Three-tier Drug Program Guide

The Local Choice Prescription Drug Program

Remember to share this guide with your doctor.

medco®

AT THE HEART OF HEALTH™

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. This plan excludes coverage for certain drugs or drug classes such as those prescribed for dietary supplements and cosmetic conditions.

Under this program, covered brand-name and generic drugs are 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.) Some diabetic supplies, such as test strips and blood glucose meters, require coinsurance with no deductible in lieu of co-payment. (Coinsurance is a percentage you pay for each prescription.)

Your Local Choice Drug Plan provides a prescription 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. Tiers contain the following types of drugs:

Tier 1	**Lowest co-payment**	**Typically, generic drugs**
Tier 2	**Moderate co-payment**	**Typically, lower-cost brand-name drugs**
Tier 3	**Highest co-payment**	**Typically, higher-cost brand-name drugs**

The following pages list the most commonly prescribed covered drugs and their tier assignments or coinsurance percentage. 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 Services 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 healthcare. 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**.

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 for Members:

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 1-month supply will allow up to 34 days of medication. **Medco By Mail** will provide up to a 90-day supply of medication. Remember to ask your doctor 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.

ANTI-INFECTIVES (ANTIBIOTICS/ANTIFUNGALS)

Antifungals

Tier 1
fluconazole *(Diflucan)*
ketoconazole *(Nizoral)*
nystatin *(Mycostatin)*
terbinafine *(Lamisil)*

Tier 2
Fulvicin P/G
Grifulvin V
Mycelex Troche

Tier 3
Lamisil Granule

Cephalosporins

Tier 1
cefaclor *(Ceclor)*
cefdinir *(Omnicef)*
cefuroxime *(Ceftin)*
cephalexin *(Keflex)*

Erythromycins and other macrolides

Tier 1
azithromycin *(Zithromax)*
clarithromycin, ER *(Biaxin, XL)*
erythromycin base *(E-Mycin)*
erythromycin ethylsuccinate *(E.E.S.)*
erythromycin stearate *(Erythrocin Stearate)*

Quinolones

Tier 1
ciprofloxacin *(Cipro)*
ofloxacin *(Floxin)*

Tier 3
Avelox

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 *(Achromycin V)*

Urinary Tract Agents

Tier 1
methenamine hippurate
nitrofurantoin *(Macrodantin)*
phenazopyridine *(Pyridium)*
trimethoprim *(Proloprim)*

Misc Agents

Tier 1
clindamycin *(Cleocin)*
metronidazole *(Flagyl)*

Vaginal Antifungals

Tier 1
nystatin *(Mycostatin)*
terconazole *(Terazol)*

Antiviral Therapy

Tier 1
acyclovir *(Zovirax)*
famciclovir *(Famvir)*

Tier 3
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/fosinopril HCT *(Monopril/Monopril HCT)*
lisinopril/lisinopril HCT *(Prinivil/Prinivil HCT)*
moexipril *(Univasc)*
quinapril *(Accupril)*
trandolapril *(Mavik)*

Tier 2
Aceon
Altace

Antilipidemics

Tier 1
cholestyramine *(Questran)*
colestipol granules *(Colestid)*
↓ gemfibrozil *(Lopid)*
lovastatin *(Mevacor)*
niacin *(Niacor)*
pravastatin *(Pravachol)*
simvastatin *(Zocor)*

Tier 2
Advicor
Altoprev
Colestid (cans, packs)
Crestor
Lescol
Lipitor
Tricor
Vytorin
Welchol
Zetia

Angiotensin II Blockers

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

Beta Blockers

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

Calcium Blockers

Tier 1
diltiazem *(Cardizem)*
diltiazem SR *(Cardizem SR)*
↓ verapamil *(Calan, Verelan)*
↓ verapamil long acting *(Calan SR)*

Tier 2
Cardizem CD
Rythmol SR
Sular

Dihydropyridines

Tier 1
amlodipine *(Norvasc)*
↓ felodipine *(Plendil)*
isradipine *(Dynacirc, CR)*
nifedipine, ER, XL *(Procardia)*

Nitroglycerin Patches

Tier 1
nitroglycerin transdermal *(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
Apidra
Humalog
Humulin (all forms)
Iletin
Innolet
Lantus
Levemir
Novolin
Novolog

Non-insulin Hypoglycemics

Tier 1
↓ glipizide, ER *(Glucotrol)*
glyburide *(Micronase)*
metformin *(Glucophage)*

Tier 2
Actoplus Met
Actos
Amaryl
Avandamet
Avandaryl
Avandia
Byetta
Duetact
Glucovance
Glyset
Janumet
Januvia
Prandin
Starlix
Symlin

ENDOCRINE (DIABETES/HORMONES/ CONTRACEPTIVES) CONT.

Estrogens

Tier 1
estropipate *(Ogen)*
estradiol *(Estrace)*

Tier 2
Cenestin
CombiPatch
Enjuvia
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-Levlen, 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
Activella
Ortho Evra
Ortho Tri-Cyclen/Lo
Seasonique
Yasmin

G.I. (ULCER)

Ulcer Drugs/GERD Drugs

Tier 1
↓ cimetidine *(Tagamet)*
famotidine *(Pepcid)*
↓ nizatidine *(Axid)*
omeprazole *(Prilosec)*
↓ ranitidine *(Zantac)*

Tier 2
Nexium

Other G.I. Drugs

Tier 1
↓ metoclopramide *(Reglan)*
misoprostol *(Cytotec)*
sucralfate *(Carafate)*

OSTEOPOROSIS

Tier 1
alendronate *(Fosamax)*
estradiol *(Estrace)*

Tier 2
Climara
Forteo
Miacalcin
Premarin

Tier 3
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)*
venlafaxine *(Effexor)*

Tier 2
Cymbalta
↓ Effexor XR

SSRI

Tier 1
citalopram *(Celexa)*
fluoxetine *(Prozac)*
paroxetine, ER *(Paxil, CR)*
sertraline *(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)*
- zaleplon *(Sonata)*
- zolpidem *(Ambien)*

Tier 2
- Ambien CR

Tier 3
- ↓ 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

UROLOGICALS

Tier 1
- flavoxate *(Urispas)*
- oxybutynin, ER *(Ditropan, XL)*
- propantheline *(Pro-Banthine)*

Tier 2
- Detrol/LA
- Enablex
- Oxytrol
- Vesicare

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
- 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)*
fexofenadine *(Allegra/D)*
▲ tripelennamine *(PBZ-SR)*

Tier 2

Optimine

Beta Agonists

Tier 1

albuterol *(Proventil)*
isoetharine soln. *(Bronkosol)*
metaproterenol *(Alupent)*

Tier 2

Accuneb
Alupent MDI
DuoNeb
Maxair MDI, Autohaler
Proventil HFA
Proventil Repetabs
Serevent, Diskus
Ventolin Rotacaps

Inhaled Steroids

Tier 2

Asmanex
Azmacort
Beclovent, Vanceril
Flovent Rotadisk
Pulmicort
Qvar
Symbicort

Nasal Corticosteroids

Tier 2

Flonase
Nasacort, AQ
Nasonex
Rhinocort, AQ
Vancenase AQ DS, 84 mcg.
Vancenase pockethaler
Veramyst

Tier 3

Beconase AQ

Misc. Pulmonary Agents

Tier 1

acetylcysteine *(Mucomyst)*
cromolyn nebul. soln. *(Intal)*
ipratropium MDI *(Atrovent)*

Tier 2

Advair
Atropine nebul. soln.
Combivent
Tilade

Tier 3

Spiriva
Xolair
Xopenex

SMOKING CESSATION

Tier 1

bupropion *(Zyban)*

Tier 2

Chantix
Nicotrol Inhaler

Section II:
Outpatient Medications Requiring a Coverage Review

Certain medications require a coverage review. 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 Medco By Mail, Medco will call your doctor to start the coverage review process. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. Members with questions pertaining to a prescription drug coverage review should contact Medco Member Services at 1 800 355-8279 for more information. The following drugs currently require a coverage review. **Please note that both lists are subject to change.**

Classification	Medications
Cancer Agents	Avastin, Erbitux, Nexavar, Sprycel, Sutent, Tarceva, Tykerb, Vectibix, Zolinza, Temodar
Cystic Fibrosis	TOBI (Tobramycin Inhalation Solution)
Dermatology	Avita and Retin-A (greater than age 35), Amevive
Erythroid Stimulant Agents	Aranesp, Epogen, Procrit
Gonadotropin Releasing Hormones Analogs	Lupron, Synarel
Growth Hormones	Geref, Genotropin, Humatrope, Norditropin, Nutropin, Protropin, Saizen, Serostim, et al
Immunoglobulins	Gamimune N, Gammagard, Gammar-IV, Iveegam, Venoglobulin, Sandoglobulin
Interferons	Actimmune, Alferon N, Intron A, PEG-Intron, Pegasys, Rebetron, Roferon-A, Infergen
Miscellaneous Agents	Amevive, Botox, Dacogen, Gleevec, Lotronex, Myobloc, Provigil, Raptiva, Thalomid/Revlamid, Vidaza, Weight-loss medications, Xolair, Zelnorm
Multiple Sclerosis Agents	Betaseron, Copaxone, Rebif, Avonex, Tysabri, Novantrone
Myeloid Stimulant Agents	Neupogen, Neulasta, Leukine, Neumega
NSAIDs/COX-2 Inhibitors*	Celebrex*, Mobic*
Proton Pump Inhibitors	Prevacid, Aciphex, Protonix, Zegerid, Prilosec 40mg
Pulmonary Arterial Hypertension (PAH) Agents	Revatio, Tracleer, Letairis, Ventavis
Respiratory Syncytial Virus Prevention	Synagis, Respigram
Rheumatoid Arthritis Therapy	Enbrel, Kineret, Remicade, Humira, Arava

*These medications will process at the pharmacy without a coverage review if certain criteria are met. If the applicable criteria are not met, a coverage review will be required.

Medication With Quantity Limitations

The Plan has set quantity limitations for these drugs. You must obtain a coverage review to obtain quantities in excess of these limitations.

Medication	Quantity Limitation
AAmerge	Any combination of tablets, not to exceed 12 per rolling 30 days
Axert	Any combination of tablets, not to exceed 12 per rolling 30 days
Bupropion (2 year)	Limited to 3 months (90 days) per year (365 days)
Caverject	Up to 8 injections within 30 days
Chantix	Limited to 6 months (180 days) per year (365 days)
Cialis	Up to 8 tablets within 30 days
Diflucan	Up to 7,200 mg within 180 days
Diflucan (150 mg only)	Up to 4 tablets per co-payment
Edex	Up to 8 injections within 30 days
Frova	Any combination of tablets, not to exceed 12 per rolling 30 days
Imitrex	Any combination of tablets, injections, or nasal sprays, not to exceed 12 per rolling 30 days
Lamisil	Up to 22,500 mg within 180 days
Levitra	Up to 8 tablets within 30 days
Maxalt	Any combination of tablets, not to exceed 12 per rolling 30 days
Muse	Up to 8 suppositories within 30 days
Nicotrol	Limited to 3 months (90 days) per year (365 days)
Relenza	Up to 20 tablets within 180 days
Relpax	Any combination of tablets, not to exceed 12 per rolling 30 days
Sporanox	Up to 18,000 mg within 180 days
Stadol Nasal Spray	Up to 4 canisters within 30 days
Tamiflu	Up to 10 tablets within 180 days
Toradol	Up to 20 tablets or 20 injections per prescription
Treximet	Any combination of tablets, not to exceed 12 per rolling 30 days
Viagra	Up to 8 tablets within 30 days
Zomig	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.

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.

The drug listing in this booklet was current at the time of printing, but is subject to change.

medco®

Medco manages your prescription drug benefit at the request of your health plan.

This Three-tier Drug Program Guide is a service of Medco, your prescription drug benefit manager.

© 2008 Medco Health Solutions, Inc.

All rights reserved.
Medco is a registered trademark of Medco Health Solutions, Inc.

10
Form #MG923636
(6/08)
T20333