedrine HCl/
Fexofenadine

Tier 2

Tier 3

Allegra ODT
Allegra Suspension
Allegra-D
Clarinet
Clarinet-D
Xyzal

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Women's Health Contraceptives

Tier 1

Apri
 Aviane
 Azurette
 Balziva
 Camila
 Enpresse
 Errin
 Jolessa
 Jolivette
 Junel
 Junel Fe
 Kariva
 Levora
 Low-Ogestrel
 Lutera
 Medroxyprogesterone Acet
 150 mg/ml **MC**
 Microgestin
 Mononessa
 Microgestin Fe
 Necon 7/7/7
 Nora-Be
 Norethindrone
 Nortrel 7/7/7
 Ocella
 Portia
 Previfem
 Quasense **MC**
 Reclipsen
 Sprintec
 Tilia Fe
 Tri-Legest Fe
 Tri-Lo-Sprintec
 Tri-Previfem
 Tri-Sprintec
 Trinessa
 Trivora
 Zenchent
 Zovia

Tier 2

Depo-SubQ Provera **MC**
 NuvaRing
 Ortho Tri-Cyclen Lo
 Ovrette
 Yaz

Tier 3

Femcon Fe
 Loestrin 24 Fe
 LoSeasonique **MC**
 Ortho Evra
 Ortho Micronor
 Ortho Tri-Cyclen
 Ortho-Cyclen
 Ortho-Novum 7/7/7
 Seasonique **MC**
 Yasmin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Women's Health Estrogen/Progesterone

Tier 1

Estradiol
 Estradiol Patch, Transdermal
 Weekly
 Estradiol 1 mg/Norethindrone
 Acetate 0.5 mg
 Estropipate Tablet
 Medroxyprogesterone Acet
 Methyltestosterone/
 Estrogens, Esterified Tablet
 Norethindrone

Tier 2

Activella 0.5 mg/0.1 mg
 Cenestin
 Climara
 Crinone **N**
 Divigel
 Enjuvia
 Esclim
 Estrace Cream with
 Applicator
 Estraderm
 Estratest
 Estratest H.S.
 Estring **SL**
 Evamist
 Prefest
 Premarin
 Premphase
 Prempro
 Prometrium
 Vagifem
 Vivelle
 Vivelle-Dot

Tier 3

Alora
 Combipatch
 Estrasorb
 Estrogel
 Femhrt
 Femring **SL**
 First-Progesterone
 Menostar Patch, Transdermal
 Weekly
 Prochieve **N**

Women's Health Prenatal Vitamins

Tier 1

Advanced Care Plus
 Cavan-EC Sod DHA
 Folic Acid
 Multi-Nate 30
 Multinatal Plus
 Natalcare Plus
 PNV-DHA
 PNV-Select
 PR Natal 430
 PR Natal 430 EC
 PR Natal 440 EC
 Prenatal 19
 Prenatal Advantage
 Prenatal Plus
 Pruet DHA 29-1-430 mg
 Pruet DHA EC
 29-1-430 mg
 Setonet
 Setonet-EC
 Taron A Prenatal
 Vinate III
 Vitanatal OB+DHA

Tier 2

Tier 3

Brand Prenatal Vitamins

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Additional Tier 3 Drugs with a generic equivalent in Tier 1

| | | |
|---|--|---|
| Accupril (Quinapril) | DiaBeta, Micronase, Glynase (Glyburide) | Mavik (Trandolapril) |
| Acular, Acular LS (Ketorolac Tromethamine) | Didronel (Etidronate Disodium) | Medrol Dosepak (Methylprednisolone) |
| Adderall N SL (Amphetamine with Dextroamphetamine Salt Combination N SL) | Diflucan (Fluconazole) | Mevacor (Lovastatin) |
| Aldactone (Spironolactone) | Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release) | Mobic (Meloxicam) |
| Altace (Ramipril) | Duragesic SL (Fentanyl Transdermal SL) | Monopril (Fosinopril) |
| Amaryl (Glimepiride) | Duricef (Cefadroxil) | Monopril HCT (Fosinopril with Hydrochlorothiazide) |
| Ambien P SL (Zolpidem SL) | Dyazide (Triamterene with Hydrochlorothiazide) | Motrin (Ibuprofen) - Prescription strengths only |
| Anaprox (Naproxen) | Dynacirc (Isradipine) | Naprosyn (Naproxen) - Prescription strengths only |
| Ativan (Lorazepam) | Effexor (Venlafaxine) | Nasarel SL (Flunisolide Nasal Spray SL) |
| Augmentin ES (Amoxicillin with Potassium Clavulanate) | Eskalith CR (Lithium Carbonate Controlled-Release) | Neurontin Capsule, Tablet (Gabapentin) |
| Biaxin Tablet (Clarithromycin Tablet) | Fioricet (Butalbital with Acetaminophen and Caffeine) | Norvasc (Amlodipine Besylate) |
| Buspar (Buspirone) | Flonase SL (Fluticasone Nasal Spray SL) | Ocuflox Eye Drops (Ofloxacin) |
| Calan, Calan SR (Verapamil) | Floxin Otic (Ofloxacin Otic Drops) | Paxil (Paroxetine) |
| Capoten (Captopril) | Fosamax SL (Alendronate SL) | Penlac (Ciclopirox Solution, Non-Oral) |
| Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule) | Glucophage, XR (Metformin) | Percoct 5-325, 75-500, 10-650 SL (Oxycodone with Acetaminophen SL) |
| Cardura (Doxazosin) | Glucotrol, XL (Glipizide) | Plan B (Levonorgestrel) |
| Ceftin (Cefuroxime) | Glucovance (Glyburide with Metformin) | Pletal (Cilostazol) |
| Cefzil (Cefprozil) | Hytrin (Terazosin) | Pravachol (Pravastatin) |
| Celexa (Citalopram) | Imitrex Injection SL (Sumatriptan Succinate Injection SL) | Prilosec (Omeprazole) |
| Celoxan Eye Drops (Ciprofloxacin) | Imitrex Tablet SL (Sumatriptan Succinate Tablet SL) | Prinivil, Zestril (Lisinopril) |
| Cipro (Ciprofloxacin) | Inderal (Propranolol) | Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide) |
| Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs) | Keflex (Cephalexin) | Procardia XL (Nifedipine Extended-Release) |
| Colestid (Colestipol) | Keppra (Levetiracetam) | Proscar N (Finasteride N) |
| Coreg (Carvedilol) | Klonopin (Clonazepam) | Provera (Medroxyprogesterone) |
| Darvocet-N SL (Propoxyphene with Acetaminophen SL) | Lamictal (Lamotrigine) | Prozac (Fluoxetine Capsule) |
| DDAVP (Desmopressin) | Lamisil Tablet SL (Terbinafine Tablet SL) | Prozac Weekly (Fluoxetine Capsule, Delayed-Release) |
| Depakote (Divalproex Sodium Tablet, Enteric-Coated) | Lasix (Furosemide) | Remeron (Mirtazapine) |
| Depakote ER (Divalproex Sodium Tablet, Sustained-Release 24 Hour) | Lofibra (Fenofibrate Micronized) | Remeron SolTab (Mirtazapine Dispersible Tablet) |
| Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml) | Lopid (Gemfibrozil) | Requip (Ropinirole) |
| | Lopressor (Metoprolol) | Restoril 15, 30 mg (Temazepam) |
| | | Risperdal (Risperidone) |
| | | Ritalin (Methylphenidate) |

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

MC Multiple copy applies

N Notification required

P Progression Rx

SL Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Ritalin SR **N SL**
 (Methylphenidate
 Extended-Release **N SL**)
 Sonata **P SL** (Zaleplon **SL**)
 Surmontil (Trimipramine
 Maleate)
 Tenoretic (Atenolol with
 Chlorthalidone)
 Tenormin (Atenolol)
 Tiazac (Diltiazem)
 Topamax (Topiramate)
 Toprol XL 25 mg
 (Metoprolol Succinate
 Sustained-Release)
 Trusopt (Dorzolamide Eye
 Drops)
 Tylenol #3 **SL**
 (Acetaminophen with
 Codeine **SL**)
 Ultracet (Tramadol with
 Acetaminophen)
 Ultram (Tramadol)
 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 (Bupropion
 Sustained-Action)
 Xanax, Xanax XR
 (Alprazolam)
 Zantac Syrup (Ranitidine
 Syrup)
 Ziac (Bisoprolol with
 Hydrochlorothiazide)
 Zithromax (Azithromycin)
 Zocor (Simvastatin)
 Zofran (Ondansetron)
 Zoloff (Sertraline)
 Zonegran (Zonisamide)
 Zovirax Capsule, Tablet,
 Suspension (Acyclovir)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

| | | | | |
|---|--|--------|--|--------|
| A | Amantadine HCl | 8 | Astepro | 22 |
| A-B Otic | Amyril | 25 | Atacand | 8 |
| Abilify | Ambien | 12, 25 | Atacand HCT | 8 |
| Acanya | Ambien CR | 12 | Atenolol | 8, 26 |
| Acarbose | Amerge | 12 | Atenolol Chlorthalidone | 8 |
| Accolate | Amiodarone | 10 | Atenolol with Chlorthalidone | 26 |
| Accu-Chek System | Amitiza | 18 | Ativan | 25 |
| Accu-Chek Test Strips | Amitriptyline/ Perphenazine | 11 | Atralin | 14 |
| Accupril | Amitriptyline HCl | 11 | Atrovent HFA | 21 |
| Accutane | Amlodipine/Benazepril | 8 | Augmentin | 7, 25 |
| Aceon | Amlodipine Besylate | 8, 25 | Augmentin ES | 25 |
| Acetaminophen/Caffeine/ Butalbital | Amoxicillin Trihydrate | 7 | Augmentin XR | 7 |
| Acetaminophen with Codeine | Amoxicillin Trihydrate/ Potassium Clavulanate | 7 | Avalide | 8 |
| Acetaminophen with Hydrocodone | Amoxicillin with Potassium Clavulanate | 25 | Avandamet | 16 |
| Acetazolamide | Amphetamine Aspartate/ Amphetamine Sulfate/ Dextroamphetamine Capsule, Sustained-Release 24 Hour | 11 | Avandaryl | 16 |
| Aciphex | Amphetamine Salt Combo | 11 | Avandia | 16 |
| Activella 0.5 mg/0.1 mg | Amphetamine with Dextroamphetamine Salt Combination | 25 | Avapro | 8 |
| Actonel | Ampicillin Trihydrate | 7 | Avelox | 7 |
| Actoplus Met | Amrix | 21 | Aviane | 23 |
| Actos | Anaprox | 25 | Avinza | 20 |
| Acular | Androderm | 16 | Avita Gel | 14 |
| Acular LS | Androgel | 16 | Avodart | 18 |
| Acyclovir | Android | 16 | Avonex | 12 |
| Aczone | Antara | 10 | Axert | 12 |
| Adderall | Antipyrine/Benzocaine | 19 | Azasisite | 17 |
| Adderall XR | Anzemet | 18 | Azathioprine | 19, 21 |
| Adoxa | Apidra | 15 | Azelastine HCl | 16 |
| Advair Diskus | Aplenzin | 11 | Azelex | 14 |
| Advair HFA | Apokyn | 13 | Azithromycin | 7, 26 |
| Advanced Care Plus | Apraclonidine | 17 | Azmacort | 21 |
| Advicor | Apri | 23 | Azopt | 17 |
| Aggrenox | Apriso | 18 | Azor | 8 |
| Akineton | Aricept | 13 | Azurette | 23 |
| Albuterol Sulfate | Aricept ODT | 13 | B | |
| Albuterol Sulfate/ Ipratropium Solution, Non-Oral | Arimidex | 19 | Baclofen | 21 |
| Alclometasone Dipropionate | Arixtra | 8 | Bactroban | 14 |
| Aldactazide 50-50 mg | Armour Thyroid | 16 | Balziva | 23 |
| Aldactone | Aromasin | 19 | Baraclude | 8 |
| Aldara | Arthrotec | 20 | Beconase AQ | 22 |
| Alendronate | Asacol HD | 18 | Belladonna/Phenobarbital | 18 |
| Alendronate Sodium | Ascensia System | 15 | Benazepril/ Hydrochlorothiazide | 8 |
| Allegra-D | Ascania Test Strips | 15 | Benazepril HCl | 8 |
| Allegra ODT | Asmanex | 21 | Benicar | 8 |
| Allegra Suspension | Aspirin/Caffeine/ Butalbital | 12 | Benicar HCT | 8 |
| Allopurinol | Assure System | 15 | Benzaclin | 14 |
| Alora | Assure Test Strips | 15 | Benzamycin | 14 |
| Alphagan P 0.1% | Astelin | 22 | Benzonatate | 19 |
| Alprazolam | | | Benzoyl Peroxide 5% Cleanser | 14 |
| Altanax | | | Benzotropine Mesylate | 13 |
| Altace | | | Betamethasone Dipropionate | 14 |
| Altoprev | | | Betamethasone Valerate | 14 |
| Alvesco | | | Betaseron | 12 |
| | | | Betimol | 17 |
| | | | Biaxin Tablet | 25 |

| | | | | | |
|--|--------|--|-----------|--|--------|
| BiDil..... | 8 | Carbamazepine Tablet, Sustained-Release 12 Hour..... | 13 | Citalopram Hydrobromide.. | 11 |
| Bisoprolol Fumarate/ Hydrochlorothiazide..... | 8 | Carbatrol..... | 13 | Clarinox..... | 22 |
| Bisoprolol Fumerate..... | 8 | Cardipopa/Levodopa..... | 13 | Clarinox-D..... | 22 |
| Bisoprolol with Hydrochlorothiazide..... | 26 | Cardizem CD 360 mg..... | 8 | Clarithromycin Suspension.. | 7 |
| Blephamide S.O.P..... | 17 | Cardizem CD except for 360 mg strength..... | 25 | Clarithromycin Sustained-Release Tablet.. | 7 |
| Boniva..... | 19 | Cardizem CD 120 mg..... | 8 | Clarithromycin Tablet..... | 7, 25 |
| Brand Prenatal Vitamins..... | 24 | Cardizem LA 120 mg..... | 8 | Cleocin HCl 75 mg..... | 7 |
| Brevoxyl..... | 14 | Cardizem LA 180, 240, 300, 360, 420 mg..... | 8 | Cleocin T..... | 25 |
| Brimonidine Tartrate..... | 17 | Cardura..... | 25 | Climara..... | 24 |
| Brimonidine Tartrate 0.15%..... | 17 | Carisoprodol..... | 21 | Clindagel..... | 14 |
| Brondil..... | 21 | Carvedilol..... | 8, 25 | Clindamycin Gel, Lotion, Solution, Swabs..... | 25 |
| Budesonide Inhalation Suspension 0.25 mg/ 2 ml, 0.5 mg/2 ml..... | 21 | Catapres-TTS..... | 8 | Clindamycin HCl..... | 7 |
| Bumetanide..... | 8 | Cavan-EC Sod DHA..... | 24 | Clindamycin Phosphate.... | 14 |
| Buprenorphine Hydrochloride..... | 20 | Caverject..... | 18 | Clindamycin Phosphate/ Benzoyl Peroxide Gel 1%-5%..... | 14 |
| Bupropion..... | 11, 26 | Cefadroxil..... | 7, 25 | Clindamycin Phosphate Foam 1%..... | 14 |
| Bupropion HCl..... | 11 | Cefadroxil Hydrate..... | 7 | Clindesse Vaginal..... | 7 |
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