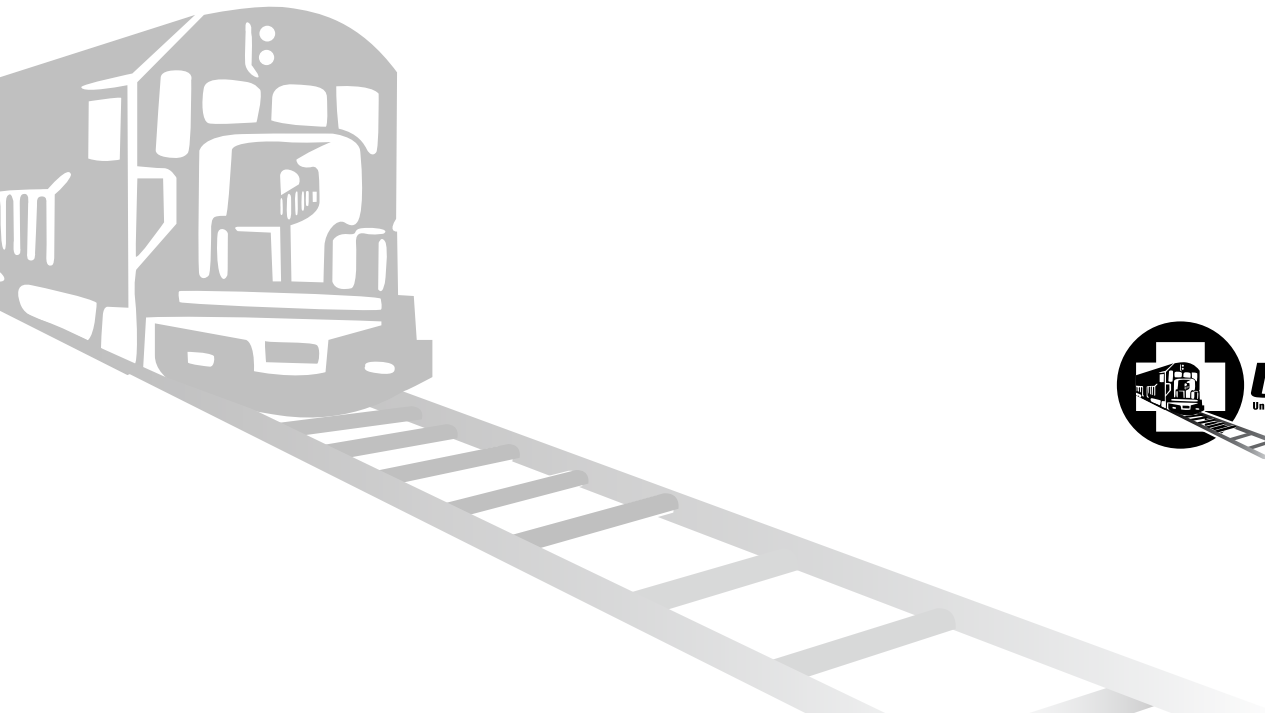


UPREHS Prescription Drug Formulary



For Retired Members





UPREHS. Plan for Life.

The Union Pacific Railroad Employees Health Systems, and its predecessor organizations were already providing major medical benefits to railroad workers long before the average person understood the concept of health insurance. In the late 1800s, the Union Pacific Railroad organized its Medical Department to care for workers who fell ill or were injured on the job.

Wherever the workers went, doctors and nurses followed. Railroad hospitals and clinics were established along the rail route in places where some workers had never seen a real doctor. In fact, the railroad industry was the first employer to offer health care benefits to its employees. In 1947, the Medical Department separated from the Union Pacific Railroad to become the Union Pacific Railroad Employees Health Systems.

Serving the needs of our members and providing superior service is the top priority of Union Pacific Railroad Employees Health Systems. Professional administration of our plans and networks is the key to our success. Our staff is dedicated and committed to all the members we serve.

Today, the Union Pacific Railroad Employees Health Systems keeps pace with ever-changing technology and the changing needs of our members. We have customized our extensive network of hospitals, physicians, and other health care professionals to fit the needs of our members throughout the United States.

Freedom to choose providers, quality care, first class service and the security of knowing that we are here for you. This is the hallmark of Union Pacific Railroad Employees Health Systems, just as it has been for more than 139 years.

Our philosophy is simple: UPREHS. Plan for Life.

UPREHS Prescription Drug Formulary For Retiree Plans January 2009

UPREHS PHARMACY PROGRAM FOR RETIREE PLAN MEMBERS

The UPREHS Pharmacy Program is designed to meet the specific needs of members and provide excellent outpatient prescription drug benefits. Benefits are limited to physician prescribed drugs and medications used for the treatment of a medical condition that is a covered benefit. Member cooperation is vital to the success of the pharmacy program. Failure to use the program consistently in the manner required will result in denied benefit payments. Members are responsible for denied payments.

The UPREHS formulary is a list of outpatient prescription drugs and other medications that are benefits when used for the treatment of a medical condition that is a covered benefit. Formulary prescription drugs are included in Tier 1, Tier 2 and Tier 4. Most non-formulary prescription drugs are available under Tier 3. (see 'The UPREHS Formulary List' included.)

UPREHS Depot Drug Mail-Order Pharmacy copayments are less than when using the UPREHS or contract network pharmacies. Using the Depot Drug Mail-Order Pharmacy whenever possible is most economical for you and UPREHS.

The Pharmacy and Therapeutics Committee reviews the formulary list at least three times each year. The formulary list's content is based on these reviews so drugs may change during the calendar year. If you have questions about current prescription drugs or prescription benefits you may call UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday between the hours of 7:30 AM and 3:30 PM. Mountain Time. The current UPREHS formulary list is available on the Internet at www.uphealth.com.

UPREHS PHARMACY PROGRAM FOR RETIREE PLANS

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The UPREHS Formulary List

The UPREHS formulary list is a list of outpatient prescription drugs and other medications that are benefits when used for the treatment of a medical condition that is covered. Formulary list prescription drugs are included in Tier 1, Tier 2 and Tier 4. Most non-formulary list prescription drugs are available under Tier 3. Tier 3 drug benefits eliminate the need for most appeals, special medical review, and exceptions to the formulary list.

Pharmacy and Therapeutics Committee

The UPREHS Pharmacy and Therapeutics Committee is the advisory group on therapeutic drug use. Committee members include physicians of various specialties, pharmacists, and administrative personnel. The committee reviews the formulary at least three times each year. Formulary content is based on those reviews so formulary drugs may change during the calendar year. The committee maintains and revises approved drugs based on quality and safety issues. Cost is a consideration, but only if there are several drug choices that first meet all other criteria.

If you have questions about current formulary list drugs or prescription benefits you may call UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3.30 PM Mountain Time.

Generic Drug Quality

There have been reported instances of questionable quality in some generic drugs. The UPREHS formulary list adheres to quality-first-selections and completely rejects drugs having quality concerns. Even though the generic drug may be deeply discounted, UPREHS will select the brand name drug if there are generic drug quality concerns. This is why some UPREHS formulary drug selections may be brand name drugs, even though a generic may be marketed.

UPREHS Health Insurance & Rx ID Card

UPREHS does not reimburse members for prescriptions which are filled without using the UPREHS Health Insurance & Rx ID Card. The pharmacist needs the information supplied on the front and back of your card to fill prescriptions within the UPREHS formulary list. Present your card to the pharmacy whenever you obtain an urgent or one-time-only prescription from a UPREHS or contract network pharmacy. Your UPREHS Health Insurance ID Card is your key to receiving maximum pharmacy benefits.

Annual Pharmacy Benefit Limit

For UPREHS Retiree plans, the maximum pharmacy benefit available during a calendar year is \$1,700 in accrued medication expense. Copayments do not count toward the annual maximum benefit. If the maximum benefit is exceeded, UPREHS will continue to provide maintenance medications at UPREHS' cost plus a dispensing fee for each prescription filled. The member shall pay the cost of the medication plus a dispensing fee for each prescription every month.

There is a \$1,700 limit each calendar year for combined Tier 1, 2, and 3 prescription drugs. Tier 4 catastrophic drugs will not apply to the \$1,700 maximum yearly benefit.

Copayments

30-Day Copayment Amounts	Tier 1	Tier 2	Tier 3	Tier 4
UPREHS Depot Drug Mail Order Pharmacy 30, 60, or 90-Day Supply Available **Ascend Specialty Pharmacy 30 Day or less Supply Only	\$10	\$15	\$40	\$40
UPREHS Depot Drug Walk-In Pharmacies 30 Day Supply Available	\$12	\$20	\$40	\$40
National Retail Pharmacy Network 30-day or less Supply Available Only	\$12	\$20	N/A	N/A
Out-of-Network Pharmacy - Emergency Only When covered, we pay you the UPREHS cost for the drug minus your Tier copay amount. You pay any charges above UPREHS cost.	\$12	\$20	N/A	N/A

Drug and Medication Tiers

Tier 1 – UPREHS Formulary List Generic Drug

Tier 1 consists of formulary generic drugs. If your prescription has a formulary Tier 1 generic drug equivalent, you will receive that drug regardless of the drug name prescribed by your physician. Tier 1 drugs have the lowest cost to UPREHS so they require the lowest member copayment.

The Tier 1 copayment for each prescription for up to 30-day supply ordered through the UPREHS Depot Drug Mail-Order Pharmacy is lower than the prescription copayment when the medication is obtained from a UPREHS Depot Drug Walk-In pharmacy or contract network retail pharmacy.

If a medication is available as a generic and the brand name is required by either the physician or the member, the Tier 3 copayment shall apply.

Tier 2 - UPREHS Formulary Brand Name Drugs

Tier 2 consists of formulary brand name drugs. You will receive the Tier 2 brand name drug if there is not a Tier 1 formulary generic drug equivalent or if the generic drug has not been approved by the UPREHS Pharmacy and Therapeutics Committee. Tier 2 drugs are much more expensive to UPREHS than Tier 1 drugs and will cost the member more for a copayment.

The Tier 2 copayment for each prescription for up to 30-day supply ordered through the UPREHS Depot Drug Mail-Order Pharmacy is lower than the prescription copayment when the medication is obtained from a UPREHS Depot Drug Walk-In pharmacy or contract network retail pharmacy.

Tier 3 – UPREHS Otherwise Non-Formulary Drugs

Tier 3 consists of otherwise non-formulary drugs that are not included in Tier 1, 2 or 4. Tier 3 copayments apply to each prescription up to a 30-day supply.

UPREHS has created Tier 3 pharmacy benefits so members have access to non-formulary prescription drugs that were not a covered benefit in the past. **These drugs are a covered benefit only when obtained from the UPREHS Depot Drug Mail-Order Pharmacy.**

In some instances, Tier 3 prescriptions may not be supplied by the UPREHS Depot Drug Mail-Order pharmacy because they are in a classification that cannot be sent by mail. These exceptions are clearly indicated on the formulary list.

Tier 3 benefits are available when a provider or member requests a drug that has not been included in Tier 1, 2, or 4 of the formulary and is for the treatment of a medical condition that is a covered benefit. A Tier 3 copayment is required for up to a 30-day supply. The cost of the Tier 3 prescription, less the copayment, is applied to the \$1,700 annual pharmacy benefit limit.

Tier 4 – UPREHS High-Cost Preferred Formulary Specialty/Catastrophic Drugs

Tier 4 includes certain catastrophic or specialty extended treatment drugs that are extremely costly and are not otherwise included in Tier 1 or 2 of the Formulary and used for the treatment of a medical condition that is covered. The UPREHS Pharmacy and Therapeutics Committee determines which of these Tier 4 drugs are available.

A higher copayment is required for catastrophic or specialty treatment drugs, but the cost of the prescription is not applied to the \$1,700 annual pharmacy benefit limit. Most Tier 4 medications must be obtained through Ascend Specialty Pharmacy only and are clearly indicated on the formulary list.

Types Of UPREHS Pharmacies

The UPREHS Pharmacy Program offers a variety of services, which helps our members and UPREHS maintain quality and a cost-effective pharmacy program. Pharmacy services include:

- The UPREHS Depot Drug Mail-Order Pharmacy is owned and operated by Union Pacific Railroad Employees Health Systems. The Pharmacy supplies formulary Tier 1, Tier 2 and Tier 3 maintenance prescriptions. Maintenance prescriptions are medications that are intended to be taken longer than 30 days.
- UPREHS Depot Drug Walk-In pharmacies are free-standing pharmacies owned and operated by Union Pacific Railroad Employees Health Systems in area with large concentrations of UPREHS members. These locations supply emergency and one-time-only formulary Tier 1 and 2 prescription drugs. They also supply Class III and IV controlled substances not shipped by mail.
- National Retail Pharmacy Network pharmacies supply emergency and one-time-only formulary Tier 1 and 2 prescription drugs when the UPREHS Mail-Order Pharmacy or other UPREHS pharmacies are not available. They also supply Class III and IV controlled substances not shipped by mail.
- Ascend Specialty Drug Pharmacy: UPREHS has added a valuable benefit that improves the way members receive self-injectible and other specialty medications (excluding insulin) that treat conditions such as Rheumatoid Arthritis, Multiple Sclerosis, Hepatitis-C, Cancer, Transplant and other conditions. Copayments are the same as those from the UPREHS Depot Drug Mail Order Pharmacy. Ascend experts will provide the member with specialized care including educational materials and pharmacy counseling to help the patient understand the medication therapy. If you receive specialty drugs, you will be enrolled in this additional benefit at no cost and the medications will be delivered directly to you by Ascend. You will always be advised when to expect your shipment and most medications are shipped overnight via priority mail. In addition, you will be provided with 24 hour unlimited access to expert specialty pharmacy consultation.

UPREHS Mail-Order Policy

Members must order all formulary Tier 1, Tier 2 and Tier 3 maintenance prescriptions through the UPREHS Depot Drug Mail-Order Pharmacy. Exceptions are detailed in the Formulary List. Maintenance prescriptions are medications intended to be taken longer than 30 days.

Maintenance prescriptions can be filled for the first time at a UPREHS Depot Drug Walk-In pharmacy or at a contract network pharmacy. Additional refills **must be** ordered through the UPREHS Mail-Order Pharmacy to continue to be a benefit. One-time-only prescriptions can also be filled through the UPREHS Mail-Order Pharmacy at a lower copayment, if it is possible to wait for the medication.

UPREHS Mail-Order Pharmacy Cost Savings

UPREHS Mail-Order Pharmacy copayments are lower than the copayments required when using the local UPREHS or contract network retail pharmacies. Using the UPREHS Depot Drug Mail-Order Pharmacy whenever possible is most economical for both our members and UPREHS.

To fill a prescription at a network retail pharmacy

To fill your prescription at a network retail pharmacy, you must show your UPREHS Health Insurance & Rx ID Card. If you do not have your ID Card with you when you fill your prescription, you may have to pay the full cost of the prescription (rather than paying just your copayment). If this happens, you can ask us to reimburse you for our share of the cost by submitting your prescription receipt to us along with a note explaining why the prescription could not be filled at a participating network pharmacy.

- When using a maintenance prescription, those drugs must be obtained through the UPREHS Depot Drug Mail Order Pharmacy or a UPREHS Depot Drug Walk-In Pharmacy. If you need your prescription filled urgently, you may have a one-time-only fill at a national network retail pharmacy. Any additional refills must go through a UPREHS Depot Drug Pharmacy.
- If you must use a national network retail pharmacy, ask your physician to write two (2) prescriptions: a one-month supply to be filled at your local pharmacy and a long-term prescription to be filled through the UPREHS Depot Drug Mail Order Pharmacy per the instructions in this section.
- When using a UPREHS Depot Drug Walk-In Pharmacy, give the original to the pharmacist. They will enter your prescription information and you can obtain your refills from the UPREHS Depot Drug Mail Order Pharmacy.

Finding a network retail pharmacy

Most local and national chain pharmacies are in our pharmacy network. Because our national network is so large, all pharmacies cannot be listed in a directory. The pharmacist can tell you if their pharmacy is a network pharmacy simply by showing them your ID card. You can call UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3:30 PM Mountain Time if you have any questions.

If a pharmacy is not in network, you will have to get your prescriptions filled at a network retail pharmacy. If you fill prescriptions at a non-network pharmacy, you may submit your prescription receipt to UPREHS for reimbursement, but the refund will apply only to the price the medication would have cost UPREHS through a network pharmacy, less your copayment. You would be responsible to pay for any amount over the UPREHS cost.

To Order New Maintenance Prescriptions From The UPREHS Depot Drug Mail-Order Pharmacy

Ordering **new** prescriptions is easy, and members are charged no shipping costs. Directions to fill **new** prescriptions:

1. Obtain the written prescription(s) from your doctor. Make certain the number of refills the doctor wants you to have is clearly indicated on the prescription. Your prescription can remain valid for up to one (1) calendar year from the date of the initial prescription.
2. Use a separate sheet of paper to show your name and UPREHS Health Insurance & Rx ID number exactly as they appear on your UPREHS Health Insurance ID Card, your return address, and your doctor's name.
3. If you want the prescription(s) sent to an address other than the address on file for you, please include that information with your mailed order.
4. Order a 90-day supply for each prescription if possible. Be sure to specify whether you want a 90, 60, or 30-day supply.
5. Make your check or money order payable to the Depot Drug Mail-Order Pharmacy. If you wish to charge your copayment to a debit/credit card, write down the type of card (MasterCard or VISA) and the entire debit/credit card number and expiration date. If you have a debit/credit card on file with either the telephone automated system or the website, you may simply request that the copayment be applied to the card on file, without writing the card number.
- 6. Your prescription cannot be filled without a check, money order or debit/credit card for the copayment.**
7. Mail the prescription(s), information, and a method of payment (check, money order or debit/credit card) for the applicable Tier copayment(s) to:

UPREHS Depot Drug Mail-Order Pharmacy
PO Box 165090
Salt Lake City, UT 84116-5090

To Order Prescription Refills From The UPREHS Mail-Order Pharmacy

Once you have filled a prescription through the Depot Drug Mail Order Pharmacy, it is easy to refill a prescription already on file. UPREHS urges you to order a 90-day supply depending on the number of refills left on the prescription. Reorders may be placed after 60 or more days following your 90 day refill so that you will not run out of your medication.

To order refills by mail

Your initial medication order will show a prescription number (Rx #) assigned to that drug. You may order by using that number, or by simply marking and returning the refill slip included with the order to show a 1, 2, or 3 month supply. Attached to the slip is an adhesive address label to attach to your order envelope.

To order refills by telephone

Just call the Depot Drug toll-free number, 1-800-331-6353, and follow the recorded instructions. Members must use debit/credit MasterCard or VISA to make copayments for telephone orders.

To use the telephone service:

1. Have ready your UPREHS Health Insurance & Rx ID Card, the credit/debit card you intend to use (Visa or MasterCard) and the prescription number(s) to be refilled.
2. Call the UPREHS Mail-Order Pharmacy refills telephone number at 1-800-331-6353.
3. Choose to use the automated system and select “Pharmacy Services: To Order Pharmacy Refills: then follow the automated instructions to order your refill(s) and pay the copayment(s).
4. The system will verify information as you go, and inform you of the cost of each medication for each month, and will tell you the final total amount to be charged to your debit/credit card.

To order refills on the web site

1. Go to the website at www.uphealth.com and register on the secure and encrypted “Members” portion of the site.
2. The page titled “Member Services and Information” will appear, showing a Table of Contents.
3. Click on “Order Rx Refill” then “Begin.”
4. The website will remind you that web prescription orders need to be paid with either a MasterCard or Visa. (The card may be either a debit/credit card.)
5. Click the “Continue” button.
6. Select the prescription number; choose the number of months you wish and “Add to Rx shopping cart.”
7. When you have entered all the prescriptions you wish to order, “Begin Checkout Process.” You will enter your telephone number and verify the last 4 digits of your debit/credit card on file. If no card is on file or you wish to change the card on file you can now enter your preferred card number and expiration date. The system will verify the prescriptions you have ordered, how many months, and the amount to be charged to your credit card. Please verify that the address is correct to which the order will be sent. If your address is not correct, or you wish the order sent to an alternate address, please cancel your order and call Depot Drug (1-800-331-6353) for assistance in having the order shipped to a different mailing address.
8. At any time up to this point you can edit your entries or cancel the entire order.
9. You may then “Submit order for processing,” and the legend at the top of the box will verify that you are “Finished.”

TELECOMMUNICATIONS RELAY SERVICE (TRS)

Telecommunications Relay Services (TRS) allow people who are deaf, hard-of-hearing, or speech impaired, and use a text telephone or telecommunications (TTY) or a specially equipped personal computer to talk with people who use standard telephones. To perform TRS, a communications assistant relays the TTY input to the telephone user and types that person’s response back to the TTY user.

You can dial 711 to access all telecommunications relay services anywhere in the United States. The relay service is free and calls are confidential. Regardless of which long-distance company or organization is providing a state’s relay service, callers can continue to use the long-distance company of their choice. The 711 access number eliminates the difficulties that individuals have in finding and remembering various relay numbers from state to state.

UPREHS telephone systems are not equipped with TRS technology. Members requiring these services in order to talk to a UPREHS Customer Service Representative can call 711 to locate a TRS service in your area.

UPREHS Depot Drug Pharmacy Locations

UPREHS Depot Drug Pharmacies are located in areas where large concentrations of members reside. Members in those locations may use UPREHS Depot Drug pharmacies to fill emergency and one-time-only prescriptions. These pharmacies are not stocked with the large quantities of medications required to fill maintenance prescriptions. Refer to the UPREHS Depot Drug Pharmacy listing below for telephone numbers and addresses of different locations.

UPREHS Depot Drug Mail-Order Pharmacy

P O Box 165090
Salt Lake City, UT 84116-5090
Phone: 1-800-331-6353
(Mail service ONLY)

Nebraska

UPREHS Depot Drug Pharmacy
810 West Reid #2
North Platte, NE 69101
Phone: (308) 534-8886

Idaho

UPREHS Depot Drug Pharmacy
120 South Railroad Avenue
Pocatello, ID 83204
Phone: (208) 236-5396

UPREHS Depot Drug
UP Headquarters Bldg
1400 Dodge St (STOP 0030)
Omaha, NE 68179
Phone: (402) 544-3740

Contract Network Pharmacies

Members are required to obtain all maintenance prescriptions from the UPREHS Depot Drug Mail-Order Pharmacy and other non-maintenance prescriptions from UPREHS Depot Drug Pharmacies whenever possible. You can obtain an emergency and/or one-time-only formulary Tier 1 or 2 prescription from a national contract network pharmacy if a UPREHS Depot Drug pharmacy is not available. Tier 4 medications must be obtained through Ascend Specialty Pharmacy and are clearly indicated on the Formulary List. Tier 3 non-formulary prescriptions are a covered benefit only when obtained from the UPREHS Depot Drug Mail-Order Pharmacy. In rare instances Tier 3 prescriptions cannot be sent through the mail, so they can not be supplied by Depot Drug. These exceptions are clearly indicated on the Formulary List.

The contract network pharmacies cannot be used for convenience purposes when a UPREHS Depot Drug Pharmacy or the UPREHS Depot Drug Mail-Order Pharmacy can be used.

Contract network pharmacies are part of an extensive national network that includes most local retail pharmacies. As part of the UPREHS network, these pharmacies electronically implement the UPREHS formulary list when filling your prescription. When you use a contract retail pharmacy please make sure the pharmacist enters the information from your UPREHS Health Insurance & Rx Card. To find a contract network pharmacy near you, just ask your local pharmacy if they participate or call UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3:30 PM Mountain Time, or 1-866-443-1095 after regular business hours.

Non-Covered Drugs and Medications

UPREHS Pharmacy Program benefits are limited to physician prescribed drugs and medications used for the treatment of a medical condition that is a covered benefit. A physician may prescribe certain drugs or medications that can be obtained over-the-counter without a prescription. Over-the-counter items are not a UPREHS covered benefit even when prescribed by a physician.

The Following Are Non-Covered Benefits:

- Drugs prescribed for treatment of a medical condition that is not a UPREHS covered benefit.
- Drugs used for non-FDA approved indications.
- Prescriptions used for cosmetic purposes.
- Appetite suppressants or diet pills.
- Drugs used experimentally or investigationaly.
- Drugs or medications prescribed for the treatment or diagnosis of infertility.
- Drugs or medications used for smoking cessation.
- Drugs used specifically for mental health, alcohol, and/or substance abuse treatment.
- Any drug or medication obtainable without a prescription unless it is specifically included in the UPREHS formulary list.

Emergency Prescriptions

If an emergency occurs at a location that makes it impractical or impossible to have a prescription filled at a UPREHS Depot Drug or contract network pharmacy, the nearest pharmacy may be used. Please include the following information with a request for reimbursement: a written explanation of the nature of the emergency, the member name and address and the UPREHS ID number, and an itemized bill or receipt which shows the drug name, strength, quantity and price.

Mail to:

UPREHS, Pharmacy Refunds
P. O. Box 161020
Salt Lake City, UT 84116

Approved refunds are made in the amount of the contracted cost of the drug to URPEHS less the applicable Tier copayment. You will be responsible out-of-pocket for any amount over the contracted cost minus the applicable Tier copayment.

Member Rights and Responsibilities

Under the UPREHS Pharmacy Program, all members have rights and responsibilities to make certain that the program and their benefits function in the manner determined by the UPREHS Board of Trustees.

UPREHS members have the right to:

- Receive covered prescription benefits within the \$1,700 annual pharmacy benefit limit.
- Receive prompt supply of physician prescribed drugs and medications for treatment of medical conditions that are covered benefits.
- File an appeal with UPREHS regarding a payment decision.

- File a grievance with UPREHS regarding complaints or suggestions.
- Be treated with dignity, respect, and fairness at all times. We must obey laws against discrimination that protect you from unfair treatment. These laws say that we cannot discriminate against you (treat you unfairly) because of your race or color, age, religion, national origin, or any mental or physical disability you may have. If you think you have been treated unfairly due to your race, color, national origin, disability, age, or religion, please let us know.
- The privacy of your medical records and personal health information.

There are Federal and State laws that protect the privacy of your medical records and personal health information. We keep your personal health information private as protected under these laws. Any personal health information that you give us when you enroll in our plan is protected. We will make sure that unauthorized people do not see or change your records. Generally, we must get written permission from you (or from someone you have given legal power to make decisions for you) before we can give your health information to anyone who is not providing your care or paying for your care. There are exceptions allowed or required by law, such as release of health information to government agencies that are checking on quality of care. The laws that protect your privacy give you rights related to getting information and controlling how your health information is used. We are required to provide you with a notice that tells about these rights and explains how we protect the privacy of your health information. For example, you have the right to look at your medical records, and to get a copy of the records (there may be a fee charged for making copies). UPREHS does not have your medical records – your healthcare provider keeps them. You also have the right to ask your healthcare provider to make additions or corrections to your medical records (if you ask them to do this, they will review your request and determine whether the changes are appropriate). You have the right to know how your health information has been given out and used for non-routine purposes. If you have questions or concerns about the privacy of your personal information and medical records, please call our Customer Services Department at 1-800-547-0421.

- Have your prescriptions filled within a reasonable period of time: You should get all of your prescriptions filled from the UPREHS Depot Drug Mail Order Pharmacy, a UPREHS Depot Drug Walk-In Pharmacy, or Ascend Specialty Drug Pharmacy. You have the right to timely access to your prescriptions. Timely access means that you can get your prescriptions filled within a reasonable amount of time. It is recommended that you allow up to (14) working days to obtain your prescription by mail.
- Make complaints: You have the right to make a complaint if you have concerns or problems related to your coverage or care.
- Get information about your drug coverage and costs.
- You have the right to an explanation from us about any bills you may get for drugs that are covered by UPREHS. We must tell you why we will not pay for a drug, and how you can file an appeal to ask us to change this decision.

This Formulary book tells you what you have to pay for prescription drugs as a member of our UPREHS. If you need more information, please call UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3:30 PM Mountain Time.

Member Responsibilities

UPREHS members have the responsibility to:

- Use the Pharmacy Program in the manner required.
- Know your benefits under the UPREHS Pharmacy Program.
- Become familiar with your coverage and the rules you must follow to get care as a member. You

can use this Formulary and other communications we send to you to learn about your coverage, what you have to pay, and the rules you need to follow. If you have questions about your pharmacy benefits call UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3.30 PM Mountain Time.

- Give your health care provider(s) the information they need to care for you, and follow the treatment plans and instructions given to you. Be sure to ask your health care provider(s) if you have any questions about your care.
- Pay the copayments you may owe for the covered drugs you get.
- Never allow anyone else to use your UPREHS ID Card.
- Let us know if you have any questions, concerns, problems, or suggestions. If you do, please call UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3.30 PM Mountain Time or contact us at www.uphealth.com.

Exceptions, Grievances and Appeals

Tiering or Quantity Limit Exceptions:

- Members can ask UPREHS to make an exception to our drug coverage rules. However, we strongly encourage you to check with your physician first to see if one of our preferred Formulary drugs in Tiers 1, 2, or 4 will serve your needs. Remember, you must fill all maintenance prescriptions from the UPREHS Depot Drug Mail Order Pharmacy. Maintenance prescriptions are those you intend to take longer than 30 days. You should talk to your doctor to decide if you should switch to an appropriate drug that is on our preferred Formulary or that does not have quantity limitations.
- You can ask us to waive quantity limits on your drug. For example, for certain drugs, UPREHS limits the amount of the drug that we will cover. You can ask us to waive the quantity limit and cover more with your physician's supporting statement explaining why the number of doses available has been ineffective in the treatment of your medical condition.
- Members can request an exception to the Formulary in order to have a different drug covered by your pharmacy benefit. The request must be accompanied by the prescribing physician's supporting documentation that the preferred Formulary drug would not be as effective as the non-covered drug, the Formulary drug would not be as effective in treating your condition, and/or would cause you to have adverse medical effects.
- If you have questions about the UPREHS Retiree Plan Pharmacy Drug Formulary, please call our UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3:30 PM Mountain Time. Or visit us at www.uphealth.com.

Payment Appeals:

- Under UPREHS regulations, appeals may be made regarding denied payment. The process, as written in the UPREHS regulations, applies to these appeals.
- Appeals are to be filed in writing by the member or, on their behalf, by a representative, or participating provider within 180 days of the date the payment was denied. Additional information that may aid in reconsidering the denied payment must be submitted at the time of the appeal. UPREHS must return a written determination within 30 days from the date of receipt of the written appeal.
- Should UPREHS uphold their initial payment decision, members can next appeal within 60 days to the President of UPREHS. The President has 60 days in which to make a decision on this appeal.

- If the President upholds the initial payment decision, members may make a final appeal to the UPREHS Board of Trustees. Instructions on how to appeal to the Board of Trustees will be supplied in the President's response and are also detailed in the UPREHS regulation book.

Grievances:

- Grievances are entirely separate from the appeals process. Grievances do not include disputes over denied payment. A grievance can involve quality of services, benefits, complaints, etc. Members, their representative, or a Union local or general chairman must file a grievance in writing to UPREHS stating exactly who, where, what and when the dissatisfaction or problem occurred. No grievance will receive action or a response without sufficient written facts and information to allow UPREHS staff to establish cause for investigation.
- We encourage you to call us first to resolve any problem that you may have. Most grievances can be resolved on the telephone through a UPREHS Representative at UPREHS Depot Drug Customer Service at 1-800-331-6353 Monday through Friday from 7:30 AM to 3:30 PM Mountain Time.
- UPREHS will either resolve the problem via telephone or return a written determination regarding the written grievance within 60 days of receipt of the written filing. Members have the right to appeal the UPREHS determination within 60 days to the President of UPREHS. The President will return a written decision to the member within 60 days of receipt of the grievance appeal. If the President upholds the initial decision, the member may make a final appeal of the grievance to the UPREHS Board of Trustees. Instructions on how to appeal to the Board of Trustees will be supplied in the President's response and are also detailed in the UPREHS regulation book.

Send your exception, appeal or grievance to:

UPREHS
P O Box 161020
Salt Lake City, Utah 84116

Release of Private Information

- There are federal and state laws that protect the privacy of your medical records and personal health information. UPREHS keeps your personal health information private as protected under these laws.
- Specific authorization for release of information is required in order to release information to any party, except the member.
- The laws do not allow UPREHS to discuss or provide your personal health information with anyone other than yourself (ie: your spouse, attorney, friend, family representative, etc.) without a written and signed release from you. Please complete a UPREHS *Authorization for Release of Protected Health Information* form and return it to us. Only after we receive your completed form are we able to discuss or provide information about your claims or prescriptions to anyone except you and your doctor. The form you complete must be very specific as to who you want information released to (full name), and what kind of information you want us to release (all claims information, only claims for certain doctors or dates of service, all pharmacy claims, etc.). The form is good for one year from the date you sign it and then we will need to obtain a new one. Be sure you indicate the dates of the information you wish disclosed.

To Use the UPREHS Formulary List

Drug Name Column:

The drug name column is an alphabetical list of formulary Tier 1, Tier 2 and Tier 4 generic and brand name drugs and non-formulary Tier 3 drugs that are covered benefits. Remember, to be a covered benefit, listed drugs must be prescribed by a physician for treatment of a covered medical benefit. Brand name and generic drugs that are not included in the formulary Tier 1 or 2 of this list may be included with Tier 3 non-formulary drugs.

Tier Column:

A number 1, 2, 3, or 4 indicate the Tier applicable to the drug as follows:

Tier 1 – Formulary Generic Drugs

Tier 2 – Formulary Brand Name Drugs

Tier 3 – Otherwise Non-Formulary Drugs

Tier 4 – Certain catastrophic or extended treatment drugs that are extremely costly and are not otherwise included in Tier 1 or 2 of the Formulary and are for the treatment of a medical condition that is a covered benefit.

Caution Indicator Column:

This column alerts you to special conditions that apply to benefit payment, benefit limitations, etc. for that particular drug, medication or item. A drug can have multiple indicators. Caution Indicators correspond to the following explanations:

BH (Behavioral Health): These drugs are used specifically for behavioral health, alcohol, and/or substance abuse treatment. These drugs have been classified by the FDA as solely for the treatment of mental health conditions, alcohol and/or substance abuse which diagnosis is not a covered benefit under some UPREHS retiree plans.

SP (Specialty Drugs): Ascend Specialty Drug Pharmacy will provide these medications to you at the same preferred copayment rate as the UPREHS Depot Drug Mail Order Pharmacy. Your medications will be delivered directly to you by Ascend. You will always be advised when to expect your shipment and most medications are shipped overnight via priority mail. In addition, you will be provided with unlimited access to experts in skilled specialty pharmacy consultation. Ascend Care Coordinators work directly with your UPREHS Care Coordinators.

RO (Retail Only): There are certain drugs that UPREHS Depot Drug Mail Order Pharmacy does NOT supply. Because of complex Federal requirements applied to dispensing these drugs, UPREHS has determined that it is in the best interest of our members and the pharmacy program to have these drugs supplied through your local retail network pharmacy.

QL (Quantity Limit): For certain drugs, UPREHS limits the amount of the drug that we will cover per prescription. For example, UPREHS provides 18 tablets per prescription for Imitrex.

PA (Prior Authorization): For certain drugs, including compounded drugs, UPREHS requires prior authorization. These drugs are allowed in very limited circumstances. To obtain prior authorization for a drug, send written documentation from your physician as to why you need this medication.

Diabetic Supplies And Insulin Benefits

Diabetic supplies, including glucose monitors, diabetic test strips, lancets, insulin syringes and Insulin are a UPREHS benefit ONLY when filled through the Depot Drug Mail Order Pharmacy.

RETIRES
<p><i>Blood Glucose Monitor</i></p> <ul style="list-style-type: none"> - Supplied one time only through UPREHS Mail-Order Pharmacy - No copayment - Does not apply to annual \$1,700 limit - Requires physician prescription
<p><i>Diabetic Test Strips</i></p> <ul style="list-style-type: none"> - 100 test strips per month; through UPREHS Mail-Order only - \$15 copayment - Does not apply to annual \$1,700 limit - Requires physician prescription
<p><i>Insulin Syringes</i></p> <ul style="list-style-type: none"> - UPREHS benefit - UPREHS Mail Order only - \$10 copayment - Applies to annual \$1,700 limit - Requires physician prescription
<p><i>Insulin</i></p> <ul style="list-style-type: none"> - UPREHS benefit - UPREHS Mail-Order only - Requires applicable copayment - Applies to annual \$1,700 limit - Requires physician prescription
<p><i>Lancets & Control Solution</i></p> <ul style="list-style-type: none"> - Not supplied by UPREHS Mail-Order or other UPREHS pharmacies

* UPREHS supplies Johnson & Johnson Life Scan One Touch “Ultra” and “Ultra-Mini” model glucometers and test strips.

Union Pacific Railroad Employes Health Systems Pharmacy Program

Physician Documentation for Prior Authorization for a Compounded Drug or Exception Request

This form must be completed by the prescribing physician and submitted to UPREHS along with the below requested information to obtain a prior authorization for a compounded drug, or a prescription from a compounding pharmacy. UPREHS is required to obtain and keep written documentation in our files from the prescribing physician to establish medical necessity for granting prior authorization for a compounded drug prescription.

Physician Name: _____ Date: _____

Phone:() _____ Fax:() _____ Office Contact: _____

Physician Address: _____

Physician City, State, Zip: _____

Physician DEA #: _____ Physician NPI #: _____

Member Name: _____

Member UPREHS ID Number: _____

Prescribed Drug & Strength: _____

_____ Quantity: _____ Days Supply: _____

Medical Diagnosis (ICD-9): _____

Please provide us with the following medical documentation. Failure to do so could cause a denial for benefit payment of the prescription.

- Provide any past history of adverse effects from a commercially available alternative formulary drug, diagnostic tests showing their adverse affects, and/or any additional available evidence that establishes medical necessity for this member's use of the compounded drug.
- Include the member's diagnoses and medical reason(s) why an existing commercially available formulary drug would not be as effective for the treatment of our member's medical condition, and/or why discontinued use of the compounded drug would have an adverse effect on the health of our member.
- Provide your treatment and follow-up plan for use of the compounded drug and duration of the prescribed time period for our member's medical condition.

Please attach this form to your response and mail to the address below, or you may fax your response to 801-595-2081. You may view our complete formularies by going to our website at www.uphealth.com. If you have questions, please call UPREHS Customer Services at 1-800-547-0421, 7:30 AM to 3:30 PM, Mountain Time, Monday through Friday.

Union Pacific Railroad Employes Health Systems
P.O. Box 161020 Salt Lake City, Utah 84116-1020

Request for Prescription Drug Coverage Determination

UPREHS Prescription Drug Plan
P O Box 161020
Salt Lake City, UT 84116-1020
Customer Service 1-800-547-0421
Fax 1-801-595-2037

UPREHS may require additional information. Refer to your UPREHS Prescription Plan Formulary for more information. Return this request to the address above.

This form cannot be used to request coverage for fertility drugs; drugs for weight loss or weight gain; drugs for hair growth, over-the-counter drugs or prescription vitamins (except prenatal vitamins) which are non-covered under the member's plan.

Member/Requestor's Information

Member Name: _____ Date of Birth _____

UPREHS ID Card# _____ Phone (____) _____

Requestor's Name (If not member) _____

Requestor's Relationship to Member _____

Attach documentation that shows authority to represent enrollee if other than the prescribing physician.
(Appointment of Representative, Power of Attorney, etc.)

Member/Requestor Address: _____

City, State, Zip code _____

Prescribed Drug Name: _____

If known, include: Strength _____ Quantity _____ Days Supply _____

Prescribing Physician's Information

Physician Name: _____ Medical Specialty: _____

Phone (____) _____ Fax (____) _____ Office Contact: _____

Physician Address _____

Physician City, State, Zip code _____

Form Continues on following page

Request for Prescription Drug Coverage Determination (continued)

Check the type of determination below that you are requesting:

- I need a drug that is not on the UPREHS Prescription Formulary (formulary exception.)
- I request prior authorization (PA) for a drug my doctor has prescribed.
- I request an exception to the UPREHS plan limit on the number of pills (quantity limit - QL) I can receive so that I can get the number of pills my doctor has prescribed (formulary exception.)*
- UPREHS charges a higher copayment for the drug my doctor prescribed than it charges for another drug that treats my condition, and I want to pay the lower copayment (tiering exception.) *
- I want to be reimbursed for a covered prescription that I paid for out-of-pocket.

***NOTE:** If you are asking for a formulary or tiering exception your PRESCRIBING physician must provide a statement to support your request. The type of information UPREHS requires from your physician is found on the form titled *Physician Documentation for Prior Authorization for a Compounded Drug or Exception Request*. You cannot request a Tiering exception on a medication that you have already received or have been allowed under a formulary exception. You also cannot obtain a brand name drug at the copayment that applies to generic drugs (Tier 1).

Additional information we should consider (attach any supporting documents) OR other request:

If you, or your prescribing physician, believe that waiting for a standard decision (which will be provided to you within 72 hours) could seriously harm your life or health or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescribing physician asks for a faster decision for you, or supports you in asking for one (in writing or in a telephone call to us) because he or she agrees that waiting 72 hours could seriously harm your life or health or ability to regain maximum function, we will give you a decision within 24 hours. If you do not obtain your physician's support, we will decide if your health condition requires a fast decision.

I need an expedited (fast) coverage determination. (Attach your prescribing physician's supporting statement if applicable.)

Member/Requestor Signature

Date

Retired Formulary Drug List

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
5-ASA SUPPOSITORY	ROWASA	1	
ABILIFY	ARIPIRAZOLE	2	
ACARBOSE	PRECOSE	1	
ACCOLATE	ZAFIRLUKAST	2	
ACE SPACER		2	
ACEBUTOLOL	SECTRAL	1	
ACETASOL HC	VOSOL HC	1	
ACETASOL OTIC	ACETIC ACID OTIC	1	
ACETAZOLAMIDE	DIAMOX	1	
ACETIC ACID	VOSOL OS	1	
ACETIC ACID HC	VOSOL HC	1	
ACLOVATE	ACLOMETASONE	2	
ACTIMMUNE	INTERFERON	4	SP
ACTIQ	FENTANYL	4	RO
ACTONEL	RISEDRONATE	2	
ACTONEL WEEKLY	RISEDRONATE	2	
ACTOS	PIOGLITAZONE	2	
ACTOS PLUS MET	PIOGLITAZONE/METFORMIN	2	
ACULAR	KETOROLAC	2	
ACULAR PF	KETOROLAC	2	
ACYCLOVIR	ZOVIRAX	1	RO
ADDERALL XR	DEXTROAMPHETAMINE + RACEMIC AMPHETAMINE	2	
ADVAIR	FLUTICASONE+SALMETEROL	2	
ADVATE	ANTIHEMOPHILIC FACTOR	4	SP
AEROBID INH	FLUNISOLIDE	2	
AEROCHAMBER	AEROCHAMBER	2	
AGENERASE	AMPRENAVIR	4	
AGRYLIN	ANAGRELIDE	4	
ALAMAST OS	PENIROLAST	2	
ALBUTEROL/IPRATROPIUM	DUONEB	1	
ALDACTAZIDE	SPIRO/HCTZ	2	
ALDARA	IMIQUIMOD	2	
ALENDRONATE	FOSAMAX	1	
ALESSE	ETHINYL ESTRADIOL LEVONORGESTREL	2	
ALKERAN	MELPHALAN	2	
ALLEGRA D	FEXOFENADINE PSEUDOEPHEDRINE	2	
ALLOPURINOL	ZYLOPRIM	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
ALOCRIIL	NEDOCROMIL	2	
ALOMIDE	LODOXAMIDE	2	
ALPHAGAN P	BRIMONIDINE TARTRA	2	
ALPHANATE	ANTIHEMOPHILIC FACTOR	4	SP
ALPHANINE	ANTIHEMOPHILIC FACTOR	4	SP
ALPRAZOLAM	XANAX	1	
ALREX	LOTEPREDNOL	2	
ALTABAX	RETAPAMULIN	2	
ALUPENT INH	METAPROTERENOL	2	
AMANTADINE	SYMMETREL	1	
AMEVIVE	ALEFACEPT	4	
AMILORIDE	MIDAMOR	1	
AMILORIDE HCTZ	MODURETIC	1	
AMINOCAPROIC ACID	AMICAR	1	
AMIODARONE	CORDARONE	1	
AMITIZA	LUBIPROSTONE	2	
AMITRIPTYLINE	ELAVIL	1	
AMMONIUM LACTATE	LAC HYDRIN	1	
AMLODIPINE	NORVASC	1	
AMLODIPINE/BENAZAPRIL	LOTREL	1	
AMOX/POT CLAV	AUGMENTIN	1	
AMOXICILLIN	POLYMOX	1	
AMPICILLIN	POLYCILLIN	1	
ANALPRAM HC CR	PROMOXINE/HC	2	
ANASPAZ	HYOSCYAMINE	2	
ANDRODERM	TESTOSTERONE	2	
ANDROGEL	TESTOSTERONE GEL	2	
ANTIBUSE	DISULFRIAM	2	
ANTIBIOTIC EAR	CORTISOPRIN SOL	1	
ANTIBIOTIC EAR	CORTISPORIN SUSP	1	
ANTIPYRINE & B	AURALGAN OTIC	1	
ANTISPASMODIC	DONNATAL	1	
ANZEMET	DOLASETRON MESYLATE	4	
APAP CODEINE	TYLENOL COD 30MG	1	
ARANESP	DARBEPOETIN ALFA	4	SP
AREDIA	PAMIDRONATE	4	SP
ARICEPT	DONEPEZIL HCL	2	
ARIMIDEX	ANASTROZOLE	4	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
AROMASIN	EXEMESTANE	4	
ARTHROTEC	DICOLFENAC MISOPROSTOL	2	
ASACOL	MESALAMINE	2	
ASMANEX TWISTHALER	MOMETASONE	2	
ASPIRIN COD	EMPIRIN CODEINE	1	RO
ASTELIN SPRAY	AZELASTINE	2	
ATENOLOL	TENORMIN	1	
ATENOLOL CHLORTHALIDONE	TENORETIC	1	
ATROPINE	ATROPINE	1	
ATROVENT INH	IPRATROPIUM	2	
ATROVENT SPRAY	IPRATROPIUM BROMIDE	2	
AUGMENTED BETAMETHASONE	DIPROLENE, DIPROLENE AF	1	
AUGMENTIN XR	AMOX/CLAVULANIC AC	2	
AUTOPLEX-T	ANTIHEMOPHILIC FACTOR	4	SP
AVANDAMET	ROSIGLITAZONE METFORMIN	2	
AVANDRYL	ROSIGLITAZONE/GLIMIPARIDE	2	
AVANDIA	ROSIGLITAZONE	2	
AVASTIN	BEVACIZUMAB	4	SP
AVELOX	MOXIFLOXACIN	2	
AVODART	DUTASTERIDE	2	
AVONEX	INTERFERON BETA 1A	4	SP
AXERT	ALMOTRIPTAN	2	
AZATHIOPRINE	IMURAN	1	
AZELEX CR 50	AZELAIC ACID	2	
AZITHROMYCIN	ZITHROMAX	1	
AZOPT	BRINZOLAMIDE	2	
AZOR	OLMESARTAN/AMLODIPINE	2	
BACI ZN POLY B	POLYSPORIN	1	
BACITRACIN	AK TRACIN	1	
BACLOFEN	LIORESAL	1	
BALSALAZIDE	COLAZAL	1	
BEL PHEN ERGOT	BELLERGA S	1	
BEDULIN	ANTIHEMOPHILIC FACTOR	4	SP
BENAZEPRIL	LOTENSIN	1	
BENAZEPRIL HCTZ	LOTENSIN HCTZ	1	
BENEFIX	ANTIHEMOPHILIC FACTOR	4	SP
BENICAR	OLMESARTAN	2	
BENICAR HCT	OLMESARTAN	2	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
BENZACLIN	CLINDAMYCIN BENZOY	2	
BENZAMYCIN GEL	ERYTHROMYCIN BENZO	2	
BENZONATATE	TESSALON	1	
BENZOYL PEROXIDE	BENZOYL PEROXIDE	1	
BENZPHETAMINE	DEDREX	1	
BENZTROPINE	COGENTIN	1	
BETAMETHASONE DIPROPIONATE	DIPROLENE	1	
BETAMETHASONE VALERATE	VALISONE	1	
BETAPACE AF	SOTALOL	1	
BETASERON	INTERFERON BETA 1B	4	SP
BETHANECHOL	URECHOLINE	1	
BETOPTIC S	BETAXOLOL	2	
BICITRA	SOD CITRATE	2	
BISOPROLOL	ZEBETA	1	
BISOPROLOL HCTZ	ZIAC	1	
BLEOMYCIN	BLENOXANE	4	
BLEPHAMIDE	SULFACET/PREDNISOL	2	
BONIVA	IBANDRONATE	2	
BOTOX	BOTULINUM TOXIN TYPE A	4	PA, SP
BRETHINE	TERBUTALINE	2	
BROMOCRIPTINE	PARLODEL	1	
BUMETANIDE	BUMEX	1	
BUPROPION / SR	WELLBUTRIN / SR	1	BH
BUSPIRONE	BUSPAR	1	BH
BUTAL APAP CAF	FIORICET, ESGIC	1	RO
BUTAL ASA COD	FIORINAL COD	1	RO
BUTALBITAL CPD	FIORINAL TABS	1	RO
BUTALBITAL CPD ASA	FIORINAL	1	RO
BUTORPHANOL NS	STADOL NS	1	RO
BYETTA	EXENATIDE	2	
CABERGOLINE	DOVENEX	1	
CARVEDILOL	COREG	1	
CADUET	AMLODIPINE ATORVASTATIN	2	
CALCITRIOL	ROCALTROL	1	
CAMPATH	ALENTUZUMAB	4	
CANASA SUPPOSITORY	MESALAMINE SUPPOSITORY	2	
CAPEX	FS SHAMPOO	1	
CAPTOPRIL	CAPOTEN	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
CAPTOPRIL HCTZ	CAPOZIDE	1	
CARBAMAZEPINE	TEGRETOL	1	
CARBIDOPA LEVODOPA	SINEMET CR	1	
CARIMUNE	IMMUNE GLOBULIN (IVIG)	4	SP
CARISOPRODAL ASA CODEINE	SOMA COMPOUND C CODEINE	1	RO
CARISOPRODAL C	SOMA COMPOUND	1	
CARISOPRODOL	SOMA	1	
CARMOL 20	20% UREA CREAM	2	
CARTEOLOL	OCCUPRESS	1	
CASODEX	BICALUTAMIDE	4	
CATAPRES	CLONIDINE	2	
CATAPRES PATCH	CLONIDINE	2	
CAVERJECT	ALPROSTADIL	2	
CEENU	LOMUSTINE	4	
CEFACTOR	CECLOR	1	
CEFADROXIL	DURICEF	1	
CEFUROXIME	CEFTIN	1	
CEFPODOXIME	VANTIN	1	
CEFPROZIL	CEFZIL	1	
CELEBREX	CELECOXIB	2	
CELLCEPT	MYCOPHENOLATE MOFE	4	SP
CENESTIN	SYNTHETIC ESTROGEN	2	
CEREDASE	ALGLUCERASE	4	SP
CEREZYME	IMIGLUCERASE	4	SP
CHLORDIAZEPOXIDE	LIBRIUM	1	
CHLORDIAZEPOXIDE AMITRIPTYLINE	LIMBITROL	1	
CHLORDIAZEPOXIDE/CLIDINIUM	LIBRAX/CLINDEX	1	
CHLORDRINE SR	DECONAMINE SR	1	
CHLORHEXIDINE	PERIDEX/PERIOGARD	1	
CHLORPROMAZINE	THORAZINE	1	
CHLORPROPAMIDE	DIABINESE	1	
CHLORTHALIDONE	HYGROTON	1	
CHLORZOXAZONE	PARAFON FORTE DSC	1	
CHOLESTYRAMINE	QUESTRAN LITE	1	
CHOLINE MAGNESIUM	TRILISATE	1	
CIALIS	TADALAFIL	2	QL
CICLOPIROX	LOPROX	1	
CIMETIDINE	TAGAMET	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
CIPRO HC OTIC	CIPROFLOXACIN	2	
CIPROFLOXACIN	CIPRO	1	
CITALOPRAM	CELEXA	1	BH
CLARINEX	DESLORATADINE	2	
CLARITHROMYCIN	BIAXIN	1	
CLINDAMYCIN	CLEOCIN	1	
CLINDAMYCIN T	CLEOCIN GEL	1	
CLOBETASOL	TEMOVATE	1	
CLONAZEPAM	KLONOPIN	1	
CLONIDINE	CATAPRES	1	
CLOPIDAGREL	PLAVIX	1	
CLORAZEPATE	TRANXENE	1	
CLORPRES	CLONIDINE CHLORTHALIDONE	1	
CLOTRIMAZOLE	LOTRISONE	1	
CLOTRIMAZOLE/ BETAMETHASONE	LOTRISONE LOTION	1	
COLCHICINE	COLCHICINE	1	
COLESTIPOL	COLESTID	1	
COLOCORT ENEMA	CORTENEMA	1	
COLYTE	POLYETHYLENE	2	
COMBIPATCH	ESTRADIOL/NORETHINDRONE	2	
COMBIVENT INH	ALBUTEROL/IPATROPIUM	2	
COMBIVIR	LAMIVUDINE ZIDOVUDINE	4	
COMTAN	ENTACAPONE	2	
CONCERTA	METHYLPHENIDATE	2	
CONDYLOX	PODOFILOX	2	
COPAXONE	GLATIRAMER	4	SP
COPEGUS	RIBAVIRIN	4	SP
CORDRAN	FLURANDRENOLIDE	2	
CORTISONE	CORTONE	1	
CORTISPORIN	NEOSPORIN HC	2	
COUMADIN	WARFARIN	2	
COZAAR	LOSARTAN POTASSIUM	2	
CRESTOR	ROSUVASTATIN	2	
CRIXIVAN	INDINAVIR	4	
CROMOLYN	INTAL NEBULIZER	1	
CUPRIMINE	PENICILLAMINE	2	
CYANOCOBALAMIN	VITAMIN B-12	1	
CYCLESSA	ETHINYL ESTRADIOL DESOGESTREL	2	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
CYCLOBENZAPRINE	FLEXERIL	1	
CYCLOGYL	CYCLOPENTOLATE	2	
CYCLOPHOSPHAMIDE	CYTOXAN	1	
CYCLOSPORIN	NEORAL	4	SP
CYMBALTA	DULOXETINE	2	
CYPROHEPTADINE	PERIACTIN	1	
CYTARABINE	CYTOSPAR	1	
CYTOMEL	LIOTHYRONINE	2	
DANAZOL	DANOCRINE	1	
DANTROLENE	DANTRIUM	1	
DAPSONE	DAPSONE	2	
DELATESTRYL	TESTOSTERONE ENANTHATE	2	
DELESTROGEN	ESTRADIOL VALERATE	2	
DENAVIR	PENCICLOVIR	2	
DEPAKOTE SPRIN	DIVALPROEX	2	
DEPO ESTRADIOL	ESTRADIOL	2	
DEPO MEDROL	METHYLPREDNISOLONE	2	
DEPO PROVERA	MEDROXYPROGESTERON	2	
DEPO TESTOSTERONE	TESTOSTERONE CYPRIONATE	2	
DESIPRAMINE	NORPRAMIN	1	
DESMOPRESSIN	DDAVP	1	
DESONIDE	TRIDESILON	1	
DESOXIMETASONE	TOPICORT	1	
DETROL	TOLTERODINE	2	
DETROL LA	TOLTERODINE	2	
DEXAMETHASONE	DECADRON	1	
DEXCHLORPHENIRAMINE	POLARAMINE	1	
DEXEDRINE	DEXTROAMPHETAMINE	2	RO
DEXFERRUM	IRON DEXTRAN	2	
DIAZEPAM	VALIUM	1	
DIBENZYLINE	PHENOXYBENZAMINE	2	
DICALPROEX ACID	DEPAKOTE	1	
DICLOFENAC	VOLTAREN	1	
DICLOFENAC	VOLTAREN OS	1	
DICLOXACILLIN	DYNAPEN	1	
DICYCLOMINE	BENTYL	1	
DIFFERIN	ADAPALENE	2	
DIFLORASONE DIACETATE	PSORCON	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
DIFLUNISAL	DOLOBID	1	
DILANTIN	PHENYTOIN	2	
DILTIAZEM	CARDIZEM	1	
DILTIAZEM CD	CARDIZEM CD	1	
DILTIAZEM SR	CARDIZEM SR	1	
DIOVAN	VALSARTAN	2	
DIOVAN HCT	VALSARTAN HCTZ	2	
DIPENTUM	OLSALAZINE	2	
DIPHENOXYLATE	LOMOTIL	1	
DIPIVEFRIN	PROPINE	1	
DIPYRIDAMOLE	PERSANTINE	1	
DISOPYRAMIDE	NORPACE (CR)	1	
DISULFIRAM	ANTABUSE	1	
DORZOLAMIDE	TRUSOPT	1	
DOTZOLAMIDE/TIMOLOL	COSPT	1	
DOSTINEX	CABERGOLINE	4	
DOXAZOSIN	CARDURA	1	
DOXEPIN	ADAPIN/SINEQUAN	1	
DOXIL	DOXORUBICIN	4	SP
DOXYCYCLINE	VIBRAMYCIN	1	
DRONABINOL	MARINOL	1	
DUETACT	PIOGLITAZONE GLIMEPIRIDE	2	
DYNACIRC CR	ISRADIPINE	2	
DYPHYLLINE GG	LUFYLLIN GG	1	
EASIVENT	AEROCHAMBER	1	
ECONAZOLE	SPECTAZOLE	1	
EFFEXOR XR	VENLAFAXINE	2	BH
EFLONE	FLUOROMETHOLONE	2	
EFUDEX	FLUOROURACIL	2	
ELESTAT OS	EPINASTINE	2	
ELIDEL	PIMECROLIMUS	2	
ELIGARD	LEUPROLIDE	4	SP
ELITEK	RASBURICASE	4	SP
ELMIRON	PENTOSAN POLYSULFATE	2	
EMCYT	ESTRAMUSTINE	4	
EMEND	APREPITANT	2	
ENABLEX	DARIFENACIN	2	
ENALAPRIL	VASOTEC	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
ENALAPRIL HCTZ	VASERETIC	1	
ENBREL	ETANERCEPT	4	
ENDODAN	PERCODAN	1	SP
ENTOCORT EC	BUDESONIDE	2	
EPIPEN	EPINEPHRINE	2	
EPIVIR	LAMIVUDINE	4	
EPIVIR-HBV	LAMIVUDINE	4	
EPOGEN	EPOETIN	4	SP
ERGOLOID ORAL	HYDERGINE	1	
ERYTHROMYCIN	ERYTHROMYCIN	1	
ESKALITH CR	LITHIUM	2	
ESTRACE	ESTRADIOL	2	
ESTRADERM	ESTROGEN	2	
ESTRADIOL	ESTRACE	1	
ESTRADIOL PATCH	CLIMARA	1	
ESTRATEST	ESTROGEN METHYLTESTOSTERONE	2	
ESTRATEST HS	ESTROGEN METHYLTESTOSTERONE	2	
ESTRING	ESTRADIOL	2	
ESTROPIPATE	OGEN/ORTHO-EST	1	
ESTROSTEP FE	ETHINYL ESTRADIOL NORETHINDRONE	2	
ETHMOZINE	MORICIZINE HCL	2	
ETODOLAC	LODINE	1	
ETODOLAC ER	LODINE XL	1	
ETOPOSIDE	VEPESID	1	
EUFLEXXA	HYALUONAN	4	SP
EURAX	CROTAMITON	2	
EVISTA	RALOXIFENE	2	
EXELON	RIVASTIGMINE	2	
EXFORGE	VALSARTIN/AMLODIPINE	2	
FAMCYCLOVIR	FAMVIR	1	
FAMOTIDINE	PEPCID	1	
FARESTON	TOREMIFENE	4	SP
FASLODEX	FULVESTRANT	4	SP
FEIBA-VH	ANTIHEMOPHILIC FACTOR	4	SP
FEMARA	LETROZOLE	2	
FEMHRT	NORETHINDRONE ETHINYL ESTRADIOL	2	
FENOPROFEN	NALFON	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
FENTANYL PATCHED	DURAGESIC	1	RO
FEXOFENADINE	ALLEGRA	1	
FINASTERIDE	PROSCR	1	
FLAREX	FLUOROMETHOLONE	2	
FLEBOGAMMA	IMMUNE GLOBULIN (IVIG)	4	SP
FLECAINIDE	TAMBOCOR	1	
FLOMAX	TAMSULOSIN	2	
FLORDIL INH	FORMOTEROL FUMARAT	2	
FLOVENT DISKUS	FLUTICASONE	2	
FLOVENT HFA	FLUTICASONE	2	
FLUCONAZOLE	DIFLUCAN	1	
FLUDROCORTISONE	FLORINEF	1	
FLUOCINOLONE	SYNALAR	1	
FLUOCINONIDE	LIDEX	1	
FLUORIDE	LURIDE	1	
FLUOROMETHOLONE	FML/FLAREX	1	
FLUOROURACIL	5 FLUOROURACIL	2	
FLUOROURACIL	5 FU	2	
FLUOXETINE	PROZAC	1	BH
FLUOXYMESTERONE	HALOTESTIN	1	
FLUPHENAZINE	PROLIXIN	1	
FLURBIPROFEN	ANSAID	1	
FLUTAMIDE	EULEXIN	4	
FLUTICASONE SPRAY	FLONASE	1	
FLUVOXAMINE	LUVOX	1	BH
FORADIL INH	FORMOTEROL FUMARAT	2	
FORTEO	TERIPARATIDE	4	SP
FOSAMAX PLUS D	ALENDRONATE/VITAMIN D	2	
FOSINOPRIL	MONOPRIL	1	
FRAGMIN	DALTEPARIN	4	SP
FROVA	FROVATRIPTAN	2	
FUROSEMIDE	LASIX	1	
FUZEON	ENFUVIRTIDE	4	SP
GABAPENTIN	NEURONTIN	1	
GABITRIL	TIAGABINE	2	
GAMMAGARD	IMMUNE GLOBULIN (IVIG)	4	SP
GAMMAR	IMMUNE GLOBULIN (IVIG)	4	SP
GAMUNEX	IMMUNE GLOBULIN (IVIG)	4	SP

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
GANCICLOVIR	CYTOVENE	4	
GANITUSS DM	TUSSI ORGANIDIN DM	1	
GEMFIBROZIL	LOPID	1	
GENGRAF	CYCLOSPORINE	4	SP
GENOPTIC	GENTAMYCIN	1	
GENTAK	GENTAMYCIN	1	
GENTAMYCIN	GARAMYCIN	1	
GENOTROPIN	SOMATROPIN	4	SP
GEODON	ZIPRASIDONE	2	
GLEEVEC	IMATINIB MESYLATE	4	
GLIMEPIRIDE	AMARYL	1	
GLIPIZIDE	GLUCOTROL	1	
GLIPIZIDE ER	GLUCOTROL XL	1	
GLIPIZIDE/METFORMIN	METAGAP	1	
GLUCAGON	GLUCAGON	2	
GLUCOMETER MINI	GLUCOMETER	2	
GLUCOMETER ULTRA	GLUCOMETER	2	
GLYBURIDE	MICRONASE/DIABETA	1	
GLYSET	MIGLITOL	2	
GOLYTELY	POLYETHYLENE GLYCOL + ELECTROLYTES	2	
GRANULEX	TRYPsin BALLSAM CASTOR OIL	2	
HALFLYTELY + BISACODYL	POLYETHYLENE GLYCOL + ELECTROLYTES	2	
HALOBETASOL	ULTRAVATE	1	
HALOPERIDOL	HALDOL	1	
HALOTESTIN	FLUOXYMESTERONE	2	
HELIXATE	ANTIHEMOPHILIC FACTOR	4	SP
HEMOPIL-M	ANTIHEMOPHILIC FACTOR	4	SP
HEMORRHOIDAL S	ANUSOL HC SUPPOSITORY	1	
HEPARIN	HEPARIN	1	
HERCEPTIN	TRASTUZUMAB	4	SP
HIVID	ZALCITABINE	4	
HUMALIN	HUMAN INSULIN	2	
HUMALOG	HUMAN INSULIN	2	
HUMATE-P	ANTIHEMOPHILIC FACTOR	4	SP
HUMATROPE	SOMATROPIN	4	SP
HUMIRA	ADALIMUNAB	4	SP
HYALGAN	HYALURONATE	4	SP

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
HYATE-C	ANTIHEMOPHILIC FACTOR	4	SP
HYCODAN	HYDROCODONE HOMATROPINE	2	RO
HYCOMINE CPD	HYDROCODONE	2	RO
HYDRALAZINE	APRESOLINE	1	
HYDRALAZINE HCTZ	APRESAZIDE	1	
HYDROCHLOROTHIAZIDE	ESIDRIX/ HYDRODIURIL	1	
HYDROCODONE APAP	VICODIN / LORTAB	1	RO
HYDROCODONE GG	HYDROCODONE GUAIFENESEN	1	RO
HYDROCODONE GUAIFENESEN	CODICLEAR DH/HYCODAN TUSS	1	RO
HYDROCODONE GUAIFENESIN	VICODIN TUSS	1	RO
HYDROCODONE SY	HYCODAN SYRUP	1	RO
HYDROCORTISONE	ANUSOL HC	1	
HYDROCORTISONE	CORTEF/HYDROCORTON	1	
HYDROCORTISONE	HYDROCORTISONE	1	
HYDROCORTISONE VALERATE	WESTCORT	1	
HYDROMET SYRUP	HYCODAN SYRUP	1	
HYDROMORPHONE	DILAUDID	1	RO
HYDROXYCHLOROQUINE	PLAQUENIL	1	
HYDROXYUREA	HYDREA	1	
HYDROXYZINE	ATARAX	1	
HYDROXYZINE PAMOATE	VISTARIL	1	
HYOSCYAMINE	LEVSIN, ANASPAZ	1	
HYOSCYAMINE TR	LEVSINEX	1	
HYOSOPHEN	DONNATAL TABS	1	
HYZAAR	LOSARTAN POT-HCTZ	2	
IBUPROFEN	MOTRIN	1	
IMIPRAMINE	TOFRANIL	1	
INDAPAMIDE	LOZOL	1	
INDOMETHACIN	INDOCIN	1	
INFED	IRON DEXTRAN	2	
INFERGEN INJ	INTERFERON ALFACON 1	4	
INFLAMASE FORTE	PREDNISOLONE	2	
INSPIRESE KIT		2	
INSULIN SYRINGES	INSULIN SYRINGES	2	
INTAL INH	CROMOLYN SODIUM	2	
INTRON A	INTERFERON ALFA 2B	4	SP
INVIRASE	SAQUINAVIR MESYLAT	4	
IOPIDINE	APRACLONIDINE	2	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
IPRATROPIUM	ATROVENT	1	
ISONIAZID	INH	1	
ISOSORBIDE DINITRATE	ISORDIL/SORBITRATE	1	
ISOSORBIDE MONONITRATE	MONOKET/ISMO	1	
ISOTRETINOIN	AC CUTANE	1	
JANUVIA	SITAGLIPTIN	2	
JANUMET	STIAGLIPTIN/METFORMIN	2	
K PHOS	PHOSPHORUS	2	
K PHOS NEUTRAL	PHOSPHORUS	2	
KADIAN	MORPHINE SULFATE	2	RO
KALETRA	LOPINAVIR/RITONAVIR	4	
KANTREX	KANAMYCIN	2	
KAPIDEX	DEXLANOPRAZOLE	2	
KEMADRIN	PROCYCLIDINE	2	
KEPPRA	LEVETIRACETAM	2	
KETEK	TELITHROMYCIN	2	
KETOCONAZOLE	NIZORAL	1	
KETOPROFEN	ORUDIS	1	
KETOROLAC	TORADOL	1	
KINERET	ANAKINRA	4	SP
KIONEX	KAYEXALATE	1	
KOATE DVI	ANTIHEMOPHILIC FACTOR	4	SP
KOGENATE-FS	ANTIHEMOPHILIC FACTOR	4	SP
KONYNE	ANTIHEMOPHILIC FACTOR	4	SP
KYTRIL	GRANISETRON	4	
LABETALOL	TRANDATE	1	
LACTIC ACID LOTION	LAC HYDRIN	1	
LACTULOSE CEPHULAC	CEPHULAC,CHRONULAC	1	
LAMOTRIGINE	LAMICTAL	1	
LANOXIN	DIGOXIN	1	
LANTUS	GLARGINE INSULIN	2	
LEFLUNOMIDE	ARAVA	1	
LEUCOVORIN	LEUCOVORIN	2	
LEUKERAN	CHLORAMBUCIL	2	
LEUKINE	SARGRAMOSTIM	4	SP
LEVAQUIN	LEVOFLOXACIN	2	
LEVBID	HYOSCYAMINE SULFATE	2	
LEVITRA	VARDENAFIL	2	QL

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
LEVLITE	ETHINYL ESTRADIOL LEVONORGESTRAL	2	
LEVOBUNOLOL	BETAGAN	1	
LEVOTHYROXINE	LEVOXYL	1	
LEXAPRO	ESCITALOPRAM	2	BH
LIDOCAINE	XYLOCAINE	1	
LIDOCAINE	XYLOCAINE JELLY	1	
LIDODERM PATCH	LIDOCAINE PATCH	2	
LINDANE	KWELL	1	
LIPITOR	ATORVASTATIN	2	
LISINOPRIL	PRINIVIL/ZESTRIL	1	
LISINOPRIL HCTZ	PRINZIDE/ZESTORETI	1	
LITHIUM CARBON	ESKALITH/LITHOBID	1	
LO/OVRAL	NORGESTREL/ETHINYL ESTRADIOL	2	
LODOSYN	CARBIDOPA	2	
LOESTRIN 21	ETHINYL ESTRADIOL NORETHINDRONE	2	
LORAZEPAM	ATIVAN	1	
LOTEMAX	LOTEPREDNOL	2	
LOTRONEX	ALOSETRON	2	
LOVASA	OMEGA-3	2	
LOVASTATIN	MEVACOR	1	
LOVENOX	ENOXAPARIN SODIUM	4	
LOXAPINE	LOXITANE	2	
LUMIGAN	BIMATOPROST	2	
LUNESTA	ESZOPICLONE	2	
LUPRON	LEUPROLIDE	4	
LUPRON DEPOT	LEUPROLIDE	4	
LYBREL	ESTRADIOL / LEVONORGESTREL	2	
LYRICA	PREGABLIN	2	
MAPROTILINE	LUDIOMIL	1	BH
MARINOL	DRONABINOL	2	
MATULANE	PROCARBAZINE	4	
MAXAIR	PIRBUTEROL	2	
MAXAIR AUTOHAL	MAXAIR INH	2	
MAXALT	RIZATRIPTAN	2	QL
MAXALT MLT	RIZATRIPTAN	2	QL
MEBENDAZOLE	VERMOX	1	
MECLIZINE	ANTIVERT	1	
MEDROXYPROGESTERONE	PROVERA	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
MEGACE	MEGESTROL ACETATE	2	
MEGESTROL	MEGACE	1	
MELOXICAM	MOBIC	1	
MEPROBAMATE	EQUANIL	1	
METAPROTERENOL	ALUPENT/METAPREL	1	
METFORMIN	GLUCOPHAGE	1	
METFORMIN ER	GLUCOPHAGEXR	1	
METHADONE	DOLOPHINE	1	RO
METHAZOLAMIDE	NEPTAZANE	1	
METHENAMINE	METHENAMINE PHENYL SALICYLATE ATROPINE	1	
METHENAMINE MANDELATE	MANDELAMINE	1	
METHITEST	METHYL TESTOSTERONE	2	
METHOCARBAMOL	ROBAXIN	1	
METHOTREXATE	METHOTREXATE	2	
METHOTREXATE	RHEUMATREX	1	
METHYLDOPA	ALDOMET	1	
METHYLDOPA HCTZ	ALDORIL	1	
METHYLPHENIDATE	RITALIN	1	RO
METHYLPREDNISOLONE	MEDROL	1	
METOCLOPRAMIDE	REGLAN	1	
METOLAZONE	ZAROXOLYN	1	
METOPROLOL	LOPRESSOR	1	
METOPROLOL ER	TOPROL XL	1	
METRONIDAZOLE	FLAGYL	1	
MEXILETINE	MEXITIL	1	
MIACALCIN	CALCITONIN-SALMON	2	
MIGRANAL SPRAY	DIHYDROERGOTAMINE	2	
MIGRATINE	MIDRIN	1	
MINOCYCLINE	MINOCIN	1	
MINOXIDIL	LONITEN	1	
MIRCETTE	ETHINYL ESTRADIOL DESOGESTROL	2	
MIRTAZAPINE	REMERON	1	BH
MISOPROSTOL	CYTOTEC	1	
MOEXIPRIL	UNIVASC	1	
MOMETASONE FUROATE	ELOCON	1	
MONARC-M	ANTIHEMOPHILIC FACTOR	4	SP
MONOCLATE-P	ANTIHEMOPHILIC FACTOR	4	SP
MONONINE	ANTIHEMOPHILIC FACTOR	4	SP

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
MS CONTIN	MORPHINE	4	RO
MSIR	MORPHINE	2	RO
MUPIROCIN	BACTROBAN	1	
MUSE	ALPROSTADIL	2	
NYFORTIC	MYCOPHENOLIC ACID	4	SP
MYOBLOC	BOTULINUM TOXIN TYPE A	4	PA, SP
MYOZYME	ALGLUCOSIDASE ALFA	4	SP
NA POLYSTYRENE	SODIUM POLYSTYRENE SULFONATE	1	
NABUMETONE	RELAFEN	1	
NALTREXONE	REVIA	1	
NAMENDA	MEMANTINE	2	
NAPROXEN	NAPRELAN	1	
NAPROXEN NA	ANAPROX DS	1	
NASACORT AQ	TRIAMCINOLONE	2	
NASCOBAL	CYANCOBALAMIN	2	
NASONEX	MOMETASONE	2	
NEBUPENT	PENTAMIDINE	4	
NECON 1/50	MESTRANOL NORETHINDRONE	2	
NEFAZODONE	SERZONE	1	BH
NEO POLY GRAM	NEOSPORIN	1	
NEODECADRON	NEOMYCIN DEXAMETHASONE	2	
NEOMYCIN	NEOMYCIN	1	
NEOMYCIN POLYMIXIN HC	CORTISPORIN	1	
NEOMYCIN POLYMYXIN DEXAMETHASONE DEXACIDIN	MAXITROL	1	
NEOSTIGMINE	PROSTIGMIN	1	
NEULASTA	PEGFILRASTIM	4	SP
NEUMEGA	OPRELVEKIN	4	SP
NEUPOGEN	FILGRASTIM	4	SP
NEUTRA-PHOS	PHOSPHORUS	2	
NEXAVAR	SORAFENIB	4	SP
NIASPAN	NIACIN	2	
NIFEDIPINE	PROCARDIA	1	
NIFEDIPINE ER	PROCARDIA XL	1	
NILANDRON	NILUTAMIDE	4	
NITROFURANTOIN	MACRODANTIN	1	
NITROGLYCERINE	NITROGLYCERINE	1	
NITROGLYCERINE PATCH	NITRO-DUR	1	
NITROLINGUAL SPRAY	NITROGLYCERINE	2	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
NITROQUICK	NITROSTAT	1	
NORDITROPIN	SOMATROPIN	4	SP
NORMAL SALINE	SODIUM CHLORIDE	1	
NORTRIPTYLINE	PAMELOR	1	
NORVIR	RITONAVIR	4	
NOVOSEVEN	ANTIHEMOPHILIC FACTOR	4	SP
NULYTELY	POLYETHYLENE BLYCOL WITH ELECTTROLYTES	2	
NUTROPIN AQ	SOMATROPIN	4	SP
NUVARING	ESTROGEN RING	2	
NYSTATIN	MYCOSTATIN	1	
NYSTATIN	MYCOSTATIN NILSTAT	1	
NYSTATIN	NILSTAT	1	
NYSTATIN TRIAMCINOLONE	MYCOLOG	1	
OMEPRAZOLE	PRILOSEC	1	
OMNITROPE	SOMATROPIN	4	SP
ONDANSETRON	ZOFRAN	1	
OPTIVAR	AZELASTINE	2	
ORENCIA	ABATACEPT	4	SP
ORPHENADRINE	NORFLEX	1	
ORTHO CEPT	DESOGESTREL/ETHINYL ESTRADIOL	2	
ORTHO CYCLEN	ETHINYL ESTRADIOL NORGESTIMATE	2	
ORTHO NOVUM 1/35	ETHINYL ESTRADIOL NORETHINDRONE	2	
ORTHO NOVUM 777	ETHINYL ESTRADIOL NORETHINDRONE	2	
ORTHOVISC	HYALURONATE	4	SP
OXAPROZIN	DAYPRO	1	
OXCARBAZEPINE	TRILEPTAL	1	
OXY IR	OXYCODONE	2	RO
OXYBUTYNIN	DITROPAN/OXYTROL	1	
OXYCODONE APAP	PERCOCET, TYLOX, ENDOCET	1	RO
OXYCODONE ASA	PERCODAN	1	RO
OXYCONTIN	OXYCODONE	2	RO
OXYTROL PATCH	OXYBUTYNIN PATCH	2	
PANCRELIPASE	CREON	1	
PANCRELIPASE	VIOKASE/PANCREASE	1	
PANGESTYME	CREON 10	1	
PANGLOBULIN	IMMUNE GLOBULIN (IVIG)	4	SP
PAPAVERINE	PAVABID	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
PAREGORIC	PAREGORIC	1	
PAROXETINE	PAXIL	1	BH
PB ERGOT BELLA	BELLERGAL S	1	
PEGANONE	ETHOTOIN	2	
PEG-INTRON	PEGINTERFERON ALFA 2B	4	
PENICILLIN VK	BETAPEN VK	1	
PENTAM	PENTAMIDINE	4	
PENTASA	MESALAMINE	2	
PENTOXIFYLLINE	TRENTAL	1	
PERPHENAZINE	TRILAFON	1	
PERPHENAZINE AMITRIPTYLINE	TRIAVIL/ETRAFON	1	
PHENAZOPYRIDINE	PYRIDIUM	1	
PHENOBARBITAL	PHENOBARBITAL	1	
PHOSLO	CALCIUM ACETATE	2	
PILOCARPINE	PILOCARPINE	1	
PINDOLOL	VISKEN	1	
PIROXICAM	FELDENE	1	
PLAVIX	CLOPIDOGREL	2	
POLYCITRA	CITRATE	2	
POLYCITRA K	CITRATE	2	
POLYHISTINE D	PHENYLTOLOXAMINE PYRILAMINE PHENIRAMINE	2	
POTASSIUM	SLOW K OR K DUR	1	
POTASSIUM PACKET	K-LOR 20MEQ	1	
PRAMOXINE HC	PROCTOFOAM HC	1	
PRANDIN	REPAGLINIDE	2	
PRAZOSIN	MINIPRESS	1	
PREDNISOLONE	ECONOPRED PLUS	1	
PREDNISOLONE	PRED FORTE OS 1%	1	
PREDNISOLONE	PREDNISOLONE	1	
PREDNISONE	DELTASONE	1	
PREMARIN	CONJUGATED ESTROGEN	2	
PREMARIN VAGINAL CREAM	CONJUGATED ESTROGEN	2	
PREMPHASE	ESTROGENS CONJUGATED MEDROXYPROGESTERONE	2	
PREMPRO	ESTROGENS CONJUGATED MEDROXYPROGESTERONE	2	
PREVACID	LANSOPRAZOLE	2	
PREVALITE	QUESTRAN	1	
PRIMIDONE	MYSOLINE	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
PRISTIQ	DESVENLAFAXINE	2	BH
PROAIR HFA	ALBUTEROL HFA	1	
PROAMATINE	MIDODRINE	2	
PROBENECID	BENEMID	1	
PROBENECID COL	COLBENEMID	1	
PROCAINAMIDE SR	PROCAN SR 500MG	1	
PROCHLORPERAZINE	COMPAZINE	1	
PROCRIT	EPOETIN ALFA	4	SP
PROCTOCORT CR	HYDROCORTISONE	2	
PROCTOFOAM	HYDROCORTISONE	2	
PROCTOSOL HC	ANUSOL HC	1	
PROGRAF	TACROLIMUS	4	SP
PROLININE SD	ANTIHEMOPHILIC FACTOR	4	SP
PROMETH VC COD	PHENERGAN VC C COD	1	
PROMETHAZINE	PHENERGAN	1	
PROMETHAZINE DM	PHENERGAN DEXT	1	
PROMETHAZINE SYRUP	PHENERGAN SUPP	1	
PROMETHAZINE VC	PROMETHAZINE/PHENY	1	
PROMETRIUM	PROGESTERONE MICRONIZED	2	
PROPADE	ORNADE SPANSULE	1	
PROPAFENONE	RYTHMOL	1	
PROPLEX-T	ANTIHEMOPHILIC FACTOR	4	SP
PROPOX CPD	DARVON COMPOUND	1	RO
PROPOX N APAP	DARVOCET N 100	1	RO
PROPOXYPHENE	DARVON	1	RO
PROPRANOL HCTZ	INDERIDE	1	
PROPRANOLOL	INDERAL	1	
PROPYLTHIOURAC	POLPYLTHIOURACIL	1	
PROTONIX	PANTOPRAZOLE	2	
PROTOPIC	TACROLIMUS	2	
PROVENTIL HFA	ALBUTEROL HFA	2	
PROVIGIL	MODAFINIL	2	
PROZAC WEEKLY	FLUOXETINE	2	BH
PULMICORT INH	BUDESONIDE	2	
PULMICORT RESP	BUDESONIDE	2	
PULMOZYME	DORNASE ALPHA	4	SP
QUINAPRIL	ACCUPRIL	1	
QUINAPRIL HCTZ	ACCURETIC	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
QUINIDINE	QUINIDINE	1	
QUINIDINE ER	QUINIDEX	1	
QUINIDINE GLUC	QUINAGLUTE	1	
QUININE	QUINAMM	1	
QUININE	QUININE SULFATE	1	
RANITIDINE	ZANTAC	1	
RAPAMUNE	SIROLIMUS	4	SP
RAPTIVA	EFALZUMAB	4	SP
REBETOL	RIBAVIRIN	4	SP
REBETRON	INTERFERON ALFA 2B	4	SP
REBIF	INTERFERON BETA 1A	4	SP
RECOMBINATE	ANTIHEMOPHILIC FACTOR	4	SP
RECLAST	ZOLEDRONIC ACID	4	SP
RECOMBINATE	ANTIHEMOPHILIC FACTOR	4	SP
REFACTO	ANTIHEMOPHILIC FACTOR	4	SP
REGRANEX GEL	BECAPLERMIN	4	
RELPAK	ELITRIPTAN	2	QL
REMICADE	INFLIXIMAB	4	SP
RENAGEL	SEVELAMER	4	
REQUIP	ROPINIROLE	2	
RESCRIPTOR	DELAVIRDINE	4	
RESCULA	UNOPROSTONE	2	
RESERPINE	RESERPINE	1	
RESTASIS	CYCLOSPORINE	2	
RETROVIR	ZIDOVUDINE	4	
RHINOCORT AQ	BUDESONIDE	2	
RHINOLAR EX-12	ORNADE OR-PHEN ADE	2	
RIBA-PAK	RIBAVIRIN	4	SP
RIBAVIRIN	RIBAVIRIN	4	SP
RIDAURA	AURANOFIN	2	
RIFAMPIN	RIFADIN/RIMACTANE	1	
RISPERIDONE	RISPERDAL	1	
RITUXAN	RITUXIMAB	4	SP
ROBAXISAL	METHYLCARBAMOL/ASA	2	
ROBINUL	GLYCOPYRROLATE	2	
ROFERON A	INTERFERON ALFA 2A	2	
ROSEREM	RAMELTEON	2	
ROWASA	FIVE ASA SUPP	2	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
ROXANOL	MORPHINE	4	RO
ROXICET	OXYCODONE APAP	1	RO
ROXICODONE	OXYCODONE	1	RO
ROXILOX	OXYCODONE APAP	1	RO
ROXIPRIN	OXYCODONE ASA	1	RO
SAIZEN	SOMATROPIN	4	SP
SALSALATE	DISALCID	1	
SANDIMMUNE CAP	CYCLOSPORINE	4	SP
SANDOSTATIN	OCTREOTIDE	2	
SANSERT	METHYSERGIDE MALEATE	2	
SANTYL	COLLAGENASE	2	
SELEGILINE	ELDEPRYL	1	
SELENIUM SULFIDE	SELSUN	1	
SENSIPAR	CINACALCET	4	SP
SEREVENT DISK	SALMETEROL	2	
SEROSTIM	SOMATROPIN	4	SP
SERTRALINE	ZOLOFT	1	BH
SILVER SULFADIAZINE	SILVADENE CR	1	
SIMCOR	NIACIN/SIMVASTATIN	2	
SIMVASTATIN	ZOCOR	1	
SINGULAIR	MONTELUKAST	2	
SKELAXIN	METAXALONE	2	
SKELID	TILUDRONATE	4	
SODIUM POLYSTYRENE	KAYEXELATE	1	
SODIUM SULFACETAMIDE	SULFACET	1	
SORBITOL	SORBITOL	2	
SORIATANE	ACITRETIN	4	
SOTALOL	BETAPACE	1	
SPIRIVA	TIOTROPIUM	2	
SPIRONOLACTONE	ALDACTONE	1	
SPIRONOLACTONE HCTZ	ALDACTAZIDE	1	
SPRYCEL	DASATINIB	4	SP
SSD	SILVADENE CR	1	
SSKI	POTASSIUM IODIDE	1	
SUBOXONE	BUPRENORPHINE	2	RO
SUCRALFATE	CARAFATE	1	
SULAMYD	SULFACETAMIDE	2	
SULFACET R LOT	NA SULFACETAMIDE/S	2	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
SULFACETAMIDE	SULAMYD	1	
SULFACETAMIDE PREDNISOLONE	VASOCIDIN OS	1	
SULFASALAZINE	AZULFIDINE	1	
SULFINPYRAZONE	ANTURANE	1	
SULFISOXAZOLE	GANTRISIN	1	
SULINDAC	CLINORIL	1	
SUMATRIPTAN	IMITREX	1	QL
SUPARTZ	HYALURONATE	4	SP
SUSTIVA	EFAVIRENZ	4	SP
SUTENT	SUNITINIB	4	SP
SYMBICORT	BUDESONIDE/FORMOTEROL	2	
SYMBYAX	OLANZAPINE AND FLUOXETINE	2	
SYMLIN	PRAMLINTIDE	2	
SYNTHROID	LEVOTHYROXINE	2	
SYNVISC	HYLAN GF 20	4	SP
TAMOXIFEN	NOLVADEX	1	
TARCEVA	ERLOTINIB	4	SP
TARKA	TRANDOLAPRIL VERAPAMIL	2	
TASMAR	TOLCAPONE	2	
TAXOL	PACLITAXEL	4	SP
TAXOTERE	DOCETAXEL	4	SP
TAZORAC	TAZAROTENE	2	
TEKTURNA	ALISKIREN	2	
TEMAZEPAM	RESTORIL	1	
TEMODAR	TEMOZOLOMIDE	4	SP
TEMOVATE	CLOBETASOL E	2	
TERAZOL	TERCONAZOLE	2	
TERAZOSIN	HYTRIN	1	
TERAZOSIN	HYTRIN	1	
TERBINAFINE	LAMASIL	1	
TERBUTALINE	BRETHINE	1	
TEST STRIPS	TEST STRIPS	2	
TESTODERM	TESTOSTERONE	2	
TESTOSTER CYP	TESTOSTERONE CYPRIONATE	1	
TETRACYCLINE	SUMYCIN	1	
TEV-TROPIN	SOMATROPIN	4	SP
THALOMID	THALIDOMIDE	4	SP
THEOPHYLLIN	SLO BID	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
THEOPHYLLINE	THEOPHYLLINE	1	
THIORIDAZINE	MELLARIL	1	
THIOTHIXENE	NAVANE	1	
THYROID	THYROID	1	
TICLOPIDINE	TICLID	1	
TIKOSYN	DOLFETILIDE	4	
TIMOLOL	BLOCADREN	1	
TIMOLOL	TIMOPTIC XE	1	
TIZANIDINE	ZANAFLEX	1	
TOBRADEX	TOBRAMYCIN D-METASONE	2	
TOBRAMYCIN	TOBREX	1	
TOPIRAMATE	TOPAMAX	1	
TORSEMIDE	DEMADEX	1	
TRAMADOL	ULTRAM	1	
TRAVATAN	TRAVOPROST	2	
TRAZODONE	DESYREL	1	
TRETINOIN	VESANOID	1	
TRI LEVLEN 28	ETHINYL ESTRADIOL LEVONORGESTREL	2	
TRILIPIX	FENOFIBRIC ACID	2	
TRIAMCINOLONE	ARISTOCORT/KENALOG	1	
TRIAMCINOLONE	KENALOG IN ORABASE	1	
TRIAMCINOLONE	TRIAMCINOLONE	1	
TRIAMTERENE HCTZ	DYAZIDE	1	
TRIAMTERENE HCTZ	MAXZIDE	1	
TRICOR	FENOFIBRATE	2	
TRI-CYCLEN	EHTINYL ESTRADIOL NORGESTIMATE	2	
TRIFLUOPERAZINE	STELAZINE	1	
TRIFLURIDINE	VIROPTIC	1	
TRIHEXYPHENIDYL	ARTANE	1	
TRIMETH SULFA	BACTRIM / SEPTRA	1	
TRIMETH SULFA DS	BACTRIM DS / SEPTRA DS	1	
TRIMETHOPRIM	PROLOPRIM	1	
TRIMETHOPRIN POLYMYXIN B	POLYTRIM	1	
TRIPHASIL-28	ETHINYL ESTRADIOL LEVONORGESTRAL	2	
TRISALICYLATE	TRILISATE	1	
TRIZIVIR	ABACAVIR IAMIVUDINE ZIDOVUDINE	4	
TROPICAMIDE	MYDRIACYL	1	

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
TUSSIONEX SUSP	CHLORPHENIR/HYDROCODONE	2	
UROXATRAL	ALFUZOSIN	2	
URSODIOL	ACTIGALL	1	
USEPT	URISED	1	
VALCYTE	VALGANCICLOVIR	4	
VALPROIC ACID	DEPAKENE	1	
VALTREX	VALACYCLOVIR HCL	2	
VAQTA	HEPATITIS A VACCINE	2	
VASOCIDIN	SULFACETAMIDE/PRED	2	
VENLAFAXINE	EFFEXOR	1	BH
VENTOLIN HFA	ALBUTEROL HFA	2	
VERAPAMIL	CALAN	1	
VERAPAMIL SR	CALAN SR	1	
VESICARE	SOLIFENACIN	2	
VEXOL	RIMEXOLONE	2	
VIAGRA	SILDENAFIL	2	QL
VINCRISTINE	VINCRISTINE	1	
VIRACEPT	NELFINAVIR MESYLAT	4	
VIRAMUNE	NEVIRAPINE	4	
VIREAD	TENOFOVIR	4	
VITAMIN D	VITAMIN D	1	
VIVAGLOBIN	IMMUNE GLOBULIN (IVIG)	4	SP
VIVELLE	ESTRADIOL	2	
VIVELLE DOT	ESTRADIOL PATCH	2	
VYTORIN	HYDROCORTISONE IODOQUINOL	1	
VYTORIN	EZETIMIBE/SIMVASTATIN	2	
WARFARIN	COUMADIN	1	
WELCHOL	COLESEVELAM	2	
XALATAN	LATANOPROST	2	
XELODA	CAPECITABINE	4	SP
XIFAXAN	RIFAXIMIN	2	
XYLOCAINE	LIDOCAINE VISCOUS	1	
YASMIN	DROSPIRENONE/ETHINYL ESTRADIOL	2	
ZETIA	EZETIMIBE	2	
ZIAGEN	ABACAVIR	4	
ZOLADEX	GOSERELIN ACETATE	4	SP
ZOLPIDEM	AMBIEN	1	
ZOMETA	ZOLEDRONIC ACID	4	SP

DRUG NAME	ALTERNATE NAME	COPAY TIER DESIGNATOR	BENEFIT INDICATOR
ZOMIG	ZOLMITRIPTAN	2	
ZOMIG ZMT	ZOLMITRIPTAN	2	
ZONALON CR	DOXEPIN	2	
ZORBTIVE	SOMATROPIN	4	SP
ZYMAR	GATIFLOXIN	2	
ZYPREXA	OLANZAPINE	2	
ZYPREXA ZYDIS	OLANZAPINE	2	
ZYVOX	LINEZOLID	4	

In order to maximize your benefits, remember to:

- Use the Depot Drug Mail Order Pharmacy for all your prescription needs
- Use In-Network providers
- Check www.uphealth.com for:
 - Information about your plan
 - Find a provider/physician
 - Find a hospital
 - Reorder prescriptions
 - Check the status of your claims
 - Useful resource for healthcare issues

Union Pacific Railroad Employees Health Systems

Frequently Used Telephone Numbers:

- | | |
|-----------------------------------|-----------------------|
| 1. UPREHS Customer Services | <u>1-800-547-0421</u> |
| 2. Depot Drug Mail Order Pharmacy | <u>1-800-331-6353</u> |
| 3. Physician | _____ |
| 4. Hospital | _____ |
| 5. Ambulance | _____ |
| 6. Police | _____ |
| 7. Fire | _____ |
| 8. Poison Control | _____ |
| 9. Railroad Retirement Board | _____ |
| 10. Other | _____ |

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Toll Free: 800-547-0421
Email: help@uphealth.com
Website: www.uphealth.com



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