

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.

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	bupoban**	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
 fluocinolonide
 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
 levetiracetam
 levobunolol
 levocarnitine
 levothyroxine
 levoxyl
 lidocaine
 lindane

Tier 1 – Generic Drug Listing (continued)

lisinopril	mexelitine	oxycodone/apap
lisinopril/HCTZ	midodrine	oxycodone/ibuprofen
lithium carbonate	minocycline	paroxetine HCL**
lithium carbonate SR	minoxidil	pemoline
lithium carbonate CR	mirtazapine**	penicillamine
lithium citrate	misoprostol	penicillin
loperamide	moexipril	pentobarbital
loratadine OTC	mometasone furate	pentoxyphylline
loratadine D OTC	morphine, IR	pergolide mesylate
lorazepam	morphine SR	permethrin
lovastatin**	nabumetone	perphenazine
loxapine	nadolol	phenazopyridine
M-N		
maprotiline	nadolol/bendroflu	phenelzine
mebendazole	naproxen	phenobarbital
meclizine	naproxen sodium	phenteramine
meclofenamate	nefazodone	phenylephrine
medroxyprogesterone	neomysulf/polymx/B sulf/Hc	phenylpropanolamine
megestrol	nic 750	phenyltoloxamine
meloxicam**	nicardipine	phenytoin
meloxicam suspension**	nicotine patches **	phenytoin, extended release
meperidine	nicotinic acid	phenytoin suspension
mephobarbital	nifedipine	phytonadione
meprobamate	nitrofurantoin	pilocarpine
mercaptapurine	nitrofurantoin, macro	pindolol
metaproterenol	nitroglycerin SL	piroxicam
metformin	nitroglycerin patch	polymyxin B
metformin/glyburide	nizatidine	potassium chloride
methadone	norethindrone	potassium citrate
methazolamide	nortriptyline	potassium citrate ER
methenamine	nystatin	pramosone
methimazole	nystatin vaginal	pravastatin **
methocarbamol	O-P	
methotrexate	ofloxacin	prazosin
methyl dopa	ocella	prednisolone
methylphenidate	omeprazole**	prednisone
methylprednisolone	omeprazole OTC	prelone
methyltestosterone	ondansetron**	prenatal vitamins, generic
metoclopramide	ondansetron sol**	Prilosec OTC**
metolazone	oscion cleanser	primaquine
metoprolol	oxaprozin	primidone
metoprolol ER	oxazepam	probenecid
metronidazole	oxcarbazepine	procainamide
metronidazole lotion	oxybutynin	procainamide SR
	oxybutynin CL ER	prochlorperazine
	oxycodone**	promethazine
		propafenone

Tier 1 – Generic Drug Listing (continued)

propoxyphene
 propoxyphene/acetaminophen
 propranolol
 propranolol/HCTZ
 propylthiouracil
 Protonix**
 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
 stavudine
 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
 tobramycin/dexamethasone
 tolazamide
 tolbutamide
 tolmetin
 tolnaftate
 tramadol HCL
 tramadol HCL/APAP
 tranlycpromine
 trazodone
 tretinoin**
 triamcinolone
 triamterene
 triamterene/HCTZ
 triazolam
 tricitrate
 trifluoperazine
 trifluridine
 trihexyphenidyl
 trimethobenzamide
 trimethoprim
 trimipramine
 tripelennamine

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**	Avandryl**		Climara Pro
Actoplus Met**	Avandia**		Combipatch
Acular	Avapro**		Combivent
Acular LS	Azelex		Combivir
Adalat CC	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		Cytovene, oral
Aptivus	Catapres TTS-1**		Daraprim
Aquasol A	Catapres TTS-2**		DDAVP Nasal Spray
Aralen Phosphate	Catapres TTS-3**		Deconamine SR
Arava	Caverject **		Depakote sprinkles
Aricept	Celebrex **		Dermasmooth/FS
Arimidex	Cellcept		Dexacort Turbinaire
Armour Thyroid	Centany		DHT
Asacol	Cerumenex		Diamox Sequels
Asmanex	Cetrotide **		Dilantin Infatab
Atripla	Chemet		Dimetane-DC
Atrovent Inhaler	Chlormycetin Otic		Diovan**
Augmentin ES	Cibalith-S		Diovan HCT**
Augmentin XR	Ciloxin		Diprolene Lotion
Avalide**	Ciprodex		Dolophine
Avandamet**	Cleocin Pediatric		Donnatal
	Cleocin T		

Tier 2 – Brand/Formulary Drugs Listing (continued)

Dovonex
 Drithrocreme
 Drithro-Scalp
 Drysol
 Drysol Dabamatic
 Duetact**
 Duratuss G
 Dyclone

E-F

Edex**
 Effexor XR**
 Efudex
 Emtriva
 Enbrel**
 Entex LA
 Entex Liquid
 Entocort EC
 Epi-pen**
 Epivir
 Epogen**
 Epzicom
 Ergamisol
 Ergomar
 Eryped
 Eryped Chewable
 Estrace Vag. Cream
 Estratab
 Estratest
 Estratest HS
 Estring
 Estrostep
 Eulexin
 Eurax
 Evista
 Fansidar
 Fedahist
 Femara
 femhrt
 Femring
 Flavored Colyte

Flomax
 Florinef
 Flovent
 Flovent Rotadisk
 Floxin
 Fortovase
 Furadantin suspension
 Furoxone
 Fuzeon

G-H

Ganirelix**
 Gastrocrom
 Gelkam
 Geodon
 Glucagen
 Glucagon Emergency Kit
 Glucometer Test Strips
(Roche/Lifescan products only)
 Grifulvin V
 Gonal-F**
 Gyne-Lotrimin*
 Hepsera
 Hiprex
 Humalog
 Humalog 50/50
 Humalog 75/25
 Humira**
 Humira Pen**
 Humulin
 Hydromet
 Hytakerol

I-J

Imitrex, injection**
 Imitrex, intranasal**
 Imitrex, oral**
 Inderal LA
 Insulin - all Lilly products
 Insulin - all Novo products
 Intal
 Intence

Intron-A
 Invirase
 Isentress
 Isopto Atropine
 Janumet**
 Januvia**

K-L

Kaletra
 Kaon-Cl
 Ketone Test Strips
 Lamictal
 Lamprene
 Lancets
 Lantus
 Lantus Solostar
 Lente Insulin II
 Leukeran
 Levaquin
 Levid
 Levemir
 Levsin
 Levsin SL
 Levsinex Timecaps
 Lexiva Suspension
 Liquid Pred
 Loprox cream
 Loprox shampoo
 Lovenox**
 Lumigan
 Lupron Depo
 Lysodren

M-N

Matulane
 Maxair
 Maxair Autohaler
 Menest
 Mephyton
 Mepron
 Mesnex
 Metadate ER

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

Metandren
 Methergine
 MetroCreme
 Metrogel Vag.
 Migranal Nasal Spray
 Minirin
 Mintezol
 Mirapex
 MUSE **
 Myambutol
 MycelexTroche
 Mycobutin
 Myfortic
 Myleran
 Naftin
 Naftin Gel
 Namenda
 Nardil
 Nasonex
 Nebupent
 Nembutal
 Nephrocap
 Nephrocap Soft Gel
 Niaspan
 Nizoral Shampoo
 Nolvadex
 Norditropin**
 Noritate
 Norvir
 Novolog
 Novolog Mix 70/30
 Novolin

Ortho Dienestrol
 Otobiotic
 Oxycontin**
 Pancrease
 Pancrease MT
 Pentasa
 PhisoHex
 Phospholine Iodide
 Pilopine HS
 Plavix
 PolyViFlor
 PolyViFlor/Iron
 Prandin
 Precose
 Pred Mild
 Perforomist**
 Premarin
 Premarin Vag. Cream
 Premphase
 Prempro
 Prempro Low Dose
 Prevident
 PrevPac
 Prezista
 ProAir HFA
 Procrit**
 Proctofoam HC
 Prograf
 Protopic
 Pulmicort
 Pulmozyme
 Purinethol
 Qualagoin
 Qvar

Renvela
 Repronex**
 Rescriptor
 Retin-A micro**
 Revatio**
 Reyataz
 Rheumatrex
 Rilutek
 RMS Suppositories
 Rondec TR
 Roxicodone
 Sandimmune
 Sansert
 Selzentry
 Semprex-D
 Seroquel
 Seroquel XR
 Sinemet CR
 Singulair**
 Slo-Phyllin
 Solatene
 Solganal
 Spectazole
 Spiriva
 Stalevo
 Sulfacet-R
 Suprax
 Sustiva
 Symbicort**
 Symlin**
 Synarel
 Synthroid

0-Q

Ocusert Pilo
 Ocuflox
 Optihaler
 Oramorph SR
 Orap
 Orfadin

R-S

Rapamune
 Rebetol
 Rebetron**
 Rebif
 Renagel

T-U

Tegretol XR
 Teslac
 Testoderm patches
 Test Strips**
(Roche/Lifescan products only)
 Thalomid
 Theo 24

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

Thioguanine	Zomig Spray **
Tigan	Zomig ZMT**
Tilade	Zovirax Ointment
TOBI	Zyprexa
Topamax	
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
Zavesca
Zetia**
Ziagen
Zmax suspension
Zomig **

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

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

Brand	Generic	Brand	Generic
DDAVP	desmopressin acetate	Florinef	fludrocortisone
Decadron	dexamethasone	Floxin	ofloxacin
Demerol	meperidine	Focalin	dexmethylphenidate
Depakene	valproic acid	Foradil**	not available
Depakote	divalproex	Fosamax	alendronate
Desowen Lotion	desonide	Frova**	not available
Detrol**	not available	G-H	
Detrol LA**	not available	Gabarone	not available
Dexedrine	dextroamphetamine	Gleevec**	not available
Diabeta	glyburide	Glucophage	metformin
Diamox	acetazolamide	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	epplerenone
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	Keppra	levetiracetam
Elocon	mometasone furoate	Keralac	urea
Enablex**	not available	Klonopin	clonazepam
Ery-Tab	erythromycin	Kytril**	granisetron HCL
Eskalith CR	lithium carbonate	Lamictal chewable	lamotrigine
Estrace	estradiol	Lamisil**	terbinafine**
Estrostep FE	tri-igest FE	Lariam	mefloquine
Exforge**	not available	Lasix	furosemide
Famvir	famciclovir	Lescol**	fluvastatin
Feldene	piroxicam	Lescol XL**	fluvastatin
Fentora**	not available	Lexapro**	not available
Fioricet	APAP/butalbital/caffeine	Librium	chlordiazepoxide
Fiorinal	ASA/butalbital/caffeine	Lidex	floucinonide
Flagyl	metronidazole	Lidex - E	floucinonide
Flector**	not available	Lipitor**	not available
Flexeril	cyclobenzaprine	Lipofen	not available
Flextra	vistra	Lithobid	lithium carbonate
Flonase**	fluticasone		

*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
Lofibra	fenofibrate	0-P	
Lomotil	diphenoxylate/atropine	Omnaris	not available
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	Paralodel	bromocriptine
Lynox	oxycodone/APAP	Parnate	tranlycypromine
Lyrica**	not available	Patanase	not available
M-N		Paxil**	paroxetine
Macrobid	nitrofurantoin	Paxil CR**	paroxetine CR
Marinol	dronabinol	Pediapred	prednisolone
Mavik	trandolapril	Peg Intron**	not available
Maxalt**	not available	Percocet	oxycodone/APAP
Maxzide	triamterene/HCTZ	Permax	pergolide mesylate
Mebaral	mephobarbital	Plendil	felodipine
Mentinon	pyridostigmine	Polycitra	tricitrate
Metaglip	glipizide/metformin	Pramox	not available
Metro lotion	metronidazole	Pravachol**	pravastatin
Metrogel	metronidazole	Pravigard**	not available
Mevacor**	lovastatin	Precose	acarbose
Miacalcin	fortical	Prenatal vitamins, brand	not available
Micardis**	not available	Prevacid**	not available
Micardis HCT**	not available	Prilosec**	omeprazole
Micronase	glyburide	Primalev	not available
Minipres	prazosin	Prinivil	lisinopril
Mobic**	meloxicam	Prinizide	lisinopril/HCTZ
Monopril	finisopril/sodium	ProAmatine	midodrine
Motrin	ibuprofen	Procan SR	procainamide SR
MS Contin**	morphine sulfate	Pronestyl	procainamide
Nalex	phenyltoloxamine	Proscar	finasteride
Naprosyn	naproxen	Proventil HFA	albuterol
Nasacort**	not available	Provera	medroxyprogesterone
Nasalide**	flunisolide	Prozac**	fluoxetine
Nasarel**	flunisolide	Q-R	
Neoral	cyclosporine	Questran	cholestyramine
Neurontin	gabapentin	Quinaglute	quinidine gluconate
Nexium**	not available	Reglan	metoclopramide
Nizoral	ketoconazole	Relpax**	not available
Nizoral cream	ketoconazole cream	Remeron	mirtazapine
Noraditropin**	not available	Reprexaine	not available
Norpace	disopyramide	Retrovir	zidovudine
Norvasc	amlodipine	Rhinocort AQ**	not available
Nutropin AQ**	not available	Risperdal	risperidone

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

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

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
Provigil	narcolepsy
Remergent HQ	bleaching
Renova	treatment of fine wrinkles
Rinnovi	cosmetic
Singulair	allergies
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 2	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
Medical	Cimzia
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

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	Luveris
Tier 1	meloxicam**
Tier 3	Menopur
Tier 3	Meridia
Tier 3	Mobic**
Medical	Myobloc
Tier 3	Nexavar**
Tier 2	Norditropin
Tier 3	Noxafil
Tier 3	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	Reclast
Tier 3	Relistor
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**

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	Subutex**
Tier 3	Sutent**
Tier 2	Symlin**
Tier 3	Tazorac
Tier 3	Tev-Tropin
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) Elestat Emadine Optivar Pataday Patanol	<ul style="list-style-type: none"> Allergic Rhinitis 	Alaway OTC Ketotifen Zaditor OTC	
Allergy (oral) Allegra Clarinex Xyzal	<ul style="list-style-type: none"> Allergic Rhinitis 	Cetirizine OTC Claritin OTC Fexofenadine Loratadine OTC Zyrtec OTC	
Allergy (oral w/ decongestant) Allegra D Clarinex D	<ul style="list-style-type: none"> Allergic Rhinitis 	Loratadine D OTC Zyrtec D OTC	
Allergy (suspension) Allegra	<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 Celexa Cymbalta Effexor XR Lexapro Luvox CR Paxil CR Pexeva Pristiq 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	
Cardio-vascular Advicor Mevacor Altoprev Pravachol Caduet Pravigard Crestor Simcor Lescol XL Vytorin Lipitor Zocor	<ul style="list-style-type: none"> Hypercholesterolemia 	Lovastatin Pravastatin Simvastatin	

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
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	
Diabetes Actos ACTOplus met Avandamet Avandaryl Avandia Byetta Duetact Januvia Janumet	<ul style="list-style-type: none"> Diabetes Mellitus 	Metformin HCL	
Lyrica	<ul style="list-style-type: none"> Diabetic Neuropathy 	carbamazepine Depakote Dilantin felbatol Gabitril gabapentin Lamictal lamotrigne Keppra Neurontin Tegretol Topamax Zonegran	

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
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	
Migraine Amerge Axert Frova Maxalt Relpax Zomig	<ul style="list-style-type: none"> Migraine Headaches 	Imitrex	
Multiple Sclerosis Avonex Betaseron	<ul style="list-style-type: none"> Multiple Sclerosis 	Rebif	
Nasal Steroids Beconase AQ 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	

Step Therapy Drug	Indications	First Line Drug(s)	Second Line Drug(s)
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 Zegerid	<ul style="list-style-type: none"> Gastroesophageal reflux (GERD) Erosive esophagitis Pathologic hypersecretory 	Omeprazole OTC Omeprazole (RX) Prilosec OTC	Protonix

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

Copayment Tier	Brand Drug Name <small>*shaded Rx rows are Maintenance Medications</small>	Coverage Limitations
Tier 3	Aciphex	30 tablets per 30 day period
Tier 3	Actiq	120 lozenges 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	Allegra ODT	60 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	budeprion SR	60 tablets per 30 day period
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	Clarinx	30 tablets per 30 day period
Tier 3	Clarinx D 12 hour	60 tablets per 30 day period
Tier 3	Clarinx D 24hr	30 tablets per 30 day period
Tier 3	Clarinx 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	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 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

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
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 15 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
Tier 3	Hytrin	1mg and 5mg = 30 capsules per 30 day period 2mg and 10mg = 60 capsules per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Imitrex	1Kit (2 syringes) per 30 day period 6 units per 30 day period 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 3	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	Lyrica	225mg, 300mg = 30 capsules per 30 day period All other strengths = 90 capsules per 30 day period
Tier 3	Maxalt, Maxalt MLT	12 tablets per 30 day period
Tier 1	meloxicam	30 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
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 1	Nicotine Patches	30 patches per 30 day period, 90 day supply per 12 month 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 = 120 capsules per 30 day period
Tier 3	Ortho-Evra	3 patches per 30 day period
Tier 2	Oxycontin	120 tablets per 30 day period
Tier 1	Oxycodone HCL ER	120 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 2	Perforomist	1 inhaler 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	Pexeva	10mg and 40mg = 45 tablets per 30 day period 20mg and 30mg = 60 tablets per 30 day period
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/solutabs 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	Pristiq	30 tablets per 30 day period
Tier 1	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	Raptiva	4 vials 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

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
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
Tier 3	Suboxone	2mg = 270 tablets per 30 day period 8mg = 90 tablets per 30 day period
Tier 3	Subutex	2mg = 270 tablets per 30 day period 8mg = 90 tablets per 30 day period
Tier 1	Sumatriptan	1Kit (2 syringes) per 30 day period 6 units per 30 day period 12 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 3	Tasigna	120 capsules per 30 day 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	Wellbutrin SR	60 tablets per 30 day period

Copayment Tier	Brand Drug Name *shaded Rx rows are Maintenance Medications	Coverage Limitations
Tier 3	Wellbutrin XL	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
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