

Basic Drug List

What is the Basic Drug List?

It's the list of drugs that your plan covers. The Basic Drug List includes all generic drugs. It also includes preferred and non-preferred brand-name drugs selected by an independent panel of doctors and pharmacists.

Your plan does not cover brand-name drugs that are not on the Basic Drug List. You will pay 100% of our special discounted rates or the pharmacy's charge, whichever is less, for them.

Since there may be more than one medication available to treat your medical condition, we encourage you to use generic and preferred brand-name medications whenever possible to help manage your prescription costs. To make sure your plan covers any brand-name prescriptions you receive, provide your doctor with a copy of the Basic Drug List before you get them.

Drug Management Programs

The Basic Drug List has three Drug Management programs. We base these programs on FDA and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. Drug Management programs only affect the medication your benefit plan covers. You and your doctor should make the final decision about the medication and the amounts that are right for you. The three programs are:

- **Prior Authorization (PA).** It helps prevent improper use of medications for certain health conditions. If your doctor prescribes a medication that requires a PA, you must get approval before your plan will cover your prescription.
- **Quantity Management.** It promotes the safe use of medications. It limits the amount of some medications that your plan covers.
- **Step Therapy.** It groups medications into a series of "steps." Step One medications are safe and effective, and most people should try them first. They often work as well as Step Two medications. You must try at least one Step One medication before your plan will cover a Step Two medication. If a Step One medication is not right for you, your doctor can request a prior authorization for the Step Two medication.

To view the drugs included in the Drug Management programs, visit the Prescription Drug information page on our Web site. Or, look for these symbols next to a drug name in this brochure:

(DO) There is a limit on the number of doses of this drug that we cover each day.

(PA) You must get prior authorization before we will cover this drug.

(PA-19) Anyone older than 18 must get prior authorization before we will cover this drug.

(QL) There is a limit on the amount of this drug that we cover.

(ST) Before we will cover this brand-name drug, you must try a generic or alternative drug first.

What Will I Pay For My Prescriptions?

The amount you will pay is based on the Tier of your drug on the Basic Drug List. Refer to your benefits booklet to determine the amounts that apply to you for each Tier.

- **Tier 1 drugs** are generic drugs. We list generics in lowercase letters in this brochure. You will pay the lowest copayment or coinsurance under your plan for any generics you use.
- **Tier 2 drugs** are preferred brand-name drugs. We list preferred brand-name drugs in all capital letters in this brochure. You will pay a higher copayment or coinsurance for any preferred brand-name drugs you use.
- **Tier 3 drugs** are non-preferred brand-name drugs. We do not list non-preferred brand-name drugs in this brochure. You will pay the highest copayment or coinsurance for any non-preferred brand-name drugs you use.
- **Tier 4 drugs** are specialty drugs. Specialty drugs are those that are used to treat chronic conditions like Multiple Sclerosis, Rheumatoid Arthritis and others. They are often injected and require special training to use. You will pay a higher amount for specialty drugs than you do for generic, preferred and non-preferred brand drugs. Even if your specialty drug is a generic drug, you will still pay the specialty drug copayment for it.

ABILIFY	acetic acid	ADVAIR (QL)	alendronate
acarbose	acetic acid-aluminum acetate	ADVAIR HFA (QL)	ALKERAN
ACCU-CHEK STRIPS (QL)	acetic acid-hydrocortisone	albuterol ext-rel	allopurinol
acetazolamide	ACTOS	albuterol soln (QL)	alprazolam
acetazolamide ext-rel	acyclovir	aclometasone crm, oint 0.05%	amantadine

amiloride	captopril-hydrochlorothiazide	cyclosporine, modified	estradiol
amiloride-hydrochlorothiazide	carbamazepine	cyproheptadine	estradiol-norethindrone
amiodarone	carbamazepine ext-rel	danazol	estropipate
amitriptyline	CARBATROL	dantrolene	ethambutol
amlodipine	carbidopa-levodopa	DEPAKOTE	ethosuximide
amlodipine-benazepril	carbidopa-levodopa ext-rel	DEPAKOTE ER	ethynodiol diacetate-EE 1/35
ammonium lactate 12%	carisoprodol	desipramine	ethynodiol diacetate-EE 1/35 -
amoxicillin	carvedilol	desmopressin spray, tabs	Zovia 1/35
amoxicillin-clavulanate	CEENU	desogestrel-EE	ethynodiol diacetate-EE 1/50
amphetamine-	cefaclor	desogestrel-EE 0.15/30	ethynodiol diacetate-EE 1/50 -
dextroamphetamine mixed	cefadroxil	desonide crm, lotion, oint 0.05%	Zovia 1/50
salts (PA-19)	cefдинир	desoximetasone	etodolac
amphetamine-	cefpodoxime tabs	dexamethasone sodium	etoposide
dextroamphetamine mixed	cefprozil	phosphate	EURAX
salts ext-rel (PA-19)	cefuroxime axetil	dexmethylphenidate (PA-19)	EVISTA
ampicillin	cephalexin	dexmethylphenidate ext-rel (PA-	EXELON (PA)
anagrelide	chlordiazepoxide-clidinium	19)	famciclovir
ANDROGEL	chloroquine	dextroamphetamine (PA-19)	famotidine
anthralin	chlorpheniramine-	dextroamphetamine ext-rel (PA-	FARESTON
APIDRA	pseudoephedrine ext-rel 8	19)	FASLODEX
APTIVUS	mg/120 mg	dextromethorphan-	FAZACLO
ARICEPT	chlorpromazine	brompheniramine-	felodipine ext-rel
ARIMIDEX	chlorthalidone	pseudoephedrine	FEMARA
AROMASIN	chlorzoxazone	dextromethorphan-	fenofibrate
ASACOL	cholestyramine	chlorpheniramine-	fentanyl transdermal (QL)
ASACOL HD	chorionic gonadotropin	phenylephrine drops, syrup	fexofenadine
atenolol	ciclopirox	dextromethorphan-promethazine	fexofenadine-pseudoephedrine
atenolol-chlorthalidone	cilostazol	DIASTAT	ext-rel
Avita	cimetidine	diazepam	finasteride
azathioprine	ciprofloxacin ext-rel	diclofenac sodium delayed-rel	flecainide
azelastine	ciprofloxacin ophth	dicloxacillin	fluconazole
azithromycin	ciprofloxacin tabs	dicyclomine	fludrocortisone
B complex + C-folic acid	citalopram	didanosine delayed-rel	flunisolide spray (QL)
bacitracin	clarithromycin	diflorasone diacetate	fluocinolone acetonide
baclofen	clemastine 2.68 mg	diflunisal	fluoride drops
BANZEL	clindamycin	digoxin	fluorometholone
BARACLUDE	clindamycin crm	digoxin ped elixir	fluorouracil
BD INSULIN SYRINGES AND	clindamycin gel, lotion, soln	dihydroergotamine inj	fluoxetine
NEEDLES (QL)	clindamycin-benzoyl peroxide	DILANTIN	fluphenazine
benazepril	clobetasol propionate crm, foam,	diltiazem ext-rel	flurbiprofen
benazepril-hydrochlorothiazide	gel, lotion, oint 0.05%	diphenoxylate-atropine	flutamide
BENICAR (ST)	clomiphene	disopyramide	fluticasone propionate
BENICAR HCT (ST)	clomipramine	disopyramide ext-rel	fluticasone spray (QL)
benzonatate	clonazepam tabs	divalproex sodium delayed-rel	fluvoxamine
benzoyl peroxide	clonidine	divalproex sodium ext-rel	folic acid
benztropine	clonidine transdermal	dorzolamide	folic acid-vitamin B6-vitamin B12
betamethasone dipropionate	clotrimazole	dorzolamide-timolol maleate	FORADIL (QL)
betamethasone valerate	clotrimazole troches	doxazosin	FOSAMAX PLUS D
bethanechol	clozapine	doxepin	fosinopril
bicalutamide	CLOZARIL	doxycycline hyclate	fosinopril-hydrochlorothiazide
bisoprolol	codeine-acetaminophen (QL)	dronabinol	furosemide
bisoprolol-hydrochlorothiazide	codeine-chlorpheniramine-	drospirenone-EE 3/30	gabapentin
brimonidine 0.15%, 0.2%	pseudoephedrine	econazole	GABITRIL
bromocriptine	codeine-guaifenesin liquid	EMCYT	galantamine
brompheniramine-	codeine-guaifenesin-	enalapril	galantamine ext-rel
pseudoephedrine	pseudoephedrine	enalapril-hydrochlorothiazide	ganciclovir
bumetanide	codeine-promethazine	EPIPEN	gemfibrozil
bupropion	codeine-promethazine-	EPIPEN JR	gentamicin
bupropion ext-rel (DO)	phenylephrine	epiленone	GEODON
buspirone	colestipol	EQUETRO	glimepiride
butalbital-acetaminophen-	COMTAN	ergocalciferol (D2)	glipizide
caffeine	COUMADIN	ergotamine-caffeine	glipizide ext-rel
butalbital-aspirin-caffeine	CREON	erythromycin	glipizide-metformin
cabergoline	CRIXIVAN	erythromycin delayed-rel	granisetron (QL)
calcipotriene soln	cromolyn sodium	erythromycin ethylsuccinate	griseofulvin microsize susp
calcitonin-salmon	cromolyn soln	erythromycin gel 2%	guanfacine
calcitonin-salmon - Fortical	cyanocobalamin inj	erythromycin soln	halobetasol propionate
calcitriol (1,25-D3)	cyclobenzaprine	erythromycin stearate	haloperidol
calcium acetate	cyclophosphamide	erythromycin-benzoyl peroxide	heparin
captopril	cyclosporine	erythromycin-sulfisoxazole	HEPSERA

HEXALEN	lidocaine-prilocaine	NEORAL	prochlorperazine
HUMALOG	LIPITOR (ST)	nicardipine	promethazine
HUMULIN	lisinopril	nifedipine	propafenone
hydralazine	lisinopril-hydrochlorothiazide	nifedipine ext-rel	propranolol
hydrochlorothiazide	lithium carbonate	NITRO-DUR 0.3 mg/hr, 0.8	propranolol ext-rel
hydrocodone-acetaminophen	lithium carbonate ext-rel	mg/hr	propylthiouracil
(QL)	loperamide	nitrofurantoin ext-rel	PROVENTIL HFA (QL)
hydrocodone-homatropine	lorazepam	nitrofurantoin macrocrystals	pseudoephedrine-guaifenesin
hydrocortisone	losartan	nitroglycerin, sublingual	ext-rel
hydrocortisone butyrate	losartan-hydrochlorothiazide	nitroglycerin, transdermal	pyrazinamide
hydrocortisone crm	lovastatin	norethindrone	pyridostigmine
hydrocortisone enema	LYRICA	norgestimate-EE	quinapril
hydrocortisone lotion 1%	LYSODREN	norgestimate-EE 0.25/35	quinapril-hydrochlorothiazide
hydrocortisone valerate	malathion	norgestrel-EE 0.3/30 - Low-	QVAR (QL)
hydromorphone (QL)	MATULANE	Ogestrel	ramipril
hydroxychloroquine	mebendazole	nortriptyline	ranitidine
hydroxyurea	meclizine	NOVOLIN	REBETOL oral soln (PA)
hydroxyzine HCl	medroxyprogesterone acetate	NOVOLOG	RELISTOR
hyoscyamine sulfate	mefloquine	nystatin	RESCRIPTOR
hyoscyamine sulfate ext-rel	megestrol acetate	ofloxacin oint 0.1%	rifampin
ibuprofen	meloxicam	ofloxacin otic	rimantadine
imipramine HCl	mercaptapurine	omeprazole delayed-rel (QL)	risperidone
imiquimod	mesalamine rectal susp	ondansetron (QL)	ropinirole
indapamide	metaxalone	ONETOUCH STRIPS (QL)	SANDIMMUNE
indomethacin	metformin	orphenadrine-aspirin-caffeine	selegiline
indomethacin ext-rel	metformin ext-rel	oxaprozin	selenium sulfide shampoo 2.5%
INTELENCE	methazolamide	oxazepam	serophene
INVEGA	methimazole	oxcarbazepine	SEROQUEL
ipratropium nasal spray	methocarbamol	oxybutynin	sertraline
ipratropium soln (QL)	methotrexate	oxybutynin ext-rel	silver sulfadiazine
ipratropium-albuterol soln (QL)	methyl dopa	oxycodone caps, tabs 5 mg (QL)	simvastatin
isoniazid	methylphenidate (PA-19)	oxycodone tabs 15 mg, soln 5	SINGULAIR
isosorbide dinitrate ext-rel tabs	methylphenidate ext-rel (PA-19)	mg/5 mL (QL)	sodium sulfacetamide wash 10%
isosorbide dinitrate oral	methylprednisolone	oxycodone-acetaminophen	sotalol
isosorbide mononitrate	metipranolol	5/325 (QL)	SPIRIVA (QL)
isosorbide mononitrate ext-rel	metoclopramide	pantoprazole (QL)	spironolactone
isotretinoin (PA)	metolazone	paroxetine HCl	spironolactone-
itraconazole	metoprolol	paroxetine HCl ext-rel	hydrochlorothiazide
KEPPRA	metoprolol ext-rel	peg 3350-electrolytes	SPRYCEL
ketoconazole	metoprolol-hydrochlorothiazide	penicillin VK	STALEVO
ketoconazole shampoo 2%	metronidazole	perindopril	stavudine
ketorolac	midodrine	permethrin 5%	sucralfate
labetalol	minocycline	perphenazine	sulfacetamide 10%
lactulose	mirtazapine	phenazopyridine	sulfacetamide lotion 10%
LAMICTAL ODT	misoprostol	phenobarbital	sulfacetamide-prednisolone
LAMICTAL XR	mometasone crm, lotion, oint	phenylephrine-guaifenesin	phosphate 10%/0.25%
LAMICTAL, except chewable tabs	morphine (QL)	PHENYTEK	sulfacetamide-sulfur
lamotrigine	morphine ext-rel (QL)	phenytoin sodium extended	sulfacetamide-sulfur crm, gel,
lansoprazole delayed-rel (QL)	morphine supp	pilocarpine tabs	lotion, pads
LANTUS	MULTAQ	pindolol	sulfamethoxazole-trimethoprim
leflunomide	mupirocin	podofilox	sulfasalazine
LEUKERAN	mycophenolate mofetil	polyethylene glycol 3350	sulfasalazine delayed-rel
leuprolide acetate	MYLERAN	polymyxin B-bacitracin	sulindac
LEVAQUIN	MYSOLINE	polymyxin B-trimethoprim	sumatriptan (QL)
LEVEMIR	nabumetone	potassium chloride ext-rel	tacrolimus
levetiracetam	nadolol	potassium chloride liquid	TAMIFLU (QL)
levobunolol	naltrexone	potassium citrate	tamoxifen
levocarnitine	NAMENDA (PA)	pramipexole	tamsulosin
levonorgestrel - Next Choice	naproxen	PRANDIN	TARGRETIN caps
levonorgestrel-EE - Lessina	naproxen sodium	pravastatin	TEGRETOL
levonorgestrel-EE - Trivora	NARDIL	prednisolone acetate 1%	TEGRETOL-XR
levonorgestrel-EE 0.1/20	neomycin-polymyxin B-bacitracin-	prednisolone phosphate 1%	temazepam (QL)
levonorgestrel-EE 0.15/30	hydrocortisone oint	prednisolone sodium phosphate	terazosin
levonorgestrel-EE 0.15/30 -	neomycin-polymyxin B-	prednisolone syrup	terbinafine tabs (PA)
Levora	dexamethasone	prednisone	terbutaline
levonorgestrel-EE 0.15/30-	neomycin-polymyxin B-gramicidin	prenatal vitamins-folic acid	terconazole
Jolessa or Quasense	neomycin-polymyxin B-	PREZISTA	tetracycline
levothyroxine	hydrocortisone	primidone	theophylline ext-rel
levothyroxine - Levoxyil	neomycin-polymyxin B-	PROAIR HFA (QL)	THIOGUANINE
lidocaine viscous	hydrocortisone susp	probenecid	thioridazine

thiothixene	tretinoin (PA)	TYZEKA	XALATAN
timolol maleate	tretinoin caps (PA)	ursodiol	zaleplon (QL)
timolol maleate gel	TREXALL	valacyclovir	ZERIT
tizanidine	triamcinolone acetonide	VALCYTE	ZETIA
tobramycin	triamcinolone paste	valproic acid	ZIAGEN
TOPAMAX	triamterene-hydrochlorothiazide	venlafaxine	zolpidem (QL)
topiramate	triazolam (QL)	venlafaxine ext-rel (DO)	ZOMIG (QL)
toremide	trifluoperazine	verapamil ext-rel	zonisamide
tramadol(QL)	trifluridine	VIDEX soln	ZYPREXA
trandolapril	trihexyphenidyl	VIMPAT	
tranylcypromine	trimethobenzamide caps	VYTORIN (ST)	
trazodone	trimethoprim	warfarin	

What if my drug is not listed?

This is a listing of the most commonly prescribed drugs that treat certain health conditions. If your drug is not listed, it may well be that:

- Your drug is a generic and all generics are preferred drugs.
- Your drug is not a preferred drug and is available at the highest copayment or coinsurance, or
- Your drug is preferred, but is not included in this brochure.
- There are a few drugs for which your doctor may need to request prior authorization before you fill the prescription. This is to make sure your benefit plan covers them. Visit our Web site for more details.
- Your drug is available over-the-counter or is not covered by your plan. For many conditions, an over-the-counter medication may be the appropriate treatment. Talk to your doctor about over-the-counter medications. They may be a good choice for you may cost you less.

Please note: The drug names listed herein may be the registered or unregistered trademarks of third-party pharmaceutical companies. These trademarks are included for informational purposes only and are not intended to imply or suggest any third-party affiliation. A member's benefit document defines actual benefits available and may exclude coverage for certain drugs listed herein. This list may change or expand from time to time without prior notice.