

UPREHS

Prescription Drug Formulary For Active Plan Members

JANUARY 2011



UPREHS Prescription Drug Formulary For Active 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. The program is designed to provide quality pharmacy benefits and to drive down health care costs. 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.

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

The UPREHS Formulary List

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 covered. Formulary prescription drugs are included in Tier 1, Tier 2 and Tier 4. Other drugs not included in the formulary may be covered under Tier 3 when treating a medical condition covered by the Plan and approved by the FDA. 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 and 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 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 quality concerns. This is why some UPREHS Formulary drug selections may be brand name drugs, even though a generic may be marketed.

Step Therapy

Step therapy, sometimes called step edit, may be required for certain drugs. Drugs subject to step therapy are medications for which alternate drugs (usually generic) are available for treatment of the same medical condition. Step therapy requires a member trial of the lower cost medication(s). The drug involved with step therapy will not be covered until the patient has tried and failed with the alternate medication(s). If trials of alternate medication(s) are not successful, the physician may submit a letter documenting results of the trial to the Depot Drug Pharmacy Director.

UPREHS Health Insurance and Rx ID Card

UPREHS does not reimburse members for prescriptions which are filled without using the UPREHS Health Insurance and Rx ID Card. The pharmacist needs the information supplied on the front and back of your card to fill prescriptions within the UPREHS Formulary. 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.

Copayments

30-Day Copayment Amounts	Tier 1	Tier 2	Tier 3	Tier 4
UPREHS Depot Drug Mail Pharmacy 30, 60, or 90-Day Supply Available	\$3	\$15	\$45	\$40
UPREHS Depot Drug Walk-In Pharmacies 30 Day Supply Available	\$5	\$17	\$45	\$40
National Retail Pharmacy Network 30-day or less Supply Available Only	\$11	\$17	Higher of \$55 or 33% of drug cost	\$40
Ascend Specialty Pharmacy -- Up To 30 Day Supply Only	\$5	\$17	\$45	\$40
Out-of-Network Pharmacy - Emergency Only When covered, we pay you the UPREHS contract cost for the drug minus your Tier copay amount. You pay any charges above UPREHS cost.	\$11	\$17	Higher of \$55 or 33% of drug cos	Not a benefit

Drug and Medication Tiers

• Tier 1 – UPREHS Formulary List Generic Drugs

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. In the drug listing that follows, generic drugs are shown in lower case letters. Example: **ibuprofen**)

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 than Tier 1 drugs. They drive up the cost of health care, and have a higher copayment. In the drug listing that follows, Brand Name drugs are shown in upper case letters. Example: **TRICOR**)

The Tier 2 copayment is for each prescription for up to 30-day supply ordered through the UPREHS Depot Drug Mail 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**

Other drugs, not included in Tier 1, 2 or 4 of the Formulary, may be under Tier 3 when treating a medical condition covered by the Plan and approved by the FDA. Tier 3 copayments apply to each prescription up to a 30-day supply.

- **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 covered medical condition that is a covered benefit. The UPREHS Pharmacy and Therapeutics Committee determines which of these Tier 4 drugs are available under the plan.

A higher copayment is required for catastrophic or specialty treatment drugs. Most Tier 4 medications must be obtained only through Ascend Specialty Pharmacy 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 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. Members may also choose to fill short-term medications through Depot Drug.
- **UPREHS Depot Drug Walk-In Pharmacies** are free-standing pharmacies owned and operated by Union Pacific Railroad Employees Health Systems in areas 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 Pharmacy or other UPREHS pharmacies are not available. They also supply Class III and IV controlled substances not shipped by mail. A retail pharmacy may not be used to fill regular maintenance prescriptions.
- **Ascend Specialty Drug Pharmacy** is 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.. 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 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 Pharmacy to continue to be a benefit. One-time-only prescriptions can also be filled through the UPREHS Mail Pharmacy at a lower copayment, if it is possible to wait for the medication. Some prescriptions may not be supplied by the UPREHS Depot Drug Mail Pharmacy because they are in a classification that cannot be sent by mail. These exceptions are clearly indicated on the formulary list. (See 'Caution Indicators')

Pharmacy Plan Cost Savings

Copayments at the UPREHS Depot Drug Mail Pharmacy are lower than the National Retail Network Pharmacies. Using the UPREHS Depot Drug Mail Pharmacy offers you the lowest copayment amount. Using the UPREHS Depot Drug Mail Pharmacy whenever possible is the most economical option for our members and helps reduce overall health care cost.

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, or the pharmacy is not in the network, 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 by a participating network pharmacy.

- When using a maintenance prescription, those drugs must be obtained through the UPREHS Depot Drug Mail Pharmacy. If you need your prescription filled urgently, you may have a one-time-only fill at a national network retail pharmacy or a UPREHS Depot Drug Walk-In Pharmacy. Additional supplies must go through the UPREHS Depot Drug Mail 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 Pharmacy per the instructions in this section.
- When using a UPREHS Depot Drug Walk-In Pharmacy, give the original script to the pharmacist. They will enter your prescription information and you can obtain your refills from the UPREHS Depot Drug Mail Pharmacy without a second written prescription.

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 possible 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 contracted medication cost. Refunds will not be made for non-covered drugs.

To Order New Maintenance Prescriptions from the UPREHS Depot Drug Mail 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. Most prescriptions can remain valid for up to one (1) calendar year from the date the prescription is written.
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. If you do not indicate the prescription quantity you want shipped, the pharmacy will mail only a one month supply.
5. Make your check or money order payable to the Depot Drug Mail 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 already have a debit/credit card on file you can note a request for the copayment to be applied to the card on file. You will not need to write down any other debit/credit card information.
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 Pharmacy
PO Box 165090
Salt Lake City, UT 84116-5090

To Order Prescription Refills from the UPREHS Mail Pharmacy

Once you have filled a prescription through the Depot Drug Mail 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 you will have ample time to refill, and 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 reorder slip is an adhesive address label to place on 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 a MasterCard or VISA debit/credit card 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 Pharmacy refills telephone number at 1-800-331-6353. The automated phone line is available from 6 AM until 11 PM Mountain Time.

3. Choose to use the automated system line 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, will 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 or 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.” You may “Remove” items if you wish to cancel an item or “Remove” and re-select the prescription to order a different quantity.
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.
8. 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
9. At any time up to this point you can edit your entries or cancel the entire order.
10. Next “Submit order for processing,” and the legend at the top of the box will verify that you are “Finished.”

Telecommunications Relay Services (TRS)

Telecommunications Relay Services (TRS) allow people who are deaf, hard-of-hearing, or speech impaired, and uses 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 Walk-in 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 Pharmacy

P O Box 165090, Salt Lake City, UT 84116-5090

Phone: 1-800-331-6353

Fax # for Physicians Only: (801) 595-4440 or (801) 595-2000

(Mail service ONLY)

UPREHS Depot Drug Walk-in Pharmacy

UP Headquarters Bldg

1400 Dodge St (STOP 0050)

Omaha, NE 68179

Phone: (402) 544-3740

UPREHS Depot Drug Walk-In Pharmacy

810 West Reid #2

North Platte, NE 69101

Phone: (308) 534-8886

Contract Network Pharmacies

Members are required to obtain all maintenance prescriptions from the UPREHS Depot Drug Mail Pharmacy and other non-maintenance prescriptions from UPREHS Depot Drug Pharmacies whenever possible. You can obtain emergency or one-time-only formulary Tier 1, 2 or 3 prescriptions 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. (See 'Caution Indicators')

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.
- 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 to pay any amount over the contracted cost minus the applicable Tier copayment.

Member Rights

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 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. You have the right to make a complaint if you have concerns or problems related to your coverage or care.
- 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 to whom 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 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..
- 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 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

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 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 help@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 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 in treating your condition, and/or would cause you to have adverse medical effects.
- If you have questions about the UPREHS Active 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 Challenger Plan.

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 Depot Drug Customer Service Representative 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 Challenger Plan.

Send your exception, appeal or grievance to:

UPREHS - Pharmacy Services
 P. O. Box 161020
 Salt Lake City, UT 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 (i.e.: 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.

How 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. 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 covered in Tier 3 when treating a medical condition covered by the Plan and approved by the FDA.

Tier Column:

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

- **Tier 1 – Formulary Generic Drugs**
- **Tier 2 – Formulary Brand Name 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:

- **SP (Specialty Drugs):**

Ascend Specialty Drug Program will provide these medications to you at the designated copayment rate. Your medication 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 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 up to 18 tablets per prescription for lmitrex.

- **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, , insulin syringes and Insulin are a UPREHS benefit ONLY when filled through the Depot Drug Mail Pharmacy.

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

Blood Glucose Monitor

- Supplied one time only through UPREHS Depot Drug Mail Pharmacy
- No copayment
- Requires physician prescription

Diabetic Test Strips

- 100 test strips per month; through UPREHS Depot Drug Mail Pharmacy only
- \$15 copayment
- Requires physician prescription

Insulin Syringes

- UPREHS Depot Drug Mail Pharmacy only
- \$3 copayment
- Requires physician prescription

Insulin

- UPREHS Depot Drug Mail Pharmacy only
- Requires applicable copayment
- Requires physician prescription

Lancets & Control Solution

- Not a benefit. UPREHS Depot Drug Mail Order and other UPREHS pharmacies can supply these products at cost.



Request for Prescription Drug Coverage Determination

UPREHS Depot Drug Mail Prescription Drug Plan

P O Box 161020, Salt Lake City, UT 84116-1020

1-800-331-6353 • Fax 1-801-595-2082

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 _____

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.



Continued on following page

*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





Union Pacific Railroad Employes Health Systems Pharmacy Program Physician Documentation for Exception Request or a Compounded Drug

This form must be completed by the prescribing physician and submitted to UPREHS along with documentation to obtain a prior authorization for an Exception Request or for a Compounded Drug. 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 or an exception. Inadequate documentation could result in denial. Please attach this form to documentation and mail or fax to the location below.

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 Name:

NDC # _____	Strength _____	Quantity _____	# Days Supply _____
NDC # _____	Strength _____	Quantity _____	# Days Supply _____
NDC # _____	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.. If you have questions, please call UPREHS Depot Drug at 1-800-331-6353, 7:30 AM to 3:30 PM, Mountain Time, Monday through Friday.

Union Pacific Railroad Employes Health Systems Prescription Plan
P.O. Box 161020 Salt Lake City, Utah 84116-1020
Fax: 801-595-2081

Active Formulary Drug List

Brand Name	Generic Name	Tier	Code
ABILIFY	Aripiprazole	2	
ABRAXANE	Paclitaxel Protein-Bound Particles	4	PA, SP
Acarbose	Acarbose	1	
ACCOLATE	Zafirlukast	2	
Acebutolol	Acebutolol	1	
Acetaminophen W/ Codeine	Acetaminophen W/ Codeine	1	RO
Acetaminophen W/ Codeine	Acetaminophen W/ Codeine	1	RO
Acetaminophen W/ Codeine	Acetaminophen W/ Codeine	1	RO
Acetaminophen-Caffeine-Dihydrocodeine	Acetaminophen-Caffeine-Dihydrocodeine	1	RO
Acetazolamide	Acetazolamide	1	
Acetic Acid 2% Otic	Acetic Acid 2% Otic	1	
Acetic Acid 2% In Aluminum Acetate	Acetic Acid 2% In Aluminum Acetate	1	
Acetic Acid Otic	Acetic Acid Otic	1	
Acetylcysteine Inhalation	Acetylcysteine Inhalation	1	
ACTIMMUNE	Interferon Gamma-1B	4	SP
ACTONEL	Risedronate Sodium	2	
ACTOPLUS MET	Pioglitazone Hcl-Metformin Hcl	2	
ACTOPLUS MET XR	Pioglitazone Hcl-Metformin Er	2	
ACTOS	Pioglitazone Hcl	2	
Acyclovir	Acyclovir	1	
ADAGEN	Pegademase Bovine	4	SP
ADCIRCA	Tadalafil	4	SP
ADVAIR DISKUS	Fluticasone-Salmeterol Powder Disks	2	
AEROBID	Flunisolide Inhal Aerosol	2	
AFINITOR	Everolimus	4	SP
ALAMAST	Pemirolast Potassium Ophth	2	
Albuterol Sulfate	Albuterol Sulfate	1	
Albuterol Sulfate Inhal	Albuterol Sulfate Inhal	1	
Alclometasone Dipropionate Cream	Alclometasone Dipropionate Cream	1	
Alendronate	Alendronate	1	
ALFERON N	Interferon Alfa-N3	4	SP
ALIMTA	Pemetrexed Disodium	4	PA, SP
Allopurinol	Allopurinol	1	
ALOCRIL	Nedocromil Sodium Ophth	2	
ALOMIDE	Lodoxamide Tromethamine Ophth	2	
ALPHAGAN P	Brimonidine Tartrate Ophth	2	
ALREX	Loteprednol Etabonate Ophth	2	
Amantadine Hcl	Amantadine Hcl	1	
Amcinonide Cream	Amcinonide Cream	1	
AMERGE	Naratriptan	2	
AMEVIVE	Alefacept	4	SP
Amifostine Crystalline	Amifostine Crystalline	1	PA
Amikacin Sulfate Inj	Amikacin Sulfate Inj	1	
Amiloride & Hydrochlorothiazide	Amiloride & Hydrochlorothiazide	1	
Amiloride Hcl	Amiloride Hcl	1	
Aminophylline	Aminophylline	1	
Amiodarone Hcl	Amiodarone Hcl	1	
AMITIZA	Lubiprostone	2	
Amitriptyline Hcl	Amitriptyline Hcl	1	

Active Formulary Drug List

Amlodipine Besylate	Amlodipine Besylate	1	
Amlodipine Besylate-Benazepril Hcl	Amlodipine Besylate-Benazepril Hcl	1	
Amnesteem	Isotretinoin	1	RO
Amoxapine	Amoxapine	1	
Amoxicillin & K Clavulanate	Amoxicillin & K Clavulanate	1	
Amoxicillin (Trihydrate)	Amoxicillin (Trihydrate)	1	
Amphetamine-Dextroamphetamine Salts	Amphetamine-Dextroamphetamine Salts	1	RO
Amphotericin B	Amphotericin B	1	PA
Ampicillin	Ampicillin	1	
Anagrelide Hcl	Anagrelide Hcl	1	
ANCOBON	Flucytosine	2	
ANDRODERM	Testosterone Td Patch 24Hr	2	
ANDROGEL	Testosterone Td	2	
ANDROID	Methyltestosterone	2	
ANDROXY	Fluoxymesterone	2	
ANTABUSE	Disulfiram	2	
ANTARA	Fenofibrate Micronized	2	
ANZEMET	Dolasetron Mesylate	2	
Apraclonidine Hcl Opth Soln	Apraclonidine Hcl Opth Soln	1	
Apri Tab	Desogestrel & Ethinyl Estradiol	1	
APTIVUS	Tipranavir	2	
Aranelle Tab	Norethindrone-Eth Estradiol	1	
ARANESP	Darbepoetin Alfa-Polysorbate 80 Soln	4	PA
ARCALYST	Riloncept	4	SP
ARIMIDEX	Anastrozole	2	
ARIXTRA	Fondaparinux Sodium	4	SP
ARTHROTEC	Diclofenac W/ Misoprostol	2	
ARZERRA	Ofatumumab Conc	4	PA, SP
ASACOL	Mesalamine Tab Delayed Release	2	
ASMANEX	Mometasone Furoate Inhal Powd	2	
Atenolol	Atenolol	1	
Atenolol & Chlorthalidone	Atenolol & Chlorthalidone	1	
Atropine Sulfate	Atropine Sulfate	1	
ATTENUVAX	Measles Virus Vaccine	2	
AVANDAMET	Rosiglitazone Maleate-Metformin Hcl	2	
AVANDARYL	Rosiglitazone Maleate-Glimepiride	2	
AVANDIA	Rosiglitazone Maleate	2	
AVASTIN	Bevacizumab	4	PA, SP
AVELOX	Moxifloxacin Hcl	2	
AVODART	Dutasteride	2	
AVONEX	Interferon Beta-1A	4	SP
AXERT	Almotriptan Malate	2	QL
Azathioprine Sodium	Azathioprine Sodium	1	PA
Azelastine Hcl Opth	Azelastine Hcl Opth	1	
AZELEX	Azelaic Acid Cream	2	
Azithromycin	Azithromycin	1	
AZOPT	Brinzolamide Opth	2	
AZOR	Amlodipine Besylate-Olmesartan Medoxomil	2	
Bacitracin	Bacitracin	1	
Bacitracin-Polymyxin B Opth Oint	Bacitracin-Polymyxin B Opth Oint	1	

Active Formulary Drug List

Bacitracin-Polymyxin-Neomycin-Hc	Bacitracin-Polymyxin-Neomycin-Hc	1	
Baclofen	Baclofen	1	
BACTROBAN	Mupirocin Calcium Cream	2	
Balsalazide Disodium	Balsalazide Disodium	1	
Benazepril & Hydrochlorothiazide	Benazepril & Hydrochlorothiazide	1	
Benazepril Hcl	Benazepril Hcl	1	
BENICAR	Olmesartan Medoxomil	2	
BENICAR HCT	Olmesartan Medoxomil-Hydrochlorothiazide	2	
BENZACLIN	Clindamycin-Benzoyl Peroxide Gel 1-5% & Hyaluronate	2	
Benzotropine Mesylate	Benzotropine Mesylate	1	
Betamethasone Dipropionate Augmented	Betamethasone Dipropionate Augmented	1	
Betamethasone Dipropionate Augmented	Betamethasone Dipropionate Augmented	1	
Betamethasone Dipropionate Augmented Cream	Betamethasone Dipropionate Augmented Cream	1	
Betamethasone Valerate	Betamethasone Valerate	1	
Betaxolol Hcl Opth Soln	Betaxolol Hcl Opth Soln	1	
Bethanechol Chloride	Bethanechol Chloride	1	
BETIMOL	Timolol Opth	2	
BETOPTIC-S	Betaxolol Hcl Opth	2	
Bicalutamide	Bicalutamide	1	
Bisoprolol & Hydrochlorothiazide	Bisoprolol & Hydrochlorothiazide	1	
Bleomycin Sulfate	Bleomycin Sulfate	1	PA
BLEPHAMIDE	Sulfacetamide Sodium-Prednisolone Opth	2	
BONIVA	Ibandronate Sodium	2	
Brimonidine Tartrate Opth	Brimonidine Tartrate Opth	1	
Bromocriptine Mesylate	Bromocriptine Mesylate	1	
Budesonide Inhalation Susp	Budesonide Inhalation Susp	1	PA
Bumetanide	Bumetanide	1	
Buprenorphine Hcl	Buprenorphine Hcl	1	RO
Bupropion Hcl	Bupropion Hcl	1	
Bupropion Hcl Tab Sr	Bupropion Hcl Tab Sr	1	
Bupropion Hcl Tab Sr	Bupropion Hcl Tab Sr	1	
Bupropion Hcl Tab XI	Bupropion Hcl Tab XI	1	
Buspirone Hcl	Buspirone Hcl	1	
BUSULFEX	Busulfan	2	PA
Butalbital-Acetaminophen-Caff W/ Cod	Butalbital-Acetaminophen-Caff W/ Cod	1	RO
Butalbital-Aspirin-Caff W/ Codeine	Butalbital-Aspirin-Caff W/ Codeine	1	RO
Butalbital-Aspirin-Caff W/ Codeine	Butalbital-Aspirin-Caff W/ Codeine	1	RO
Butorphanol Tartrate	Butorphanol Tartrate	1	RO
BUTRANS	Buprenorphine Hcl Patch	2	RO
BYETTA	Exenatide	2	
Cabergoline	Cabergoline	1	
CADUET	Amlodipine Besylate-Atorvastatin Calcium	2	
Calcipotriene Soln	Calcipotriene Soln	1	
Calcitonin (Salmon) Nasal	Calcitonin (Salmon) Nasal	1	
Calcitriol	Calcitriol	1	PA
Calcium Acetate	Calcium Acetate	1	PA
CAMPRAL	Acamprosate Calcium	2	
CAMPTOSAR	Irinotecan Hcl	4	PA, SP
CANASA	Mesalamine Suppos	2	
CAPEX	Fluocinolone Acetonide	2	

Active Formulary Drug List

Captopril	Captopril	1	
Captopril & Hydrochlorothiazide	Captopril & Hydrochlorothiazide	1	
CARAC	Fluorouracil Cream	2	
Carbamazepine	Carbamazepine	1	
Carbidopa & Levodopa	Carbidopa & Levodopa	1	
Carbidopa & Levodopa	Carbidopa & Levodopa	1	
Carbinoxamine Maleate	Carbinoxamine Maleate	1	
Carboplatin	Carboplatin	1	PA
Carisoprodol	Carisoprodol	1	
Carisoprodol W/ Aspirin	Carisoprodol W/ Aspirin	1	
Carisoprodol W/ Aspirin & Codeine	Carisoprodol W/ Aspirin & Codeine	1	RO
Carteolol Hcl	Carteolol Hcl	1	
CARTROL	Carteolol Hcl	2	
Carvedilol	Carvedilol	1	
CEENU	Lomustine	2	
Cefaclor	Cefaclor	1	
Cefadroxil	Cefadroxil	1	
Cefazolin	Cefazolin	1	
Cefdinir	Cefdinir	1	
Cefepime	Cefepime	1	
Cefotaxime	Cefotaxime	1	
Cefotetan	Cefotetan	1	
Cefoxitin	Cefoxitin	1	
Cefpodoxime	Cefpodoxime	1	
Cefprozil	Cefprozil	1	
Ceftazidime	Ceftazidime	1	
Ceftriaxone	Ceftriaxone	1	
Cefuroxime	Cefuroxime	1	
CELEBREX	Celecoxib	2	
CELLCEPT	Mycophenolate Mofetil	4	PA, SP
GENESTIN	Estrogens, Conjugated Synthetic A	2	
Cephalexin	Cephalexin	1	
CEREZYME	Imiglucerase	4	SP
Chloramphenicol	Chloramphenicol	1	
Chlordiazepoxide-Amitriptyline	Chlordiazepoxide-Amitriptyline	1	
Chlorhexidine Gluconate	Chlorhexidine Gluconate	1	
Chloroquine Phosphate	Chloroquine Phosphate	1	
Chlorothiazide	Chlorothiazide	1	
Chlorpromazine	Chlorpromazine	1	
Chlorthalidone	Chlorthalidone	1	
Chlorzoxazone	Chlorzoxazone	1	
Cholestyramine	Cholestyramine	1	
CIALIS	Tadalafil	2	QL
Ciclopirox Olamine Cream	Ciclopirox Olamine Cream	1	
Cilostazol	Cilostazol	1	
CILOXAN	Ciprofloxacin Hcl Opth	2	
Cimetidine	Cimetidine	1	
CIMZIA	Certolizumab Pegol	4	SP
CIPRO HC	Ciprofloxacin-Hydrocortisone Otic	2	
CIPRODEX	Ciprofloxacin-Dexamethasone Otic	2	

Active Formulary Drug List

Ciprofloxacin	Ciprofloxacin	1	
Cisplatin	Cisplatin	1	PA, SP
Citalopram Hydrobromide	Citalopram Hydrobromide	1	
Cladribine	Cladribine	1	PA, SP
Clarithromycin	Clarithromycin	1	
Clemastine Fumarate	Clemastine Fumarate	1	
Clindamycin Hcl	Clindamycin Hcl	1	
Clindamycin Phosphate	Clindamycin Phosphate	1	
Clobetasol Propionate	Clobetasol Propionate	1	
GLOBEX	Clobetasol Propionate	2	
Clomipramine	Clomipramine	1	
Clonidine & Chlorthalidone	Clonidine & Chlorthalidone	1	
Clonidine Hcl	Clonidine Hcl	1	
Clotrimazole W/ Betamethasone Cream	Clotrimazole W/ Betamethasone Cream	1	
Clozapine	Clozapine	1	
Codeine Sulfate	Codeine Sulfate	1	
COLESTID	Colestipol Hcl	2	
Colestipol Hcl Granules	Colestipol Hcl Granules	1	
Colistimethate Sodium	Colistimethate Sodium	1	
COMBIGAN	Brimonidine Tartrate-Timolol Maleate Ophth	2	
COMBIPATCH	Estradiol-Norethindrone Ace Td	2	
COMBIVENT	Ipratropium-Albuterol Aerosol	2	
COMBIVIR	Lamivudine-Zidovudine	2	
COMTAN	Entacapone	2	
COMVAX	Haemophilus B Polysac Conj-Hepatitis B	2	
CONCERTA	Methylphenidate Hcl	2	RO
COPAXONE	Glatiramer Acetate	4	SP
COPEGUS	Ribavirin	4	SP
COREG CR	Carvedilol Extended Release	2	
Cortisone Acetate	Cortisone Acetate	1	
COUMADIN	Warfarin Sodium	2	
CREON	Pancrelipase (Lip-Prot-Amyl) Dr	2	
CRESTOR	Rosuvastatin Calcium	2	
CRIVAN	Indinavir Sulfate	2	
Cromolyn Sodium	Cromolyn Sodium	1	
CUPRIMINE	Penicillamine	2	
Cyclobenzaprine Hcl	Cyclobenzaprine Hcl	1	
Cyclosporine	Cyclosporine	1	PA, SP
CYKLOKAPRON	Tranexamic Acid	2	
CYMBALTA	Duloxetine Hcl	2	
Cyproheptadine Hcl	Cyproheptadine Hcl	1	
Cytarabine	Cytarabine	1	PA, SP
Dacarbazine For Inj 100 Mg	Dacarbazine For Inj 100 Mg	1	PA, SP
DANAZOL	Danazol	1	
DANTROLENE SODIUM	Dantrolene Sodium	1	
Dapsone	Dapsone	1	
DAPTACEL	Diph, Acellular Pert & Tet Tox	2	
Daunorubicin	Daunorubicin	1	PA
DENAVIR	Penciclovir Cream	2	
DEPO-ESTRADI	Estradiol Cypionate	2	

Active Formulary Drug List

DERMA-SMOOTH	Fluocinolone Acetonide	2	
Desipramine	Desipramine	1	
Desmopressin Acetate	Desmopressin Acetate	1	
Desogest-Eth Estrad & Eth Estrad	Desogest-Eth Estrad & Eth Estrad	1	
Desogest-Eth Estrad & Eth Estrad	Desogest-Eth Estrad & Eth Estrad	1	
Desogest-Ethin Est	Desogest-Ethin Est	1	
Desonide Cream	Desonide Cream	1	
Desoximetasone Cream	Desoximetasone Cream	1	
DETROL	Tolterodine Tartrate	2	
DETROL LA	Tolterodine Tartrate Sr	2	
Dexchlorpheniramine Maleate	Dexchlorpheniramine Maleate	1	
DEXILANT	Dexlansoprazole	2	
Dexmethylphenidate Hcl	Dexmethylphenidate Hcl	1	RO
Dextroamphetamine Sulfate	Dextroamphetamine Sulfate	1	RO
DIBENZYLINE	Phenoxybenzamine Hcl	2	
Diclofenac Potassium	Diclofenac Potassium	1	
Dicloxacillin Sodium	Dicloxacillin Sodium	1	
Dicyclomine Hcl	Dicyclomine Hcl	1	
Didanosine Delayed Release	Didanosine Delayed Release	1	
DIFFERIN	Adapalene Gel	2	
Diflorasone Diacetate Cream	Diflorasone Diacetate Cream	1	
Diflorasone Diacetate Oint	Diflorasone Diacetate Oint	1	
Diflunisal	Diflunisal	1	
Digoxin	Digoxin	1	
Digoxin	Digoxin	1	
Dihydroergotamine Mesylate	Dihydroergotamine Mesylate	1	
DILANTIN	Phenytoin	2	
Diltiazem Hcl Coated Beads Cap Sr	Diltiazem Hcl Coated Beads Cap Sr	1	
Diltiazem Hcl Coated Beads Cap Sr	Diltiazem Hcl Coated Beads Cap Sr	1	
DIOVAN	Valsartan	2	
DIOVAN HCT	Valsartan-Hydrochlorothiazide	2	
DIP/TET PED	Diphtheria-Tetanus Toxoids	2	
DIPENTUM	Olsalazine Sodium	2	
Diphenoxylate W/ Atropine	Diphenoxylate W/ Atropine	1	
Dipyridamole	Dipyridamole	1	
Disopyramide Phosphate	Disopyramide Phosphate	1	
Divalproex Sodium	Divalproex Sodium	1	
DORIBAX	Doripenem	2	
Dorzolamide Hcl Ophth	Dorzolamide Hcl Ophth	1	
Dorzolamide-Timolol Ophth	Dorzolamide-Timolol Ophth	1	
DOVONEX	Calcipotriene Cream	2	
Doxazosin Mesylate	Doxazosin Mesylate	1	
Doxepin Hcl	Doxepin Hcl	1	
Doxorubicin	Doxorubicin	1	PA, SP
Doxorubicin Hcl	Doxorubicin Hcl	1	PA, SP
Doxycycline Monohydrate	Doxycycline Monohydrate	1	
Doxycycline Monohydrate	Doxycycline Monohydrate	1	
Dronabinol	Dronabinol	1	PA
DUETACT	Pioglitazone Hcl-Glimepiride	2	
Econazole Nitrate Cream	Econazole Nitrate Cream	1	

Active Formulary Drug List

ELAPRASE	Idursulfase Soln	4	SP
ELIDEL	Pimecrolimus Cream	2	
ELITEK	Rasburicase	4	PA, SP
ELMIRON	Pentosan Polysulfate Sodium	2	
ELOXATIN	Oxaliplatin	4	PA, SP
ELSPAR	Asparaginase	2	PA
EMCYT	Estramustine Phosphate Sodium	2	
EMEND	Aprepitant	2	PA
EMTRIVA	Emtricitabine	2	
ENABLEX	Darifenacin Hydrobromide	2	
Enalapril Maleate	Enalapril Maleate	1	
Enalapril Maleate & Hydrochlorothiazide	Enalapril Maleate & Hydrochlorothiazide	1	
ENBREL	Etanercept Subcutaneous	4	SP
ENGERIX-B	Hepatitis B Vaccine (Recombinant)	2	PA
ENTOCORT EC	Budesonide Sr	2	
Epinephrine Hcl	Epinephrine Hcl	1	
EPIPEN	Epinephrine Hcl	2	
Epirubicin Hcl	Epirubicin Hcl	1	PA, SP
EPIVIR	Lamivudine Oral	2	
Eplerenone	Eplerenone	1	
EPOGEN	Epoetin Alfa	4	PA
EPZICOM	Abacavir Sulfate-Lamivudine	2	
ERBITUX	Cetuximab	4	SP
Ergoloid Mesylates	Ergoloid Mesylates	1	
ERY-TAB	Erythromycin	2	
Erythromycin Stearate	Erythromycin Stearate	1	
ESTRACE VAG CRE	Estradiol Vaginal Cream	2	
ESTRADERM	Estradiol Transdermal	2	
Estradiol Td Patch Weekly	Estradiol Td Patch Weekly	1	
Estropipate	Estropipate	1	
Ethambutol Hcl	Ethambutol Hcl	1	
Ethosuximide	Ethosuximide	1	
Etodolac	Etodolac	1	
ETOPOPHOS	Etoposide Phosphate	4	PA, SP
Etoposide	Etoposide	1	PA, SP
EURAX	Crotamiton Lotion	2	
EVISTA	Raloxifene Hcl	2	
EXELDERM	Sulconazole Nitrate Cream	2	
EXELON	Rivastigmine Tartrate	2	
EXELON PATCH	Rivastigmine Tartrate	2	
EXFORGE	Amlodipine Besylate-Valsartan	2	
EXFORGE HCT	Amlodipine-Valsartan-Hctz	2	
EXJADE	Deferasirox Tab	4	SP
EXTAVIA	Interferon Beta-1B	2	SP
EXTAVIA	Interferon Beta-1B	4	SP
FABRAZYME	Agalsidase Beta	4	SP
Famciclovir	Famciclovir	1	
Famotidine	Famotidine	1	
FARESTON	Toremifene Citrate	2	
FASLODEX	Fulvestrant	2	PA

Active Formulary Drug List

Felodipine	Felodipine	1	
FEMARA	Letrozole	2	
FENOFIBRATE	Fenofibrate	1	
FENOPROFEN CALCIUM	Fenopropfen Calcium	1	
FENTANYL TD PATCH 72HR	Fentanyl Td Patch 72Hr	1	RO
Finasteride	Finasteride	1	
FLAREX	Fluorometholone Acetate Ophth	2	
FLAVOXATE HCL	Flavoxate Hcl	1	
FLECAINIDE ACETATE	Flecainide Acetate	1	
FLOVENT DISK	Fluticasone Propionate Aer Pow	2	
Floxuridine	Floxuridine	1	PA, SP
Fluconazole	Fluconazole	1	
Fludarabine Phosphate	Fludarabine Phosphate	1	PA, SP
Fludrocortisone Acetate	Fludrocortisone Acetate	1	
Flunisolide Nasal	Flunisolide Nasal	1	
Fluocinonide Cream	Fluocinonide Cream	1	
Fluorometholone Ophth	Fluorometholone Ophth	1	
Fluorouracil	Fluorouracil	1	PA, SP
Fluorouracil Cream	Fluorouracil Cream	1	
Fluoxetine Hcl	Fluoxetine Hcl	1	
Fluphenazine Hcl	Fluphenazine Hcl	1	
Flurbiprofen	Flurbiprofen	1	
Flutamide	Flutamide	1	
Fluticasone Propionate Cream	Fluticasone Propionate Cream	1	
Fluvoxamine Maleate	Fluvoxamine Maleate	1	
FML	Fluorometholone Ophth	2	
Fomepizole	Fomepizole	1	
FORADIL	Formoterol Fumarate Inhal	2	
FORTEO	Teriparatide (Recombinant)	4	SP
FOSAMAX + D	Alendronate Sodium-Cholecalciferol	2	
Foscarnet	Foscarnet	1	PA, SP
Fosinopril Sodium	Fosinopril Sodium	1	
Fosinopril Sodium & Hydrochlorothiazide	Fosinopril Sodium & Hydrochlorothiazide	1	
Fosphenytoin Sodium	Fosphenytoin Sodium	1	
FOSRENOL	Lanthanum Carbonate	2	
FRAGMIN	Dalteparin Sodium	2	
FROVA	Frovatriptan Succinate	2	QL
Furosemide	Furosemide	1	
FUZEON	Enfuvirtide	2	
Gabapentin	Gabapentin	1	
GABITRIL	Tiagabine Hcl	2	
Galantamine Hydrobromide	Galantamine Hydrobromide	1	
GAMMAGARD	Immune Globulin (Human)	4	PA
Ganciclovir	Ganciclovir	1	
GASTROCROM	Cromolyn Sodium	2	
Gemfibrozil	Gemfibrozil	1	
GEMZAR	Gemcitabine Hcl	4	PA, SP
GENOTROPIN	Somatropin	4	SP
Gentamicin	Gentamicin	1	
GEODON	Ziprasidone Hcl	2	

Active Formulary Drug List

GLEEVEC	Imatinib Mesylate	4	SP
Glimepiride	Glimepiride	1	
Glipizide	Glipizide	1	
Glipizide-Metformin	Glipizide-Metformin	1	
GLUCAGEN	Glucagon Hcl (Rdna)	2	
Glyburide	Glyburide	1	
Glyburide-Metformin	Glyburide-Metformin	1	
Glycopyrrolate	Glycopyrrolate	1	
GLYSET	Miglitol	2	
Granisetron Hcl	Granisetron Hcl	1	
GRIFULVIN V	Griseofulvin Microsize	2	
Griseofulvin Microsize	Griseofulvin Microsize	1	
Guanabenz Acetate	Guanabenz Acetate	1	
Guanfacine Hcl	Guanfacine Hcl	1	
Guanidine Hcl	Guanidine Hcl	1	
GYNODIOL	Estradiol	2	
HALFLYTELY	Bisacodyl Tab & Peg 3350-Kcl-Sod Bicarb-Nacl	2	
Halobetasol Propionate Cream	Halobetasol Propionate Cream	1	
Haloperidol	Haloperidol	1	
HAVRIX	Hepatitis A Vaccine	2	
HECTOROL	Doxercalciferol	2	PA
HEPSERA	Adefovir Dipivoxil	2	
HERCEPTIN	Trastuzumab	4	PA, SP
HEXALEN	Altretamine	2	
HUMALOG	Insulin Lispro (Human)	2	
HUMATROPE	Somatropin	4	SP
HUMIRA	Adalimumab	4	SP
HUMULIN R	Insulin Regular (Human)	2	
HYCAMTIN	Topotecan Hcl	4	PA, SP
Hydralazine Hcl	Hydralazine Hcl	1	
Hydrochlorothiazide	Hydrochlorothiazide	1	
Hydrocodone-Acetaminophen	Hydrocodone-Acetaminophen	1	RO
Hydrocodone-Acetaminophen	Hydrocodone-Acetaminophen	1	RO
Hydrocortisone	Hydrocortisone	1	
Hydrocortisone W/ Acetic Acid Otic	Hydrocortisone W/ Acetic Acid Otic	1	
Hydrocortisone W/ Acetic Acid Otic	Hydrocortisone W/ Acetic Acid Otic	1	
Hydromorphone Hcl	Hydromorphone Hcl	1	RO
Hydroxychloroquine Sulfate	Hydroxychloroquine Sulfate	1	
Hydroxyurea	Hydroxyurea	1	
Hydroxyzine Hcl	Hydroxyzine Hcl	1	
Ibuprofen	Ibuprofen	1	
Idarubicin Hcl	Idarubicin Hcl	1	PA, SP
Ifosfamide	Ifosfamide	1	PA, SP
Imipramine Hcl	Imipramine Hcl	1	
Immune Globulin (Human)	Immune Globulin (Human)	1	PA, SP
INCRELEX	Mecasermin	4	SP
Indapamide	Indapamide	1	
Indomethacin	Indomethacin	1	
INFERGEN	Interferon Alfacon-1	2	SP
INTELENCE	Etravirine	2	

Active Formulary Drug List

INTRON-A	Interferon Alfa-2B	4	SP
INVANZ	Ertapenem Sodium	2	
INVIRASE	Saquinavir Mesylate	4	SP
IOPIDINE	Apraclonidine Hcl Ophth	2	
IPOL	Poliovirus Vaccine, Ipv	2	
Ipratropium Bromide Inhal Soln	Ipratropium Bromide Inhal Soln	1	
IRESSA	Gefitinib	4	SP
Irinotecan Hcl	Irinotecan Hcl	1	PA, SP
ISENTRESS	Raltegravir Potassium	2	
Isoniazid	Isoniazid	1	
ISORDIL	Isosorbide Dinitrate	2	
Isosorbide Dinitrate	Isosorbide Dinitrate	1	
Isotretinoin	Isotretinoin	1	
Isotretinoin	Isotretinoin	1	
Isradipine	Isradipine	1	
Itraconazole	Itraconazole	1	
IXEMPRA KIT	Ixabepilone	2	PA
JANUMET	Sitagliptin-Metformin Hcl	2	
JANUVIA	Sitagliptin Phosphate	2	
JE-VAX	Japanese Encephalitis Virus Vaccine	2	
KADIAN	Morphine Sulfate Sr	2	RO
KALETRA	Lopinavir-Ritonavir Soln	2	
KENALOG-10	Triamcinolone Acetonide	2	
KEPIVANCE	Palifermin	2	PA
KETEK	Telithromycin	2	
Ketoconazole	Ketoconazole	1	
Ketoprofen	Ketoprofen	1	
Ketorolac Ophthalmic	Ketorolac Ophthalmic	1	
Ketorolac Tromethamine	Ketorolac Tromethamine	1	
KINERET	Anakinra Subcutaneous	4	SP
KOMBIGLYZE XR	Saxagliptin Hcl-Metformin	2	
KRISTALOSE	Lactulose Oral Crystal Packet	2	
Labetalol Hcl	Labetalol Hcl	1	
Lactulose Solution	Lactulose Solution	1	
Lamotrigine	Lamotrigine	1	
Lansoprazole	Lansoprazole	1	
LANTUS	Insulin Glargine	2	
Leflunomide	Leflunomide	1	
LETAIRIS	Ambrisentan	4	SP
Leucovorin Calcium	Leucovorin Calcium	1	PA, SP
LEUKERAN	Chlorambucil	2	
LEUKINE	Sargramostim	2	
Levalbuterol Hcl Soln Nebu	Levalbuterol Hcl Soln Nebu	1	
LEVAQUIN	Levofloxacin	2	
Levetiracetam	Levetiracetam	1	
LEVETRA	Vardenafil	2	QL
Levobunolol Hcl Ophth	Levobunolol Hcl Ophth	1	
Levocarnitine	Levocarnitine	1	PA
Levonorgestrel & Ethinyl Estradiol	Levonorgestrel & Ethinyl Estradiol	1	
Levonorgestrel & Ethinyl Estradiol	Levonorgestrel & Ethinyl Estradiol	1	

Active Formulary Drug List

Levonorgestrel & Ethinyl Estradiol	Levonorgestrel & Ethinyl Estradiol	1	
Levonorgestrel & Ethinyl Estradiol	Levonorgestrel & Ethinyl Estradiol	1	
Levonorgestrel & Ethinyl Estradiol	Levonorgestrel & Ethinyl Estradiol	1	
Levonorgestrel-Eth Estra	Levonorgestrel-Eth Estra	1	
Levonorgestrel-Eth Estra	Levonorgestrel-Eth Estra	1	
Levorphanol Tartrate	Levorphanol Tartrate	1	RO
Levothyroxine Sodium	Levothyroxine Sodium	1	
LEVOXYL	Levothyroxine	2	
LEXAPRO	Escitalopram Oxalate	2	
LEXIVA	Fosamprenavir Calcium	2	
Lidocaine	Lidocaine	1	
Lidocaine-Prilocaine Cream	Lidocaine-Prilocaine Cream	1	
LIDODERM	Lidocaine Patch	2	
Lindane	Lindane	1	
Liothyronine Sodium	Liothyronine Sodium	1	
LIPITOR	Atorvastatin Calcium	2	
Lisinopril	Lisinopril	1	
Lisinopril & Hydrochlorothiazide	Lisinopril & Hydrochlorothiazide	1	
Lithium Carbonate	Lithium Carbonate	1	
LODOSYN	Carbidopa	2	
Loperamide Hcl	Loperamide Hcl	1	
LOTEMAX	Loteprednol Etabonate Ophth	2	
LOTRONEX	Alosetron Hcl	2	
Lovastatin	Lovastatin	1	
LOVAZA	Omega-3-Acid Ethyl Esters	2	
LOVENOX	Enoxaparin Sodium	2	
Loxapine Succinate	Loxapine Succinate	1	
LUMIGAN	Bimatoprost Ophth	2	
LUNESTA	Eszopiclone	2	
LUPR DEP	Leuprolide Acetate	4	SP
LUPRON DEPOT	Leuprolide Acetate (3 Month)	4	SP
LUXIQ	Betamethasone Valerate Aerosol Foam	2	
LYRICA	Pregabalin	2	
LYSODREN	Mitotane	2	
Maprotiline Hcl	Maprotiline Hcl	1	
MARPLAN	Isocarboxazid	2	
MATULANE	Procarbazine Hcl	2	
MAXALT	Rizatriptan Benzoate	2	QL
MAXIDEX	Dexamethasone Ophth	2	
MAXIPIME	Cefepime Hcl	2	
Mebendazole	Mebendazole	1	
Meclizine Hcl	Meclizine Hcl	1	
Medroxyprogesterone Acetate	Medroxyprogesterone Acetate	1	
Mefloquine Hcl	Mefloquine Hcl	1	
MEGACE ES	Megestrol Acetate Susp	2	
MEGESTROL ACETATE	Megestrol Acetate	1	
Meloxicam	Meloxicam	1	
MENOMUNE	Meningococcal Vaccine A, C, Y, And W	2	
Meprobamate	Meprobamate	1	
MEPRON	Atovaquone Susp	4	SP

Active Formulary Drug List

Mercaptopurine	Mercaptopurine	1	
MERREM	Meropenem	2	
MERUVAX II	Rubella Virus Vaccine	2	
Mesalamine Enema	Mesalamine Enema	1	
Mesna	Mesna	1	PA, SP
MESNEX	Mesna	4	PA, SP
MESTINON	Pyridostigmine Bromide	2	
Metaproterenol Sulfate	Metaproterenol Sulfate	1	
Metformin Hcl	Metformin Hcl	1	
Methadone Hcl	Methadone Hcl	1	RO
Methazolamide	Methazolamide	1	
Methenamine Hippurate	Methenamine Hippurate	1	
Methimazole	Methimazole	1	
Methocarbamol	Methocarbamol	1	
Methotrexate Sodium	Methotrexate Sodium	1	PA, SP
Methscopolamine Bromide	Methscopolamine Bromide	1	
Methyldopa & Hydrochlorothiazide	Methyldopa & Hydrochlorothiazide	1	
Methyldopa T	Methyldopa T	1	
Methylphenidate Hcl	Methylphenidate Hcl	1	RO
Methylprednisolone	Methylprednisolone	1	
Methylprednisolone Acetate	Methylprednisolone Acetate	1	
Metipranolol Opth	Metipranolol Opth	1	
Metoclopramide Hcl	Metoclopramide Hcl	1	
Metolazone	Metolazone	1	
Metoprolol & Hydrochlorothiazide	Metoprolol & Hydrochlorothiazide	1	
Metoprolol Tartrate	Metoprolol Tartrate	1	
Metronidazole Cream	Metronidazole Cream	1	
Mexiletine Hcl	Mexiletine Hcl	1	
MIACALCIN	Calcitonin (Salmon)	2	
Midodrine Hcl	Midodrine Hcl	1	
MIGRANAL	Dihydroergotamine Mesylate Nasal Spray	2	
MILLIPRED	Prednisolone Sod Phosphate	2	
Minocycline Hcl	Minocycline Hcl	1	
Minoxidil Tab	Minoxidil Tab	1	
Mirtazapine	Mirtazapine	1	
Misoprostol	Misoprostol	1	
Mitomycin	Mitomycin	1	PA, SP
Mitoxantrone	Mitoxantrone	1	PA, SP
M-M-R II	Measles, Mumps & Rubella Virus Vaccines	2	
Moexipril Hcl	Moexipril Hcl	1	
Mometasone	Mometasone	1	
Morphine Sulfate	Morphine Sulfate	1	RO
Morphine Sulfate	Morphine Sulfate	1	RO
MOVIPREP	Peg 3350-Kcl-Nacl-Na Sulfate-Na Acorbate-C	2	
MOZOBIL	Plerixafor Subcutaneous	4	SP
MULTAQ	Dronedarone Hcl	2	
Mupirocin Oint	Mupirocin Oint	1	
MYCOBUTIN	Rifabutin	2	
Mycophenolate Mofetil	Mycophenolate Mofetil	1	PA, SP
Nabumetone	Nabumetone	1	

Active Formulary Drug List

Nadolol	Nadolol	1	
Nafcillin	Nafcillin	1	
NAFTIN	Naftifine Hcl Cream	2	
NAGLAZYME	Galsulfase Soln	4	SP
Nalbuphine Hcl	Nalbuphine Hcl	1	RO
Naloxone Hcl	Naloxone Hcl	1	
Naltrexone	Naltrexone	1	
NAMENDA	Memantine Hcl	2	
Naphazoline Hcl Ophth	Naphazoline Hcl Ophth	1	
Naphazoline Ophthalmic	Naphazoline Ophthalmic	1	
Naproxen	Naproxen	1	
NASACORT AQ	Triamcinolone Nasal Inhaler	2	
NASONEX	Mometasone Furoate Nasal	2	
NATACYN	Natamycin Ophth	2	
Nateglinide	Nateglinide	1	
NEBUPENT	Pentamidine Isethionate	2	PA
Nefazodone Hcl	Nefazodone Hcl	1	
Neomycin Sulfate	Neomycin Sulfate	1	
Neomycin-Bacitrac Zn-Polymyx	Neomycin-Bacitrac Zn-Polymyx	1	
Neomycin-Polymyxin-Hc Otic	Neomycin-Polymyxin-Hc Otic	1	
NEULASTA	Pegfilgrastim	4	SP
NEUMEGA	Oprelvekin	4	SP
NEUPOGEN	Filgrastim	4	SP
NEVANAC	Nepafenac Ophth	2	
NEXAVAR	Sorafenib Tosylate	4	SP
NEXIUM	Esomeprazole Magnesium	2	PA
NIASPAN	Niacin Tab Cr	2	
Nicardipine Hcl	Nicardipine Hcl	1	
NICOTROL	Nicotine Inhaler System	2	
Nifedipine	Nifedipine	1	
NILANDRON	Nilutamide	2	
Nimodipine	Nimodipine	1	
Nitrofurantoin Macrocrystalline	Nitrofurantoin Macrocrystalline	1	
NITROLINGUAL SPR	Nitroglycerin TI	2	
Nizatidine	Nizatidine	1	
NORDITROPIN	Somatropin	4	SP
Norethindrone	Norethindrone	1	
Norethindrone	Norethindrone	1	
Norethindrone	Norethindrone	1	
Norethindrone & Ethinyl Estradiol	Norethindrone & Ethinyl Estradiol	1	
Norethindrone & Ethinyl Estradiol	Norethindrone & Ethinyl Estradiol	1	
Norethindrone & Ethinyl Estradiol	Norethindrone & Ethinyl Estradiol	1	
Norethindrone Ace & Ethinyl Estradiol	Norethindrone Ace & Ethinyl Estradiol	1	
Norethindrone Ace & Ethinyl Estradiol-Fe	Norethindrone Ace & Ethinyl Estradiol-Fe	1	
Norethindrone Acetate	Norethindrone Acetate	1	
Norethindrone-Eth Estradiol	Norethindrone-Eth Estradiol	1	
Norgestimate & Ethinyl Estradiol	Norgestimate & Ethinyl Estradiol	1	
Norgestimate-Eth Estrad	Norgestimate-Eth Estrad	1	
Norgestimate-Eth Estrad	Norgestimate-Eth Estrad	1	
Norgestrel & Ethinyl Estradiol	Norgestrel & Ethinyl Estradiol	1	

Active Formulary Drug List

Norgestrel & Ethinyl Estradiol	Norgestrel & Ethinyl Estradiol	1	
NORITATE	Metronidazole Cream	2	
NOROXIN	Norfloxacin	2	
NORPACE	Disopyramide Phosphate Sr	2	
Nortriptyline Hcl	Nortriptyline Hcl	1	
NORVIR	Ritonavir	2	
NOVANTRONE	Mitoxantrone Hcl	4	PA, SP
NUCYNTA	Tapentadol Hcl	2	
NUTROPIN	Somatropin	4	SP
NUVARING	Etonogestrel-Ethinyl Estradiol Va Ring	2	
NUVIGIL	Armodifinil	2	
Nystatin	Nystatin	1	
Nystatin-Triamcinolone Cream	Nystatin-Triamcinolone Cream	1	
Octreotide Acetate	Octreotide Acetate	1	
Ofloxacin	Ofloxacin	1	
OLUX-E	Clobetasol Propionate Emulsion	2	
Omeprazole	Omeprazole	1	
OMNITROPE	Somatropin	4	SP
ONCASPAR	Pegaspargase	4	PA, SP
Ondansetron Hcl	Ondansetron Hcl	1	
ONE TOUCH ULTRA GLUCOMETER	Glucose Meter	2	
ONE TOUCH ULTRA TEST STRIPS	Glucose Testing Strips	2	
ONGLYZA	Saxagliptin Hcl	2	
ONTAK	Denileukin Diftitox	4	PA, SP
ORAP	Pimozide	2	
ORENCIA	Abatacept	4	SP
ORFADIN	Nitisinone	4	SP
Orphenadrine Citrate	Orphenadrine Citrate	1	
ORTHO EVRA	Norelgestromin-Ethinyl Estradiol Td	2	
OVCON 50	Norethindrone & Ethinyl Estradiol	2	
Oxacillin Sodium	Oxacillin Sodium	1	
Oxaliplatin	Oxaliplatin	1	PA, SP
Oxandrolone	Oxandrolone	1	
Oxaprozin	Oxaprozin	1	
Oxcarbazepine	Oxcarbazepine	1	
OXISTAT	Oxiconazole Nitrate Cream	2	
OXSORALEN	Methoxsalen Lotion	2	
OXSORALEN-UL	Methoxsalen Rapid	2	
Oxybutynin Chloride	Oxybutynin Chloride	1	
Oxycodone Hcl	Oxycodone Hcl	1	RO
Oxycodone W/ Acetaminophen	Oxycodone W/ Acetaminophen	1	RO
OXYCONTIN	Oxycodone Hcl Sr	2	RO
OXYTROL	Oxybutynin Td Patch	2	
PACERONE	Amiodarone Hcl	2	
Paclitaxel	Paclitaxel	1	PA, SP
Pamidronate Disodium	Pamidronate Disodium	1	
Pantoprazole Sodium	Pantoprazole Sodium	1	
Papaverine Hcl	Papaverine Hcl	1	
Paromomycin Sulfate	Paromomycin Sulfate	1	
Paroxetine Hcl	Paroxetine Hcl	1	

Active Formulary Drug List

PATADAY	Olopatadine Hcl Ophth	2	
PEDIARIX	Diph-Tetanus Tox-Acell Pert-Hepatitis B-Polio Ipv Vac	2	
PEDVAX HIB	Haemophilus B Polysaccharide Conjugate Vaccine	2	
PEGANONE	Ethotoin	2	
PEGASYS	Peginterferon Alfa-2A	4	SP
PEG-INTRON	Peginterferon Alfa-2B	2	SP
Penicillin V Potassium	Penicillin V Potassium	1	
Penicillin V Potassium	Penicillin V Potassium	1	
Pentazocine W/ Apap	Pentazocine W/ Apap	1	RO
Pentazocine W/ Naloxone	Pentazocine W/ Naloxone	1	RO
Pentoxifylline Tab	Pentoxifylline Tab	1	
Perindopril Erbumine	Perindopril Erbumine	1	
Permethrin	Permethrin	1	
Permethrin Cream	Permethrin Cream	1	
Perphenazine	Perphenazine	1	
Perphenazine-Amitriptyline	Perphenazine-Amitriptyline	1	
Phenytoin Sodium	Phenytoin Sodium	1	
PHOSPHOLINE	Echothiophate Iodide Ophth	2	
Pilocarpine Hcl	Pilocarpine Hcl	1	
PILOPINE HS	Pilocarpine Hcl Ophth	2	
Pindolol Tab	Pindolol Tab	1	
Piperacillin Sodium	Piperacillin Sodium	1	
Piroxicam	Piroxicam	1	
PLAVIX	Clopidogrel Bisulfate	2	
Polyethylene Glycol	Polyethylene Glycol	1	
Polymyxin B Sulfate	Polymyxin B Sulfate	1	
Polymyxin B-Trimethoprim Ophth	Polymyxin B-Trimethoprim Ophth	1	
Polymyxin B-Trimethoprim Ophth	Polymyxin B-Trimethoprim Ophth	1	
Potassium Chloride	Potassium Chloride	1	
Pramipexole Dihydrochloride	Pramipexole Dihydrochloride	1	
PRANDIN	Repaglinide	2	
Pravastatin Sodium	Pravastatin Sodium	1	
Prazosin Hcl	Prazosin Hcl	1	
PRED MILD	Prednisolone Acetate Ophth	2	
Prednicarbate Cream	Prednicarbate Cream	1	
Prednisolone Sod Phosphate	Prednisolone Sod Phosphate	1	
Prednisolone Sodium Phosphate Ophth	Prednisolone Sodium Phosphate Ophth	1	
Prednisone	Prednisone	1	
PREMARIN	Estrogens, Conjugated	2	
PREMPHASE	Conj Est 0.625(14)/Conj Est-Medroxypro Ac	2	
PREMPRO	Conjugated Estrogen-Medroxyprogesterone Acetate	2	
Primaquine Phosphate	Primaquine Phosphate	1	
PRIMAXIN	Imipenem-Cilastatin Intravenous	2	
Primidone	Primidone	1	
PRISTIQ	Desvenlafaxine Succinate Sr	2	QL
PROAIR HFA	Albuterol Sulfate Inhal Aero	2	
Probenecid	Probenecid	1	
Procainamide Hcl	Procainamide Hcl	1	
Prochlorperazine Edisylate	Prochlorperazine Edisylate	1	
PROCRIT	Epoetin Alfa	4	PA

Active Formulary Drug List

PROGRAF	Tacrolimus	2	PA
PROLASTIN	Proteinase Inhibitor (Human)	2	
PROLEUKIN	Aldesleukin	4	PA, SP
PROMACTA	Eltrombopag Olamine	4	SP
Promethazine Hcl	Promethazine Hcl	1	
PROMETRIUM	Progesterone Micronized	2	
Propafenone Hcl	Propafenone Hcl	1	
Propantheline Bromide	Propantheline Bromide	1	
Proparacaine Hcl Ophth	Proparacaine Hcl Ophth	1	
Propranolol & Hydrochlorothiazide	Propranolol & Hydrochlorothiazide	1	
Propranolol Hcl Sr	Propranolol Hcl Sr	1	
Propylthiouracil	Propylthiouracil	1	
PROQUAD	Measles-Mumps-Rubella-Varicella Virus Vaccines	2	
PROSOL	Amino Acid Infusion	2	PA
PROTOPIC	Tacrolimus Oint	2	
Protriptyline Hcl	Protriptyline Hcl	1	
PROVENTIL HFA	Albuterol Sulfate Inhal	2	
PROVIGIL	Modafinil	2	
PULMICORT	Budesonide Inhal	2	
PULMOZYME	Dornase Alfa Inhal	2	PA
Pyrazinamide	Pyrazinamide	1	
Quinapril Hcl	Quinapril Hcl	1	
Quinapril-Hydrochlorothiazide	Quinapril-Hydrochlorothiazide	1	
Quinidine Gluconate	Quinidine Gluconate	1	
QUIXIN	Levofloxacin Ophth	2	
RABAVERT	Rabies Vaccine	2	PA
Ramipril	Ramipril	1	
Ranitidine Hcl	Ranitidine Hcl	1	
RAPAMUNE	Sirolimus Oral	2	PA, SP
REBETOL	Ribavirin	4	SP
REBIF	Interferon Beta-1A	2	SP
REBIF	Interferon Beta-1A	4	SP
RECLAST	Zoledronic Acid	4	SP
RECOMBIVA HB	Hepatitis B Vaccine (Recombinant)	2	PA
REGRANEX	Becaplermin	2	
RELENZA	Zanamivir Aero Powder	2	PA
RELPAK	Eletriptan Hydrobromide	2	QL
REMICADE	Infliximab	4	SP
REMODULIN	Treprostinil Sodium	4	PA, SP
RESCRIPTOR	Delavirdine Mesylate	2	
Reserpine	Reserpine	1	
RESTASIS	Cyclosporine (Ophth)	2	
REVATIO	Sildenafil Citrate	4	SP
REVLIMID	Lenalidomide	2	
REYATAZ	Atazanavir Sulfate	2	
RHINOCORT	Budesonide Nasal	2	
Ribavirin	Ribavirin	1	
RIDAURA	Auranofin	2	
Rifampin	Rifampin	1	
RILUTEK	Riluzole	4	SP

Active Formulary Drug List

Rimantadine Hydrochloride	Rimantadine Hydrochloride	1	
Risperidone	Risperidone	1	
RITALIN LA	Methylphenidate Hcl	2	RO
RITUXAN	Rituximab	2	PA, SP
Ropinirole Hydrochloride	Ropinirole Hydrochloride	1	
ROZEREM	Ramelteon	2	
RYTHMOL SR	Propafenone Hcl	2	
SAIZEN	Somatropin (Non-Refrigerated)	4	SP
SANDOSTATIN	Octreotide Acetate	2	SP
SANTYL	Collagenase Oint	2	
SAPHRIS	Asenapine Maleate SI	2	
SAVELLA	Milnacipran	2	
Selegiline Hcl	Selegiline Hcl	1	
Selenium Sulfide Lotion	Selenium Sulfide Lotion	1	
SELZENTRY	Maraviroc	2	
SENSIPAR	Cinacalcet Hcl	2	PA, SP
SEREVENT DISCUS	Salmeterol Xinafoate Aer Pow	2	
SEROQUEL	Quetiapine Fumarate	2	
SEROQUEL XR	Quetiapine Fumarate	2	
SEROSTIM	Somatropin (Non-Refrigerated)	4	SP
Sertraline Hcl	Sertraline Hcl	1	
Silver Sulfadiazine Cream	Silver Sulfadiazine Cream	1	
SIMCOR	Niacin-Simvastatin	2	
SIMPONI	Golimumab	4	SP
Simvastatin	Simvastatin	1	
SINGULAIR	Montelukast Sodium	2	
SKELAXIN	Metaxalone	2	
SKELID	Tiludronate Disodium	2	
Sodium Polystyrene Sulfonate Powder	Sodium Polystyrene Sulfonate Powder	1	
SOLARAZE	Diclofenac Sodium	2	
SOLU-MEDROL	Methylprednisolone Sodium Succinate	2	
SOMATULINE	Lanreotide Acetate Extended Release	4	SP
SOMAVERT	Pegvisomant	4	SP
Sotalol Hcl	Sotalol Hcl	1	
SPIRIVA	Tiotropium Bromide Monohydrate	2	
Spironolactone	Spironolactone	1	
Spironolactone & Hydrochlorothiazide	Spironolactone & Hydrochlorothiazide	1	
SPORANOX	Itraconazole Oral	2	
SPRYCEL	Dasatinib	4	SP
Stavudine	Stavudine	1	
STELARA	Ustekinumab	4	SP
STIMATE	Desmopressin Acetate Nasal	2	
STRATTERA	Atomoxetine Hcl	2	
STROMECTOL	Ivermectin	2	
Sucalfate	Sucalfate	1	
Sulfacetamide Sodium Opth	Sulfacetamide Sodium Opth	1	
Sulfacetamide Sodium Opth	Sulfacetamide Sodium Opth	1	
Sulfacetamide Sodium-Prednisolone Opth	Sulfacetamide Sodium-Prednisolone Opth	1	
Sulfamethoxazole-Trimethoprim	Sulfamethoxazole-Trimethoprim	1	
Sulfamethoxazole-Trimethoprim	Sulfamethoxazole-Trimethoprim	1	

Active Formulary Drug List

Sulfasalazine	Sulfasalazine	1	
Sulindac	Sulindac	1	
Sumatriptan Succinate	Sumatriptan Succinate	1	QL
SUSTIVA	Efavirenz	2	
SUTENT	Sunitinib Malate	4	SP
SYMBICORT	Budesonide-Formoterol Fumarate	2	
SYMBYAX	Olanzapine-Fluoxetine Hcl	2	
SYMLIN	Pramlintide Acetate	2	
SYNAGIS	Palivizumab	4	SP
SYNTHROID	Levothyroxine Sodium	2	
TACLONEX	Calcipotriene-Betamethasone Dipropionate	2	
Tacrolimus	Tacrolimus	1	PA, SP
TAMIFLU	Oseltamivir Phosphate	2	PA
Tamoxifen Citrate	Tamoxifen Citrate	1	
TARCEVA	Erlotinib	2	
TARGRETIN	Bexarotene	4	SP
TASIGNA	Nilotinib	4	SP
TASMAR	Tolcapone	2	
TAXOTERE	Docetaxel	4	PA, SP
TAZORAC	Tazarotene Cream	2	
TEKTURNA	Aliskiren Fumarate	2	
TEKTURNA HCT	Aliskiren-Hydrochlorothiazide	2	
Terazosin Hcl	Terazosin Hcl	1	
Terbinafine Hcl	Terbinafine Hcl	1	
Terconazole	Terconazole	1	
TESTIM	Testosterone Td	2	
Testosterone Cypionate	Testosterone Cypionate	1	
TESTRED	Methyltestosterone	2	
TET/DIP TOX	Tetanus-Diphtheria Toxoids (Td)	2	
TETANUS TOX	Tetanus Toxoid Adsorbed	2	PA
Tetracycline Hcl	Tetracycline Hcl	1	
TEV-TROPIN	Somatropin	4	SP
THALOMID	Thalidomide	4	SP
Theophylline Tab Sr	Theophylline Tab Sr	1	
THIOLA	Tiopronin	2	
Thioridazine Hcl	Thioridazine Hcl	1	
Thiothixene	Thiothixene	1	
TICE BCG	Bcg Live Intravesical	2	
Ticlopidine Hcl	Ticlopidine Hcl	1	
TIKOSYN	Dofetilide	2	
TIMOLOL MALEATE OPHTH	Timolol Maleate Ophth	1	
TINDAMAX	Tinidazole	2	
Tizanidine Hcl	Tizanidine Hcl	1	
TOBRADEX	Tobramycin-Dexamethasone Ophth	2	
Tobramycin Sulfate	Tobramycin Sulfate	1	
Tobramycin Sulfate Ophth Soln	Tobramycin Sulfate Ophth Soln	1	
Tobramycin-Dexamethasone Ophth	Tobramycin-Dexamethasone Ophth	1	
TOFRANIL-PM	Imipramine Pamoate	2	
Tolazamide	Tolazamide	1	
Tolmetin Sodium	Tolmetin Sodium	1	

Active Formulary Drug List

Topiramate	Topiramate	1	
Torsemide	Torsemide	1	
TRACLEER	Bosentan	2	
Tramadol-Acetaminophen	Tramadol-Acetaminophen	1	
Trandolapril	Trandolapril	1	
TRANSDERM-SC	Scopolamine Td Patch	2	
TRAVATAN	Travoprost Opth	2	
TRAVATAN Z	Travoprost Opth	2	
Trazodone Hcl	Trazodone Hcl	1	
TREANDA	Bendamustine Hcl	4	PA, SP
Tretinoin Cream	Tretinoin Cream	1	
Tretinoin Cream	Tretinoin Cream	1	
TREXIMET	Sumatriptan-Naproxen Sodium	2	QL
Triamcinolone Acetonide	Triamcinolone Acetonide	1	
Triamterene & Hydrochlorothiazide	Triamterene & Hydrochlorothiazide	1	
Triamterene & Hydrochlorothiazide	Triamterene & Hydrochlorothiazide	1	
Triamterene & Hydrochlorothiazide	Triamterene & Hydrochlorothiazide	1	
TRIBENZOR	Omesartan-Amlodipine-Hctz	2	
TRICOR	Fenofibrate	2	
Trifluoperazine Hcl	Trifluoperazine Hcl	1	
TRIGLIDE	Fenofibrate	2	
Trihexyphenidyl Hcl	Trihexyphenidyl Hcl	1	
TRILIPIX	Choline Fenofibrate Cap	2	
Trimethobenzamide Hcl	Trimethobenzamide Hcl	1	
Trimethoprim	Trimethoprim	1	
TRISENOX	Arsenic Trioxide	2	PA
TRIZIVIR	Abacavir Sulfate-Lamivudine-Zidovudine	2	
Tropicamide Opth	Tropicamide Opth	1	
TRUVADA	Emtricitabine-Tenofovir Disoproxil Fumarate	4	SP
TWINRIX	Hepatitis A (Inact)-Hep B (Recomb) Vac	2	PA
TYKERB	Lapatinib Ditosylate	4	SP
TYPHIM VI	Typhoid Vi Polysaccharide Intramuscular Vac	2	
ULORIC	Febuxostat	2	
UROXATRAL	Alfuzosin Hcl Sr	2	
Ursodiol	Ursodiol	1	
VAGIFEM	Estradiol Vaginal	2	
VALCYTE	Valganciclovir Hcl	4	SP
Valproic Acid	Valproic Acid	1	
VALTURNA	Aliskiren-Valsartan	2	
Vancomycin Hcl	Vancomycin Hcl	1	
VAQTA	Hepatitis A Vaccine	2	
VARIVAX	Varicella Virus Vaccine Live	2	
Venlafaxine Hcl	Venlafaxine Hcl	1	
VENTAVIS	Iloprost Inhalation	4	SP
VERAMYST	Fluticasone Nasal Spray	2	
Verapamil Hcl Sr	Verapamil Hcl Sr	1	
VERIPRED	Prednisolone Sod Phosphate	2	
VEXOL	Rimexolone Opth	2	
VIAGRA	Sildenafil	2	QL
VICTOZA	Liraglutide	2	

Active Formulary Drug List

VIDAZA	Azacitidine	4	PA, SP
VIDEX	Didanosine	2	
VIGAMOX	Moxifloxacin Hcl Ophth	2	
Vinblastine Sulfate	Vinblastine Sulfate	1	PA, SP
Vincristine Sulfate	Vincristine Sulfate	1	PA, SP
Vinorelbine Tartrate	Vinorelbine Tartrate	1	PA, SP
VIRACEPT	Nelfinavir Mesylate	2	
VIRAMUNE	Nevirapine	2	
VIREAD	Tenofovir Disoproxil Fumarate	2	
VISICOL	Sod Phos Mono-Sod Phos Di	2	
VISTIDE	Cidofovir Iv	4	SP
VIVAGLOBIN	Immune Globulin (Human)	4	PA
VIVELLE-DOT	Estradiol Td Patch	2	
VIVOTIF	Typhoid Vaccine	2	
VOTRIENT	Pazopanib Hcl	4	SP
VYTORIN	Ezetimibe-Simvastatin	2	
Warfarin Sodium	Warfarin Sodium	1	
WELCHOL	Colesevelam Hcl	2	
XALATAN	Latanoprost Ophth	2	
XIBROM	Soln 0.09% (Base Equivalent)	2	
XIFAXAN	Rifaximin	2	
XOLAIR	Omalizumab	4	SP
XOPENEX	Levalbuterol Hcl Sol Neb	2	PA
YAZ	Drospirenone-Ethinyl Estradiol	2	
Zaleplon	Zaleplon	1	
ZEMAIRA	Proteinase Inhibitor (Human)	2	
ZEMPLAR	Paricalcitol	2	PA
ZENPEP	Pancrelipase (Lip-Prot-Amyl) Dr	2	
ZETIA	Ezetimibe	2	
ZIAGEN	Abacavir Sulfate	2	
Zidovudine	Zidovudine	1	
ZMAX	Azithromycin Extended Release	2	
ZOLADEX	Goserelin Acetate Implant	2	
ZOLINZA	Vorinostat	4	SP
Zolpidem Tartrate	Zolpidem Tartrate	1	
ZOMETA	Zoledronic Acid Inj Conc	2	PA
ZOMIG	Zolmitriptan	2	QL
Zonisamide	Zonisamide	1	
ZORBTIVE	Somatropin (Non-Refrigerated)	4	SP
ZOSTAVAX	Zoster Vaccine Live	2	
ZOSYN	Piperacillin Sod-Tazobactam Sod	2	
ZOVIRAX	Acyclovir Cream	2	
ZYDONE	Hydrocodone-Acetaminophen	2	
ZYLET	Loteprednol Etabonate-Tobramycin Ophth	2	
ZYMAR	Gatifloxacin Ophth	2	
ZYPREXA	Olanzapine	2	
ZYVOX	Linezolid	4	SP



Union Pacific Railroad Employees Health Systems

FREQUENTLY USED TELEPHONE NUMBERS

UPREHS Customer Service
1-800-547-0421

UPREHS Mail Order Pharmacy
1-800-331-6353

Complete Sleep Program®
1-800-877-0618

Physician

Hospital

Ambulance

Police

Fire

Poison Control

Railroad Retirement Board

Other

UPREHS. Plan for Life

Union Pacific Railroad Employees Health Systems is a not-for-profit group dedicated to serving the needs of our members and providing superior service and benefits. Coverage may be extended beyond employment through retirement and Medicare Plan services.

This booklet presents the current pharmacy benefits and formulary for Union Pacific Railroad Employees Health Systems Active members. It is designed to help you become familiar with your benefits and how to use your prescription coverage. Please refer to it often. You may also wish to take it with you when you visit your physician. He/she may find it useful in prescribing medications to help you become and stay well.

UPREHS strives to keep pace with the ever-changing technology of the health care industry and the medical needs of our members. We provide an extensive network of hospitals, physicians and other health care professionals to care for our membership throughout the United States. Our pharmacy services include Depot Drug, our self-owned mail order pharmacy service, and access to a national network of retail pharmacies to fill our members' urgent prescriptions.

A copy of the Prescription Drug Plan for Active Employees is also available at www.uphealth.com. If you would like to receive email updates for plan changes and information please email help@up-health.com to be added to our mailing list. Or you may call Depot Drug Customer Service for information and assistance at 1-800-331-6353 between 7:30 AM and 3:30 PM Mountain Time.

Following a century long tradition of medical care for Railroaders, UPREHS has been serving Railroad employees since 1947. We look forward to providing committed service to fellow Union members for many years to come.

Our philosophy is simple: UPREHS. Plan for Life.

