

List of Covered Drugs

(Formulary)

2009



Please read this document!
This document contains important information about
the drugs covered in our Plans.

Note to existing members:
This formulary has changed since last year.
Please review this document to make sure that it still contains the drugs you take.

It's the right time for PrimeTime...



Have questions? Call & speak with one of our helpful professionals!

Call 330-363-7407 or 1-800-577-5084

Hearing impaired: 330-363-7460 or 1-800-617-7446

www.primetimehealthplan.com

This document includes PrimeTime Health Plan's partial formulary as of **August 2, 2008**. For a complete, updated formulary, please visit our website at www.primetimehealthplan.com or call and speak with one of our helpful professionals: 330-363-7407 or 1-800-577-5084. TTY: 330-363-7460 or 1-800-617-7446. Our lobby hours are Monday through Friday from 8:00 am to 4:30 pm. Our Call Center hours are Monday through Friday from 8:00 am to 8:00 pm.

What is the PrimeTime Health Plan Formulary?

A formulary is a list of covered drugs selected by PrimeTime Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. PrimeTime Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PrimeTime Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by PrimeTime Health Plan. For a complete listing of all prescription drugs covered by PrimeTime Health Plan, please visit our website at www.primetimehealthplan.com or call and speak with one of our helpful professionals: 330-363-7407 or 1-800-577-5084. TTY: 330-363-7460 or 1-800-617-7446. Our lobby hours are Monday through Friday from 8:00 am to 4:30 pm. Our Call Center hours are Monday through Friday from 8:00 am to 8:00 pm.

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of **August 2, 2008**. To get updated information about the drugs covered by PrimeTime Health Plan, please visit our website at www.primetimehealthplan.com or call and speak with one of our helpful professionals: 330-363-7407 or 1-800-577-5084. TTY: 330-363-7460 or 1-800-617-7446. Our lobby hours are Monday through Friday from 8:00 am to 4:30 pm. Our Call Center hours are Monday through Friday from 8:00 am to 8:00 pm.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Alphabetical listing that begins on page 9. Brand-name drugs including those with generic equivalent are listed.

What are generic drugs?

PrimeTime Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** PrimeTime Health Plan requires you to get prior authorization for certain drugs. This means that you will need to get approval from PrimeTime Health Plan before you fill your prescriptions. If you don't get approval, PrimeTime Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, PrimeTime Health Plan limits the amount of the drug that PrimeTime Health Plan will cover. For example, PrimeTime Health Plan provides 6 tablets per co-pay per prescription for Maxalt. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, PrimeTime Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, PrimeTime Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PrimeTime Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6.

You can ask PrimeTime Health Plan to make an exception to these restrictions or limits. See the section, "How do I request an exception to the PrimeTime Health Plan's formulary?" on page 4 (below) for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so PrimeTime Health Plan may cover your drug. You can contact Member Services at 330-363-7407 or 1-800-577-5084. TTY: 330-363-7460 or 1-800-617-7446. Our lobby hours are Monday through Friday from 8:00 am to 4:30 pm. Our Call Center hours are Monday through Friday from 8:00 am to 8:00 pm.

If you learn that PrimeTime Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by PrimeTime Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by PrimeTime Health Plan.
- You can ask PrimeTime Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the PrimeTime Health Plan's Formulary?

You can ask PrimeTime Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, PrimeTime Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a 3rd Tier drug, you may ask us to cover it as a 2nd Tier drug instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, PrimeTime Health Plan will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30 day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30 day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31 day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

According to PTHP's transition process, a new member can request a one time refill of a Part D medication and PTHP will provide a 30 day supply (unless the prescription is written for less than 30 days) of a non-formulary drug (including Part D drugs that are on the formulary but require prior authorization) within the first 90 days of their coverage under the new plan. This transition process does not provide for coverage of any medications that are excluded from the Part D benefit.

For more information

For more detailed information about your PrimeTime Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about PrimeTime Health Plan, please call Member Services at 330-363-7407 or 1-800-577-5084. TTY: 330-363-7460 or 1-800-617-7446. Our lobby hours are Monday through Friday from 8:00 am to 4:30 pm. Our Call Center hours are Monday through Friday from 8:00 am to 8:00 pm. Or, visit our website at www.primetimehealthplan.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

The PrimeTime Health Plan Abridged Formulary that begins on the next page provides coverage information about some of the drugs covered by PrimeTime Health Plan.

If you have trouble finding your drug in the list, turn to the Index that begins on page 9. Remember: This is only a partial list of drugs covered by PrimeTime Health Plan. If your prescription is not in this partial formulary, please visit our website at www.primetimehealthplan.com or call and speak with one of our helpful professionals: 330-363-7407 or 1-800-577-5084. TTY: 330-363-7460 or 1-800-617-7446. Our lobby hours are Monday through Friday from 8:00 am to 4:30 pm. Our Call Center hours are Monday through Friday from 8:00 am to 8:00 pm.

The first column of the chart lists the drug name. The drug tier is identified in the listing by the following:

Green = Tier 1 (Brand name drug with generic equivalents)

Red = Tier 2 (Preferred brand drug)

Blue = Tier 3 (Non-preferred brand drug)

NOTE: Specialty Tier listing can be found on page 11. Specialty Tier Drugs are Medications indicated by PrimeTime Health Plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Most specialty drugs are used to treat chronic diseases. Certain medications within this tier must be obtained through a contracted specialty provider. This list is subject to change.)

Therapeutic Category List of Drugs (by medical condition) - This is a list of the most commonly prescribed medications. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

Name	Tier	Name	Tier	Name	Tier	Name	Tier
Analgesics (Pain Medication)		Anti-convulsants (Seizure Control)		Antimigraine		Antiparkinson	
Celebrex.....	2	Depakote.....	2	Calan SR.....	1	Amantadine.....	1
Clinoril.....	1	Dilantin.....	2	Imitrex*.....	2	Artane.....	1
Darvocet.....	1	Gabitril.....	2	Inderal.....	1	Cogentin.....	1
Duragesic Patches.....	1	Keppra.....	2	Maxalt**.....	2	Comtan.....	2
Lodine.....	1	Lamictal.....	2	Relpax.....	2	Mirapex.....	2
Mobic.....	1	Lyrica.....	2	Antimycobacterials		Requip.....	1
Motrin.....	1	Neurontin.....	1	Dapsone.....	2	Sinemet.....	1
MS Contin.....	1	Tegretol XR.....	2	Mycobutin.....	2	Stalevo.....	3
Naprosyn/Anaprox.....	1	Topamax.....	2	Antineoplastics***		Tasmar.....	2
Percocet.....	1	Trileptal.....	2	Alkeran.....	2	Antipsychotics	
Relafen.....	1	Zarontin.....	2	Bicnu***.....	2	Abilify.....	3
Ultram.....	1	Zonegran.....	2	Camptosar.....	1	Eskalith.....	1
Vicodin.....	1	Antidementia (Alzheimer Disease)		Ceenu.....	2	Geodon.....	3
Voltaren/Cataflam.....	1	Aricept.....	2	Cytarabine.....	1	Haldol.....	1
Anesthetics		Exelon.....	3	Cytoxan.....	1	Risperdal.....	1
Lidocaine.....	1	Namenda.....	2	Efudex.....	2	Seroquel.....	2
Tetracaine.....	1	Razadyne.....	2	Eloxatin.....	2	Seroquel XR.....	2
Antibacterials (Antibiotics)		Antidepressants		Etoposide.....	1	Zyprexa.....	3
Amoxicillin.....	1	Celexa.....	1	Floxuridine.....	1	Antivirals****	
Augmentin XR.....	2	Effexor.....	1	Fludara***.....	1	Combivir****.....	2
Avelox.....	2	Effexor XR.....	2	Gemzar.....	2	Crixivan****.....	2
Biaxin.....	1	Lexapro.....	3	Hexalen.....	2	Emtriva****.....	2
Biaxin XL.....	1	Nardil.....	2	Hycamtin.....	2	Epivir****.....	2
Ceclor.....	1	Parnate.....	1	Hydroxyurea.....	1	Fuzeon****.....	2
Ceftin.....	1	Paxil.....	1	Iressa.....	2	Hivid****.....	2
Cefzil.....	1	Paxil CR.....	1	Leucovorin.....	1	Invirase****.....	2
Cipro.....	1	Prozac.....	1	Leukeran.....	2	Kaletra****.....	2
Cipro XR.....	1	Wellbutrin SR.....	1	Leustatin.....	1	Lexiva****.....	2
Cleocin.....	1	Wellbutrin XL.....	1	Matulane.....	2	Norvir****.....	2
Cloxacillin.....	1	Zolofl.....	1	Mesna***.....	2	Rebetol****.....	1
Dicloxacillin.....	1	Antiemetics (Nausea & Vomiting)		Methotrexate.....	1	Rescriptor****.....	2
Erythromycin.....	1	Compazine.....	1	Myleran.....	2	Retrovir****.....	2
Geocillin.....	2	Phenergan.....	1	Paraplatin***.....	2	Reyataz****.....	2
Keflex.....	1	Reglan.....	1	Photofrin***.....	1	Sustiva****.....	2
Ketek.....	2	Zofran.....	1	Purinethol.....	1	Trizivir****.....	2
Levaquin.....	3	Antifungals		Trisenox**.....	2	Truvada****.....	2
Lorabid.....	2	Diflucan.....	1	Vumon.....	2	Valtrex.....	2
Macrobid.....	1	Lamisil.....	1	Antiparasitics		Videx****.....	1
Minocin.....	1	Nizoral.....	1	Chloroquine.....	1	Viracept****.....	2
Omnicef.....	1	Sporanox.....	1	Lindane.....	1	Viramune****.....	2
Tetracycline.....	1	Antigout		Malarone.....	2	Viread****.....	2
Vancocin.....	2	Allopurinol.....	1	Mebendazole.....	1	Zent****.....	2
Vibramycin.....	1	Colchicine.....	1	Mefloquine.....	1	Ziagen****.....	2
Zithromax.....	1	Probenecid.....	1	Stromectol.....	2	Anxiolytics	
Zmax.....	2					Buspar.....	1
Zyvox.....	2					Meprobamate.....	1

Green = Tier 1 (Brand name drug with generic equivalents)

Red = Tier 2 (Preferred brand drug)

Blue = Tier 3 (Non-preferred brand drug)

Name	Tier
Autonomic Agents	
Aldomet.....	1
Betapace.....	1
Cardura.....	1
Catapress.....	1
Coreg.....	1
Coreg CR.....	2
Dobutamine.....	1
Epinephrine.....	1
Flomax.....	2
Hytrin.....	1
Inderal.....	1
Lopressor.....	1
Minipress.....	1
Neostigmine.....	1
Norepinephrine.....	1
Pyridostigmine.....	1
Sectral.....	1
Tenex.....	1
Tenormin.....	1
Toprol XL.....	1
Ziac.....	1
Bipolar Agents	
Depakote.....	2
Eskalith.....	1
Blood Glucose Regulators	
Actoplus Met.....	2
Actos.....	2
Amaryl.....	1
Apidra.....	2
Avandaryl.....	2
Avandia/Avandamet.....	2
Byetta.....	2
Diabeta/Micronase.....	1
Glucagon/Glucogen.....	2
Glucophage.....	1
Glucotrol.....	1
Glyset.....	2
Insulins-most types.....	2
Janumet.....	2
Januvia.....	2
Lantus.....	2
Prandin.....	2
Starlix.....	2
Symlin.....	2

Name	Tier
Blood Products	
Modifiers	
Volume Expanders	
Aranesp.....	2
Arixtra.....	2
Coumadin.....	2
Epogen.....	2
Exjade.....	2
Lovenox.....	2
Plavix.....	2
Procrit.....	2
Warfarin.....	1
Cardiovascular Agents	
Accupril.....	1
Aldactone.....	1
Altace.....	1
Avapro.....	3
Azor.....	2
Benicar.....	2
Benicar HCT.....	2
Betapace.....	1
Bumex.....	1
Caduet.....	2
Calan SR.....	1
Capoten.....	1
Cardizem CD.....	1
Cardura.....	1
Catapress.....	1
Cordarone.....	1
Coreg.....	1
Coreg CR.....	2
Cozaar.....	3
Crestor.....	2
Diamox.....	1
Digitek.....	1
Diovan.....	2
Diovan HCT.....	2
Dyazide.....	1
Exforge.....	2
Ethmozine.....	2
Furosemide.....	1
HCTZ.....	1
Hygroton.....	1
Hytrin.....	1
Imdur.....	1
Lanoxin.....	2
Lasix.....	1
Lipitor.....	2
Lopid.....	1
Lotrel.....	1

Name	Tier
Cardiovascular Agents	
Lopressor.....	1
Lotensin.....	1
Lovaza.....	2
Lozol.....	1
Mavik.....	1
Mevacor.....	1
Mexetil.....	1
Minipress.....	1
Monopril.....	1
Niaspan.....	2
Nitrostat.....	1
Norpace.....	1
Norvasc.....	1
Plendil.....	1
Pravachol.....	1
Prinivil/Zestril.....	1
Procardia.....	1
Procan.....	1
Questran.....	1
Quinidine.....	1
Ranexa.....	2
Rythmol.....	1
Tambocor.....	1
Tekturna.....	2
Tekturna HCT.....	2
Tenormin.....	1
Tikosyn.....	2
Toprol XL.....	1
Tricor.....	2
Vasotec.....	1
Vytorin.....	3
Welchol.....	2
Zetia.....	2
Zocor.....	1
Central Nervous System Stimulants	
Adderall.....	1
Concerta.....	3
Provigil.....	2
Ritalin.....	1
Strattera.....	2
Dental And Oral Agents	
Kenalog.....	1
Periogard.....	1
Periostat.....	1

Name	Tier
Dermatologics Agents	
Aclovate.....	1
Aldara.....	2
Bactroban Ointment.....	1
Denavir.....	2
Differin.....	3
Diprolene AF.....	1
Dovonex.....	1
Elidel.....	2
Elocon.....	1
Hytone.....	1
Kenalog.....	1
Lidocaine.....	1
Lotrisone.....	1
Metrogel.....	2
Nizoral.....	1
Oxsoresalen.....	2
Psorcon.....	1
Psoriasisec.....	1
Regranex.....	2
Retin-A.....	1
Santyl.....	2
Selenium Sulfide.....	1
Tazorac.....	2
Zovirax.....	1
Enzyme Replacement Modifiers	
Cerezyme.....	2
Fabrazyme.....	2
Deterents/ Replacements	
Antabuse.....	2
Campral.....	2
Gastrointestinal Agents	
Aciphex.....	3
Asacol.....	2
Azulfidine.....	1
Carafate.....	1
Colazal.....	1
Cytotec.....	1
Levsin.....	1
Lotronex.....	2
Nexium.....	3
Pepcid.....	1
Prevacid.....	2
Prevpac.....	2

**** Oral medications covered for AIDS

Therapeutic Category List of Drugs (by medical condition) - This is a list of the most commonly prescribed medications. We cover the medications listed here with very few exceptions. Please contact us for specific medication coverages.

Name	Tier	Name	Tier	Name	Tier	Name	Tier
Gastrointestinal Agents (cont'd)		Hormonal Agents, Suppressants		Ophthalmic Agents		Sedatives Hypnotics	
Prilosec-Rx Only.....	1	Prempro/Premphase.....	2	Alocril.....	2	Ambien.....	1
Protonix.....	1	Prometrium.....	2	Alomid.....	2	Ambien CR.....	3
Reglan.....	1	Protopin.....	2	Alphagan.....	2	Chloral Hydrate.....	1
Tagamet.....	1	Provera.....	1	Azopt.....	2	Sonata.....	1
Zantac.....	1	Synthroid.....	2	Bacitracin.....	1	Skeletal Muscle Relaxants	
Genitourinary Agents		Temovate.....	1	Betoptic-S.....	2	Flexeril.....	1
Avodart.....	2	Hormonal Agents, Suppressants		Ciloxan Ophthalmic Solution.....	1	Parafon.....	1
Cardura.....	1	Arimidex.....	2	Cosopt.....	2	Robaxin.....	1
Detrol.....	2	Aromasin.....	2	Cromolyn.....	1	Soma.....	1
Detrol LA.....	2	Casodex.....	2	Decadron.....	1	Smoking Cessation	
Ditropan.....	1	Fareston.....	2	Emadine.....	2	Nicotrol Nasal Spray.....	2
Ditropan XL.....	1	Faslodex.....	2	Erythromycin.....	1	Zyban.....	1
Flomax.....	2	Femara.....	2	Gentamicin.....	1	Therapeutic Nutrients, Minerals & Electrolytes	
Hytrin.....	1	Flumadine.....	1	Inflamase-forte.....	1	K-Dur/Micro-K.....	1
Proscar.....	1	Lupron.....	2	Lacrisert.....	2	Luride.....	1
Urispas.....	1	Lysodren.....	2	Patanol.....	3	Toxicologic Agents	
Hormonal Agents, Stimulant Replacement Modifying		Nolvadex.....	1	Pilocarpine.....	1	Narcan.....	1
Actonel.....	3	Propylthiouracil.....	1	Pred-forte.....	1	Revia.....	1
Amour Thyroid.....	2	Sensipar.....	2	Propine.....	1	Otic Agents	
Cenestin.....	2	Tapazole.....	1	Restasis.....	2	Auralgan.....	1
Climara.....	1	Zoladex.....	2	Sodium Sulamyd.....	1	Cortisporin.....	1
Combipatch.....	2	Immunological Agents		Timoptic.....	1	Floxin.....	2
Cytomel.....	2	Arava.....	1	Tobradex.....	2	Vosol HC.....	1
DDAVP.....	1	Cellcept.....	2	Tobrex.....	1	Respiratory Tract Agents	
Elocon.....	1	Elidel.....	2	Trusopt.....	2	Accolate.....	2
Estrace.....	1	Enbrel.....	2	Voltaren Ophthalmic Solution.....	1	Advair.....	2
Evista.....	2	Humira.....	2	Xalatan.....	2	Allegra.....	1
Florinef.....	1	Imuran.....	1	Inflammatory Bowel Disease		Astelin.....	2
Fosamax.....	1	Intron-A.....	2	Asacol.....	2	Atrovent-HFA.....	2
Fosamax Plus D.....	2	Myfortic.....	2	Azulfidine.....	1	Combivent.....	2
Ganite.....	2	Neoral.....	2	Colazal.....	1	Flonase.....	1
Hectorol.....	2	Peg-intron.....	2	Decadron.....	1	Flovent-HFA.....	2
Humatrope.....	2	Pegasys.....	2	Prednisone.....	1	Intal.....	2
Hytone.....	1	Prograf.....	2	Inflammatory Bowel Disease		Maxair.....	2
Kenalog.....	1	Rapamune.....	2	Asacol.....	2	Nasonex.....	3
Levoxyl.....	1	Rebetron.....	2	Azulfidine.....	1	Respiratory Tract Agents	
Medrol.....	1	Roferon-A.....	2	Colazal.....	1	Accolate.....	2
Menest.....	2	Sandimmune.....	2	Decadron.....	1	Advair.....	2
Miacalcin.....	1	Thalidomide.....	2	Prednisone.....	1	Allegra.....	1
Nutropin.....	2	Vaccines-most types.....	2	Inflammatory Bowel Disease		Astelin.....	2
Prednisone.....	1	Inflammatory Bowel Disease		Asacol.....	2	Atrovent-HFA.....	2
Premarin.....	2	Asacol.....	2	Azulfidine.....	1	Combivent.....	2
Premarin Vaginal Cream..	2	Azulfidine.....	1	Colazal.....	1	Flonase.....	1

Alphabetical List of Drugs - This is the same list as the Therapeutic Category list except it is in alphabetical order.

Green = Tier 1 (Brand name drug with generic equivalents)

Red = Tier 2 (Preferred brand drug)

Blue = Tier 3 (Non-preferred brand drug)

Name	Tier
A	
Abilify	3
<i>Accolate</i>	<i>2</i>
Accupril.....	1
Aciphex	3
Aclovate.....	1
Actonel	3
<i>Actoplus Met</i>	<i>2</i>
<i>Actos</i>	<i>2</i>
Adderall.....	1
<i>Advair</i>	<i>2</i>
Aldactone.....	1
<i>Aldara</i>	<i>2</i>
Aldomet.....	1
<i>Alkeran</i>	<i>2</i>
Allegra.....	1
Allopurinol.....	1
<i>Alocril</i>	<i>2</i>
<i>Alomide</i>	<i>2</i>
<i>Alphagan</i>	<i>2</i>
Altace.....	1
Amantadine.....	1
Amaryl.....	1
Ambien.....	1
Ambien CR	3
Amoxicillin.....	1
<i>Antabuse</i>	<i>2</i>
<i>Apidra</i>	<i>2</i>
<i>Aranesp</i>	<i>2</i>
Arava.....	1
<i>Aricept</i>	<i>2</i>
<i>Arimidex</i>	<i>2</i>
<i>Arixtra</i>	<i>2</i>
<i>Armour Thyroid</i>	<i>2</i>
<i>Aromasin</i>	<i>2</i>
Artane.....	1
<i>Asacol</i>	<i>2</i>
<i>Astelin</i>	<i>2</i>
<i>Atrovent-HFA</i>	<i>2</i>
<i>Augmentin XR</i>	<i>2</i>
Auralgan.....	1
<i>Avandaryl</i>	<i>2</i>
<i>Avandia/Avandamet</i>	<i>2</i>
Avapro	3
<i>Avelox</i>	<i>2</i>
<i>Avodart</i>	<i>2</i>
<i>Azopt</i>	<i>2</i>
<i>Azor</i>	<i>2</i>
Azulfidine.....	1

Name	Tier
B	
Bacitracin.....	1
Bactroban Ointment.....	1
<i>Benicar</i>	<i>2</i>
<i>Benicar HCT</i>	<i>2</i>
Betapace.....	1
<i>Betoptic-S</i>	<i>2</i>
Biaxin.....	1
Biaxin XL.....	1
<i>Bicnu***</i>	<i>2</i>
Bumex.....	1
Buspar.....	1
<i>Byetta</i>	<i>2</i>
C	
<i>Caduet</i>	<i>2</i>
Calan SR.....	1
<i>Campral</i>	<i>2</i>
Camptosar.....	1
Capoten.....	1
Carafate.....	1
Cardizem CD.....	1
Cardura.....	1
<i>Casodex</i>	<i>2</i>
Catapress.....	1
Ceclor.....	1
<i>Ceenu</i>	<i>2</i>
Ceftin.....	1
Cefzil.....	1
<i>Celebrex</i>	<i>2</i>
Celexa.....	1
<i>Cellcept</i>	<i>2</i>
<i>Cenestin</i>	<i>2</i>
<i>Cerezyme</i>	<i>2</i>
Chloral Hydrate.....	1
Chloroquine.....	1
Ciloxan Ophthalmic Solution.....	1
Cipro.....	1
Cipro XR.....	1
Cleocin.....	1
Climara.....	1
Clinoril.....	1
Cloxacillin.....	1
Colchicine.....	1
Cogentin.....	1
Colazal.....	1
<i>Combipatch</i>	<i>2</i>
<i>Combivent</i>	<i>2</i>
<i>Combivir***</i>	<i>2</i>

Name	Tier
Compazine.....	1
<i>Comtan</i>	<i>2</i>
Concerta	3
Cardarone.....	1
Coreg.....	1
<i>Coreg CR</i>	<i>2</i>
Cortisporin.....	1
<i>Cosopt</i>	<i>2</i>
<i>Coumadin</i>	<i>2</i>
Cozaar	3
<i>Crestor</i>	<i>2</i>
<i>Crixivan***</i>	<i>2</i>
Cromolyn.....	1
Cytarabine.....	1
<i>Cytomel</i>	<i>2</i>
Cytotec.....	1
Cytoxan.....	1
D	
<i>Dapsone</i>	<i>2</i>
Darvocet.....	1
DDAVP.....	1
Decadron.....	1
<i>Denavir</i>	<i>2</i>
<i>Depakote</i>	<i>2</i>
<i>Detrol</i>	<i>2</i>
<i>Detrol LA</i>	<i>2</i>
Diabeta/Micronase.....	1
Diamox.....	1
Dicloxacillin.....	1
Differin	3
Diflucan.....	1
Digitek.....	1
<i>Dilantin</i>	<i>2</i>
<i>Diovan</i>	<i>2</i>
<i>Diovan HCT</i>	<i>2</i>
Diprolene AF.....	1
Ditropan.....	1
Ditropan XL.....	1
Dobutamine.....	1
Dovonex.....	1
Duragesic Patches.....	1
Dyazide.....	1
E	
Effexor.....	1
<i>Effexor XR</i>	<i>2</i>
<i>Efudex</i>	<i>2</i>
<i>Elidel</i>	<i>2</i>
Elocon.....	1
<i>Eloxatin</i>	<i>2</i>

Name	Tier
<i>Emadine</i>	<i>2</i>
<i>Emtriva***</i>	<i>2</i>
<i>Enbrel</i>	<i>2</i>
Epinephrine.....	1
<i>Epivir***</i>	<i>2</i>
<i>Epogen</i>	<i>2</i>
Erythromycin.....	1
Eskalith.....	1
Estrace.....	1
<i>Ethmozine</i>	<i>2</i>
Etoposide.....	1
<i>Evista</i>	<i>2</i>
Exelon	3
<i>Exforge</i>	<i>2</i>
<i>Exjade</i>	<i>2</i>
F	
<i>Fabrazyme</i>	<i>2</i>
<i>Fareston</i>	<i>2</i>
<i>Faslodex</i>	<i>2</i>
<i>Femara</i>	<i>2</i>
Flexeril.....	1
<i>Flomax</i>	<i>2</i>
Flonase.....	1
Florinef.....	1
<i>Flovent-HFA</i>	<i>2</i>
<i>Floxin</i>	<i>2</i>
Floxuridine.....	1
Fludara***.....	1
Flumadine.....	1
Fosamax.....	1
<i>Fosamax Plus D</i>	<i>2</i>
Furosemide.....	1
<i>Fuzeon***</i>	<i>2</i>
G	
<i>Gabril</i>	<i>2</i>
<i>Ganite</i>	<i>2</i>
<i>Gemzar</i>	<i>2</i>
Gentamicin.....	1
<i>Geocillin</i>	<i>2</i>
Geodon	3
<i>Glucagon/Glucogen</i>	<i>2</i>
Glucophage.....	1
Glucotrol.....	1
<i>Glyset</i>	<i>2</i>
H	
Haldol.....	1
HCTZ.....	1
<i>Hectorol</i>	<i>2</i>

*** Oral medications covered for AIDS

Alphabetical List of Drugs - This is the same list as the Therapeutic Category list except it is in alphabetical order.

Green = Tier 1 (Brand name drug with generic equivalents) Red = Tier 2 (Preferred brand drug) Blue = Tier 3 (Non-preferred brand drug)

Name	Tier	Name	Tier	Name	Tier	Name	Tier
Hexalen.....	2	Lodine.....	1	Neostigmine.....	1	Prometrium.....	2
Hivid****.....	2	Lopid.....	1	Neurontin.....	1	Propine.....	1
Humatrope.....	2	Lopressor.....	1	Nexium.....	3	Propylthiouracil.....	1
Humira.....	2	Lorabid.....	2	Niaspan.....	2	Proscar.....	1
Hycamtin.....	2	Lotensin.....	1	Nicotrol Nasal Spray.....	2	Protonix.....	1
Hydroxyurea.....	1	Lotrel.....	1	Nitrostat.....	1	Protropin.....	2
Hygroton.....	1	Lotronex.....	2	Nizoral.....	1	Proventil.....	1
Hytone.....	1	Lotrisone.....	1	Nolvadex.....	1	Provera.....	1
Hytrin.....	1	Lovaza.....	2	Norepinephrine.....	1	Provigil.....	2
I		Lovenox.....	2	Norpace.....	1	Prozac.....	1
Imdur.....	1	Lozol.....	1	Norvasc.....	1	Psorcon.....	1
Imitrex*.....	2	Lupron.....	2	Norvir****.....	2	Psoriatec.....	1
Imuran.....	1	Luride.....	1	Nutropin.....	2	Pulmicort Inhaler.....	2
Inderal.....	1	Lyrica.....	2	O		Purinethol.....	1
Inflamase-forte.....	1	Lysodren.....	2	Omnicef.....	1	Pyridostigmine.....	1
Insulins-most types.....	2	M		Oxsoralen.....	2	Q	
Intal.....	2	Macrobid.....	1	P		Questran.....	1
Intron-A.....	2	Malarone.....	2	Parafon.....	1	Quinidine.....	1
Invirase****.....	2	Matulane.....	2	Paraplatin***.....	2	R	
Iressa.....	2	Mavik.....	1	Parnate.....	1	Ranaxa.....	2
J		Maxair.....	2	Patanol.....	3	Rapamune.....	2
Janumet.....	2	Maxalt**.....	2	Paxil.....	1	Razadyne.....	2
Januvia.....	2	Mebendazole.....	1	Paxil CR.....	1	Rebetol****.....	1
K		Medrol.....	1	Peg-intron.....	2	Rebetron.....	2
K-Dur/Micro-K.....	1	Mefloquine.....	1	Pegasys.....	2	Reglan.....	1
Kaletra****.....	2	Menest.....	2	Pepcid.....	1	Regranex.....	2
Keflex.....	1	Meprobamate.....	1	Percocet.....	1	Relafen.....	1
Kenalog.....	1	Mesna***.....	2	Periogard.....	1	Relpax.....	2
Keppra.....	2	Methotrexate.....	1	Periostat.....	1	Requip.....	1
Ketek.....	2	Metrogel.....	2	Phenergan.....	1	Rescriptor****.....	2
L		Mevacor.....	1	Photofrin***.....	1	Restasis.....	2
Lacrisert.....	2	Mexetil.....	1	Pilocarpine.....	1	Retin-A.....	1
Lamictal.....	2	Miacalcin.....	1	Plavix.....	2	Retrovir****.....	2
Lamisil.....	1	Minipress.....	1	Plendil.....	1	Revia.....	1
Lanoxin.....	2	Minocin.....	1	Prandin.....	2	Reyataz****.....	2
Lantus.....	2	Mirapex.....	2	Pravachol.....	1	Rhinocort Aqua.....	2
Lasix.....	1	Mobic.....	1	Pred-forte.....	1	Risperdal.....	1
Leucovorin.....	1	Monopril.....	1	Prednisone.....	1	Ritalin.....	1
Leukeran.....	2	Motrin.....	1	Premarin.....	2	Robaxin.....	1
Leustatin.....	1	MS Contin.....	1	Premarin Vaginal Cream..	2	Roferon-A.....	2
Levaquin.....	3	Mycobutin.....	2	Prempro/Premphase.....	2	Rythmol.....	1
Levoxyl.....	1	Myfortic.....	2	Prevacid.....	2	S	
Levsin.....	1	Myleran.....	2	Prevpac.....	2	Sandimmune.....	2
Lexapro.....	3	N		Prilosec-Rx Only.....	1	Santyl.....	2
Lexiva****.....	2	Namenda.....	2	Prinivil/Zestril.....	1	Sectral.....	1
Lidocaine.....	1	Naprosyn/Anaprox.....	1	Probenecid.....	1	Selenium Sulfide.....	1
Lindane.....	1	Narcan.....	1	Procan.....	1	Sensipar.....	2
Lipitor.....	2	Nardil.....	2	Procardia.....	1	Serevent.....	2
		Nasonex.....	3	Procrit.....	2	Seroquel.....	2
		Neoral.....	2	Prograf.....	2	Seroquel XR.....	2

Specialty Tier Drugs

Name	Tier
Sinemet.....	1
Singulair.....	2
Sodium Sulamyd.....	1
Soma.....	1
Sonata.....	1
Spiriva.....	2
Sporanox.....	1
Stalevo.....	3
Starlix.....	2
Strattera.....	2
Stromectol.....	2
Sustiva****.....	2
Symlin.....	2
Synthroid.....	2

T

Tagamet.....	1
Tambocor.....	1
Tapazole.....	1
Targretin.....	2
Tasmar.....	2
Tazorac.....	2
Tekturna.....	2
Tekturna HCT.....	2
Tegretol XR.....	2
Temovate.....	1
Tenex.....	1
Tenormin.....	1
Tetracaine.....	1
Tetracycline.....	1
Thalidomide.....	2
Theophylline.....	1
Tikosyn.....	2
Timoptic.....	1
Tobradex.....	2
Tobrex.....	1
Topamax.....	2
Toprol XL.....	1
Tricor.....	2
Trileptal.....	2
Trisenox***.....	2
Trizivir****.....	2
Trusopt.....	2
Truvada****.....	2

U

Ultram.....	1
Urispas.....	1

V

Vaccines-most types.....	2
Valtrex.....	2

Name	Tier
Vancocin.....	2
Vasotec.....	1
Ventolin.....	2
Vibramycin.....	1
Vicodin.....	1
Videx****.....	1
Viracept****.....	2
Viramune****.....	2
Viread****.....	2
Voltaren Ophthalmic Solution.....	1
Voltaren/Cataflam.....	1
Vosol HC.....	1
Vumon.....	2
Vytorin.....	3

W

Warfarin.....	1
Welchol.....	2
Wellbutrin SR.....	1
Wellbutrin XL.....	1

X

Xalatan.....	2
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Z

Zantac.....	1
Zarontin.....	2
Zerit****.....	2
Zetia.....	2
Ziac.....	1
Ziagen****.....	2
Zithromax.....	1
Zmax.....	2
Zocor.....	1
Zofran.....	1
Zoladex.....	2
Zoloft.....	1
Zonegran.....	2
Zovirax.....	1
Zyban.....	1
Zyflo.....	2
Zyprexa.....	3
Zyvox.....	2

Specialty Tier Drugs are Medications indicated by PrimeTime Health Plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Most specialty drugs are used to treat chronic diseases. Certain medications within this tier must be obtained through a contracted specialty provider. This list is subject to change.

Name	Therapeutic Category
Avonex.....	Multiple Sclerosis Agent
Betaseron.....	Multiple Sclerosis Agent
Copaxone.....	Multiple Sclerosis Agent
Forteo.....	Endocrine/Metabolic Agent
Gleevec.....	Antineoplastic
Nexavar.....	Antineoplastic
Pulmozyme.....	Respiratory Agent
Raptiva.....	Antipsoriatic Agent
Rebif.....	Multiple Sclerosis Agent
Remicade.....	Inflammatory Bowel Agent
Revatio.....	Cardiovascular Agent
Revlimid.....	Immunomodulator
Sandostatin.....	Endocrine/Metabolic Agent
Sprycel.....	Antineoplastic
Sutent.....	Antineoplastic
Tarceva.....	Antineoplastic
Thalomid.....	Immunomodulator
Tracleer.....	Cardiovascular Agent
Tykerb.....	Antineoplastic
Vidaza.....	Antineoplastic
Zolinza.....	Antineoplastic



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