



# THREE-TIER DRUG PROGRAM GUIDE

## THE LOCAL CHOICE PRESCRIPTION DRUG PROGRAM

REMEMBER TO SHARE THIS GUIDE WITH YOUR DOCTOR.

## Introduction

Welcome to your three-tier prescription drug plan!

Your three-tier drug program gives you access to all medications in covered classes within the confines of your plan's benefit design. Some plans exclude coverage for certain drugs or drug classes such as those prescribed for dietary supplements, cosmetic conditions and smoking cessation.

Under this program, covered brand-name and generic drugs are generally categorized into three specific tiers, and each tier is assigned a co-payment level. (A co-payment is a fixed dollar amount you pay for each prescription.)

Your Local Choice Drug Plan provides a drug benefit that divides your prescriptions into three categories (tiers) based primarily on their cost. A number of factors are considered when classifying medications into tiers including, but not limited to:

- The absolute cost of the medication
- The cost of the medication relative to other medications in the same therapeutic class
- The availability of over-the-counter alternatives
- Clinical and safety factors

Drugs may move periodically from one tier to another. In general, tiers contain the following types of drugs:

<b>Tier 1</b>	<b>Lowest co-payment</b>	<b>Typically, generic drugs</b>
<b>Tier 2</b>	<b>Moderate co-payment</b>	<b>Typically, lower cost brand-name drugs</b>
<b>Tier 3</b>	<b>Highest co-payment</b>	<b>Typically, higher cost brand-name drugs</b>

The following pages list the most commonly prescribed covered drugs and their tier assignments. This guide was developed to illustrate how the prescription drug program works and to provide examples of the choices available to you. It also serves as a reference point for discussing prescription options with your doctors. Together you can choose not only the most appropriate medication for your condition, but medications that can help keep your expenses as low as possible.

**This booklet was designed so that generic products are listed in each drug category. Corresponding brand name versions for these generics are shown in italics as a reference.**

Please call your member service representative at 1 800 355-8279 or refer to the Prescription Drug section of our website at **www.medco.com** for information on medications not listed in this guide.

The three-tier prescription plan provides an excellent opportunity for you to take an active role in your health care. Talk with your doctor about the medications being prescribed for you and discuss alternatives.

## Dear Doctor:

Please refer to the Three-tier Drug Program Guide when prescribing for this patient. This guide does not contain a complete list of drugs in the program. A complete listing is available in the Prescription Drug section of our website at [www.medco.com](http://www.medco.com).

Please note: This guide is not intended to substitute for your professional judgment. Rather, we offer it as a tool to help you maintain clinical efficacy while taking into account drug therapy problems and costs.

## Important Comments:

### Coverage Notification

This guide is subject to change. Your group's plan design may include or exclude additional drugs. Please refer to your The Local Choice Plan Member Handbook for the three-tier co-payments that apply to your plan. If there is a difference between this guide and The Local Choice Plan Member Handbook, the provisions of the member handbook will govern.

Important: This brochure is only one piece of your entire enrollment package. Exclusions and limitations can be found in your member handbook.

### Days Supply Notification

A one-month supply will allow up to 34 days of medication. **Medco Home Delivery Pharmacy Service™** will provide up to a 90-day supply of medication. Remember to ask your physician to consider this when writing prescriptions for you.

## Symbols Used Throughout This Guide:

- ↓ = Dosage reduction may be required in patients over 65.
- ▲ = Use in patients over 65 is associated with increased risk; safer alternatives may be available. If used, dosage should generally be lowered.

## SECTION I: THERAPEUTIC DRUG CATEGORIES

### ANTI-INFECTIVES (ANTIBIOTICS/ANTIFUNGALS)

#### Antifungals

##### Tier 1

ketoconazole (*Nizoral*)  
nystatin (*Mycostatin*)

##### Tier 2

Diflucan (150 mg single dose)  
Fulvicin P/G  
Grifulvin V  
Mycelex Troche

##### Tier 3

Lamisil

#### Cephalosporins

##### Tier 1

cefaclor (*Ceclor*)  
cefuroxime (*Ceftin*)  
cephalexin (*Keflex*)

##### Tier 2

Omnicef

#### Erythromycins and other macrolides

##### Tier 1

erythromycin base (*E-Mycin*)  
erythromycin ethylsuccinate  
(*E.E.S.*)  
erythromycin stearate  
(*Erythrocin Stearate*)

##### Tier 2

Biaxin, XL  
Zithromax

#### Quinolones

##### Tier 1

ofloxacin (*Floxin*)

##### Tier 3

Avelox  
Tequin

#### Penicillins

##### Tier 1

amoxicillin (*Amoxil*)  
amoxicillin/clavulanate  
(*Augmentin*)  
ampicillin (*Principen*)  
dicloxacillin (*Dynapen*)  
penicillin VK (*Pen-Vee K*)

#### Sulfas

##### Tier 1

smz/tmp (*Bactrim DS*)  
sulfisoxazole/erythromycin  
(*Pediazole*)

#### Tetracyclines

##### Tier 1

doxycycline (*Vibramycin*)  
minocycline (*Dynacin*)  
tetracycline (*Acbromycin V*)

#### Urinary Tract Agents

##### Tier 1

methenamine hippurate  
nitrofurantoin (*Macrochantin*)  
phenazopyridine (*Pyridium*)  
trimethoprim (*Proloprim*)

#### Misc Agents

##### Tier 1

clindamycin (*Cleocin*)  
metronidazole (*Flagyl*)

#### Vaginal Antifungals

##### Tier 1

nystatin (*Mycostatin*)

##### Tier 2

Terazol

#### Antiviral Therapy

##### Tier 1

acyclovir (*Zovirax*)

##### Tier 3

Famvir  
Valtrex

#### Influenza

##### Tier 1

amantadine (*Symmetrel*)

##### Tier 2

Flumadine

##### Tier 3

Tamiflu

**CARDIOVASCULAR**  
**(BLOOD PRESSURE/HEART/  
CHOLESTEROL)**

**ACE Inhibitors/Comb. Products**

Tier 1  
benazepril/benazepril HCl  
(*Lotensin/Lotensin HCT*)

↓ captopril (*Capoten*)  
enalapril (*Vasotec*)  
fosinopril (*Monopril*)  
moexipril (*Univasc*)  
lisinopril/lisinopril HCT  
(*Prinivil/Prinivil HCT*)

Tier 2

↓ Accupril  
Altace  
Mavik  
Monopril HCT

**Antilipidemics**

Tier 1  
cholestyramine (*Questran*)

↓ gemfibrozil (*Lopid*)  
lovastatin (*Mevacor*)  
niacin (*Niacor*)

Tier 2

Colestid (cans, packs, tabs)  
Lescol  
Lipitor  
Niaspan, ER  
Tricor

↓ Zocor

**Angiotensin II Blockers**

Tier 2  
Atacand  
Benicar/Benicar HCT  
Cozaar  
Diovan/Diovan HCT  
Hyzaar  
Micardis/Micardis HCT  
Teveten

**Beta Blockers**

Tier 1  
acebutolol (*Sectral*)  
atenolol (*Tenormin*)  
labetalol (*Normodyne*)  
metoprolol (*Lopressor*)  
nadolol (*Corgard*)  
propranolol (*Inderal*)  
propranolol LA (*Inderal LA*)  
timolol (*Blocadren*)

Tier 2

Toprol XL

**Calcium Blockers**

Tier 1  
diltiazem (*Cardizem*)  
diltiazem SR (*Cardizem SR*)

↓ verapamil (*Calan*)  
↓ verapamil long acting  
(*Calan SR*)

Tier 2

Cardizem CD

Sular

↓ Verelan

**Dihydropyridines**

Tier 1

nifedipine, ER, XL (*Procardia*)

Tier 2

DynaCirc, DynaCirc CR

Norvasc

↓ Plendil

**Nitroglycerin Patches**

Tier 1

nitroglycerin transdermal  
(*Nitro-Dur*)

Tier 2

Nitro-Dur

**Other Anti-Hypertensives**

Tier 1

bisoprolol/bisoprolol HCTZ  
(*Ziac*)

clonidine (*Catapres*)

doxazosin (*Cardura*)

guanfacine (*Tenex*)

▲ methyldopa (*Aldomet*)

↓ prazosin (*Minipress*)

↓ terazosin (*Hytrin*)

Tier 2

Lotrel

Tier 3

Catapres TTS

**ENDOCRINE**  
**(DIABETES/HORMONES/  
CONTRACEPTIVES)**

**Insulin Therapy**

Tier 2

Humulin® (all forms)

Iletin®

Innolet®

Novolin®

**Oral Hypoglycemics**

Tier 1

↓ glipizide, ER (*Glucotrol*)

glyburide (*Micronase*)

metformin (*Glucophage*)

Tier 2

Actos

Amaryl

Avandia

Glucovance

Glyset

**ENDOCRINE**  
**(DIABETES/HORMONES/  
CONTRACEPTIVES) CONT.**

**Estrogens**

Tier 1

estropipate (*Ogen*)  
estradiol (*Estrace*)

Tier 2

CombiPatch  
Estraderm, Vivelle, Climara  
Estratest, HS  
FemHrt  
Premarin  
Premphase, Prempro

**Oral Contraceptives**

Tier 1

desogestrel-ethinyl estradiol  
(*Desogen, Ortho-Cept, Cyclessa*)  
desogestrel-ethinyl estradiol/  
ethinyl estradiol (*Mircette*)  
ethynodiol d-ethinyl estradiol  
(*Demulen*)  
levonorgestrel-ethinyl estradiol  
(*Alesse, Nordette, Tri-Levelen, Triphasil*)  
norethindrone a-e estradiol  
(*Loestrin*)  
norethindrone a-e estradiol/  
ferrous fumarate (*Loestrin Fe*)  
norethindrone-ethinyl estradiol  
(*Brevicon, Modicon, Norinyl, Ortho-Novum*)  
norethindrone-mestranol  
(*Norinyl, Ortho-Novum*)  
norgestimate-ethinyl estradiol  
(*Ortho Tri-Cyclen, Ortho-Cyclen*)  
norgestrel-ethinyl estradiol  
(*Lo/Ovral, Ovral*)

Tier 2

Ortho Evra  
Ortho Tri-Cyclen/Lo  
Yasmin

**G.I.**  
**(ULCER)**

**Ulcer Drugs/GERD Drugs**

Tier 1

↓ cimetidine (*Tagamet*)  
famotidine (*Pepcid*)  
↓ nizatidine (*Axid*)  
omeprazole (*Prilosec*)  
↓ ranitidine (*Zantac*)

Tier 2

Nexium  
Protonix

**Other G.I. Drugs**

Tier 1

↓ metoclopramide (*Reglan*)  
sucralfate (*Carafate*)

Tier 2

Cytotec

**OSTEOPOROSIS**

Tier 1

estradiol (*Estrace*)

Tier 2

Climara  
Miacalcin  
Premarin

Tier 3

Actonel  
Evista

**PSYCHOTHERAPEUTICS**  
**(ANXIETY/DEPRESSION)**

**Tricyclic Antidepressants**

Tier 1

▲ amitriptyline (*Elavil*)  
▲ clomipramine (*Anafranil*)  
↓ desipramine (*Norpramin*)  
▲ doxepin (*Sinequan*)  
▲ imipramine (*Tofranil*)  
↓ nortriptyline (*Pamelor*)  
▲ protriptyline (*Vivactil*)

Tier 2

Tofranil PM

**Misc. Antidepressants**

Tier 1

↓ bupropion, SR (*Wellbutrin*)  
mirtazapine (*Remeron*)  
nefazodone (*Serzone*)  
↓ trazodone (*Desyrel*)

Tier 2

↓ Effexor, XR

**SSRI**

Tier 1

fluoxetine (*Prozac*)  
paroxetine (*Paxil*)

Tier 2

Celexa  
↓ Zoloft

**Anxiolytics**

Tier 1

↓ alprazolam (*Xanax*)  
buspirone (*Buspar*)  
▲ chlordiazepoxide (*Librium*)  
▲ clorazepate (*Tranxene*)  
▲ diazepam (*Valium*)  
↓ lorazepam (*Ativan*)  
↓ oxazepam (*Serax*)

**PSYCHOTHERAPEUTICS  
(ANXIETY/DEPRESSION) CONT.**

**Antipsychotics**

Tier 1

- ↓ chlorpromazine (*Thorazine*)
- clozapine (*Clozaril*)
- ↓ haloperidol (*Haldol*)
- ↓ perphenazine (*Trilafon*)
- ↓ thioridazine (*Mellaril*)
- ↓ thiothixene (*Navane*)

Tier 2

- ↓ Risperdal
- Seroquel

Tier 3

- ↓ Zyprexa

**Hypnotic Agents**

Tier 1

- ▲ flurazepam (*Dalmane*)
- ↓ temazepam (*Restoril*)
- ↓ triazolam (*Halcion*)

Tier 3

- ↓ Ambien
- ↓ Sonata

**Misc. Psychotherapeutic Agents**

Tier 1

- dextroamphetamine sulfate (*Dexedrine*)
- lithium carbonate (*Eskalith*)
- lithium citrate
- Metadate ER
- Methylin ER
- methylphenidate, SR (*Ritalin*)

Tier 2

- Dexedrine
- Eskalith, Lithonate
- Metadate CD
- Ritalin, SR

**NSAIDS  
(PAIN RELIEVERS)**

**NSAIDs**

Tier 1

- diclofenac potassium
- diclofenac sodium (*Voltaren*)
- etodolac, XL (*Lodine*)
- flurbiprofen (*Ansaid*)
- ibuprofen (*Motrin*)
- ▲ indomethacin, SR (*Indocin*)
- ketoprofen (*Orudis*)
- ketoprofen SR (*Oruvail*)
- ketorolac
- nabumetone
- naproxen (*Naprosyn*)
- naproxen sodium (*Anaprox*)
- oxaprozin (*Daypro*)
- piroxicam (*Feldene*)
- sulindac (*Clinoril*)

Tier 3

- Naprelan

**NSAID COX-2 Inhibitors**

Tier 3

- Bextra
- Celebrex

**MIGRAINE & CLUSTER  
HEADACHE THERAPY**

Tier 1

- asa/butalbital/caffeine (*Fiorinal*)
- butalbital/caffeine/apap (*Fioricet*)
- ergotamine/caffeine (*Cafergot*)
- isometheptene/  
dichloralphenazone/apap (*Midrin*)

Tier 2

- Frova
- Imitrex
- Maxalt
- Relpax
- Zomig

Tier 3

- Sansert

## RESPIRATORY (ALLERGY/ASTHMA)

### Antihistamines

#### Tier 1

Astelin nasal spray

▲ clemastine (*Tavist*)

▲ dexchlorpheniramine  
(*Polaramine*)

▲ diphenhydramine (*Benadryl*)

▲ tripeleennamine (*PBZ-SR*)

#### Tier 2

Optimine

#### Tier 3

Zyrtec/D

### Beta Agonists

#### Tier 1

albuterol (*Proventil*)

isoetharine soln. (*Bronkosol*)

metaproterenol (*Alupent*)

#### Tier 2

Alupent MDI

Maxair MDI, Autohaler

Proventil HFA

Proventil Repetabs

Serevent, Diskus

Ventolin Rotacaps

### Inhaled Steroids

#### Tier 2

Azmacort

Beclovent, Vanceril

Flovent Rotadisk

Pulmicort

### Nasal Corticosteroids

#### Tier 2

Beconase AQ

Flonase

Nasacort, AQ

Nasonex

Rhinocort, AQ

Vancenase AQ DS, 84 mcg.

Vancenase pockethaler

### Misc. Pulmonary Agents

#### Tier 1

acetylcysteine (*Mucomyst*)

cromolyn nebul. soln. (*Intal*)

ipratropium MDI (*Atrovent*)

#### Tier 2

Advair

Atropine nebul. soln.

Combivent

Tilade

#### Tier 3

Xopenex

**Section II:**  
**Outpatient Medications Requiring Prior Authorization for  
 The Local Choice Prescription Program**

Certain medications require prior authorization for coverage. In these cases, clinical criteria based on current medical information and appropriate use must be met. Information must be provided before coverage is approved. You, your doctor, or your local pharmacist may call 1 800 753-2851 toll-free to initiate a coverage review. When you use the Medco Home Delivery Pharmacy Service™, Medco will call your doctor to start the coverage review process. The prescription is reviewed with the doctor using clinical criteria based on common treatments, FDA-approved prescribing and safety information, research, and clinical guidelines used by doctors. Members with questions pertaining to prescription drug prior authorization should contact Medco Member Services at 1 800 355-8279 for more information. The following drugs currently require prior authorization. **Please note that both lists are subject to change.**

<b>Classification</b>	<b>Medications</b>
<b>Dermatology</b> .....	Avita and Retin-A (greater than age 35), Amevive
<b>Gonadotropin Releasing Hormones Analogs</b> .....	Lupron, Synarel
<b>Growth Hormones</b> .....	Geref, Genotropin, Humatrope, Norditropin, Nutropin, Protropin, Saizen, Serostim, etc. (Excluded under Cost Alliance)
<b>Immunoglobulins</b> .....	Gamimune N, Gammagard, Gammar-IV, Iveegam, Venoglobulin, Sandoglobulin
<b>Interferons</b> .....	Actimmune, Alferon N, Intron A, PEG-Intron, Pegasys, Rebetrone, Roferon-A, Infergen
<b>Miscellaneous Agents</b> .....	Weight-loss medications, Botox, Gleevec, Myobloc, Lotronex, Provigil, Zelnorm, Xolair
<b>NSAIDs/Cox-2 Inhibitors*</b> ....	Celebrex*, Vioxx*, Mobic*, Bextra*
<b>Respiratory Syncytial Virus Prevention</b> .....	Synagis, Respigram
<b>Rheumatoid Arthritis Therapy</b> .....	Enbrel, Kineret, Remicade, Humira, Arava

\*These medications will process at the pharmacy without prior authorization if certain criteria are met. If the applicable criteria are not met, prior authorization will be required.

## Medication With Quantity Limitations

The Plan has set quantity limitations for these drugs.

You must obtain prior authorization to obtain quantities in excess of these limitations.

<b>Medication</b>	<b>Quantity Limitation</b>
<b>Amerge</b> .....	Any combination of tablets, not to exceed 12mg per rolling 30 days
<b>Axert</b> .....	Any combination of tablets, not to exceed 12 per rolling 30 days
<b>Caverject</b> .....	Up to 8 injections per calendar month
<b>Diflucan</b> .....	Up to 7,200mg within 180 days
<b>Diflucan (150 mg only)</b> .....	Up to 4 tablets per co-payment
<b>Edex</b> .....	Up to 8 injections per calendar month
<b>Frova</b> .....	Any combination of tablets, not to exceed 12mg per rolling 30 days
<b>Imitrex</b> .....	Any combination of tablets, injections, or nasal sprays, not to exceed 12 per rolling 30 days
<b>Lamisil</b> .....	Up to 22,500mg within 180 days
<b>Maxalt</b> .....	Any combination of tablets, not to exceed 12 per rolling 30 days
<b>Muse</b> .....	Up to 8 suppositories per calendar month
<b>Neulasta</b> .....	One injection per co-payment
<b>Relenza</b> .....	One 5-day course of therapy per co-payment
<b>Relpax</b> .....	Any combination of tablets, not to exceed 12 per rolling 30 days
<b>Sporanox</b> .....	Up to 18,000mg within 180 days
<b>Stadol Nasal Spray</b> .....	Up to 4 canisters per calendar month
<b>Tamiflu</b> .....	One 5-day course of therapy per co-payment
<b>Toradol</b> .....	Up to 20 tablets or 20 injections per prescription
<b>Viagra</b> .....	Up to 8 tablets per calendar month
<b>Zomig</b> .....	Any combination of tablets, not to exceed 12 per rolling 30 days

THIS LISTING WAS CURRENT AT THE TIME OF PRINTING.

If you have questions regarding your prescription drug benefit, you may contact Medco Member Services at 1 800 355-8279.

For the most recent drug listing, visit the Medco website at **[www.medco.com](http://www.medco.com)**.

This brochure is only one piece of your entire enrollment package.

Exclusions and limitations can be found in your The Local Choice Plan Member Handbook.

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Medco Health Solutions, Inc.

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