



VALLEY BAPTIST HEALTH PLAN™

4-TIER PRESCRIPTION DRUG BENEFIT

Your health plan includes a prescription drug benefit. This benefit program provides broad prescription drug coverage, and allows you to share in the savings when you and your doctor decide on certain medications.

All drugs covered under this benefit plan are assigned to one of the following four copayment tiers:

- Tier 1: Lowest copayment for Generic Drugs
- Tier 2: Higher copayment for a limited list of Brand Name Drugs
- Tier 3: Higher copayment than Tier 2 for other Brand Name Drugs
- Tier 4: Self-Injectables and other High Technology Drugs - Injectable medications are those recognized by the FDA as appropriate for self-administration regardless of the Member's ability to self-administer

A panel of physicians and pharmacists, who evaluate the various drugs available to treat specific conditions, assigns covered drugs on one of the four copayment tiers. Certain medications require Prior Authorization in order to be a covered benefit. In addition, some classes of drugs are subject to quantity dispensing limitations. Periodically, the Drug List may be reviewed as new drugs and drug therapies are introduced.

MORE HIGHLIGHTS

- Your specific prescription benefit plan design may not cover certain categories of drugs, regardless of their appearance in this document.
- For specific information regarding your prescription coverage, please consult a Customer Services Representative at (800) 829-6440, or refer to your Evidence of Coverage.
- Generic equivalent drugs as classified by First Data Bank, whether listed in this document or not, are covered at the Tier 1 copayment when used to treat a covered medical condition. Brand name drugs are not covered when a generic equivalent is available. Only the generic will be covered.
- The pharmacy may contact your doctor after receiving your prescription to request consideration of another product or generic equivalent, which may result in your doctor prescribing a different brand name or generic equivalent in place of your original prescription.
- The Drug List is subject to change. However, a drug will not be removed from this List without you having first received notice in advance of such removal.
- The following situations do not constitute a change in benefit coverage, rather are normal occurrences in the pharmaceutical market:
 - Changes in prior authorization clinical criteria approved by The Pharmacy & Therapeutics Committee
 - Generic drugs whose classification status changes to Brand Name during the contract period.
 - Brand name drugs that have new generic-equivalent products available during the contract period automatically move to non-covered status with a corresponding higher out-of-pocket cost. The generic equivalent drug is automatically covered at the generic drug copayment.
 - Self-Injectable and other High Technology Drugs newly approved by the FDA (Food and Drug Administration) are automatically placed on the Tier 4 drug copayment level.
 - Other newly approved FDA drugs are automatically placed on the Tier 3 drug copayment level if used to treat a covered medical condition.

FDA Ensures Equivalence of Generic Drugs

Drug products sold in the United States are approved by the FDA (Food and Drug Administration) whether they are brand name or generic. “Most people believe that if something costs more, it has to be better quality. In the case of generic drugs, this is not true,” says Gary Buehler, Director of FDA’s Office of Generic Drugs. “The standards for quality are the same for brand name and generic products.”

Q. What are generic drugs?

A. A generic drug is a copy that is the same as a brand-name drug in dosage, safety, strength, how it is taken, quality, performance and intended use.

Q. Are generic drugs as safe as brand-name drugs?

A. Yes. FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand-name counterparts.

Q. Are generic drugs as strong as brand-name drugs?

A. Yes. FDA requires generic drugs to have the same quality, strength, purity and stability as brand-name drugs.

Q. Do generic drugs take longer to work in the body?

A. No. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

“FDA-approved generic drugs are bioequivalent and therapeutically equivalent to their brand-name counterparts. People can use them with total confidence.” -

Gary Buehler, Director FDA Office of Generic Drugs

Q. Why are generic drugs less expensive?

A. Generic drugs are less expensive because generic manufacturers don’t have the investment costs of the developer of a new drug. Because those manufacturers don’t have the same research and development costs, they can sell their product at substantial discounts.

Q. Are brand-name drugs made in more modern facilities than generic drugs?

A. No. Both brand-name drugs and generic drug facilities must meet the same standards of good manufacturing practices. FDA won’t permit drugs to be made in substandard facilities.

Q. If brand-name drugs and generic drugs have the same active ingredients, why do they look different?

A. In the United States, trademark laws do not allow a generic drug to look exactly like the brand-name drug. However, a generic drug must duplicate the active ingredient. Colors, flavors, and certain other inactive ingredients may be different.

Q. Does every brand-name drug have a generic counterpart?

A. No. Brand-name drugs are generally given patent protection for 20 years from the date of submission of the patent. This provides protection for the innovator who laid out the initial costs to develop the new drug. However, when the patent expires, other drug companies can introduce competitive generic versions, but only after they have been thoroughly tested by the manufacturer and approved by the FDA.

Q. What is the best source of information about generic drugs?

A. Contact your physician, pharmacist, or insurance company for information on your generic drugs. You can also visit the FDA website at <http://www.fda.gov/cder/ogd/index.htm> for more information.

THINK YOU KNOW ABOUT GENERIC MEDICATION?

TAKE ANOTHER LOOK!

All of us are looking to save money when it comes to our prescription drugs and their associated copayments. This past year saw a major shift in the value of utilizing generic drugs rather than brand name.

Some of the most frequently prescribed drugs for the general conditions listed on the back of this page are now available at your lowest 1st tier generic drug copayment. The information available in this document should not be used as a substitute for professional medical care for the prevention, diagnosis, or treatment of health problems. Only your personal physician or pharmacist can provide you with advice on what is safe and effective for you. We strongly recommend that you discuss any health concerns or health care choices you may be considering with your health care professional.

The table below estimates how much you could save by switching to one of these generic drugs under a typical prescription plan. With savings like these, it's worth talking to your doctor!

Examples of Cost Savings (\$10/\$20/\$40/25% drug copayment plan)	
Your Annual Out-of Pocket Cost	Your Savings per Year
\$20 2 nd tier brand name copayment: \$240 \$10 1 st tier generic drug copayment: \$120	\$120
\$40 3 rd tier brand name copayment: \$480 \$10 1 st tier generic drug copayment: \$120	\$360

→See reverse for more information←

COMMON CONDITION	BRAND NAME	OTC and GENERIC DRUG POSSIBLE ALTERNATIVES
	Higher Copayment	Lower Copayment
Acid Reflux	Aciphex Nexium Prevacid Protonix	Prilosec 10mg, 20mg, 40 mg ✍ Prilosec 20mg is now available without a prescription ✍ Pepcid 20mg is now available without a prescription ✍ Over-the-Counter (OTC) medication is not covered under prescription benefit but monthly cost is significantly lower than 3 rd tier copayment
ADD/ADHD	Adderall-XR	Adderall immediate release
	Concerta	Ritalin SR (once or twice daily), Methylphenidate immediate release tablets
Allergies	Allegra Clarinet Zyrtec Zyrtec syrup	Claritin and Alavert (tablets and syrup) and various other loratadine generic products available without a prescription. ✍ Over-the-Counter (OTC) medication is not covered under prescription benefit but monthly cost is significantly lower than 3 rd tier copayment
	Allegra-D Zyrtec-D	Claritin-D, Alavert-D, and various other loratadine/pseudoephedrine generic products available without a prescription ✍ OTC medication is not covered under prescription benefit but monthly cost is significantly lower than 3 rd tier copayment
Antibiotics for common infections ✍ You may not need an antibiotic at all if you have a virus. Talk to your doctor for details.	(listed alphabetically) Augmentin ES, XR Avelox Biaxin, XL Cefzil Cipro, XR Levaquin Omnicef Tequin Zithromax	(listed alphabetically) Amoxil (amoxicillin) Augmentin (amoxicillin/clav.) Bactrim DS (Trimeth/Sulfa) Ceclor, CD (cefaclor) Ceftin tablets (cefuroxime axetil) Ciprofloxacin (Tier 2) Duricef (cefadroxil) Erythromycin (various) Floxin (ofloxacin) Keflex (cephalexin) Pen Vee K (penicillin VK) Vibramycin (doxycycline)
Arthritis (Osteo) or Occasional Pain with low risk of developing stomach side effects	Bextra Celebrex Mobic Vioxx	Naprosyn, Motrin, Anaprox, Ansaid, Nalfon, Daypro, Orudis, Relafen, Feldene, Tolectin, Indocin, Clinoril, Voltaren, others
Asthma	Xopenex	Proventil or Ventolin nebulizing solution
Bladder Control	Detrol LA Ditropan XL	Ditropan
Birth Control	Loestrin-Fe Micronor Modicon Ortho Micronor Ortho Tri-Cyclen Ortho-Cept Ortho-Cyclen Ortho-Novum 1/35, 1/50, 7/7/7	Microgestin Fe Camila (by Barr), Nora-BE (by Watson) Necon 0.5/35 (by Watson) Camila (by Barr), Nora-BE (by Watson) Tri-Sprintec (by Barr) Apri (by Duramed) Sprintec (by Barr) Necon (by Watson), Nortrel (by Barr)
Depression and related conditions	Celexa Effexor-XR Lexapro Paxil CR Sarafem	Paxil Prozac
	Wellbutrin XL	Wellbutrin SR (generic expected by mid-2004)
High Blood Pressure	Accupril Altace Avalide Avapro Cozaar Diovan Diovan HCT Hyzaar Tiazac	Diuretics: Chlorthalidone, HCTZ, Lozol, Dyazide, Maxzide, Moduretic, Aldactazide 25/25, Lasix, Bumex, Demedex, Aldactone, Zaroxoyln, others ACE Inhibitors: Zestril, Prinivil, Univas, Monopril, Vasotec, Capoten Beta Blockers: Tenormin, Lopressor, Inderal, Sectral, others CCBs: Procardia XL, Cardizem SR or CD, Adalat CC, Calan SR, others Combination Agents: Zestoretic, Tenoretic, Capozide, Lopressor HCT, Ziac, others
High Blood Pressure Angina	Toprol XL	Lopressor (once or twice daily)
Hypnotic	Ambien	Halcion, Restoril, others
Pain	Ultracet	Ultram with OTC acetaminophen

Please refer to your Prescription Drug Rider Document for complete coverage details.

Tier 1 - Generic drugs covered at the lowest Tier 1 copayment. Not all strengths are available in a generic version. Check with your pharmacy to verify generic availability.

A

Accutane* (Q)
Adalat CC*
Adderall*
(Adderall XR Is
Tier 3)
Aldactazide*
Aldactone*
Aldomet*
Alupent*
Ambenyl*
Amoxil*
Anaprox*
Android*
Ansaid*
Antabuse*
Antivert*
Anturane*
Anusol-HC*
Apresazide*
Apresoline*
Apri*
Aquasol A*
Artane*
Atarax*
Ativan*
Atrovent Inh., Sol*
Augmentin*
(Augmentin ES, XR
are Tier 3)
Auralgan Otic*
Aviane*
Axid*
Azulfidine*

B

Bactrim*
Bactrim DS*
Bellergal-S*
Benemid*
Bentyl*
Benzamycin Gel*
Betagan*
Betapace*
Betoptic
Betoptic S
Bleph 10*
Blephamide*
Bumex*
Buspar*

C

Calan SR*
Calan*
Camila*
Capoten*
Carafate*
Cardizem CD*
Cardizem SR*
Cardizem*
Cardura*
Catapres*
Ceclor*
Ceftin tablets only*
Chronulac*
Cleocin T gel*
Cleocin T*
Cleocin*
Clinoril*
Cloxapen*
Clozaril*
Codimal LA*
Cogentin*
Col-Benemid*
Combipres*
Compazine*
Cordarone*
Corgard*
Cortef*
Cortenema*
Cortisporin*
Cortone*
Cryselles*
Cylert*
Cytoxin*

D

Dalmane*
Darvocet-N*
Daypro*
DDAVP Tablets*
Decadron*
Demerol*
Depakene*
Depo-Estradiol*
Desowen*
Desyrel*
Diabinese*
Diamox*
Diprosone*
Disalcid*
Ditropan*

Dolobid*
DuraVent/DA*
Duricef*
Dyazide*
Dymelor*
Dynapen*

E

E.E.S.*
Elavil*
Eldepryl*
Elimite*
Elixophyllin*
Empirin #3*
Enpresse*
Entex PSE*
Eryc*
Erygel*
Eryped*
Erythrocin Stearate*
Eskalith*
Estrace*

F

Feldene*
Fioricet*
Fioricet #3*
Fiorinal*
Fiorinal #3*
Flagyl*
(Flagyl 375mg and
750mg are Tier 3)
Flexeril*
Florinef*
FML*
Folvite*
Fulvicin P/G*

G

Gantrisin*
Garamycin*
Glucophage*
Glucotrol*
Glynase PresTab*
Golytely*

H

Halcion*
Haldol*
Haldol Conc*
Histinex D*
Humabid DM*

Humabid LA*
Hydrea*
Hydrodiuril*
Hygroton*
Hytone*
Hytrin*

I

Ilosone*
Ilotycin Ophth.*
Imdur*
Imuran*
Inderal*
Inderide*
Indocin*
Indocin SR*
Intal*
Isopto Homatropine*
Isordil*
Isordil Tembids*

K

Kayexalate*
Keflex*
Kenalog*
Kenalog in Orabase*
Klonopin*
Kwell*

L

Lac-Hydrin*
Lasix*
Lessina*
Levbid*
Levora*
Levsin*
Levsin/SL*
Librax*
Librium*
Lidex E*
Lidex*
Lioresal*
Loestrin Fe*
Lomotil*
Lopid*
Lopressor*
Lorcet Plus*
Lortab*
Lotrisone Cream*
Lo-Ogestrel*
Loxitane*
Lozol*

(*) – Only generic is covered at Tier 1 copayment; (P) – Prior authorization required; (Q) – Quantity benefit limitations may apply
NOTE: This is a list of the most commonly prescribed drugs. This is a partial list. Please call our Customer Service Center or visit our website if you have been prescribed a drug that is not on this list to find out what Tier the drug is covered.

Please refer to your Prescription Drug Rider Document for complete coverage details.

Tier 1 Cont.

M

Macrodantin*
Maxidex*
Maxitrol*
Maxzide*
Medrol*
Megace*
Mellaril*
Mexitil*
Microgestin FE*
Micronase*
Micronor*
Midrin*
Minipress*
Minocin*
Moduretic*
Monoket*
Motrin*
Mucomyst*
Mycolog II*
Mycostatin Susp*
Mycostatin*
Mydracil*
Mysoline*

N

Nalfon*
Naprosyn*
Navane*
Necon*
Neoral* **(P)**
Neosporin ophth.oint.*
Neptazane*
Neurontin*
Nitro-Bid Plateau*
Nitro-Dur*
Nizoral*
Noctec*
Nolvadex*
Nora-BE*
Norethindrone*
Normodyne*
Norpace*
Norpramin*
Nortrel*

O

Ocufen*
Ogestrel*
Orasone*
Orinase*
Ortho-Cept*
Ortho-Cyclen*
Ortho-Est*
Ortho-Micronor*

Ortho-Novum*

1/35*

1/50*

7/7/7*

Orudis*

Oxacillin Sodium*

P

Pamelor*
Paraflex*
Parafon Forte DSC*
Paxil* **(NEW!)**
Pediazole*
Pen Vee K*
Pepcid*
Percocet*
Percodan*
Permax*
Persantine*
Phenergan*
Phenergan w/Codeine*
Phenergan VC c/Cod*
Phenobarbital*
Pilocar*
Plaquenil*
Polysporin*
Polytrim Ophth*
Poly-Vi-Flor w/Fe*
Poly-Vi-Flor*
Portia*
Potassium* (Rx Only)
Pred Forte*
Prilosec* **(Q)**
(omeprazole*-Rx)
(NEW! Prilosec-
OTC is not
covered, but cost is
usually less than
Tier 3 Rx
copayment)
Principen*
Prinivil*
Prinizide*
Procan SR*
Procardia*
Procardia XL*
Proctofoam-HC*
Prolixin*
Proloprim*
Pronestyl*
Propine*
Proventil M.D.I.*
Proventil*
Provera*

Prozac* (Prozac 90mg
is Tier 3)

PTU*

Pyridium*

Q

Questran Light*
Questran*
Quinaglute*

R

Reglan*
Relafen*
Remeron*
Reserpine*
Restoril*
Ritalin*
Ritalin SR* (Ritalin-LA
is Tier 3)
Robaxin*
Robitussin AC*
Robitussin DAC*
Rondec*
Rynatan Pedi*

S

Sectral*
Serapes*
Serax*
Silvadene*
Sinemet*
Sinemet CR*
Sinequan*
Soma*
Sorbitrate*
Spectrazole*
Sprintec*
Sumycin*
Symmetrel*
Synalar*
Syntocinon*

T

Tagamet*
Talwin NX*
Tegretol*
Tenex*
Tenoretic*
Tenormin*
Tessalon Perles*
Theo-dur*
Thorazine*
Ticlid*
Timoptic*
Timoptic XE*
Tobrex*

Tofranil* (Tofranil-PM
is Tier 3)

Tolectin*

Tolinase*

Tranxene*

Trental*

Triavil*

Trilafon*

Trilisate*

Trimethoprim*

Tri-Sprintec*

Tri-Vi-Flor*

Tri-Vi-Flor w/Fe*

Trivora*

T-Stat*

Tylenol w/Codeine*

U

Ultram*
Univasc*
Urecholine*
Urised*

V

Valisone*
Valium*
Vaseretic*
Vasocidin*
Vasotec*
Ventolin M.D.I.*
Vermox*
Vibramycin*
Vicodin*
Vicoprofen
Vistaril*
Voltaren*
Vosol*
Vosol HC Otic*

W

Wellbutrin* (Wellbutrin
SR, XL is Tier 3)
Wellcovorin*
Westcort*
Wigraine*

X

Xanax* (XR is Tier 3)
Xylocaine Viscous*

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Tier 1 Cont.

Z	Zestoretic*	Zovia*
Zanaflex*	Zestril*	Zovirax*
Zantac*	Ziac*	Zyloprim*

Tier 2 – Limited list of Brand Name Drugs

A	Cleocin Vag Crm	Epivir	K
Accolate	Colestid	Ergamisol	Keppra
Actonel	Combivent	Ergomar	L
Actos	Combivir	Ery-tab	Lamictal
Acular	Condylox	Eskaltih CR	Lamisil (P)
Agrylin	Coreg	Estrace Vag Crm	Lanoxicaps
Alkeran	Cortifoam	Estratest	Lanoxin
Alomide	Coumadin	Estratest H.S.	Leukeran
Alphagan	Crixivan	Ethmozine	Levlen
Altace	Cuprimine	Eulexin	Levlite
Alupent M.D.I.	Cyclogyl	Eurax	Levothroid
Amaryl	Cytadren	Evista	Lipitor (Q)
Amerge (Q)	Cytomel	F	Lithobid
Amicar	Cytotec	Femara	Lotemax
Anzemet (Q)	D	Femhrt	Lotensin
Aricept	Dantrium	Flomax	Lotensin HCT
Arimidex	Dapsone	Flonase	Lotrel
Aromasin	Daraprim	Flovent	Lotrisone
Asacol	Depakote	Fluoritab	Lysodren
Astelin NS	Depakote Sprinkle	Fluroplex	M
Atrovent M.D.I.	Depo-Provera	Fml-S	Macrobid
Avalide	Diamox Sequels	Fortovase	Matulane
Avandia	Differin	Fosamax	Mephyton
Avapro	Diflucan (P)	FS Shampoo	Meproton
Avalide	Dilantin	Furadantin	Mestinon
Azmacort	Dilaudid	G	Mestinon Timespan
Azopt	Diovan	Gantrisin Ped Susp.	Metadate ER
Azulfidine EN-Tabs	Diovan HCT	Glucagon	Methergine
B	Dipentum	Glucophage XR	Metrocream
Bactroban	Dopar	Glucotrol XL	Metrogel Vag. Gel
Beclovent	Dovonex	Glucovance	Mintezol
Beconase AQ	Drisdol	Glyset	Mirapex
Betoptic	Drithocrema	Grifulvin V Susp.	MS Contin
Betoptic S	Drithoscalp	H	Myambutol
Brethine	Duragesic	Halotestin	Mycelex Troche
C	E	Hexalen	Mycobutin
Calciferol	Effexor	Hivid	Mykrox
Capital w/Codeine	Effexor XR	Humalog	Myleran
Casodex	Efudex	Humulin Insulin	N
Catapres-TTS	Elmiron	I	Nardil
Ceenu	Emcyt	Imitrex (Q)	Nasonex
Celexa	Entex	Inderal LA	Natacyn
Cellcept (P)	Entex HC	Intal MDI	Nebupent
Cenestin	Entex LA	Invirase	Niferex-PN
Cerumenex Drops	Entex PSE	lipidine	Niferex-PN Forte
Ciloxan	Epifrin		
Cleocin T Lotion	E-pilo		

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Tier 2 Cont.

Nilandron	Prevacid (Q) (NEW!)	Stilphostrol	Ventolin Rotocaps
Nitrostat	Ask your doctor if	Synarel Spray	Vepesid
Nizoral Shampoo	Tier 1 Prilosec	Synthroid	Videx
Nordette	generic is right for	T	Vira-A
Norvasc	you and save on	Tambocor	Viracept
Norvir	lower copayment)	Tegretol XR	Viramune
Novolin Insulin	Premphase	Temodar	Viroptic
Novolog	Prempro	Teslac	Volmax
O	Prevpac (Q)	Theo-24	X
Orapred Syrup	Prograf (P)	Thioguanine	Xalatan
Ortho-Tri-Cyclen Lo	Prometrium	Thyrolar	Xeloda
Oxistat	Proventil Reptab	Tilade	Y
Oxy IR	Pulmicort	Tobradex	Yasmin
Oxycontin (Q)	Purinethol	Tonocard	Z
P	R	Topamax	Zarontin
P1E1, P2E1	Rebetol (P)	Travatan	Zaroxolyn
Ophthalmic	Requip	Tri-Levlen	Zerit
Pancrease, MT	Rescriptor	Tri-Sprintec	Zofran (Q)
Parlodel	Retrovir	Trizivir	Zoladex
Parnate	Revia	U	Zoloft
Pilopine	Ridaura	Ultravate	Zomig (Q)
Pilavix	Risperdal	Uniphyll	Zonegran
Prandin	Rocaltrol	Urocit-K	Zyprexa
Pravachol (Q)	Rowasa	Urso	
Precose	Rythmol	V	
Pred Mild	S	Valcyte	
Pred-G	Serevent	Valtrex	
Prelone Syrup	Serzone	Vancocin caps	
Premarin	Slo-bid Gyrocaps	Velosulin	
Premarin Vag Crm	Soriatane		

Tier 3 – Commonly prescribed Brand Name Drugs that are covered at the Tier 3 copayment.

A	Allegra (NEW!)	Arthrotec 75	C
Accuhist DM	loratadine,	Arixtra	Carbatuss
Accuhist LA	Claritin, Alavert	Atacand	Cedax
Accupril	are not covered,	Atacand HCT	Ceftin Suspension
Accuretic	but cost is usually	Atrovent	Cefzil
Aciphex (Q) (NEW!)	less than Rx	Augmentin ES/XR	Celebrex (Q)
Ask your doctor if	copayment)	Avandamet	Cenogen Ultra
Tier 1 Prilosec	Allegra-D (NEW!)	Avelox	Cipro, XR
generic is right for	Loratadine-D,	Avelox ABC Pack	Cipro HC
you and save on	Claritin-D, Alavert-	Axert (Q)	Clarinex (NEW!)
lower copayment)	D are not covered,	B	Loratadine,
Activella	but cost is usually	Benicar	Claritin, Alavert
Actonel	less than Rx	Benzaclen	are not covered,
Adderall XR	copayment)	Benzamycin	but cost is usually
Advair Diskus	Ambien	Bextra (Q)	less than Rx
Advicor	Amoxil	Biaxin	copayment)
Aggrenox	Analpram-HC	Biaxin XL	Cleocin Palmitate
Aldara	Androgel		Compound Drugs
Allesse-28	Arava (P)		Concerta
	Armour Thyroid		Cosopt

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Tier 3 Cont.

Covera-HS	Lumigan	lower copayment)	Triphasil-28
Cozaar		Penlac	Tussi-12D
Cutivate	M	Plendil	Tussi-12D S
Cyclessa	Maxair Autohaler	Pletal	Tussionex
D	Maxalt	Precare Prenatal	
Denavir	Maxalt MLT	Prenate Gt	U
Detrol	Mentax	Prolex D	Ultracet
Detrol LA	Metadate CD	Prolex DH	Uniretic
Dexedrine	Metaglip	Prolex DM	
Diprolene AF	Micardis	Proscar	V
Ditropan XL	Miralax	Protonix (Q) (NEW!	Vagifem
Dynabac	Mircette	Ask your doctor if	Vantin
	Mobic	Tier 1 Prilosec	Viagra
	Monopril	generic is right for	Vioxx (Q)
E	Monopril HCT	you and save on	Vivelle-Dot
Elidel		lower copayment)	
Elocon	N	Protopic	W
Ery-Tab	Nalex-A	Proventil HFA	Welchol
Estrace	Nasacort	Provigil	Wellbutrin SR, XL
Estraderm	Nasacort AQ	Prozac Weekly	
Estring	Nexium (Q) (NEW!		X
Estrostep Fe	Ask your doctor if		Xanax XR
	Tier 1 Prilosec	Q	Xopenex
	generic is right for	Quixin	
F	you and save on		
Famvir	lower copayment)	R	
Floxin	Niaspan	Remeron	Z
Flumadine	Nulev	Retin-A Micro	Zelnorm
Fragmin	Nulytely	Rhinocort Aqua	Zetia
Foradil	Nuvaring	Ritalin LA	Zithromax (NOTE: Ask
		Rondec-DM	your doctor if Tier
G		Rynatan	1 Amoxil-
Gynazole-1	O		amoxicillin or
	Ocuflox	S	another generic
H	Ogen	Sarafem (Q)	drug is right for
Histex HC	Olux	Singulair	you and save on
Hyzaar	Omnicef	Skelaxin	lower copayment)
	Optivar	Sonata	Zocor
I	Ortho Evra	Sporanox (P)	Zyrtec (NEW!
Iressa (P)	Ortho-Prefest	Starlix	loratadine,
	Ortho-Tri-Cyclen	Stadol NS (Q)	Claritin, Alavert
L	Ovcon-35	Strattera	are not covered,
Lantus	P		but cost is usually
Lescol	Pancof	T	less than Rx
Lescol XL	Pancof PD	Tamiflu	copayment)
Levaquin	Panmist DM	Tarka	Zyrtec-D (NEW!
Lexapro (NEW! Ask	Pannaz	Tequin	Loratadine-D,
your doctor if	Patanol	Terazol 3	Claritin-D, Alavert-
either Tier 1 Paxil	Paxil CR (NEW! Ask	Terazol 7	D are not covered,
or Prozac generic	your doctor if	Tiazac	but cost is usually
is right for you and	either Tier 1 Paxil	Toprol XL	less than Rx
save on lower	or Prozac generic	Transderm-Scop	copayment)
copayment)	is right for you and	Tricor	Zyvox tabs (P)
Lo/Ovral-28	save on	Trileptal	
Lotemax		Trinalin	
Lovenox			

(* – Only generic is covered at Tier 1 copayment; **(P)** – Prior authorization required; **(Q)** – Quantity benefit limitations may apply
 NOTE: This is a list of the most commonly prescribed drugs. This is a partial list. Please call our Customer Service Center or visit our website if you have been prescribed a drug that is not on this list to find out what Tier the drug is covered.

Please refer to your Prescription Drug Rider Document for complete coverage details.

Tier 4 – Includes all self-injectable drugs (except insulins and glucagon which are covered under the Basic Medical Benefit), and self-administered new biotechnology drugs (cell or biological molecule-based) that are developed using high technologies.

A Actimmune (P) Alferon N (P) Aranesp (P) Avonex (P)	E Enbrel (P) Epi-pen, JR Epogen (P)	Humira (P)	N Neulasta (P) Neupogen (P) Norditropin (P) Nutropin (P) Nutropin AQ (P) Nutropin Depot (P)	R Rebetron (P) Rebif (P) Roferon-A (P)
B Betaseron (P)	F Forteo (P)	I Imitrex Inj (Q) Infergen (P) Intron A (P)	K Kineret (P)	S Saizen (P) Sandostatin (P) Serostim (P)
C Copaxone (P)	G Genotropin (P) Gleevec (P)	M Miacalcin Inj. (P)	P Pegasys (P) Peg-Intron (P) Procrit (P) Protropin (P)	T Tracleer (P)
D DDAVP Inj.	H Humatrope (P)			

Quantity Limitations

The list below contains classes of drugs that are subject to dispensing quantity limitations following FDA dosing guidelines as stated in your benefit coverage document.

Examples:	
All Acid-suppressing agents called "Proton Pump Inhibitors": maximum coverage limitation of 1 capsule per day.	Aciphex (Q) Prevacid (Q) Nexium (Q) Prilosec (Q) Omeprazole (Q) Protonix (Q)
All cholesterol lowering agents called "Statins": maximum coverage limitation of 1 tablet per day.	Altacor (Q) Lescol (Q) Crestor (Q) Pravachol (Q) Lipitor (Q) Zocor (Q)
All migraine agents called "Triptans": maximum coverage limitation of 6 tablets or nasal sprays or 4 vials per month.	Amerge (Q) Maxalt (Q) Axert (Q) Migranol (Q) Imitrex (Q) Relpax (Q) Frova (Q) Zomig (Q)
All anti-nausea/vomiting agents: maximum coverage limitation of 8 tablets per prescription fill.	Anzemet (Q) Kytril (Q) Emend (Q) Zofran (Q)
All sexual dysfunction agents: maximum coverage limitation of 6 tablets per prescription fill.	Muse (Q) Viagra (Q)
All "COX2" agents: maximum coverage limitation of 1 tablet/capsule per day; Vioxx 50mg limited to 15 tablets per 30 day-supply.	Bextra (Q) Vioxx (Q) Celebrex (Q)
Other agents with dispensing limitations or require prior authorization.	Any Drug greater than \$1,000 per claim (P) Aerochambers/Spacers (Q): 1 every 3 months All inhalers (Q): 2 cannisters per month Prozac 90mg (Q): 4 tablets per month Sarafem (Q): 4 tablets per month

4-Tier Prescription Benefits Sample of Savings

What you pay for drugs with your prescription benefits is often a fraction of the cost you would pay without it. (example: copayments of \$10/\$20/\$40/25%)

4-Tier Levels	Drug Name	What you might pay without coverage	What you pay with coverage
1	Tamoxifen	\$52	\$10
2	Effexor XR	\$106	\$20
3	Zocor	\$125	\$40
4	Enbrel	\$1,040	\$260

Costs represent a one-month supply, based on a blended average of paid claims.

(*) – Only generic is covered at Tier 1 copayment; (P) – Prior authorization required; (Q) – Quantity benefit limitations may apply
NOTE: This is a list of the most commonly prescribed drugs. This is a partial list. Please call our Customer Service Center or visit our website if you have been prescribed a drug that is not on this list to find out what Tier the drug is covered.