THREE-TIER DRUG PROGRAM
GUIDE

THE LOCAL CHOICE
PRESCRIPTION DRUG PROGRAM

REMEMBER TO SHARE THIS GUIDE WITH YOUR DOCTOR.
Introduction

Welcome to your three-tier outpatient prescription drug plan!

Your three-tier drug program gives you access to all medications in covered classes within the confines of your plan’s benefit design. This plan excludes coverage for certain drugs or drug classes such as those prescribed for dietary supplements and cosmetic conditions.

Under this program, covered brand-name and generic drugs are categorized into three specific tiers, and each tier is assigned a co-payment level. (A co-payment is a fixed-dollar amount you pay for each prescription.) Some diabetic supplies, such as test strips and blood glucose meters, require coinsurance with no deductible in lieu of co-payment. (Coinsurance is a percentage you pay for each prescription.)

Your Local Choice Drug Plan provides a prescription drug benefit that divides your prescriptions into three categories (tiers). A number of factors are considered when classifying medications into tiers including, but not limited to:

- The absolute cost of the medication
- The cost of the medication relative to other medications in the same therapeutic class
- The availability of over-the-counter alternatives
- Clinical and safety factors

Drugs may move periodically from one tier to another. Tiers contain the following types of drugs:

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Lowest co-payment</th>
<th>Typically, generic drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>Moderate co-payment</td>
<td>Typically, lower-cost brand-name drugs</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Highest co-payment</td>
<td>Typically, higher-cost brand-name drugs</td>
</tr>
</tbody>
</table>

Mandatory generic program

Your prescription drug benefit is a mandatory generic program. This means you will pay more if you purchase a brand-name drug when a generic is available. The three-tier prescription drug program provides an excellent opportunity for you to take an active role in your healthcare. Talk with your doctor about the medications being prescribed for you and discuss possible alternatives.

Beginning July 1, 2011, the prescription drug program was enhanced to provide a maximum out-of-pocket cost each time a member purchases a brand-name drug in three prescription drug categories when a generic is available. The three categories are Immunosuppressants, Anticonvulsants, and Psychotherapeutics. Members who take these drugs will pay no more than $100 per 34-day supply at retail and $200 per 90-day supply via mail service.

The following pages list the most commonly prescribed covered drugs and their tier assignments or coinsurance percentage. This guide was developed to illustrate how the prescription drug program works and to provide examples of the choices available to you. It also serves as a reference point for discussing prescription options with your doctors. Together you can choose not only the most appropriate medication for your condition, but medications that can help keep your expenses as low as possible.

This booklet was designed so that generic products are listed in each drug category. Corresponding brand-name versions for these generics are shown in italics as a reference.

Please call your Member Services representative at 1 800 355-8279 or refer to the Prescription Drug section of our website at www.medco.com for information on medications not listed in this guide.
Dear Doctor:

Please refer to the Three-Tier Drug Program Guide when prescribing for this patient. This guide does not contain a complete list of drugs in the program. A complete listing is available in the Prescription Drug section of our website at www.medco.com.

Please note: This guide is not intended to substitute for your professional judgment. Rather, we offer it as a tool to help you maintain clinical efficacy while taking into account drug therapy problems and costs.

Important Comments for Members:

Coverage Notification

This guide is subject to change. Your group's plan design may include or exclude additional drugs. Please refer to your The Local Choice Plan Member Handbook for the three-tier co-payments that apply to your plan. If there is a difference between this guide and The Local Choice Plan Member Handbook, the provisions of the member handbook will govern.

Important: This brochure is only one piece of your entire enrollment package. Exclusions and limitations can be found in your member handbook.

Days' Supply Notification

A 1-month supply will allow up to 34 days of medication. The Medco Pharmacy® will provide up to a 90-day supply of medication. Remember to ask your doctor to consider this when writing prescriptions for you.

Symbols Used Throughout This Guide:

\[\downarrow\] = Dosage reduction may be required in patients over 65.

\[\uparrow\] = Use in patients over 65 is associated with increased risk; safer alternatives may be available. If used, dosage should generally be lowered.
### SECTION I: THERAPEUTIC DRUG CATEGORIES

#### ANTI-INFECTIVES (ANTIBIOTICS/ANTIFUNGALS)

**Antifungals**
- **Tier 1**
  - fluconazole (Diflucan)
  - ketoconazole (Nizoral)
  - nystatin (Mycostatin)
  - terbinafine (Lamisil)
- **Tier 2**
  - Diflucan
  - Grifulvin V
- **Tier 3**
  - Lamisil Granule

**Cephalosporins**
- **Tier 1**
  - cefaclor (Ceclor)
  - cefdinir (Omnicef)
  - cefuroxime (Ceftin)
  - cepalexin (Keflex)

**Erythromycins and other macrolides**
- **Tier 1**
  - azithromycin (Zithromax)
  - clarithromycin, ER (Biaxin, XL)
  - erythromycin base (E-Mycin)
  - erythromycin ethylsuccinate (E.E.S.)
  - erythromycin stearate (Erythrocin Stearate)

**Quinolones**
- **Tier 1**
  - ciprofloxacin (Cipro)
  - levofloxacin (Levaquin)
  - ofloxacin (Floxin)
- **Tier 2**
  - Levaquin
- **Tier 3**
  - Avelox

**Penicillins**
- **Tier 1**
  - amoxicillin (Amoxil)
  - amoxicillin/clavulanate (Augmentin)
  - ampicillin (Principen)
  - dicloxacillin (Dynapec)
  - penicillin VK (Pen-Vee K)

**Sulfas**
- **Tier 1**
  - smz/tmp (Bactrim DS)

**Tetracyclines**
- **Tier 1**
  - doxycycline (Vibramycin)
  - minocycline (Dyacin)
  - tetracycline (Achromycin V)

**Urinary Tract Agents**
- **Tier 1**
  - methenamine hippurate (Hiprex)
  - nitrofurantoin (Macrodantin)
  - phenazopyridine (Pyridium)
  - trimethoprim (Proloprim)

**Misc Agents**
- **Tier 1**
  - clindamycin (Cleocin)
  - metronidazole (Flagyl)
- **Tier 2**
  - Xifaxan 550mg
- **Tier 3**
  - Xifaxan 200mg

**Vaginal Antifungals**
- **Tier 1**
  - nystatin (Mycostatin)
  - terconazole (Terazol)

**Antiviral Therapy**
- **Tier 1**
  - acyclovir (Zovirax)
  - famciclovir (Famvir)
  - valacyclovir (Valtrex)
- **Tier 2**
  - Valtrex

**Influenza**
- **Tier 1**
  - amantadine (Symmetrel)
- **Tier 2**
  - Flumadine
- **Tier 3**
  - Famillu

#### CARDIOVASCULAR (BLOOD PRESSURE/HEART/CHOLESTEROL)

**ACE Inhibitors/Comb. Products**
- **Tier 1**
  - amlopidine/benazepril (Lotrel)
  - benazepril/benazepril HCl (Lotensin/Lotensin HCT)
  - capttopril (Capoten)
  - enalapril (Vasotec)
  - fosinopril/fosinopril HCT (Monopril/Monopril HCT)
  - lisinopril/lisinopril HCT (Prinivil/Prinivil HCT)
  - moexipril (Univasc)
  - perindopril (Aceon)
  - quinapril (Accupril)
  - ramipril (Altace)
  -trandolapril (Mavik)
Antilipidemics
Tier 1
- atorvastatin calcium (Lipitor)
- cholestyramine (Questran)
- colestipol granules (Colestid)
- fenofibrate (Lopisen)
- gemfibrozil (Lipidil)
- lovastatin (Mevacor)
- niacin (Niacor)
- pravastatin (Pravachol)
- simvastatin (Zocor)

Tier 2
- Advicor
- Altoprev
- Colestid (cans, packs)
- Crestor
- Fenoglide
- Lescol
- Lipofen
- Vytorin
- Welchol
- Zetia

Angiotensin II Blockers
Tier 1
- Losartan (Cozaar)
- Losartan/HCT (Hyzaar)

Tier 2
- Diovan/Diovan HCT
- Micardis/Micardis HCT

Beta Blockers
Tier 1
- acebutolol (Sectral)
- atenolol (Tenormin)
- carvedilol (Coreg)
- labetalol (Normodyne)
- metoprolol (Lopressor)
- metoprolol (Toprol XL)
- nadolol (Corzard)
- propranolol (Inderal)
- propranolol LA (Inderal LA)
- timolol (Blocadren)

Tier 2
- Bystolic
- Coreg/CR
- Inderal LA

Calcium Blockers
Tier 1
- diltiazem (Cardizem)
- diltiazem SR (Cardizem SR)

Tier 2
- Cardizem CD
- Rythmol SR
- Sular

Dihydropyrimidines
Tier 1
- amiodopine (Norvasc)
- felodipine (Plendil)
- isradipine (Dynacirc, CR)
- nifedipine, ER, XL (Procardia)

Tier 2
- Norvasc
- Procardia XL

Nitroglycerin Patches
Tier 1
- nitroglycerin transdermal (Nitro-Dur)

Other Anti-Hypertensives
Tier 1
- bisoprolol/bisoprolol HCTZ (Ziac)
- clonidine (Catapres)
- doxazosin (Cardura)
- guanfacine (Tenex)
- metyrosine (Abidecern)
- prazosin (Minipres)
- terazosin (Hytrin)

Tier 2
- Azor
- Catapres TTS
- Tribenzor
- Exforge HCT

ENDOCRINE
(DIABETES/HORMONES/CONTRACEPTIVES)

Insulin Therapy
Tier 2
- Apidra
- Humalog
- Humulin (all forms)
- Levenir
- Novolin
- Novolog

Tier 3
- Lantus

Non-insulin Hypoglycemics
Tier 1
- glimepiride (Amaryl)

Tier 2
- Actos
- Amaryl
- Avandamet
- Avandaryl
- Avandia
- Byetta
- Duetact
- Glucovance
- Glyset
- Janumet/XR
- Januvia
- Juvyxcic
- Kumglyse-GR
- Onglyza
- Prandin
- Symlin
ENDOCRINE
(DIABETES/HORMONES/CONTRACEPTIVES) CONT.

Estrogens
Tier 1
estropriate (Ogen)
estradiol (Estrace)
Tier 2
Estraclerm, Vivelle, Climara
Estratest, HS
FemHrt
Premarin
Premphase, Prempro
Tier 3
Cerenstin
CombiPatch
Enjuvia

Oral Contraceptives
Tier 1
desogestrel-ethinyl estradiol
(Desogen, Ortho-Cept, Cyclessa)
desogestrel-ethinyl estradiol/ethinyl estradiol (Mircette)
ethinodiol d-ethinyl estradiol (Demulen)
levonorgestrel-ethinyl estradiol
(Alesse, Nordette, Tri-Levon, Triphasil)
norethindrone a-e estradiol
(Loestrin)
norethindrone a-e estradiol/ferrous fumarate (Loestrin Fe)
norethindrone-ethinyl estradiol
(Brevoxicon, Medicon, Norinyl, Ortho-Novum)
norethindrone-mestranol
(Norinyl, Ortho-Novum)
norgestimate-ethinyl estradiol
(Ortho Tri-Cyclen, Ortho-Cyclen)
norgestrel-ethinyl estradiol
(Lo/Oral, Oeral)
Tier 2
Activella
Ortho Evra
Ortho Tri-Cyclen/Lo
Seasonique
Yasmin

G.I.
(ULCER)

Ulcer Drugs/GERD Drugs
Tier 1
▼ cimetidine (Tagamet)
famotidine (Pepcid)
▼ nizatidine (Axid)
omeprazole (Prilosec)
pantoprazole (Protonix)
▼ ranitidine (Zantac)

Tier 2
Nexium
Protonix Tablet

Other G.I. Drugs
Tier 1
▼ metoclopramide (Reglan)
misoprostol (Cytotec)
sucralfate (Carafate)

OSTEOPOROSIS

Tier 1
alendronate (Fosamax)
estradiol (Estrace)
Tier 2
Boniva 150mg
Climara
Miacalcin
Premarin
Tier 3
Boniva 2.5mg
Evista

PSYCHOTHERAPEUTICS
(ANXIETY/DEPRESSION)

Tri cyclic Antidepressants
Tier 1
▲ amitriptyline (Elavil)
▲ clomipramine (Anafranil)
▼ desipramine (Norpramin)
▲ doxepin (Sinequan)
▲ imipramine (Tofranil)
▼ nortriptyline (Pamelor)
▲ protriptyline (Vivactil)

Tier 2
Tofranil PM

Misc. Antidepressants
Tier 1
▼ bupropion, SR (Wellbutrin)
mirtazapine (Remeron)
nefazodone (Serzone)
▼ trazodone (Desyrel)
venlafaxine (Effexor XR)

Tier 2
Cymbalta
Pristiq
Wellbutrin/ XL

SSRI
Tier 1
citalopram (Celexa)
cesacitalopram (Lexapro)
fluoxetine (Prozac)
paroxetine, ER (Paxil, CR)
sertaline (Zoloft)
### Anxiolytics

**Tier 1**
- alprazolam (Xanax)
- buspirone (Buspar)
- clorazepate (Tranxene)
- diazepam (Valium)
- lorazepam (Ativan)
- oxazepam (Serax)

**Antipsychotics**

**Tier 1**
- chlorpromazine (Thorazine)
- clozapine (Clozaril)
- haloperidol (Haldol)
- olanzapine (Zyprexa)
- perphenazine (Trilafon)
- risperidone (Risperdal)
- thioridazine (Mellaril)
- thiothixene (Navane)

**Tier 2**
- Seroquel/XR
- Zyprexa

### Hypnotic Agents

**Tier 1**
- flurazepam (Dalmane)
- temazepam (Restoril)
- triazolam (Halcion)
- zaleplon (Sonata)
- zolpidem (Ambien)

### Misc. Psychotherapeutic Agents

**Tier 1**
- d-amphetimine salt-combo/XR
- dextroamphetamine sulfate (Dexedrine)
- lithium carbonate (Eskalith)
- lithium citrate
- Metadate ER
- Methyllyn ER
- methylphenidate, SR (Ritalin)

**Tier 2**
- Adderall/XR
- Dextrodine
- Metadate CD
- Ritalin, SR
- Vyvanse

### NSAIDs (PAIN RELIEVERS)

**NSAIDs**

**Tier 1**
- diclofenac potassium (Voltaren)
- diclofenac sodium (Voltaren)
- etodolac, XL ( Lodine)
- flurbiprofen (Ansaid)
- ibuprofen (Motrin)

**Tier 2**
- indomethacin, SR (Indocin)
- ketoprofen (Orudis)
- ketoprofen SR (Oruvail)
- nabumetone (Relafen)
- naproxen (Naprosyn)
- naproxen sodium (Anaprox)
- oxaprozin (Daypro)
- piroxicam (Feldene)
- sulindac (Clinoril)

**Tier 3**
- Naprelan

### NSAID COX-2 Inhibitors

**Tier 2**
- Celebrex

### UROLOGICALS

**Tier 1**
- flavoxate (Urispas)
- oxybutynin, ER (Ditropan, XL)
- propantheline (Pro-Banthine)

**Tier 2**
- Detrol/LA
- Enablex
- Gelnique
- Oxytrol
- Toviaz
- Vesicare
**RESPIRATORY (ALLERGY/ASTHMA)**

**Antihistamines**
- Tier 1
  - Astelin nasal spray
  - ▲ clemastine (*Tavist*)
  - ▲ dexchlorpheniramine (*Polaramine*)
  - ▲ diphenhydramine (*Benadryl*)

**Beta Agonists**
- Tier 1
  - albuterol (*Proventil*)
  - metaproterenol (*Alupent*)
- Tier 2
  - Accuneb
  - DuoNeb
  - Maxair MDI, Autohaler
  - Proair HFA
  - Proventil HFA
  - Serevent, Diskus
  - Ventolin Rotacaps

**Inhaled Steroids**
- Tier 2
  - Asmanex
  - Azmacort
  - Flovent Rotadisk
  - Pulmicort
  - Qvar
  - Symbicort

**Nasal Corticosteroids**
- Tier 1
  - fluticasone (*Flonase*)
  - flunisolide (*Nasarel*)
- Tier 2
  - Nasenex

**Misc. Pulmonary Agents**
- Tier 1
  - acetylcysteine (*Mucomyst*)
  - cromolyn nebul. soln. (*Intal*)
  - ipratropium MDI (*Atrovent*)
- Tier 2
  - Advair
  - Atropine nebul. soln.
  - Combivent
  - Dulera
- Tier 2
  - Xopenex 1.25 inhale solution
- Tier 3
  - Spiriva
  - Xopenex

**SMOKING CESSATION**
- Tier 1
  - bupropion (*Zyban*)
- Tier 2
  - Chantix
  - Nicotrol Inhaler
Section II:
Outpatient Medications Requiring a Coverage Review

Certain medications require a coverage review. In these cases, clinical criteria based on current medical information and appropriate use must be met. Information must be provided before coverage is approved. You, your doctor, or your local pharmacist may call 1 800 753-2851 toll-free to initiate a coverage review. When you use the Medco Pharmacy, Medco will call your doctor to start the coverage review process. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. Members with questions pertaining to a prescription drug coverage review should contact Medco Member Services at 1 800 355-8279 for more information. The following drugs currently require a coverage review. Please note that both lists are subject to change.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antipsychotic Agents</td>
<td>Abilify, Invega, Saphris, Latuda, Fanapt</td>
</tr>
<tr>
<td>Cancer Agents</td>
<td>Avastin, Eribulin, Necavarin, Spercel, Sutent, Tarceva, Tykerb, Vectibix, Zolinza, Temodar</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>TOBI (Tobramycin Inhalation Solution)</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Avita, Retin-A and Tretin-X (greater than age 35), Amevive, Solodyn</td>
</tr>
<tr>
<td>Erythroid Stimulant Agents</td>
<td>Aranesp, Epogen, Procrit</td>
</tr>
<tr>
<td>Gonadotropin Releasing</td>
<td></td>
</tr>
<tr>
<td>Hormones Analoges</td>
<td>Lupron, Synarel</td>
</tr>
<tr>
<td>Growth Hormones</td>
<td>Gerif, Genotropin, Humatrope, Nonlinopin, Nutropin, Protropin, Sarafin, Tev-Tropin, Omnitrope, et al</td>
</tr>
<tr>
<td>Hypertension Agents (ARBs)</td>
<td>Atacand/HCT, Arupin, Avalide, Benicar/HCT, Teveten/HCT</td>
</tr>
<tr>
<td>Hypnotic Agents</td>
<td>Ambien CR, Lunesta, Rozerem</td>
</tr>
<tr>
<td>Interferons</td>
<td>Actimmune, Afferon N, Introne A, PEG-Intron, Pegasy, Rebeteron, Roferon-A, Sylatron</td>
</tr>
<tr>
<td>Intranasal Corticosteroids</td>
<td>Beconase AQ, Rhinocort AQ, Nasacort AQ, Omnaris, Veramyst</td>
</tr>
<tr>
<td>Migraine Agents</td>
<td>Amerge, Asert, Frosa, Tresinet, Zomig</td>
</tr>
<tr>
<td>Miscellaneous Agents</td>
<td>Aminex, Botex, Dacogen, Glucer, Lotenrex, Mybugloc, Proviqil, Rapvga, Thakrad/Reflamid, Vidaza, Weight-loss medications, Xolair, Zelonorm</td>
</tr>
<tr>
<td>Multiple Sclerosis Agents</td>
<td>Betaseron, Copaxone, Rebol, Avenex, Tysabri, Novanorox, Estatia, Gikerya, Amypa</td>
</tr>
<tr>
<td>Myeloid Stimulant Agents</td>
<td>Neupogen, Neulasta, Leukine, Neumega</td>
</tr>
<tr>
<td>Non-Sedating Antihistamines</td>
<td>Allegra/D, Clarinex/D, Xyzal</td>
</tr>
<tr>
<td>NSAIDs/COX-2 Inhibitors*</td>
<td>Celebrex*, Mobiz*</td>
</tr>
<tr>
<td>Osteoporosis Agents</td>
<td>Actonel, Fossamex D, Avelia</td>
</tr>
<tr>
<td>Proton Pump Inhibitors*</td>
<td>Prevacid, A-ciplax, Proneox, Zegerid, Prilosec 40mg</td>
</tr>
<tr>
<td>Pulmonary Arterial Hypertension (PAH) Agents</td>
<td>Berutio, Tracker, Latairis, Ventavis</td>
</tr>
<tr>
<td>Respiratory Syncytal Virus Prevention</td>
<td>Synagis, Respigran</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>Enbrel, Nexor, Remicade, Hurnira, Arava, Orencia, Therapy</td>
</tr>
<tr>
<td>Therapy</td>
<td>Cimzia, Simponi</td>
</tr>
</tbody>
</table>

*These medications will process at the pharmacy without a coverage review if certain criteria are met. If the applicable criteria are not met, a coverage review will be required.
Medication With Quantity Limitations

The Plan has set quantity limitations for these drugs. You must obtain a coverage review to obtain quantities in excess of these limitations.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alsuma</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Amerge</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Axert</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Bupropion</td>
<td>Limited to 3 months (90 days) per year (365 days)</td>
</tr>
<tr>
<td>Caverject</td>
<td>Up to 8 injections within 30 days</td>
</tr>
<tr>
<td>Chantix</td>
<td>Limited to 6 months (180 days) per year (365 days)</td>
</tr>
<tr>
<td>Cialis</td>
<td>Up to 8 tablets within 30 days</td>
</tr>
<tr>
<td>Diflucan</td>
<td>Up to 7,200 mg within 180 days</td>
</tr>
<tr>
<td>Diflucan (150 mg only)</td>
<td>Up to 4 tablets per co-payment</td>
</tr>
<tr>
<td>Edex</td>
<td>Up to 8 injections within 30 days</td>
</tr>
<tr>
<td>Frova</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Imitrex</td>
<td>Any combination of tablets, injections, or nasal sprays, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Lamisil</td>
<td>Up to 22,500 mg within 180 days</td>
</tr>
<tr>
<td>Levitra</td>
<td>Up to 8 tablets within 30 days</td>
</tr>
<tr>
<td>Maxalt</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Muse</td>
<td>Up to 8 suppositories within 30 days</td>
</tr>
<tr>
<td>Nicotrol</td>
<td>Limited to 3 months (90 days) per year (365 days)</td>
</tr>
<tr>
<td>Relenza</td>
<td>Up to 20 tablets within 180 days</td>
</tr>
<tr>
<td>Relpax</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Sporanox</td>
<td>Up to 18,000 mg within 180 days</td>
</tr>
<tr>
<td>Stadol Nasal Spray</td>
<td>Up to 4 canisters within 30 days</td>
</tr>
<tr>
<td>Sumavel</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Tamiflu</td>
<td>Up to 10 tablets within 180 days</td>
</tr>
<tr>
<td>Toradol</td>
<td>Up to 20 tablets or 20 injections per prescription</td>
</tr>
<tr>
<td>Treximet</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Viagra</td>
<td>Up to 8 tablets within 30 days</td>
</tr>
<tr>
<td>Zomig</td>
<td>Any combination of tablets, not to exceed 12 per rolling 30 days</td>
</tr>
<tr>
<td>Zyban</td>
<td>Limited to 3 months (90 days) per year (365 days)</td>
</tr>
</tbody>
</table>

THIS LISTING WAS CURRENT AT THE TIME OF PRINTING.
If you have questions regarding your prescription drug benefit, you may contact Medco Member Services at 1 800 355-8279.

For the most recent drug listing, visit the Medco website at www.medco.com.

This brochure is only one piece of your entire enrollment package. Exclusions and limitations can be found in your The Local Choice Plan Member Handbook.

The drug listing in this booklet was current at the time of printing, but is subject to change.