

M E M B E R A N D P H Y S I C I A N F O R M U L A R Y

We are pleased to introduce to you the Health New England (HNE) Member and Physician Formulary. It is designed to introduce members and physicians to HNE's selection of Formulary Drugs.

About the Formulary:

Health New England is committed to providing our members with access to safe and effective medications. HNE covers most prescription drugs and a small number of non-prescription drugs and medical supplies. Covered prescription drugs are divided into three tiers with different member copayments. Together, the first two tiers described below are known as the Health New England Formulary. If a covered medication is not in the Formulary, it is considered Brand/Non-Formulary (Tier 3). Members still have access to these medications, but at the highest copayment. Specific prescription drug copayments are listed on your HNE ID card.

Generic Drugs (Tier 1):

Approved by the U.S. Food and Drug Administration (FDA), Generic Drugs (Tier 1) contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. In most cases, Massachusetts law requires and HNE encourages the dispensing of generic drugs whenever possible. You pay the lowest copayment for generic drugs.

Brand/Formulary Drugs (Tier 2):

Brand/Formulary Drugs (Tier 2) are marketed under a trademarked brand name, usually by one manufacturer, and usually do not have less costly generic equivalents. Brand/Formulary Drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA-approved drugs on the market. Your copayment for Brand/Formulary Drugs is higher than for Generic Drugs, but lower than for Brand/Non-Formulary Drugs, which are described below.

Brand/Non-Formulary Drugs (Tier 3):

Any brand name drug that HNE has not selected as a Brand/Formulary Drug is a Brand/Non-Formulary Drug (Tier 3). This category includes; any brand name drug that has a generic equivalent (Tier 1), or brand drugs that there are formulary generic and brand alternatives. You and your doctor may decide that a Brand/Non-Formulary Drug is most appropriate for you. These medications are still covered, but at the highest copayment level.

New Medications:

1. HNE does not typically add brand name medications to its list of covered drugs for at least six months after FDA approval. Once the FDA approves a drug, HNE's committee of physicians and pharmacists reviews the drug's safety, effectiveness and value. During this clinical review period, HNE does not cover the drug.
2. Your doctor or pharmacist can tell you if the FDA approved a drug within the last 6 months. To check the current formulary status of any prescription drug, you can go to the HNE website at hne.com or call HNE Member Services at 413-787-4004 or 800-310-2835.

Review request for newly approved drugs: If your physician requests an FDA approved medication for a non-FDA approved disease state/condition, your physician must submit at least 3 peer-reviewed journal articles or abstracts; a national or published Clinical Guideline; and/or published information regarding current standard of care.

Review process for quantity limitations, step therapy or exceptions: Your physician may initiate the review request by completing our Review Request Form, which can be found on the HNE website at hne.com or call HNE Member Services at 413-787-4004 or 1-800-310-2835.

Over the Counter Medications:

HNE now covers a number of over the counter (OTC) medications such as allergy and PPI medications. HNE has opened up coverage of these medications as a cost savings to our members. These medications will usually be covered at a Tier 1 copayment or less. Please refer to our formulary listings for coverage.

What is compounding?

Compounding is the producing of a medication using raw chemicals and ingredients that are customized to meet the specific needs of a patient according to a doctor's specifications.

What is the copay for compounded medications?

Copayments for compounds will vary based on ingredients. However, not all compounds are covered. For questions regarding coverage, please call HNE Member Services at 413-787-4004 or 1-800-310-2835.

Maintenance Medications at Mail Order:

- Generally a maintenance drug can be described as a medication that is used for the treatment of a chronic condition (i.e. diabetes, asthma, arthritis and heart disease) taken to stabilize the illness or symptoms of the illness AND that has been classified by FDB (industry standard classifier) as a maintenance medication.
- Only maintenance medications with a maintenance indicator will be available through mail order.

When to use the WellDyneRx mail service prescription drug benefit (**if you have the mail order benefit*):

- You have verified that your medication is a true maintenance medication as defined by HNE.
- You have obtained at least 2 refills at Retail and have not had an adverse reaction.
- To take advantage of lower copayments for your generic and formulary maintenance medications. Note: The copayments for non-formulary medications will not change.
- To plan ahead when you are going on an extended vacation.

How to use the WellDyneRx mail service prescription drug benefit:

- We recommend obtaining 2 prescriptions for new maintenance medications. One to be used for a preliminary 30-day supply to be filled by your local in network retail pharmacy. The second prescription will be for up to a 90- day supply plus refills for up to one year.
- Complete the mail order member profile and submit following directions on the form, or visit hne.com.
- For faster service you can order refills on line at hne.com as indicated on invoice received from mail order (this only applies to prescriptions with refills and does not apply to any initial orders)

Maintenance Medications and Retail:

This is HNE's Access 90 program. This program allows our members to receive up to a 90 day supply of a maintenance medication at participating retail pharmacies. A copayment will apply to each 30 day supply. The Access 90 program does not apply to prescriptions filled at HNE's specialty vendor ICORE or if prohibited by law. For a list of participating pharmacies visit hne.com or call HNE Member Services at 413-787-4004 or 1-800-310-2835.

ICORE (Specialty Vendor)

Members being treated with specialty medications are required to use the specialty pharmacy to fill self-injectable and oral oncology medications, with the exception of insulin products, in order to maximize the pharmacy benefit and minimize out of pocket expenses.

When you send your prescription, you can take advantage of a \$0 copayment (a deductible may apply). ICORE's order forms are available on hne.com or can be faxed to your provider by calling HNE Member Services at 413-787-4004 or 800-310-2835.

PLEASE NOTE:

Attention Deficit Disorder Medications that are classified as a controlled substance (CII & CIII): can now be filled for up to a 60-day supply at an In-Plan Retail Pharmacy (this is subject to the stores internal policy). One copayment applies for each 30-day supply. This applies to the state of Massachusetts pharmacies only. All other states are subject to their own state laws and internal store policies.

How to Use the HNE Member and Physician Formulary

The Formulary is divided into three sections: Generic Drugs (Tier 1), Brand/Formulary Drugs (Tier 2) and Brand/Non-Formulary Drugs (Tier 3). Each section is listed alphabetically.

To find out if a covered medication you are currently taking is part of the Formulary, follow these simple steps:

1. Look up the name of the medication you actually received.
2. If you find the medication listed under Generic Drugs (Tier 1), you pay the lowest copayment level. Please keep in mind that the Generic Drug (Tier 1) listing is representative only. There are hundreds of generic drug products available. If you think that your drug is available as a generic, please contact your local pharmacist.
3. If you find the medication listed under Brand/Formulary Drugs (Tier 2), there is usually no available generic equivalent and you pay the middle copayment level.
4. If you do not find the covered medication, then it is probably a Brand/Non-Formulary Drug (Tier 3), which is not a part of the Formulary. You will pay the highest copayment for these drugs. Please consult your doctor to see if there are any formulary brand or generic alternatives right for you.

NOTE: The contents of this Formulary are subject to change at any time without member notification. For the most up to date listing, visit hne.com.

The formulary is fully reviewed annually and as necessary throughout the year.

Questions:

If you have any questions about your prescription drugs, please speak with your doctor. If you have questions about the Formulary or your coverage, please call the HNE Member Services Department at 413-787-4004 or 1-800-310-2835, Monday through Friday, 8am to 5pm, or visit our website at hne.com.

Other Important Information:

Also included in the Formulary is a description of Health New England's non-covered drugs, as well as drugs that might require prior authorization, step therapy or have quantity limitations.

For reference, there is a list of common brand name drugs with available generic equivalents. The brand name products on this list are covered as Brand/Non-Formulary Drugs (Tier 3) and the generic equivalents are covered as Generic Drugs (Tier 1).

Please note: You must be an eligible member with prescription drug coverage when the medication is dispensed. If you are not an eligible member with prescription drug coverage, medications are not covered.

IMPORTANT NOTES

Please be aware that once a generic equivalent is available, a drug will move to Tier 3.

Massachusetts state law requires pharmacists to dispense a generic equivalent unless otherwise indicated by the physician.

What are the effects of not switching to a generic?

- You pay a higher copay
- If you choose to continue on the brand name drug, a new script from your physician will need to reflect "Dispense as written." Contact your physician if interested in discussing alternatives.

Tier 1 – Generic Drug Listing

Approved by the U.S. Food and Drug Administration (FDA), Generic Drugs (Tier 1) contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. In most cases, Massachusetts law requires and HNE encourages the dispensing of generic drugs whenever possible. You pay the lowest copayment for generic drugs.

This list is representative only. If you think that your drug is available as a generic product, please contact your physician or local pharmacist.

A-B		
acebutolol	benazepril	chloroquine
acetaminophen/butalbital/caffeine	benzoic acid	chlorpromazine
acetaminophen/codeine	benzonatate	chlorpropamide
acetaminophen/phenyltolox	benzoyl peroxide/clindamycin	chlorthalidone
acetazolamide	benztropine	chlorzoxazone
acetoexamide	betamethasone dipropionate	cholestyramine
acyclovir	betamethasone valerate	choline magnesium trisalicylate
Alaway OTC	bethanechol	ciclopirox gel
albuterol	bisoprolol	ciprofloxacin
alendronate	bisoprolol/HCTZ	ciprofloxacin ER
allopurinol	bromocriptine	cimetidine
alora	budeprion SR	citalopram**
alprazolam	budeprion XL**	clarithromycin
alprazolam ER	buproban**	clarithromycin ER
amantadine	bupropion**	clemastine
amiloride	bupropion HCL	clindamycin
amiloride/hctz	bupropion SR**	clindamycin vaginal cream
amiodarone	bupirone	clobetasol
amitriptyline		clomiphene
amlodipine**	C-D	clomipramine
amlodipinel/benazapril	calcitriol	clonazepam
amnesteem	captopril	clonidine
amoxapine	captopril/HCTZ	clorazepate
amoxicillin	carbamazepine	clotrimazole
amoxicillin/clavubrate	carbamazepine, chewable	clozapine**
ampicillin	carbidopa/levodopa	codeine
antipyrene/benzocaine otic	carisoprodol	colchicine
aspirin/butalbital/caffeine	carvedilol	colestipol
atenolol	cefaclor	colyte flavored
atenolol/chlorthalidone	cefadroxil	cortamax lotion
atropine	cefprozil	cromolyn
azathioprine	cefuroxime	cyanocobalamin
azithromycin	cephalexin	cyclobenzaprine
azithromycin susp	cephadrine	cyclosporine
bacitracin	cetirizine OTC	cyproheptadine
baclofen	chloral hydrate	danazol
balsalazide disodium	chloramphenicol	dantrolene
	chlordiazepoxide	dapsone
	chlorhexidine	

Tier 1 – Generic Drug Listing (continued)

desipramine
 desmopressin acetate
 desonide
 dexamethasone
 dextroamphetamine
 dexmethylphenidate
 diazepam
 diclofenac
 dicloxacillin
 dicyclomine
 didanosine
 diflunisal
 digitek
 digoxin
 dihydroergotamine
 diltiazem
 diltiazem CD
 diltiazem SR
 diphenoxylate/atropine
 dipivefrin
 disopyramide
 disopyramide SR
 disulfiram
 divalproex sodium
 doxazosin**
 doxepin
 doxycycline

E-F

enalapril
 epinephrine
 erythromycin
 erythromycinbase
 erythromycin estolate
 erythromycin stearate
 estazolam
 estradiol
 estradiol patch
 estropipate
 ethacrynic acid
 ethosuximide
 etidronate
 etodolac
 etodolac ER
 fabb

famciclovir
 famotidine
 felodipine
 fenofibrate
 fenoprofen
 fentanyl
 fentanyl OTFC**
 fexofenadine**
 finasteride
 fisinopril
 fluconazole
 fluocinolonolone
 fludrocortisone
 flunisolide
 fluocinonide
 fluoride
 fluoxetine**
 fluphenazine
 flurazepam
 flurbiprofen
 fluticasone
 fluvoxamine maleate**
 folic acid
 fortical
 furosemide

G-H

gabapentin**
 gemfibrozil
 gentamicin
 glimepiride
 glipizide
 glipizide/metformin
 glyburide
 granisetron HCL**
 granisol**
 griseofulvin, ultramicro
 guaifenesin
 guanabenz
 guanfacine
 halobetasol
 haloperidol
 heparin
 hydralazine
 hydrochlorothiazide
 hydrocodone

hydrocortisone
 hydrocortisone valerate
 hydromorphone
 hydroxyurea
 hydroxyzine
 hyoscyamine

I-J

ibuprofen
 imipramine
 imipramine pamoate
 indapamide
 indomethacin
 indomethacin SR
 insulin syringes
 iodoquinol
 ipratropium
 ipratropium/albuterol
 ipratropium nasal spray
 isoniazid
 isosorbide dinitrate
 isosorbide dinitrate SL
 isosorbide dinitrate SR
 isosorbide mononitrate
 itraconazole**
 jantoven

K-L

keratol
 ketoconazole
 ketoconazole cream
 ketoprofen
 ketoprofen ER
 ketorolac**
 ketotifen
 klor-con
 labetolol
 lactulose
 lamotrigine chewable
 levobunolol
 levocarnitine
 levothyroxine
 levoxyl
 lidocaine
 lindane
 lisinopril

Tier 1 – Generic Drug Listing (continued)

lisinopril/HCTZ
 lithium carbonate
 lithium carbonate SR
 lithium carbonate CR
 lithium citrate
 loperamide
 loratadine OTC
 loratadine D OTC
 lorazepam
 lovastatin**
 loxapine

M-N

maprotiline
 mebendazole
 meclizine
 meclofenamate
 medroxyprogesterone
 megestrol
 meloxicam**
 meloxicam suspension**
 meperidine
 mephobarbital
 meprobamate
 mercaptopurine
 metaproterenol
 metformin
 metformin/glyburide
 methadone
 methazolamide
 methenamine
 methimazole
 methocarbamol
 methotrexate
 methyl dopa
 methylphenidate
 methylprednisolone
 methyltestosterone
 metoclopramide
 metolazone
 metoprolol
 metoprolol ER
 metronidazole
 metronidazole lotion
 mexelitine

midodrine
 minocycline
 minoxidil
 mirtazapine**
 misoprostol
 moexipril
 mometasone furate
 morphine, IR
 morphine SR
 nabumetone
 nadolol
 nadolol/bendroflu
 naproxen
 naproxen sodium
 nefazodone
 neomysulf/polymx/B sulf/Hc
 nic 750
 nicardipine
 nicotine patches **
 nicotinic acid
 nifedipine
 nitrofurantoin
 nitrofurantoin, macro
 nitroglycerin SL
 nitroglycerin patch
 nizatidine
 norethindrone
 nortriptyline
 nystatin
 nystatin vaginal

O-P

ofloxacin
 ocella
 omeprazole**
 omeprazole OTC
 ondansetron**
 ondansetron sol**
 oscion cleanser
 oxaprozin
 oxazepam
 oxcarbazepine
 oxybutynin
 oxybutynin CL ER
 oxycodone**
 oxycodone/apap

oxycodone/ibuprofen
 pantoprazole**
 paroxetine HCL**
 pemoline
 penicillamine
 penicillin
 pentobarbital
 pentoxyphylline
 pergolide mesylate
 permethrin
 perphenazine
 phenazopyridine
 phenelzine
 phenobarbital
 phenteramine
 phenylephrine
 phenylpropanolamine
 phenyltoloxamine
 phenytoin
 phenytoin, extended release
 phenytoin suspension
 phytonadione
 pilocarpine
 pindolol
 piroxicam
 polymyxin B
 potassium chloride
 potassium citrate
 potassium citrate ER
 pramosone
 pravastatin **
 prazosin
 prednisolone
 prednisone
 prelone
 prenatal vitamins, generic
 Prilosec OTC**
 primaquine
 primidone
 probenecid
 procainamide
 procainamide SR
 prochlorperazine
 promethazine
 propafenone

Tier 1 – Generic Drug Listing (continued)

propoxyphene
 propoxyphene/acetaminophen
 propranolol
 propranolol/HCTZ
 propylthiouracil
 psyllium
 pyridostigmine
 pyrazinamide
 pyrimethamine

Q-R

quinapril HCL
 quinapril/HCTZ
 quinidine gluconate SR
 quinidine sulfate
 ramipril
 ranitidine
 reserpine
 ribavirin
 rifampin
 risperidone
 roxicodone

S-T

salicylic acid
 salsalate
 selegiline
 selenium
 selfemra**
 sertraline**
 silver sulfadiazine
 simethicone
 simvastatin**
 sodium fluoride
 sotalol
 spironolactone
 spironolactone/HCTZ
 sucralfate
 sulfacetamide
 sulfamethoxazole
 sulfamethoxazole/trimethaprin
 sulfasalazine
 sulfinpyrazone
 sulfisoxazole

sulfisoxazole/erythromycin
 sulindac
 tamoxifen
 temazepam
 terazosin**
 terbinafine**
 terconazole cream
 terconazole suppository
 terbutaline
 tetracycline
 theophylline
 theophylline ER
 thioridazine
 thoithixene
 ticlopidine
 timolol
 timolol, ophth.
 tizanidine HCL
 tobramycin
 tolazamide
 tolbutamide
 tolmetin
 tolnaftate
 tramadol HCL
 tramadol HCL/APAP
 tranlycypromine
 trazodone
 tretinoin**
 triamcinolone
 triamterene
 triamterene/HCTZ
 triazolam
 trictrate
 trifluoperazine
 trifluridine
 trihexyphenidyl
 trimethobenzamide
 trimethoprim
 trimipramine
 tripeleennamine

U-Z

uni-otic
 ursodiol
 valproic acid
 venlafaxine HCL**
 verapamil
 verapamil SR
 vistra
 warfarin
 yohimbine
 zaleplon**
 Zaditor OTC
 zidovudine
 zolpidem**
 Zyrtec OTC

Tier 2 – Brand/Formulary Drug Listing

Brand/Formulary Drugs (Tier 2) are marketed under a trademarked brand name, usually by one manufacturer, and do not have less costly generic equivalents. Brand/Formulary Drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA-approved drugs on the market. Your copayment for Brand/Formulary Drugs is higher than for Generic Drugs, but lower than for Brand/Non-Formulary Drugs, which are described below.

A-B			
Actos**	Avandamet**		Cleocin T
Actoplus Met**	Avandryl**		Climara Pro
Acular	Avandia**		Combipatch
Acular LS	Avapro**		Combivent
Adalat CC	Azelex		Combivir
Adderall XR**	Azopt		Compazine Spansule
Advair Diskus**	Azulfidine EN		Concerta**
Advair HfA**	Bactroban		Condylox
Aerochamber	Beclovent		Copaxone
Agenerase	Betaseron**		Cortane B Lotion
Agrylin	Betoptic		Cortef
Akne-Mycin	Betoptic S		Cortone
Albenza	Bicitra		Cosopt
Alinia	Bromphenex PD		Creon 5
Alkeran	Byetta**		Creon 10
Alphagan		C-D	Creon 30
Alphagan-P	Cafergot Suppository		Crestor**
Amicar	Calcimar		Crinone
Amicar Syrup	Canasa		Crixivan
AmLactin *	Capitrol		Cuprimine
Androderm	Carnitor		Cyclogyl
Anusol HC Suppositories	Casodex		Cytomel
Aptivus	Catapres TTS-1**		Cytovene, oral
Aquasol A	Catapres TTS-2**		Daraprim
Aralen Phosphate	Catapres TTS-3**		DDAVP Nasal Spray
Arava	Caverject **		Deconamine SR
Aricept	Celebrex **		Depakote ER
Arimidex	Cellcept		Depakote sprinkles
Armour Thyroid	Centany		Dermasmooth/FS
Asacol	Cerumenex		Dexacort Turbinaire
Asmanex	Cetrotide **		DHT
Atripla	Chemet		Diamox Sequels
Atrovent Inhaler	Chlormycetin Otic		Dilantin Infatab
Augmentin ES	Cibalith-S		Dimetane-DC
Augmentin XR	Ciloxin		Diovan**
Avalide**	Ciprodex		Diovan HCT**
	Cleocin Pediatric		Diprolene Lotion

Tier 2 – Brand/Formulary Drugs Listing (continued)

Dolophine	Femring	Insulin - all Novo products
Donnatal	Flavored Colyte	Intal
Dovonex	Flomax	Intelence
Drithrocreme	Florinef	Intron-A
Drithro-Scalp	Flovent	Invirase
Drysol	Flovent Rotadisk	Isentress
Drysol Dabamatic	Floxin	Isopto Atropine
Duetact**	Foradil**	Janumet**
Duratuss G	Fortovase	Januvia**
Dyclone	Furadantin suspension	
	Furoxone	K-L
E-F	Fuzeon	Kaletra
Edex**		Kaon-Cl
Effexor XR**	G-H	Ketone Test Strips
Efudex	Ganirelix**	Lamictal
Emtriva	Gastrocrom	Lamprene
Enbrel**	Gelkam	Lancets
Entex LA	Geodon	Lantus
Entex Liquid	Glucagen	Lantus Solostar
Entocort EC	Glucagon Emergency Kit	Lente Insulin II
Epi-pen**	Glucometer Test Strips <i>(Roche/Lifescan products only)</i>	Leukeran
Epivir	Grifulvin V	Levaquin
Epogen**	Gonal-F**	Levbid
Epzicom	Gyne-Lotrimin*	Levemir
Ergamisol	Hepsera	Levsin
Ergomar	Hiprex	Levsin SL
Eryped	Humalog	Levsinex Timecaps
Eryped Chewable	Humalog 50/50	Lexapro**
Estrace Vag. Cream	Humalog 75/25	Lexiva Suspension
Estratab	Humira**	Liquid Pred
Estratest	Humira Pen**	Loprox cream
Estratest HS	Humulin	Loprox shampoo
Estring	Hydromet	Lovenox**
Estrostep		Lumigan
Eulexin	I-J	Lupron Depo
Eurax	Hytakerol	Lysodren
Evista	Imitrex, injection**	M-N
Fansidar	Imitrex, intranasal**	Matulane
Fedahist	Imitrex, oral**	Maxair
Femara	Inderal LA	Maxair Autohaler
femhrt	Insulin - all Lilly products	Menest

Tier 2 Brand/Formulary Drugs Listing *(continued)*

Test Strips** <i>(Roche/Lifescan products only)</i>	Zavesca
Tev-Tropin**	Zerit
Thalomid	Zetia**
Theo 24	Ziagen
Thioguanine	Zmax suspension
Tigan	Zomig **
Tilade	Zomig Spray **
TOBI	Zomig ZMT**
Tobradex	Zovirax Ointment
Topamax	Zyprexa
Torecan	
Transderm-Scop **	
Tricor	
Trilisate	
Trisoralen	
TriViFlor/Iron	
Trizivir	
Trusopt	
Truvada	
Tussionex	
Uniretic	

V-Z

Vagifem
Valcyte
Valtrex
Vanceril
Vanceril DS
Vancocin
Ventolin Rotocap
Viagra **
Videx
Videx EC
Viokase
Vira-A
Viracept
Viramune
Viread
Vytone
Xalatan
Yocon

Tier 3 – Brand/Non-Formulary Drugs

This category includes; any brand name drug that has a generic equivalent, or brand drugs that there are formulary generic and brand alternatives. Please always consult with your doctor to discuss formulary alternatives.

Brand	Generic	Brand	Generic
A-B			
accuneb	albuterol solution	Benicar**	not available
Accupril	quinapril HCL	Benicar HCT**	not available
Accuretic	quinapril/HCTZ	Benzamycin	ery/benzoyl peroxide
Accutane	amnesteem	Betapace	sotalol
Aciphex**	not available	Biaxin	clarithromycin
Actigall	ursodiol	Biaxin XL	clarithromycin ER
Actiq**	fentanyl OTFC	Blephamide oint	not available
Actonel**	not available	Boniva**	not available
Adalat	nifedipine	Brovana	not available
Adderall	amphetamine salt combo	Buspar	bupirone
Adoxa	doxycycline	C-D	
Advicor**	not available	Caduet**	not available
Aldactazide	spironolactone/hctz	Calan	verapamil
Aldactone	spironolactone	Calan SR	verapamil SR
Aldomet	methyldopa	Capoten	captopril
Altabax	not available	Carafate	sucralfate
Allegra**	fexofenadine	Cardizem	diltiazem
Allegra D**	fexofenadine/pseudophedrine	Cardizem CD	diltiazem CD
Altace	ramipril	Cardizem SR	diltiazem SR
Altoprev**	not available	Ceclor	cefactor
Ambien**	zolpidem	Ceftin	cefuroxime
Ambien CR**	not available	Cefzil	cefprozil
Amaryl	glimepiride	Celexa**	citalopram
Amoxil	amoxicillin	Cipro	ciprofloxacin
Anafranil	clomipramine	Cipro XR	ciprofloxacin ER
Anamantle cream	lidocaine	Clarinex**	not available
Anaprox	naproxen sodium	Cleocin vaginal cream	clindamycin
Angeliq	not available	Climara patch	estradiol
Astelin	not available	Clozaril**	clozapine
Atacand**	not available	Colazal	balsalazide disodium
Atacand HCT**	not available	Colestid	colestipol
Atarax	hydroxyzine	Combunox	oxycodone/ibuprofen
Ativan	lorazepam	Compazine	prochlorperazine
Atralin**	not available	Copegus	ribavirin
Atrovent nasal spray	ipratropium	Cordarone	amiodarone
Augmentin	amoxicilin/clavubrate	Coreg	carvedilol
Avinza**	not available	Cortisporin	neomysulf/polymyx
Avonex**	not available	Corzide	nadolol/bendroflu
Axid	nizatidine	Coumadin	warfarin
Azor**	not available	Cozaar**	not available
Azulfidine	sulfasalazine	Cytotec	misoprostol B sulf/Hc
Bactrim	TMP/SMZ	Dantrium	dantrolene
Bactrim DS	TMP/SMZ	Darvocet N-100	propoxyphene/APAP
		Dazidox	oxycodone HCL

Tier 3 – Brand/Non-Formulary Drugs (continued)

Brand	Generic	Brand	Generic
DDAVP	desmopressin acetate	Flexeril	cyclobenzaprine
Decadron	dexamethasone	Flextra	vistra
Demerol	meperidine	Flonase**	fluticasone
Depakene	valproic acid	Florinef	fludrocortisone
Depakote	divalproex	Floxin	ofloxacin
Desowen Lotion	desonide	Focalin	dexmethylphenidate
Detrol**	not available	Foradil	not available
Detrol LA**	not available	Fosamax	alendronate
Dexedrine	dextroamphetamine	G-H	
Diabeta	glyburide	Gleevec**	not available
Diamox	acetazolamide	Glucophage	metformin
Didronel	etidronate	Glucophage XR	metformin
Diflucan	fluconazole	Glucotrol	glipizide
Dilacor XR	diltiazem	Glucotrol XL	glipizide
Dilantin	phenytoin	Glucovance	glyburide/metformin
Dilantin 125	phenytoin suspension	Glumetza ER	not available
Dilaudid	hydromorphone	Haldol	haloperidol
Diprolene	betamethasone dipropionate	Hylira Lotion	sodium hyaluronate lotion
Disalcid	salsalate	Hyper Sal	not available
Ditropan XL	oxybutynin XL	Hytrin **	terazosin
Ditropan	oxybutynin	Hyzaar**	not available
Doryx	doxycycline	I-J	
Dostinex	cabergoline	Inderal	propranolol
Duac	benzoyl peroxide/clindamycin	Indocin	indomethacin
Duoneb	ipratropium/albuterol	Inspra	eplerenone
Duricef	cefadroxil	Invega ER	not available
Duragesic	fentanyl	Isordil	isosorbide dinitrate
Dynacin	minocycline	K-L	
E-F		Kadian**	not available
Effexor**	venlafaxine HCL	Keflex	cephalexin
Elavil	amitriptyline	Keralac	urea
Eldepryl	selegiline	Klonopin	clonazepam
Elocon	mometasone furoate	Kytril**	granisetron HCL
Enablex**	not available	Lamictal chewable	lamotrigine
Ery-Tab	erythromycin	Lamisil**	terbinafine**
Eskalith CR	lithium carbonate	Lariam	mefloquine
Estrace	estradiol	Lasix	furosemide
Estrostep FE	tilia FE	Lescol**	fluvastatin
Estrostep FE	tri-legest FE	Lescol XL**	fluvastatin
Exforge**	not available	Librium	chlordiazepoxide
Famvir	famciclovir	Lidex	floucinonide
Feldene	piroxicam	Lidex - E	floucinonide
Fentora**	not available	Lipitor**	not available
Fioricet	APAP/butalbital/caffeine	Lipofen	not available
Fiorinal	ASA/butalbital/caffeine	Lithobid	lithium carbonate
Flagyl	metronidazole	Lofibra	fenofibrate
Flector	not available	Lomotil	diphenoxylate/atropine

*This list is subject to change. ** Indicates a medication with a Prior Authorization, Step Therapy, or Limit please see pages 16-32.*

Tier 3 – Brand/Non-Formulary Drugs (continued)

Brand	Generic	Brand	Generic
Lopressor	metoprolol	Opana**	oxymorphone
Loprox gel	ciclopirox	Optivar**	not available
Lotensin	benazepril	Orudis	ketoprofen
Lotrel	not available	Ovace	sulfacetamide
Lunesta**	not available	Oxytrol**	not available
Luvox CR	not available	Paptase foam	not available
Lynox	oxycodone/APAP	Paralodel	bromocriptine
Lyrica**	not available	Parnate	tranylcypromine
M-N		Patanase	not available
Macrobid	nitrofurantoin	Paxil**	paroxetine
Marinol	dronabinol	Paxil CR**	paroxetine CR
Mavik	trandolapril	Pediapred	prednisolone
Maxzide	triamterene/HCTZ	Peg Intron**	not available
Mebaral	mephobarbital	Percocet	oxycodone/APAP
Mellaril	thioridazine	Perforomist	not available
Mentinon	pyridostigmine	Permax	pergolide mesylate
Metaglip	glipizide/metformin	Plendil	felodipine
Metro lotion	metronidazole	Polycitra	tricitrate
Metrogel	metronidazole	Pramotic	choloroxylenol/ pramoxine HCL
Mevacor**	lovastatin	Pramox	not available
Miacalcin	fortical	Pravachol**	pravastatin
Micardis**	not available	Pravigard**	not available
Micardis HCT**	not available	Precose	acarbose
Micronase	glyburide	Prenatal vitamins, brand	not available
Minipres	prazosin	Prevacid**	not available
Mobic**	meloxicam	Prilosec**	omeprazole
Monopril	finisopril/sodium	Primalev	not available
Motrin	ibuprofen	Prinivil	lisinopril
MS Contin**	morphine sulfate	Prinizide	lisinopril/HCTZ
Nalex	phenyltoloxamine	ProAmatine	midodrine
Naprosyn	naproxen	Procan SR	procainamide SR
Nasacort**	not available	Pronestyl	procainamide
Nasalide**	flunisolide	Proscar	finasteride
Nasarel**	flunisolide	Protonix**	pantoprazole
Neoral	cyclosporine	Proventil HFA	albuterol
Neurontin	gabapentin	Provera	medroxyprogesterone
Nexium**	not available	Prozac**	fluoxetine
Nizoral	ketoconazole	Q-R	
Nizoral cream	ketoconazole cream	Questran	cholestyramine
Noraditropin**	not available	Quinaglute	quinidine gluconate
Norpace	disopyramide	Reglan	metoclopramide
Norvasc	amlodipine	Remeron	mirtazapine
Nutropin AQ**	not available	Retrovir	zidovudine
O-P		Rhinocort AQ**	not available
Omnaris	not available	Risperdal	risperidone

Tier 3 – Brand/Non-Formulary Drugs (continued)

Brand	Generic	Brand	Generic
Ritalin	methylphenidate	Valium	diazepam
Rocaltrol	calcitriol	Vasotec	enalapril
Rozerem**	not available	Ventavis**	not available
Rythmol	propafenone	Veramyst**	not available
S-T		Ventolin	albuterol
Salex cream	salicylic acid	Veregen	not available
Sanctura**	not available	Verelan	verapamil
Sarafem**	selfemra	Verelan PM	verapamil SR
Serax	oxazepam	Vesanoid	tretinoin
Serevent	not available	Vesicare**	not available
Serzone	nefazodone	Vivelle	estradiol
Simcor**	not available	Vivelle DOT	not available
Sinemet	carbidopa/levodopa	Volmax	albuterol sulfate
Sinemet CR	carbidopa/levodopa (extended release)	Voltaren	diclofenac
Soma	carisoprodol	Vytorin**	not available
Sonata**	zaleplon	Vyvanse	not available
Sporanox**	itraconazole	Wellbutrin**	bupropion HCL
Suboxone**	not available	Wellbutrin SR**	bupropion SR
Subutex**	not available	Wellbutrin XL**	bupropion XL
Surmontil	trimipramine	Xanax XR	alprazolam ER
Tagamet	cimetidine	Xyzal**	not available
Tapazole	methimazole	Yasmin	ocella
Tegretol	carbamazepine	Yaz	not available
Tekturna	not available	Zacare	not available
Tenormin	atenolol	Zaditor drops	ketotifen
Terazol cream	terconazole	Zanaflex	tizanidine HCL
Terazol suppository	terconazole	Zantac	ranitidine
Teveten**	not available	Zarontin	ethosuximide
Teveten HCT**	not available	Zaroxolyn	metolazone
Theo-Dur	theophylline	Zegerid**	not available
Tiazac	diltiazem	Zestril	lisinopril
Toprol XL	metoprolol ER	Zestoretic	lisinopril HCTZ
Toradol**	ketorolac	Zithromax	azithromycin
Tofranil PM	imipramine pamoate	Zithromax susp.	azithromycin
Triaz cleanser	oscion	Zocor**	simvastatin
Trileptal	oxcarbazepine	Zoderm	benzoyperoxide
Tylenol #3	APAP/codeine	Zofran**	odansetron
U-Z		Zofran SOL**	odansetron
Ultracet	tramadol HCL/APAP	Zoloft**	sertraline
Ultram	tramadol HCL	Zonegran	zonisamide
Ultravate	halobetasol	Zovirax	acyclovir
Umectra emulsion	urea emulsion		
Uniphyll	theophylline ER		
Univasc	moexipril		
Urocit-K	potassium citrate ER		

This list is subject to change. ** Indicates a medication with a Prior Authorization, Step Therapy, or Limit please see pages 16-32.

This section lists medications that are excluded, require prior authorization, require step therapy or have quantity limitations. These lists are subject to change.

Excluded Medications

The following brand medications and their generics are currently NOT covered by Health New England:

Brand Drug Name	Indication
Aclaro PD 4% Emulsion	bleaching
Aquoral Spray	dry mouth and throat
Avage	Vit A der
Compounds	various
Didrex	weight loss
Eldopaque Forte	bleaching
Glyquin XM	depigmenting
Hydroquinone	cosmetic
Lustra	bleaching
Melenex	bleaching
Obagi Nu-Derm	bleaching
Penlac	onychomycosis
Propecia, Rogaine	male pattern baldness
Remergent HQ	bleaching
Renova	treatment of fine wrinkles
Rinnovi	cosmetic
Solage	hypopigmentation
Solaquin Forte	bleaching
Tri-Luma	depigmenting
Vaniqa	cosmetic
Various	bleaching
Xyrem	cataplexy

Note: The shaded rows indicate medications that are allowed through mail order, due to their FDA maintenance indicator. ** See quantity limitation list

Prior Authorizations (PA)

The following medications require HNE's prior approval. For more information, please contact our Member Services department at 1-800-310-2835 or 787-4004, or visit our website hne.com for the appropriate form. Completed forms should be faxed to 800-550-9246. **Only FDA maintenance indicator drugs are allowed through mail order.**

Tier	Brand Drug Name
Tier 3	Actiq**
Medical	Amevive
Tier 3	Aranesp
Tier 3	Atralin <i>(PA does not apply to ages 13-29)</i>
Medical	Botox
Tier 3	Bravelle
Tier 2	Celebrex**
Medical	Cerezyme
Tier 2	Cetrotide
Tier 3	Differin <i>(PA does not apply to ages 13-29)</i>
Medical	Elaprase
Tier 2	Enbrel**
Tier 2	Epogen
Medical	Fabrazyme
Tier 1	fentanyl lozenge**
Tier 3	Fentora**
Medical	Flolan
Tier 3	Follistim
Tier 2	Forteo
Tier 2	Ganirelix
Tier 3	Genotropin
Tier 3	Gleevec**
Tier 2	Gonal-F
Tier 3	Humatrope
Tier 2	Humira**
Tier 2	Humira Starter Pack**
Tier 3	Increlex
Tier 3	Kineret
Tier 3	Leukine
Tier 3	Luveris
Tier 1	meloxicam**
Tier 3	Menopur

Note: The shaded rows indicate medications that are allowed through mail order, due to their FDA maintenance indicator. ** See quantity limitation list

This list is subject to change.

Prior Authorizations (PA) *Continued*

Tier	Brand Drug Name
Tier 3	Meridia
Tier 3	Mobic**
Medical	Myobloc
Tier 3	Nexavar**
Tier 2	Norditropin
Tier 3	Noxafil
Tier 2	Nutropin
Tier 3	Nutropin AQ
Tier 3	Omnitrope
Medical	Orencia
Tier 2	Pegasys
Tier 3	Peg-Intron
Tier 2	Procrit
Tier 3	Provigil
Tier 3	Raptiva
Medical	Remicade
Medical	Remodulin
Tier 2	Repronex
Tier 3	Retin-A <i>(PA does not apply to ages 13-29)</i>
Tier 2	Retin-A Micro <i>(PA does not apply to ages 13-29)</i>
Tier 2	Revatio
Tier 3	Revlimid**
Medical	Rituxan
Tier 3	Saizen
Tier 3	Serostim
Tier 2	Singulair
Medical	Soliris
Tier 3	Sprycel**
Tier 3	Suboxone**
Tier 3	Subutex**
Tier 3	Sutent**
Tier 2	Symlin**
Tier 3	Tazorac
Tier 2	Tev-Tropin

Note: The shaded rows indicate medications that are allowed through mail order, due to their FDA maintenance indicator. ** See quantity limitation list

Prior Authorizations (PA) *Continued*

Tier	Brand Drug Name
Tier 3	Tracleer
Tier 1	tretinoin (<i>PA does not apply to ages 13-29</i>)
Tier 3	Tykerb**
Medical	Tysabri
Tier 3	Ventavis
Tier 3	Vfend
Tier 3	Xenical
Medical	Xolair
Tier 3	Zolinza**
Tier 3	Zorbtive
Tier 3	Zyvox

Note: The shaded rows indicate medications that are allowed through mail order, due to their FDA maintenance indicator. ** See quantity limitation list

This list is subject to change.

Step Therapy

Step therapy is an approach to medication management. **Step Therapy** is a program designed exclusively for people who have **certain conditions**—diabetes, high blood pressure, and high cholesterol. The HNE Step Therapy program is **all about value**. Most simply, that means getting a tried-and-true medication that's proven **safe and effective** for your condition, and getting it at the lowest possible cost.

This program is designed to have your prescription drugs be more affordable. We will work with you and your physician to be certain that you are getting the appropriate drug for your condition. Claims for drugs listed in the Step Therapy column below will process only if you have had a prescription filled from the First Line and/or Second Line medications listed within the last 180 days.

The use of samples does not satisfy the requirements of documented usage of a First or Second Line drug of medical necessity for a Step Therapy drug. If it is medically necessary for you to use a Step Therapy drug before trying a First and/or Second Line drug, then your doctor can contact HNE to request a pharmacy review. If you have any questions about the program or need any pharmacy forms, please contact our Member Services Department at 1-800-310-2835 or 413-787-4004, or visit our website at hne.com. Completed forms should be faxed to 413-233-2777.

Please Note: Some of these Step Therapies have 3 steps. You must try the First Line drug before HNE will cover the Second Line drug. You must try the Second Line drug before HNE will cover the Step Therapy drug.

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
Allergy (eye) Ketotifen (OTC/RX) Optivar Zaditor OTC	<ul style="list-style-type: none"> Allergic Rhinitis 	Alaway OTC	
Allergy (oral) Allegra Clarinex Xyzal	<ul style="list-style-type: none"> Allergic Rhinitis 	Cetirizine OTC Fexofenadine Loratadine OTC	
Allergy (oral w/ decongestant) Allegra D	<ul style="list-style-type: none"> Allergic Rhinitis 	Loratadine D OTC Zyrtec D OTC	
Allergy (suspension) Allegra Zyrtec(RX)	<ul style="list-style-type: none"> Allergic Rhinitis 	Loratadine OTC Zyrtec OTC	

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
Analgesic Avinza Kadian MS Contin Opana Oxycontin	<ul style="list-style-type: none"> Chronic Pain 	Morphine SR	
Angiotensin II Receptor Antagonist Blocker (ARB) Atacand HCT Avalide Avapro Azor Benicar HCT Cozaar Diovan HCT Exforge Hyzaar Micardis HCT Teveten HCT	<ul style="list-style-type: none"> Hypertension Nephropathy in Type II Diabetes Reduce stroke risk Heart failure Post-MI 	Benazapril hydrochloride Benazapril/hydrochlorothiazide Captopril Captopril/hydrochlorothiazide Enalapril maleate Enalapril/hydrochlorothiazide Fosinopril sodium Fosinopril/hydrochlorothiazide Lisinopril Lisinopril/hydrochlorothiazide Moexipril hydrochloride Moexipril/hydrochlorothiazide Perindopril Quinapril hydrochloride Quinapril/hydrochlorothiazide Ramipril Trandolapril	
Anti-depressant Cymbalta Effexor XR Lexapro Luvox CR Paxil, CR Pexeva Prozac Weekly Wellbutrin XL Zoloft	<ul style="list-style-type: none"> Depression 	Budeprion HCL Bupropion SR Citalopram HBR Fluoxetine HCL Fluvoxamine maleate Mirtazapine Paroxetine HCL Paroxetine CR Sertraline Venlafaxine HCL	

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
Cardio-vascular Advicor Altoprev Caduet Crestor Lescol XL Lipitor Mevacor Pravachol Pravigard Simcor Vytorin Zocor	<ul style="list-style-type: none"> Hypercholesterolemia 	Lovastatin Pravastatin Simvastatin	
Zetia	<ul style="list-style-type: none"> Hypercholesterolemia 	Advicor Altoprev Caduet Crestor Fluvastatin Lescol, Lescol XL Lipitor Lovastatin Mevacor Pravachol Pravastatin Pravigard Simcor Simvastatin Vytorin Zocor	
Constipation Amitiza	<ul style="list-style-type: none"> Constipation 	Lactulose	

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
Diabetes Actos ACTOplus met Avandamet Avandaryl Avandia Duetact Januvia Janumet	<ul style="list-style-type: none"> Diabetes Mellitus 	Metformin HCL	
Byetta	<ul style="list-style-type: none"> Diabetes Mellitus 	2 covered oral antidiabetic agents	
Lyrica	<ul style="list-style-type: none"> Diabetic Neuropathy 	carbamazepine Depakote Dilantin felbatol Gabitril gabapentin Lamictal lamotrigne Keppra Neurontin Tegretol Topamax Zonegran	
Hypnotics Ambien Ambien CR Lunesta Rozerem Sonata Zaleplon	<ul style="list-style-type: none"> Chronic Insomnia 	Zolpidem	
Infertility Bravelle Follistim	<ul style="list-style-type: none"> Infertility 	Gonal-F *Must have an approved infertility cycle	

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
Multiple Sclerosis Avonex Betaseron	<ul style="list-style-type: none"> Multiple Sclerosis 	Rebif	
Nasal Steroids Flonase Nasalide Nasarel Nasacort AQ Rhinocort AQ Veramyst	<ul style="list-style-type: none"> Allergic Rhinitis 	* You must try 2 of these: Nasonex Generic nasal steroid	
Osteoporosis Actonel Boniva Fosamax	<ul style="list-style-type: none"> Osteoporosis 	Alendronate	
Overactive Bladder Detrol Detrol LA Ditropan Ditropan XL Enablex Oxytrol Sanctura Sanctura XR Vesicare	<ul style="list-style-type: none"> Overactive bladder 	Oxybutynin Oxybutynin XL	
Proton Pump Inhibitors (PPI's) Aciphex Nexium Prevacid Prilosec Protonix Zegerid	<ul style="list-style-type: none"> Gastroesophageal reflux (GERD) Erosive esophagitis Pathologic hypersecretory 	Omeprazole OTC Omeprazole (RX) Prilosec OTC	Pantoprazole

Only FDA maintenance indicator drugs are allowed through mail order.

Quantity Limitations / Quantity-based Copayments

The following medications have quantity limitations or have quantity-based copayments (that is, one copayment is charged for the quantity shown below). This is to ensure safe and appropriate use and to minimize potential waste of expensive medications. If you have any questions or need any pharmacy forms, please contact our Member Services Department at 1-800-310-2835 or 413-787-4004, or visit our website at hne.com. Completed forms should be faxed to 413-233-2777. ONLY FDA maintenance indicator medications are allowed through mail order.

HNE PHARMACY BENEFIT QUANTITY LIMITED DRUGS 2008

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Aciphex	30 tablets per 30 day period
Tier 3	Actiq	120 lozenges per 30 day period
Tier 2	Adderall XR	20mg = 60 capsules per 30 day period 5mg, 10mg, 15mg, 25mg and 30mg = 30 capsules per 30 day period
Tier 2	Advair Diskus	1 diskus = 60 metered dose per 30 day period
Tier 2	Advair HFA	1 inhaler (120 actuations) for 30 day period
Tier 3	Advicor	60 tablets per 30 day period
Tier 3	Allegra	30mg and 60mg = 60 tablets per 30 day period 180mg = 30 tablets per 30 day period
Tier 3	Allegra-D-12 hour	60 tablets per 30 day period
Tier 3	Allegra-D-24 hour	30 tablets per 30 day period
Tier 3	Altoprev	30 tablets per 30 day period
Tier 3	Ambien, Ambien CR	30 tablets per 30 day period
Tier 3	Amerge	12 tablets per 30 day period
Tier 3	Amitiza	60 capsules per 30 day period
Tier 1	amlodipine	2.5mg and 5mg = 45 tablets per 30 day period; 10mg = 30 tablets per 30 day period
Tier 3	Anzemet	2 tablets per 30 day period
Tier 3	Arixtra	14 days supply of medication per fill
Tier 3	Axert	12 tablets per fill
Tier 1	Buproban	90 day supply per 12 month period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 2	Byetta	5mcg and 10mcg = 1 pen per 30 day period
Tier 3	Caduet	30 tablets per 30 day period
Tier 3	Cardura	1mg, 2mg and 4mg = 30 tablets per 30 day period 8mg = 60 tablets per 30 day period
Tier 3	Cardura XL	4mg and 8mg = 30 tablets per 30 day period
Tier 2	Catapres TTS-1, 2, 3	4 patches per 30 day period
Tier 2	Caverject	4 doses per 30 day period
Tier 2	Celebrex	60 capsules per 30 day period
Tier 3	Celexa	45 tablets per 30 day period
Tier 3	Chantix	60 tablets per 30 day period <i>90 days only per 12 month period</i>
Tier 3	Cialis	4 tablets per 30 day period
Tier 1	citalopram	45 tablets per 30 day period
Tier 3	Clarinox	30 tablets per 30 day period
Tier 3	Clarinox D 12 hour	60 tablets per 30 day period
Tier 3	Clarinox D 24hr	30 tablets per 30 day period
Tier 3	Clarinox Reditabs	30 tablets per 30 day period
Tier 1	clozapine	14 day supply per fill the first year, copay applies each fill. After 1 year then 30 day supply per fill.
Tier 3	Clozaril	14 day supply for fill the first year, copay applies each fill. After 1 year then 30 day supply per fill.
Tier 2	Concerta	18mg, 27mg, 54mg= 30 tablets per 30 day period 36mg = 60 tablets per 30 day period
Tier 2	Crestor	30 tablets per 30 day period
Tier 3	Cymbalta	20mg = 60 capsules per 30 day period 30mg and 60mg = 30 capsules per 30 day period
Tier 3	Daytrana patch	30 patches per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 1	doxazosin	1mg, 2mg and 4mg = 30 tablets per 30 day period 8mg = 60 tablets 30 day period
Tier 2	Edex	4 doses per 30 day period
Tier 3	Effexor	25mg, 37.5mg, 50mg, 100mg = 60 tablets per 30 day period 75mg = 90 tablets per 30 day period
Tier 2	Effexor XR	37.5mg = 30 capsules per 30 day period 75mg = 90 capsules per 30 day period 150mg = 60 capsules per 30 day period
Tier 2	Enbrel	25mg = 8 syringes per 30 day period 50mg = 4 syringes per 30 day period
Tier 2	Epipen, Epipen JR	1 kit per fill
Tier 3	Exforge	30 tablets per 30 day period
Tier 1	fentanyl lozenge	120 lozenges per 30 day period
Tier 3	Fentora	120 tablets per 30 day period
Tier 1	fexofenadine	30mg and 60mg = 60 tablets per 30 day period 180mg = 30 tablets per 30 day period
Tier 3	Flector	30 patches per 30 day period
Tier 1	fluoxetine	10mg and 20mg = 90 capsules per 30 day period 40mg = 60 capsules per 30 day period
Tier 1	fluvoxamine	25mg = 45 tablets per 30 day period 50mg = 60 tablets per 30 day period 100mg = 90 tablets per 30 day period
Tier 2	Foradil Aerolizer	1 package (60 blisters) per 30 day period
Tier 3	Fragmin	14 days supply of medication per fill
Tier 3	Frova	12 tablets per 30 day period
Tier 3	Gleevec	100mg = 60 tablets per 30 day period 400mg = 30 tablets per 30 day period
Tier 1	Granisetron HCL	6 tablets per 30 day period Solution = 1 bottle (30ml) per 30 day period
Tier 2	Humira	2 injections per 30 day period (after initial titration)
Tier 2	Humira Starter Pack	1 starter pack

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Hytrin	1mg and 5mg = 30 capsules per 30 day period 2mg and 10mg = 60 capsules per 30 day period
Tier 2	Imitrex, injection	1Kit (2 syringes) per 30 day period
Tier 2	Imitrex, intranasal	6 units per 30 day period
Tier 2	Imitrex, oral	12 tablets per 30 day period
Tier 3	Innohep	14 days supply of medication per fill
Tier 1	itraconazole	90 day supply per 12 month period
Tier 3	Janumet	60 tablets per 30 day period
Tier 2	Januvia	30 tablets per 30 day period
Tier 1	Ketorolac	5 days supply per fill
Tier 3	Kytril	6 tablets per 30 day period solution - 1 bottle (30ml) per 30 day period
Tier 3	Lamisil	90 day supply per 12 month period per member
Tier 3	Lescol, Lescol XL	30 capsules/tablets per 30 day period
Tier 3	Levitra	4 tablets per 30 day period
Tier 2	Lexapro	45 tablets per 30 day period
Tier 3	Lipitor	30 tablets per 30 day period
Tier 3	Lotronex	60 tablets per 30 day period
Tier 1	lovastatin	10mg and 20mg = 30 tablets per 30 day period 40mg = 60 tablets per 30 day period
Tier 2	Lovenox	14 days supply of medication per fill
Tier 3	Lunesta	30 tablets per 30 day period
Tier 3	Luvox	25mg = 45 tablets per 30 day period 50mg = 60 tablets per 30 day period 100mg = 90 tablets per 30 day period
Tier 3	Luvox CR	30 capsules per 30 day period
Tier 3	Maxalt, Maxalt MLT	12 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 1	meloxicam	30 tablets per 30 day period
Tier 3	Mevacor	10mg, 20mg = 30 tablets per 30 day period 40mg = 60 tablets per 30 day period
Tier 3	Mobic	30 tablets per 30 day period
Tier 2	MUSE	4 doses per 30 day period
Tier 3	Neulasta	2 syringes per 30 day period
Tier 3	Neupogen	10 vials/syringes per 30 day period
Tier 3	Nexavar	120 tablets per 30 day period
Tier 3	Nexium, Nexium packet	30 tablets/packets per 30 day period
Tier 3	Nicotrol Inhaler	168 units per rx, 90 day supply per 12 month period
Tier 3	Nicotrol Nasal Spray	4 bottles per rx, 90 day supply per 12 month period
Tier 3	Norvasc	2.5mg and 5mg = 45 tablets per 30 day period 10mg = 30 tablets per 30 day period
Tier 1	omeprazole, OTC	10mg and 40mg = 30 capsules per 30 day period 20mg = 60 capsules per 30 day period
Tier 3	Ortho-Evra	3 patches per 30 day period
Tier 3	Oxycontin	120 tablets per 30 day period
Tier 1	Oxycodone HCL ER	120 tablets per 30 day period
Tier 1	pantoprazole	30 tablets per 30 day period
Tier 1	paroxetine	10mg and 40mg = 45 tablets per 30 day period 20mg and 30mg = 60 tablets per 30 day period
Tier 1	paroxetine CR	12.5mg = 30 tablets per 30 day period 25mg and 37.5mg = 60 tablets per 30 day period
Tier 3	Paxil	10mg and 40mg = 45 tablets per 30 day period 20mg and 30mg = 60 tablets per 30 day period
Tier 3	Paxil CR	12.mg = 30 tablets per 30 day period 25mg and 37.5mg = 60 tablets per 30 day period
Tier 3	Pexeva	10mg and 40mg = 45 tablets per 30 day period 20mg and 30mg = 60 tablets per 30 day period

This list is subject to change.

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Pravachol	30 tablets per 30 day period
Tier 1	pravastatin	30 tablets per 30 day period
Tier 3	Pravigard PAC	30 tablets per 30 day period
Tier 3	Prevacid	30 capsules per 30 day period
Tier 3	Prilosec	10mg and 40mg = 30 capsules per 30 day period 20mg = 60 capsules per 30 day period
Tier 1	Prilosec OTC	120 tablets per 30 days
Tier 3	Protonix	30 tablets per 30 day period
Tier 3	Prozac	10mg and 20mg = 90 capsule per 30 day period 40mg = 60 capsules per 30 day period
Tier 3	Prozac Weekly	4 capsules per 30 day period
Tier 3	Regranex	1 tube per 30 day period 3 tubes (90 day supply) per 12 month period
Tier 3	Relenza	1 kit per 30 day period; 2 kits per 12 month period
Tier 3	Relpax	12 tablets per 30 days
Tier 3	Revlimid	30 tablets per 30 day period
Tier 3	Rozerem	30 tablets per 30 day period
Tier 3	Sarafem	30 capsules/tablets per 30 day period
Tier 1	selfemra	30 capsules/tablets per 30 day period
Tier 2	Serevent Diskus	60 metered doses (1 diskus) per 30 day period
Tier 1	sertraline	25mg and 50mg = 45 tablets per 30 day period 100mg = 60 tablets per 30 day period
Tier 1	simvastatin	30 tablets per 30 day period
Tier 3	Sonata	30 capsules per 30 day period
Tier 3	Sporanox	90 day supply per 12 month period
Tier 3	Sprycel	120 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Strattera	10mg, 18mg, 25mg, 60mg, 80mg and 100mg = 30 capsules per 30 day period 40mg = 60 capsules per 30 day period
Tier 3	Suboxone	2mg = 270 tablets per 30 day period (max 90 day supply per 12 month period for 2mg) 8mg = 90 tablets per 30 day period
Tier 3	Subutex	2mg = 270 tablets per 30 day period (max 90 day supply per 12 month period for 2mg) 8mg = 90 tablets per 30 day period
Tier 3	Sutent	30 tablets per 30 day period
Tier 2	Symbicort	1 inhaler (120 acuations) per 30 day period
Tier 2	Symlin	4 injections per 30 day period
Tier 3	Tamiflu	10 capsules per 30 day period 20 capsules per 12 month period Liquid = 3 bottles per 30 day period or 6 bottles per 12 month period
Tier 1	terazosin	1mg and 5mg = 30 capsules 30 day period 2 mg and 10mg = 60 capsules per 30 day period
Tier 1	terbinafine	90 day supply per 12 month period
Tier 3	Toradol	5 day supply per fill
Tier 2	Transderm Scop	1 box (4 patches) per fill
Tier 3	Tykerb	150 tablets per 30 day period
Tier 1	venlafaxine	25mg, 37.5mg, 50mg, 100mg = 60 tablets per 30 day period 75mg = 90 tablets per 30 day period
Tier 2	Viagra	4 tablets per 30 day period
Tier 3	Vytorin	30 tablets per 30 day period
Tier 3	Xifaxan	9 tablets per 30 day period
Tier 3	Xyzal	30 tablets per 30 day period
Tier 3	Zegerid, Zegerid packets	30 capsules/packets per 30 day period
Tier 2	Zetia	30 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Zocor	30 tablets per 30 day period
Tier 3	Zolinza	120 capsules per 30 day period
Tier3	Zoloft	25mg and 50mg = 45 tablets per 30 day period 100mg = 60 tablets per 30 day period
Tier 1	zolpidem	30 tablets per 30 day period
Tier 2	Zomig, Zomig ZMT	12 tablets per 30 day period
Tier 2	Zomig Nasal Spray	6 units per 30 day period
Tier 3	Zyban	90 day supply per 12 month period
Tier 3	Zyrtec	30 tablets per 30 day period
Tier 3	Zyrtec-D	60 tablets per 30 day period