

Benefit News You Need to Know for 2012

It's a new year, a time when many people strive to improve their health by exercising more, eating healthier or reducing stress. This newsletter includes information on your medical and supplemental benefits for 2012 and how your benefits can help you work toward a healthier you.



No Medical Plan Changes for 2012

There are no changes to the medical plans and copayments for 2012. If you did not make a plan change during the open enrollment period in the fall, you will remain in the plan that you were enrolled in during 2011.

Costs for Full-Time Employees Hired on or After August 1, 2003

The buy-up for the Highmark PPO decreased for 2012. If you were hired on or after August 1, 2003, you now pay \$17.45 biweekly for PPO single coverage or \$44.13 for PPO family coverage.



Dental HMO No Longer Offered

The Concordia Plus Dental HMO is no longer offered. Dental HMO enrollees were moved to the Dental PPO effective January 1, 2012. You should have received a new Dental PPO ID card in mid December. Present your new ID card to your dentist at your next appointment. For more information about the Dental PPO, refer to the Summary Plan Description which can be found at www.pebtf.org. You may link to United Concordia's website from the PEBTF website. While you are visiting the United Concordia website, register for "My Dental Benefits," a secure site that gives detailed benefit information and allows you to access your explanation of benefits (EOB) statements. Follow United Concordia's instructions to create an account.

Dependent Enrollment

You may now add an eligible dependent to PEBTF coverage at any time. The effective date cannot be retroactive more than 60 days from the date the form is received by the HR Service Center or your local HR office if your agency is not served by the center.

You must remove a dependent who is no longer eligible for PEBTF coverage at the time of the qualifying life event. Qualifying life events include divorce, death, your dependent age 19 to 26 becoming eligible for other employer coverage, etc. Do not delay in notifying the HR Service Center or your local HR office if your agency is not served by the center. Your dependent must be removed as of the date of the qualifying life event. You will be responsible for any claims incurred after the date of the qualifying life event.

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Important Immunizations Every Adult Should Have

As children, we remember our parents taking us to the doctor for our “shots.” These shots were important pediatric immunizations that prevented diseases such as chickenpox, measles and polio, just to name a few. As adults, it’s just as important to make sure to keep immunizations up to date.

Here are four important immunizations all adults should have:

Influenza	One shot every year. For anyone over 6 months old.	Protects against the flu, which is a viral infection that usually occurs in the winter months.
Tetanus, Diphtheria, Pertussis (TDAP):	One shot every 10 years. For all adults.	Combination vaccine that protects you from getting pertussis (whooping cough), diphtheria (a contagious bacterial disease that affects the respiratory system) and tetanus. Tetanus is caused by bacteria found in soil that can enter the body through a wound. When infected, the bacteria produce a toxin in the body that causes serious, painful spasms and stiffness of all muscles in the body. This can lead to “locking” of the jaw so a person cannot open his or her mouth, swallow or breathe.
		
Human Papillomavirus (HPV)	One-time series of 3 shots. Second dose is administered 1 to 2 months after the first dose; third dose is administered 6 months after the first dose. For females and males to age 26.	Protects against the HPV types that cause cervical cancer. This vaccine is covered for females and males up to age 26.
Hepatitis B	One-time series of 3 shots. Second dose is administered 1 month after first dose; third dose is administered at least 4 months after the first dose. For anyone who is sexually active and not in a monogamous relationship, healthcare workers, people with HIV or liver disease, IV drug users.	Hepatitis B is a viral infection of the liver that may cause gastrointestinal problems, fatigue, joint pain or jaundice. It raises your risk of cirrhosis and liver cancer.

Source: Health, October 2011 and www.cdc.gov

Your Benefit Questions Answered

Do you have a question about your PEBTF benefits that you would like to appear in the newsletter? Submit your question to Communications@pebtf.org, mail it to Communications, PEBTF, 150 S. 43rd Street, Harrisburg, PA 17111-5700 or fax it to Communications, 717-561-1696. Please include your full name, address, agency and daytime phone number. Only your first name will appear in print. If the PEBTF publishes your question in a future newsletter or in the FAQ section of the PEBTF website, you will receive a pedometer to help you walk your way to better health.



I am enrolled in an HMO and recently received some outpatient physical and occupational therapy after knee replacement surgery. Can you tell me more about this benefit? — Ted

The HMO allows for a combined maximum of 60 visits per calendar year for all authorized outpatient therapies, including physical, respiratory, occupational, speech, cardiac or pulmonary and spinal manipulation. Each type of therapy is counted separately even if it is provided during the same appointment on the same day. For example, if your provider performs physical therapy and occupational therapy on the same day, it counts as two visits toward your 60 visit limit for the year. The HMO keeps track of the visits and applies them toward your 60-visit maximum.

Benefit News *Continued from Page 1*

Preventive Services

PEBTF benefits help you and your family during times of sickness and hospitalizations. But, just as important are the preventive benefits offered for adults and children – such as annual physicals, immunizations, routine tests and lab work. Visit www.pebtf.org, Active Members, Benefit Information for a list of preventive benefits. Also, don't neglect your vision and dental care. You are eligible for an annual eye exam and dental exams every six months.

Get Healthy Program

The Get Healthy online and telephonic programs are available any time throughout the year. Take a look at page 4 of this newsletter to see how the Get Healthy Program helped one of our members. January is a great time of year to tackle that New Year's resolution to quit smoking. Get Healthy can help – see page 4 for more information on smoking cessation resources.

Visit www.pebtf.org and click on Get Healthy for a list of available online and telephonic programs.

Prescription Drug Formulary

The prescription drug formulary is a list of medications covered by your prescription drug plan. The medications listed on the formulary may change each year. The 2012 PEBTF Preferred Formulary appears on page 6. This summary includes the most common drug categories. To price a medication, log on to www.medco.com and register for a login and password. To save money, talk to your doctor about prescribing generic drugs or preferred brand-name drugs that appear on the formulary.

PEBTF May Cancel Your Coverage For Fraud, Intentional Misrepresentation or Non Payment

IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the Plan (or about a claim) or you fail to make a required contribution on time, your coverage may be terminated retroactively. This may occur, for example, if you file a false claim, fail to notify us promptly of a divorce or fail to submit timely proof of birth or adoption that verifies your relationship with a new child whom you have added as a dependent.



Healthy Weight Coaching Leads to Healthy Changes

Jake* walked to work every day and exercised three times a week. Yet he weighed almost 250 pounds and also had high blood pressure and high cholesterol. After taking the Get Healthy online Health Assessment, Jake was invited to join the Healthy Weight program offered through OptumHealth as part of the Get Healthy Program. He soon began working with an OptumHealth® wellness coach by phone.

Jake's long-term goal was to lose 50 pounds. His coach said the best way to do that was to find a lifestyle he could enjoy and maintain. The coach explained that based on the foods he eats, Jake would have to exercise more in order to burn calories and lose weight.

Jake really enjoyed his late-night snacks and high-calorie treats, so he decided to focus on his activity level first. He increased his exercise to five days a week for a half hour. As the weeks progressed, he began eating smaller, healthier meals more frequently throughout the day. He was losing

weight and feeling better. He took up a friend's suggestion to train for a 5K race.

After a few months, Jake had shed 25 pounds. His clothes were too big, and people were noticing his weight loss. Still, he worried about regaining the pounds, especially when he traveled for business and vacation. The coach gave him tips for eating healthy at restaurants and maintaining his activity level while traveling.

Knowing he would be checking in with his coach was a good motivator. "It gave me a goal," says Jake. "I wanted to have something good to report to him." Seven months after beginning the program, Jake reached his goal of losing 50 pounds. His blood pressure and cholesterol were within healthy ranges; he had more energy and felt strong. A few weeks later, he successfully completed the 5K race.

*Member name and some details changed to protect member's privacy. Based on actual PEBTF case.

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Reminder To Earn Future Health Care Waivers

If you are classified as Healthy:

- ✓ Complete an annual Health Assessment

If you are classified as At Risk:

- ✓ Complete a telephonic Wellness Coaching Program by March 31, 2012
- ✓ Complete an annual Health Assessment

If you are classified as Chronic:

- ✓ Participate in a telephonic Disease Management Program by March 31, 2012
- ✓ Take all telephone calls to qualify. If you receive an automated call, you must complete the call
- ✓ Complete an annual Health Assessment

Health Assessment Offered April 2012:

All employees and covered spouses/domestic partners must complete the annual Health Assessment to qualify for the Get Healthy Program. Watch your mail and email in late March/early April for the announcement.

Get Help to Quit Smoking

If you are ready to quit smoking, the Get Healthy Program offers online and telephonic tobacco cessation programs to you at no cost, including personalized strategies to help you quit smoking. The telephonic QuitPower Tobacco Cessation Program offers free nicotine replacement therapy.

To enroll: Log on to <http://pebtf.healthatoz.com> or call 1-877-950-5008 and select option #4.

In addition to the Get Healthy online and telephonic programs, there are a number of other resources available to you as a commonwealth employee so you don't have to go it alone.

Do you want to quit smoking?

Enroll in the telephonic QuitPower Tobacco Cessation Program and get help with free nicotine replacement therapy

State Employee Assistance Program:

Smoking cessation information and programs are available through the State Employee Assistance Program (SEAP). They are available online at the United Behavioral Health (UBH) website, www.liveandworkwell.com. Type in Pennsylvania to enter the site using only an Access Code, and enter Smoking as your search term, or choose "Quitting Tobacco" in the Life Stages center. You can also call SEAP toll free at 1-800-692-7459 (TDD 1-800-842-4306).

Pennsylvania Department of Health:

The Department of Health offers resources on smoking cessation. Visit http://www.portal.state.pa.us/portal/server.pt/community/smoke_free/14315



Information about Help in Paying for Your Health Insurance Coverage

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. The states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying for their health premiums. Pennsylvania uses funds from its Medicaid program to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. (Pennsylvania does not have a premium assistance program for its Children's Health Insurance Program (CHIP), but offers CHIP coverage to eligible children on a free, low-cost, or at-cost basis.)

If you or your dependents are already enrolled in Medical Assistance (Medicaid) and you live in Pennsylvania, you may contact your state Medical Assistance office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medical Assistance, and you think you or any of your dependents might be eligible for either Medical Assistance or CHIP, you can contact your state Medical Assistance or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you may ask the state about its program that might help you pay the premiums for an employer-sponsored plan.

Please note that most children of Commonwealth of Pennsylvania employees are not eligible for CHIP.

Children of commonwealth employees who are eligible for health insurance through the Pennsylvania Employees Benefit Trust Fund (PEBTF) are not eligible for the Children's Health Insurance Program (CHIP) administered by the Pennsylvania Insurance Department's Office of

CHIP. There are a few exceptions for children of:

- Employees in their first six months of employment
- Employees who are not eligible to receive PEBTF family full coverage benefits
- Part time employees who are eligible to purchase the PEBTF benefits, but meet the hardship exception (PEBTF premiums and cost-sharing are more than 5% of the family's income during the year the child would be enrolled in CHIP)

Commonwealth employees who have children who are **eligible** for PEBTF coverage and are currently enrolled in CHIP should immediately contact the HR Service Center at 1-866-377-2672 to enroll their children in the PEBTF, then immediately contact their CHIP insurer to end CHIP coverage. Employees of agencies not served by the HR Service Center should contact their local HR office.

If it is determined that you or your dependents are eligible for premium assistance under Medicaid, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

Pennsylvania offers an assistance program only for Medical Assistance (Medicaid). For a list of the other states' assistance information, please visit www.pebtf.org. You can find the information under the *Active Members tab, Benefit Information*.

PENNSYLVANIA – Medical Assistance (Medicaid) Premium Assistance
<http://www.dpw.state.pa.us> 1-800-644-7730

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565



The 2012 PEBTF Preferred Formulary File Sheet

Key Therapeutic Drug Categories

medco®











How to Use This List:




















Bring this list to your doctor and discuss cost-saving opportunities. Please ask your doctor to consider prescribing a generic or preferred brand-name drug whenever possible. You'll pay a higher copayment for medications not preferred by the plan. If you are taking a brand-name drug in these categories that is not on this list, ask your doctor if a less expensive generic or preferred brand-name alternative would be right for you. (Please note that this list is subject to change.)

KEY:		
G	=	Formulary generic drug.
F	=	Formulary brand-name drug.
	=	Weigh risk of birth defects or other adverse outcomes.
	=	Do not use in pregnancy.
Anti-Infectives (Antibiotics/Antifungals)		
Oral Penicillins		
GENERICSG <i>Amoxicillin Trihydrate</i> (Amoxil) <i>Amoxicillin Trihydrate/Potassium Clavulanate</i> (Augmentin) <i>Amoxicillin Trihydrate/Potassium Clavulanate</i> (Augmentin XR) <i>Ampicillin Trihydrate</i> (Principen) <i>Dicloxacillin Sodium</i> (Dynapen) <i>Penicillin V Potassium</i> (Pen-Vee K)		
BRANDSF Augmentin Chewable Tablets 250mg <i>(Amoxicillin Trihydrate/Potassium Clavulanate)</i> Augmentin Suspension 125mg <i>(Amoxicillin Trihydrate/Potassium Clavulanate)</i>		
Oral Tetracyclines		
GENERICSG <i>Doxycycline Hyclate Capsule</i> (Vibramycin Capsule) <i>Doxycycline Hyclate Tablet</i> (Vibra-Tabs Tablet) <i>Doxycycline Monohydrate</i> (Monodox, Vibramycin Suspension) <i>Minocycline HCl</i> (Dynacin, Minocin) <i>Tetracycline HCl</i> (Achromycin V)		
BRANDSF Adoxa (<i>Doxycycline Monohydrate</i>) Adoxa Pak (<i>Doxycycline Monohydrate</i>) Oracea (<i>Doxycycline Monohydrate</i>)		
Oral Cephalosporins		
GENERICSG <i>Cefaclor</i> (Ceclor) <i>Cefadroxil Hydrate</i> (Duricef) <i>Cefdinir</i> (Omnicef) <i>Cefprozime Proxetil Tablet</i> (Vantin Tablet) <i>Cefuroxime Axetil</i> (Ceftin) <i>Cephalexin Monohydrate</i> (Keflex) <i>Cephadrine</i> (Velocef)		
Oral Erythromycins		
GENERICSG <i>Azithromycin</i> (Zithromax) <i>Clarithromycin</i> (Biaxin) <i>Clarithromycin ER</i> (Biaxin XL) <i>Erythromycin Base</i> (E-Mycin) <i>Erythromycin Ethylsuccinate</i> (Eryped) <i>Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl</i> (Pediazole) <i>Erythromycin Stearate</i> (Erythrocin Stearate)		
Oral Quinolones		
GENERICSG <i>Ciprofloxacin HCl</i> (Cipro) <i>Ciprofloxacin ER</i> (Cipro XR) <i>Ofloxacin</i> (Floxin)		
BRANDSF Cipro Suspension (<i>Ciprofloxacin</i>) Levaquin (<i>Levofloxacin</i>) Noroxin (<i>Norfloxacin</i>)		
Oral Sulfas		
GENERICSG <i>Erythromycin Ethylsuccinate/Sulfisoxazole Acetyl</i> (Pediazole) <i>Sulfadiazine</i> (Sulfadiazine) <i>Sulfamethoxazole/Trimethoprim</i> (Bactrim DS, Septra DS) <i>Sulfisoxazole</i> (Sulfisoxazole)		
Oral Urinary Tract Agents		
GENERICSG <i>Methenamine Hippurate</i> (Hiprex) <i>Methenamine Mandelate</i> (Mandelamine) <i>Nitrofurantoin Macrocrystal</i> (Macrocrystal) <i>Nitrofurantoin/Nitrofurantoin Macrocrystal</i> (Macrobid) <i>Phenazopyridine HCl</i> (Pyridium) <i>Trimethoprim</i> (Proloprim)		
BRANDSF Furadantin (<i>Nitrofurantoin</i>)		
Oral Antifungal Agents		
GENERICSG <i>Clotrimazole</i> (Mycexel Troche) <i>Fluconazole</i> (Diflucan) <i>Grisofulvin</i> (Grifulvin V) <i>Grisofulvin Ultramicronize</i> (Gris-Peg) <i>Itraconazole</i> (Sporanox) <i>Ketoconazole</i> (Nizoral) <i>Nystatin</i> (Mycostatin) <i>Terbinafine HCl</i> (Lamisil)		
BRANDSF Ancobon (<i>Flucytosine</i>) Lamisil Oral Granules (<i>Terbinafine HCl</i>) Noxafil (<i>Posaconazole</i>) Sporanox Oral Solution (<i>Itraconazole</i>) Vfend Tablet (<i>Voriconazole</i>)		
Oral Miscellaneous Agents		
GENERICSG <i>Clindamycin HCl</i> (Cleocin HCl) <i>Neomycin Sulfate</i> (Neomycin Sulfate)		
BRANDSG <i>Clindamycin HCl</i> (Cleocin HCl) <i>Neomycin Sulfate</i> (Neomycin Sulfate)		
BRANDS		
Dapsone (<i>Dapsone</i>) Tobi Ampul for Nebulization (<i>Tobramycin/0.25 Normal Saline</i>) Xifaxan 550 mg (<i>Rifaximin</i>) Zyvox (<i>Linezolid</i>)		
Vaginal Antifungals		
GENERICSG <i>Fluconazole</i> (Diflucan 150mg) <i>Miconazole Nitrate Vaginal Suppository</i> (Monistat 3) <i>Nystatin</i> (Nystatin) <i>Terconazole</i> (Terazol)		
BRANDSF Gynazole-1 (<i>Butoconazole Nitrate</i>)		
Psychotherapeutics (Anxiety/Depression)		
Hypnotic Agents		
GENERICSG <i>Chloral Hydrate</i> (Chloral Hydrate) <i>Estazolam</i> (ProSom) <i>Flurazepam HCl</i> (Dalmene) <i>Temazepam</i> (Restoril) <i>Triazolam</i> (Halcion) <i>Zaleplon</i> (Sonata) <i>Zolpidem Tartrate</i> (Ambien) <i>Zolpidem Tartrate ER</i> (Ambien CR)		
Tricyclic Antidepressants		
GENERICSG <i>Amiripryline HCl</i> (Elavil) <i>Amoxapine</i> (Asenden) <i>Clomipramine HCl</i> (Anafranil) <i>Desipramine HCl</i> (Norpramin) <i>Doxepin HCl</i> (Sinequan) <i>Imipramine HCl</i> (Tofranil) <i>Imipramine Pamoate</i> (Tofranil-PM) <i>Nortriptyline HCl</i> (Pamelor) <i>Protriptyline HCl</i> (Vivactil) <i>Trimipramine Maleate</i> (Surmontil 25mg, 50mg)		
BRANDSF Surmontil 100mg (<i>Trimipramine Maleate</i>)		
Miscellaneous Antidepressants		
GENERICSG <i>Bupropion HCl Tablet</i> (Wellbutrin Tablet) <i>Bupropion HCl Tablet, Sustained Action</i> (Wellbutrin SR) <i>Bupropion HCl Tablet, Sustained Release</i> (Wellbutrin XL) <i>Naproxen HCl</i> (Ludiomil) <i>Mirtazapine Tablet</i> (Remeron Tablet) <i>Mirtazapine Tablet, Rapid Dissolve</i> (Remeron SolTab) <i>Trazodone HCl</i> (Desyrel) <i>Venlafaxine HCl</i> (Effexor) <i>Venlafaxine HCl</i> (Effexor XR)		
BRANDSF Cymbalta (<i>Duloxetine</i>) Pristiq (<i>Desvenlafaxine Succinate</i>)		
Antipsychotics		
GENERICSG <i>Chlorpromazine HCl</i> (Thorazine) <i>Clozapine</i> (Clozaril) <i>Fluphenazine HCl</i> (Prolixin) <i>Halooperidol</i> (Haldol) <i>Halooperidol Lactate Concentrate, Oral</i> (Haldol Concentrate, Oral) <i>Loxapine Succinate</i> (Loxitane) <i>Perphenazine</i> (Trilafon) <i>Risperidone</i> (Risperdal) <i>Thiothixene</i> (Navane) <i>Trifluoperazine HCl</i> (Stelazine)		
BRANDSF Geodon (<i>Ziprasidone HCl</i>) Moban (<i>Molindone HCl</i>) Orap (<i>Pimozide</i>) Seroquel (<i>Quetiapine Fumarate</i>) Seroquel XR (<i>Quetiapine Fumarate</i>) Zyprexa, Zyprexa Zydis (<i>Olanzapine</i>)		
Anxiolytics		
GENERICSG <i>Alprazolam</i> (Niravam, Xanax) <i>Bupropion HCl</i> (Buspar) <i>Chlordiazepoxide HCl</i> (Librium) <i>Clonazepam Dipotassium</i> (Transene T-Tab) <i>Diazepam</i> (Valium) <i>Lorazepam</i> (Ativan) <i>Oxazepam</i> (Serax)		
MAOI Antidepressants		
GENERICSG <i>Tranylcypromine Sulfate</i> (Parnate)		
BRANDSF Nardil (<i>Phenelzine Sulfate</i>)		
SSRI Antidepressants		
GENERICSG <i>Citalopram HBr</i> (Celexa) <i>Fluoxetine HCl</i> (Prozac) <i>Fluvoxamine Maleate</i> (Luvox) <i>Paroxetine HCl</i> (Paxil, Paxil CR) <i>Sertraline HCl</i> (Zoloft)		
Cardiovascular (Blood Pressure/Heart/Cholesterol)		
Beta Blockers		
GENERICSG <i>Acebutolol HCl</i> (Sectral) <i>Atenolol</i> (Tenormin) <i>Betaxolol HCl</i> (Kerlone) <i>Bisoprolol Fumarate</i> (Zebeta) <i>Carvedilol</i> (Coreg) <i>Labetalol HCl</i> (Normodyne, Trandate) <i>Metoprolol Succinate</i> (Toprol XL) <i>Metoprolol Tartrate</i> (Lopressor) <i>Nadolol</i> (Corgard) <i>Pindolol</i> (Visken) <i>Propranolol HCl</i> (Inderal) <i>Propranolol HCl Capsule, Sustained Action 24 hr</i> (Inderal LA) <i>Timolol Maleate</i> (Blocadren)		
BRANDSF Bystolic (<i>Nebivolol HCl</i>) Coreg CR (<i>Carvedilol</i>)		
Calcium Blockers		
GENERICSG <i>Diltiazem HCl</i> (Cardizem) <i>Diltiazem HCl</i> (Cardizem LA) <i>Diltiazem HCl Capsule, Sustained Action</i> (Tiazac) <i>Diltiazem HCl Capsule, Sustained Release 12 hr</i> (Cardizem SR) <i>Diltiazem HCl Capsule, Sustained Release 24 hr</i> (Cardizem CD) <i>Nimodipine</i> (Nimotop) <i>Venipamil HCl</i> (Calan) <i>Venipamil HCl Capsule, 24 hr Sustained Release Pellets</i> (Verelan, Verelan PM) <i>Venipamil HCl Tablet, Sustained Action</i> (Calan SR, Isoptin S.R.) <i>Venipamil HCl Tablet, Sustained Release Osmotic Push 24 hr</i> (Covera-HS)		
BRANDSF Cardizem LA 120mg (<i>Diltiazem HCl</i>)		
Dihydropyridines		
GENERICSG <i>Amlodipine Besylate</i> (Norvasc) <i>Felodipine</i> (Plendil) <i>Isradipine</i> (DynaCirc) <i>Nifedipine</i> (Adalat, Procardia) <i>Nifedipine Tablet, Sustained Action</i> (Adalat CC) <i>Nifedipine Tablet, Sustained Release Osmotic Push</i> (Procardia XL) <i>Nisoldipine</i> (Sular)		
Nitroglycerin Patches		
GENERICSG <i>Nitroglycerin Patch</i> (Nitroglycerin Patch)		
BRANDSF Minitran (<i>Nitroglycerin</i>)		
Adrenergic Antagonists & Related Drugs		
GENERICSG <i>Clonidine HCl</i> (Catapres) <i>Doxazosin Mesylate</i> (Cardura) <i>Guanfacine HCl</i> (Tenex) <i>Methyldopa</i> (Aldomet) <i>Prazosin HCl</i> (Minipress) <i>Reserpine</i> (Reserpine) <i>Tenazosin HCl</i> (Hytrin)		
Angiotensin II Blockers & Renin Inhibitors		
GENERICSG <i>Losartan Potassium</i> (Cozaar) <i>Losartan Potassium/Hydrochlorothiazide</i> (Hyzaar)		
BRANDSF Atacand (<i>Candesartan Cilexetil</i>) Atacand HCT (<i>Candesartan Cilexetil/Hydrochlorothiazide</i>) Benicar (<i>Olmesartan Medoxomil</i>) Benicar HCT (<i>Olmesartan Medoxomil/Hydrochlorothiazide</i>) Diovan (<i>Valsartan</i>) Diovan HCT (<i>Valsartan/Hydrochlorothiazide</i>) Micardis (<i>Telmisartan</i>) Micardis HCT (<i>Telmisartan/Hydrochlorothiazide</i>) Tekturna (<i>Aliskiren Hemifumarate</i>) Tekturna HCT (<i>Aliskiren/Hydrochlorothiazide</i>) Valturna (<i>Aliskiren/Valsartan</i>)		
Antilipidemics		
GENERICSG <i>Atorvastatin Calcium</i> (Lipitor) <i>Cholestyramine/Aspartame</i> (Questran Light) <i>Cholestyramine/Sucrose</i> (Questran) <i>Fenofibrate, Micronized</i> (Fenofibrate) <i>Pravastatin</i> (Pravachol) <i>Gemfibrozil</i> (Lipid) <i>Lovastatin</i> (Mevacor) <i>Simvastatin</i> (Zocor)		
BRANDSF Altoprev (<i>Lovastatin</i>) Antara (<i>Fenofibrate, Micronized</i>) Crestor (<i>Rosuvastatin Calcium</i>) Lovaza (<i>Omega-3 Acid Ethyl Esters</i>) Niaspan (<i>Niacin Tablet, Sustained Action Sequential</i>) Simcor (<i>Niacin/Simvastatin</i>) Tricor (<i>Fenofibrate</i>) Triglide (<i>Fenofibrate</i>) Triplix (<i>Fenofibric Acid</i>) Vytorin (<i>Ezetimibe/Simvastatin</i>) Welchol (<i>Colesevelam HCl</i>) Zetia (<i>Ezetimibe</i>)		




This file sheet does not contain a complete listing of preferred drugs. It only lists the most commonly prescribed drugs. For a complete listing of preferred and nonpreferred drugs, please visit our website at www.medco.com or call Member Services toll-free at 1 800 899-2674.




























FORM #FF41825K
(Ed. 12/11)























ACE Inhibitors		
GENERICS		
 Benazepril HCl (Lotensin)	G	
 Captopril (Capoten)	G	
 Enalapril Maleate (Vasotec)	G	
 Fosinopril Sodium (Monopril)	G	
 Lisinopril (Prinivil, Zestril)	G	
 Mocexipril HCl (Univasc)	G	
 Perindopril Erbumine (Aceon)	G	
 Quinapril HCl (Accupril)	G	
 Ramipril (Altace)	G	
 Trandolapril (Mavik)	G	













Combination Antihypertensives		
GENERICS		
 Amlodipine Besylate/Benazepril HCl (Lotrel)	G	
 Atenolol/Chlorthalidone (Tenoretic)	G	
 Benazepril HCl/Hydrochlorothiazide (Lotensin HCT)	G	
 Bisoprolol Fumarate/Hydrochlorothiazide (Ziac)	G	
 Captopril/Hydrochlorothiazide (Capozide)	G	
 Enalapril Maleate/Hydrochlorothiazide (Vaseretic)	G	
 Fosinopril/HCTZ (Monopril HCT)	G	
 Hydralazine HCl/Hydrochlorothiazide (Apresazide)	G	
 Lisinopril/Hydrochlorothiazide (Prinzide, Zestoretic)	G	
 Methyldopa/Hydrochlorothiazide (Aldoril)	G	
 Metoprolol/Hydrochlorothiazide (Lopressor HCT)	G	
 Mocexipril/Hydrochlorothiazide (Uniretic)	G	
 Propranolol HCl/Hydrochlorothiazide (Inderide)	G	
 Quinapril HCl/Hydrochlorothiazide (Accuretic)	G	
 Trandolapril HCl/Verapamil (Tarka)	G	
BRANDS		
 Azor (Amlodipine Bes/Olmesartan Med)	F	
 Exforge (Amlodipine/Valsartan)	F	
 Exforge HCT (Amlodipine/Valsartan)	F	
 Twynsta (Telmisartan/Amlodipine)	F	




Endocrine (Diabetes/Hormones/Contraceptives)		
Insulin Therapy		
BRANDS		
Apidra (Insulin Glulisine)	F	
Apidra Solostar (Insulin Glulisine)	F	
Humalog, Humalog Mix (Insulin Lispro, Human Rec. Analog)	F	
Humulin (Insulin Human Recombinant)	F	
Lantus, Lantus Solostar (Insulin Glargine, Human Recombinant Analog)	F	
Levemir (Insulin Detemir)	F	
Novolog, Novolog Mix (Insulin Aspart)	F	




















Non-Insulin Hypoglycemic Agents		
GENERICS		
 Acarbose (Precose)	G	
 Chlorpropamide (Diabinese)	G	
 Glimepiride (Amaryl)	G	
 Glipizide (Glucotrol)	G	
 Glipizide Tablet, Sustained Release Osmotic Push (Glucotrol XL)	G	
 Glipizide/Metformin HCl (Metaglip)	G	
 Glyburide (DiaBeta, Micronase)	G	
 Glyburide, Micronized (Glynase)	G	
 Glyburide/Metformin HCl (Glucovance)	G	
 Metformin HCl (Glucophage)	G	
 Metformin HCl Tablet, Sustained Release 24 hr (Glucophage XR)	G	
 Nateglinide (Starlix)	G	
 Tolazamide (Tolinase)	G	
 Tolbutamide (Orinase)	G	
BRANDS		
 Actoplus Met (Pioglitazone HCl/Metformin HCl)	F	
 Actos (Pioglitazone HCl)	F	
 Avandamet (Rosiglitazone Maleate/Metformin HCl)	F	
 Avandaryl (Rosiglitazone Maleate/Glimepiride)	F	
 Avandia (Rosiglitazone Maleate)	F	
 Byetta (Exenatide)	F	
 Duetact (Pioglitazone/Glimepiride)	F	
 Janumet (Sitagliptin Phos/Metformin HCl)	F	
 Januvia (Sitagliptin Phosphate)	F	
 Onglyza (Saxagliptin HCl)	F	
 Prandin (Repaglinide)	F	
 Symlin (Pramlintide)	F	


Contraceptive Agents		
GENERICS		
 Desogestrel-Ethinyl Estradiol (Cyclessa)	G	
 Desogestrel-Ethinyl Estradiol (Desogen)	G	
 Desogestrel-Ethinyl Estradiol (Ortho-Cept)	G	
 Desogestrel-Ethinyl Estradiol/Ethinyl Estradiol (Mircette)	G	
 Ethinyl Estradiol/Drospirenone (Yasmin)	G	
 Ethinyl Estradiol/Drospirenone (Yaz)	G	
 Ethynodiol D-Ethinyl Estradiol (Demulen)	G	
 Levonorgestrel (Plan B)	G	
 Levonorgestrel-Ethinyl Estradiol (Alesse)	G	
 Levonorgestrel-Ethinyl Estradiol (Nordette)	G	
 Levonorgestrel-Ethinyl Estradiol (Seasonale)	G	
 Levonorgestrel-Ethinyl Estradiol (Tri-Levlen)	G	
 Levonorgestrel-Ethinyl Estradiol (Triphasil)	G	
 Norethindrone (Ortho Micronor)	G	
 Norethindrone A-E Estradiol (Loestrin)	G	
 Norethindrone A-E Estradiol/Ferrous Fumarate (Estrostep Fe)	G	
 Norethindrone A-E Estradiol/Ferrous Fumarate (Loestrin Fe)	G	
 Norethindrone-Ethinyl Estradiol (Brevicon)	G	
 Norethindrone-Ethinyl Estradiol (Modicon)	G	
 Norethindrone-Ethinyl Estradiol (Norinyl)	G	
 Norethindrone-Ethinyl Estradiol (Ortho-Novum)	G	
 Norethindrone-Mestranol (Norinyl)	G	
 Norethindrone-Mestranol (Ortho-Novum)	G	
 Norgestimate-Ethinyl Estradiol (Ortho Tri-Cyclen)	G	
 Norgestimate-Ethinyl Estradiol (Ortho-Cyclen)	G	
 Norgestrel-Ethinyl Estradiol (Lo/Ovral)	G	
 Norgestrel-Ethinyl Estradiol (Ovral)	G	

















BRANDS		
 NuvaRing (Etonogestrel/Ethinyl Estradiol)	F	
 Seasonique (Levonorgestrel-Ethinyl Estradiol/Ethinyl Estradiol)	F	
Estrogens/Estrogen Combinations		
GENERICS		
 Estradiol Patch (Estradiol Patch)	G	
 Estradiol Tablet (Estrace Tablet)	G	
 Estradiol/Norethindrone (Activella 1-0.5mg)	G	
 Estropipate (Ogen)	G	
 Methyltestosterone/Estrogens, Esterified (Estratest, Estratest HS)	G	
BRANDS		
 Cenestin (Estrogens, Conjugated Synthetic)	F	
 Climara Patch (Estradiol)	F	
 Combipatch (Estradiol/Norethindrone Acetate)	F	
 Divigel (Estradiol)	F	
 Enjuvia (Estrogens, Conjugated Synthetic)	F	
 Estrace Vaginal Cream (Estradiol)	F	
 Estraderm Patch (Estradiol)	F	
 Estratest, Estratest H.S. (Methyltestosterone/Estrogens, Esterified)	F	
 Estring Vaginal Ring (Estradiol)	F	
 Evamist (Estradiol)	F	
 Premarin Tablets (Estrogens, Conjugated)	F	
 Premphase (Estrogens, Conjugated/Medroxyprogesterone Acet)	F	
 Prempro (Estrogens, Conjugated/Medroxyprogesterone Acet)	F	
 Vagifem (Estradiol)	F	
 Vivelle, Vivelle-Dot (Estradiol)	F	








G. I. (Ulcer)		
Ulcer Drugs		
GENERICS		
 Cimetidine HCl Liquid (Tagamet Liquid)	G	
 Cimetidine Tablet (Tagamet Tablet)	G	
 Famotidine (Pepcid)	G	
 Lansoprazole (Prevacid)	G	
 Misoprostol (Cytotec)	G	
 Nizatidine (Axid)	G	
 Omeprazole (Prilosec Rx)	G	
 Omeprazole/Sodium Bicarbonate (Zegerid Rx)	G	
 Pantoprazole Sodium (Protonix)	G	
 Ranitidine HCl (Zantac)	G	
BRANDS		
 Acid Oral Solution (Nizatidine)	F	
 Nexium (Esomeprazole Magnesium Trihydrate)	F	







Other G.I. Drugs		
GENERICS		
 Sucralfate Tablet (Carafate Tablet)	G	
BRANDS		
 Carafate Suspension (Sucralfate)	F	
 Pylera (Bismuth/Metronid/Tetracycline)	F	






















NSAIDs (Pain Relievers)		
NSAIDs		
GENERICS		
 Etodolac (Lodine)	G	
 Etodolac Tablet, Sustained Release 24 hr (Lodine XL)	G	
 Flurbiprofen (Ansaid)	G	
 Ibuprofen (Motrin)	G	
 Indomethacin (Indocin)	G	
 Indomethacin Capsule, Sustained Action (Indocin SR)	G	
 Ketoprofen (Orudis)	G	
 Ketoprofen Capsule, 24 hr Sustained Release Pellets (Oruvail)	G	
 Meclofenamate Sodium (Meclofenamate Sodium)	G	
 Meloxicam (Mobic)	G	
 Nabumetone (Relafen)	G	
 Naproxen (Naprosyn)	G	
 Naproxen Sodium (Anaprox, Anaprox DS)	G	
 Naproxen Sodium Tablet, Sustained Action (Naprelan)	G	
 Oxaprozin (Daypro)	G	
 Piroxicam (Feldene)	G	
 Sulfindac (Clinoril)	G	
 Tolmetin Sodium (Tolectin)	G	
BRANDS		
 Vimovo (Naproxen/Esomeprazole Mag)	F	

NSAID COX-2 Inhibitors		
BRANDS		
 Celebrex (Celecoxib)	F	

Respiratory (Allergy/Asthma)		
Beta Agonists Oral		
GENERICS		
 Albuterol Sulfate (Proventil)	G	
 Metaproterenol Sulfate (Alupent)	G	
 Terbutaline Sulfate (Brethine)	G	
Beta Agonist Inhalers		
GENERICS		
 Albuterol Aerosol (Proventil Aerosol)	G	
 Albuterol Sulfate (Accuneb)	G	
 Albuterol Sulfate Solution (Proventil Solution)	G	
 Isoetharine HCl Solution (Bronkosal Solution)	G	
 Levalbuterol HCl (Xopenex 1.25 mg/0.5)	G	
 Metaproterenol Sulfate Solution (Alupent Solution)	G	
BRANDS		
 Foradil (Formoterol Fumarate)	F	
 Maxair Autohaler (Pirbuterol Acetate)	F	
 Perforomist (Formoterol Fumarate)	F	
 ProAir HFA (Albuterol Sulfate)	F	
 Serevent Diskus (Salmeterol Xinafoate)	F	
 Xopenex HFA (Levalbuterol Tartrate)	F	
 Xopenex Solution (Levalbuterol HCl)	F	

Inhaled Steroids		
GENERICS		
 Budesonide (Pulmicort 0.25mg/2mL, Pulmicort 0.5mg/2mL)	G	
BRANDS		
 Asmanex (Mometasone Furoate)	F	
 Flovent HFA (Fluticasone Propionate)	F	
 Flovent Rotadisk, Diskus (Fluticasone Propionate)	F	
 Pulmicort 1mg/2mL (Budesonide)	F	
 Pulmicort Flexhaler (Budesonide)	F	
 QVAR (Beclomethasone Dipropionate)	F	

Nasal Corticosteroids		
GENERICS		
 Flunisolide (Nasalide)	G	
 Fluticasone Propionate (Flonase)	G	
BRANDS		
 Nasacort AQ (Triamcinolone Acetonide)	F	
 Nasonex (Mometasone Furoate)	F	
 Rhinocort Aqua (Budesonide)	F	
 Veramyst (Fluticasone Furoate)	F	

Miscellaneous Pulmonary Agents		
GENERICS		
 Acetylcysteine Vial (Mucomyst Vial)	G	
 Cromolyn Sodium Ampul for Nebulization (Intal Ampul for Nebulization)	G	
 Ipratropium Bromide Solution (Atrovent Solution)	G	
 Ipratropium/Albuterol Sulfate (Duoneb)	G	
BRANDS		
 Advair Diskus (Fluticasone Propionate/Salmeterol Xinafoate)	F	
 Advair HFA (Fluticasone/Salmeterol)	F	
 Atrovent HFA (Ipratropium Bromide)	F	
 Berinert (C1 Esterase Inhibitor)	F	
 Cinryze (C1 Esterase Inhibitor)	F	
 Combivent Inhaler (Albuterol Sulfate/Ipratropium Bromide)	F	
 Intal Inhaler (Cromolyn Sodium)	F	
 Letairis (Ambrisentan)	F	
 Pulmozyme (Dornase Alfa)	F	
 Revatio (Sildenafil Citrate)	F	
 Singulair (Montelukast Sodium)	F	
 Spiriva (Tiotropium Bromide)	F	
 Symbicort (Budesonide/Formoterol Fumarate)	F	
 Tilade (Nedocromil Sodium)	F	
 Tracleer (Bosentan)	F	
 Tyvaso (Trepastinil)	F	
 Ventavis (Iloprost)	F	

PEBTF

Pennsylvania Employees

Benefit Trust Fund

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