



FOUR-TIER DRUG PROGRAM GUIDE

COMMONWEALTH OF VIRGINIA
PRESCRIPTION DRUG PROGRAM

REMEMBER TO SHARE THIS GUIDE WITH YOUR DOCTOR.

medco[®]

Introduction

Welcome to your four-tier outpatient prescription drug plan!

Your four-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 four 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 COVA Care Drug Plan provides a prescription drug benefit that divides your prescriptions into four 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:

Tier 1	Lowest co-payment	Typically, generic drugs
Tier 2	Moderate co-payment	Typically, lower-cost brand-name drugs
Tier 3	Higher co-payment	Typically, higher-cost brand-name drugs
Tier 4	Specialty	Typically, the highest-cost brand-name drugs used to treat complex and rare conditions

See your COVA Care member handbook for more information.

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 four-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 will be 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. 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 Four-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 COVA Care Member Handbook for the four-tier co-payments that apply to your plan. If there is a difference between this guide and the COVA Care 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:

- ↓ = Dosage reduction may be required in patients over 65.
- ▲ = 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

Fulvicin P/G
Grifulvin V
Mycelex Troche

Tier 3

Lamisil Granule

Cephalosporins

Tier 1

cefaclor (*Ceclor*)
cefdinir (*Omnicef*)
cefuroxime (*Ceftin*)
cephalexin (*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*)
ofloxacin (*Floxin*)

Tier 3

Avelox

Penicillins

Tier 1

amoxicillin (*Amoxil*)
amoxicillin/clavulanate
(*Augmentin*)
ampicillin (*Principen*)
dicloxacillin (*DynaPen*)
penicillin VK (*Pen-Vee K*)

Sulfas

Tier 1

smz/tmp (*Bactrim DS*)
sulfisoxazole/erythromycin
(*Pediazole*)

Tetracyclines

Tier 1

doxycycline (*Vibramycin*)
minocycline (*Dynacin*)
tetracycline (*Achromycin V*)

Urinary Tract Agents

Tier 1

methenamine hippurate
nitrofurantoin (*Macrochantin*)
phenazopyridine (*Pyridium*)
trimethoprim (*Proloprim*)

Misc Agents

Tier 1

clindamycin (*Cleocin*)
metronidazole (*Flagyl*)

Tier 3

Xifaxan

Vaginal Antifungals

Tier 1

nystatin (*Mycostatin*)
terconazole (*Terazol*)

Antiviral Therapy

Tier 1

acyclovir (*Zovirax*)
famciclovir (*Famvir*)
valacyclovir (*Valtrex*)

Influenza

Tier 1

amantadine (*Symmetrel*)

Tier 2

Flumadine

Tier 3

Tamiflu

CARDIOVASCULAR (BLOOD PRESSURE/HEART/ CHOLESTEROL)

ACE Inhibitors/Comb. Products

Tier 1

amlodipine/benazepril
(*Lotrel*)
benazepril/HCTZ
(*Lotensin/Lotensin HCT*)
↓ captopril (*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*)

**CARDIOVASCULAR
(BLOOD PRESSURE/HEART/
CHOLESTEROL) CONT.**

Antilipidemics

Tier 1
cholestyramine (*Questran*)
colestipol granules (*Colestid*)
↓ gemfibrozil (*Lopid*)
lovastatin (*Mevacor*)
niacin (*Niacor*)
pravastatin (*Pravachol*)
simvastatin (*Zocor*)

Tier 2
Advicor
Altoprev
Colestid (cans, packs)
Crestor
Lescol
Lipitor
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*)
labetalol (*Normodyne*)
metoprolol (*Lopressor*)
metoprolol (*Toprol XL*)
nadolol (*Corgard*)
propranolol (*Inderal*)
propranolol LA (*Inderal LA*)
timolol (*Blocadren*)

Tier 2
Bystolic

Calcium Blockers

Tier 1
diltiazem (*Cardizem*)
diltiazem SR (*Cardizem SR*)
↓ verapamil (*Calan, Verelan*)
↓ verapamil long acting
(*Calan SR*)

Tier 2
Cardizem CD
Rythmol SR
Sular

Dihydropyridines

Tier 1
amlodipine (*Norvasc*)
↓ felodipine (*Plendil*)
isradipine (*Dynacirc, CR*)
nifedipine, ER, XL (*Procardia*)

Nitroglycerin Patches

Tier 1
nitroglycerin transdermal
(*Nitro-Dur*)

Other Anti-Hypertensives

Tier 1
bisoprolol/bisoprolol HCTZ
(*Ziac*)
clonidine (*Catapres*)
doxazosin (*Cardura*)
guanfacine (*Tenex*)
▲ methyldopa (*Aldomet*)
↓ prazosin (*Minipress*)
↓ terazosin (*Hytrin*)

Tier 2
Azor
Catapres TTS
Exforge HCT
Tribenzor

**ENDOCRINE
(DIABETES/HORMONES/
CONTRACEPTIVES)**

Insulin Therapy

Tier 2
Apidra
Humalog
Humulin (all forms)
Iletin
Innolet
Levemir
Novolin
Novolog

Tier 3
Lantus

Non-insulin Hypoglycemics

Tier 1
↓ glipizide, ER (*Glucotrol*)
glyburide (*Micronase*)
metformin (*Glucophage*)
nateglinide (*Starlix*)

Tier 2
Actoplus Met
Actos
Amaryl
Avandamet
Avandaryl
Avandia
Byetta
Duetact
Glucovance
Glyset
Janumet
Januvia
Onglyza
Prandin
Symlin

ENDOCRINE (DIABETES/HORMONES/ CONTRACEPTIVES) CONT.

Estrogens

Tier 1

estropipate (*Ogen*)
estradiol (*Estrace*)

Tier 2

Estraderm, Vivelle, Climara
Estratest, HS
FemHrt
Premarin
Premphase, Prempro

Tier 3

Cenestin
CombiPatch
Enjuvia

Oral Contraceptives

Tier 1

desogestrel-ethinyl estradiol
(*Desogen, Ortho-Cept, Cyclessa*)
desogestrel-ethinyl estradiol/
ethinyl estradiol (*Mircette*)
ethynodiol d-ethinyl estradiol
(*Demulen*)
levonorgestrel-ethinyl estradiol
(*Alesse, Nordette, Tri-Leven, Triphasil*)
norethindrone a-e estradiol
(*Loestrin*)
norethindrone a-e estradiol/
ferrous fumarate (*Loestrin Fe*)
norethindrone-ethinyl estradiol
(*Brevicon, Modicon, Norinyl, Ortho-Novum*)
norethindrone-mestranol
(*Norinyl, Ortho-Novum*)
norgestimate-ethinyl estradiol
(*Ortho Tri-Cyclen, Ortho-Cyclen*)
norgestrel-ethinyl estradiol
(*Lo/Ovral, Ovral*)

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*)
- ↓ ranitidine (*Zantac*)

Tier 2

Nexium

Other G.I. Drugs

Tier 1

- ↓ metoclopramide (*Reglan*)
- misoprostol (*Cytotec*)
- sucralfate (*Carafate*)

OSTEOPOROSIS

Tier 1

alendronate (*Fosamax*)
estradiol (*Estrace*)

Tier 2

Climara
Miacalcin
Premarin

Tier 3

Boniva
Evista

PSYCHOTHERAPEUTICS (ANXIETY/DEPRESSION)

Tricyclic 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

SSRI

Tier 1

citalopram (*Celexa*)
fluoxetine (*Prozac*)
paroxetine, ER (*Paxil, CR*)
sertraline (*Zoloft*)

Anxiolytics

Tier 1

- ↓ alprazolam (*Xanax*)
- bupirone (*Buspar*)
- ▲ chlordiazepoxide (*Librium*)
- ▲ clorazepate (*Tranxene*)
- ▲ diazepam (*Valium*)
- ↓ lorazepam (*Ativan*)
- ↓ oxazepam (*Serax*)

PSYCHOTHERAPEUTICS (ANXIETY/DEPRESSION) CONT.

Antipsychotics

Tier 1

- ↓ chlorpromazine (*Thorazine*)
- ↓ clozapine (*Clozaril*)
- ↓ haloperidol (*Haldol*)
- ↓ perphenazine (*Trilafon*)
- ↓ risperidone (*Risperdal*)
- ↓ thioridazine (*Mellaril*)
- ↓ thiothixene (*Navane*)

Tier 2

Seroquel/XR

Tier 3

- ↓ Zyprexa

Hypnotic Agents

Tier 1

- ▲ flurazepam (*Dalmane*)
- ↓ temazepam (*Restoril*)
- ↓ triazolam (*Halcion*)
- zaleplon (*Sonata*)
- zolpidem (*Ambien*)

Misc. Psychotherapeutic Agents

Tier 1

- dextroamphetamine sulfate
(*Dexedrine*)
- lithium carbonate (*Eskalith*)
- lithium citrate
- Metadate ER
- Methylin ER
- methylphenidate, SR (*Ritalin*)

Tier 2

- Dexedrine
- Eskalith, Lithonate
- Metadate CD
- Ritalin, SR

UROLOGICALS

Tier 1

- flavoxate (*Urispas*)
- oxybutynin, ER (*Ditropan, XL*)
- proprantheline (*Pro-Banthine*)

Tier 2

- Detrol/LA
- Enablex
- Gelnique
- Oxytrol
- Vesicare

NSAIDs (PAIN RELIEVERS)

NSAIDs

Tier 1

- diclofenac potassium
- diclofenac sodium (*Voltaren*)
- etodolac, XL (*Lodine*)
- flurbiprofen (*Ansaid*)
- ibuprofen (*Motrin*)
- ▲ indomethacin, SR (*Indocin*)
- ketoprofen (*Orudis*)
- ketoprofen SR (*Oruvail*)
- ketorolac
- nabumetone
- naproxen (*Naprosyn*)
- naproxen sodium (*Anaprox*)
- oxaprozin (*Daypro*)
- piroxicam (*Feldene*)
- sulindac (*Clinoril*)

Tier 3

Naprelan

NSAID COX-2 Inhibitors

Tier 2

Celebrex

MIGRAINE & CLUSTER HEADACHE THERAPY

Tier 1

- asa/butalbital/caffeine
(*Fiorinal*)
- butalbital/caffeine/apap
(*Fioricet*)
- divalproex ER (*Depakote ER*)
- ergotamine/caffeine (*Cafergot*)
- isometheptene/
dichloralphenazone/apap
(*Midrin*)
- naratriptan (*Amerge*)
- sumatriptan (*Imitrex*)

Tier 2

- Maxalt/MLT
- Relpax

Tier 3

Sansert

RESPIRATORY (ALLERGY/ASTHMA)

Antihistamines

Tier 1

- Astelin nasal spray
- ▲ clemastine (*Tavist*)
- ▲ dexchlorpheniramine (*Polaramine*)
- ▲ diphenhydramine (*Benadryl*)
- ▲ tripeleennamine (*PBZ-SR*)

Tier 2

Optimine

Beta Agonists

Tier 1

albuterol (*Proventil*)
isoetharine soln. (*Bronkosol*)
metaproterenol (*Alupent*)

Tier 2

Accuneb
Alupent MDI
DuoNeb
Maxair MDI, Autohaler
Proair HFA
Proventil HFA
Proventil Repetabs
Serevent, Diskus
Ventolin Rotacaps

Inhaled Steroids

Tier 2

Asmanex
Azmacort
Becloment, Vanceryl
Flovent Rotadisk
Pulmicort
Qvar
Symbicort

Nasal Corticosteroids

Tier 1

fluticasone (*Flonase*)
flunisolide (*Nasarel*)

Tier 2

Nasonex

Misc. Pulmonary Agents

Tier 1

acetylcysteine (*Mucomyst*)
cromolyn nebul. soln. (*Intal*)
ipratropium MDI (*Atrovent*)

Tier 2

Advair
Atropine nebul. soln.
Combivent
Dulera
Tilade

Tier 3

Spiriva
Xopenex

SPECIALTY DRUGS

The following list contains the most commonly prescribed specialty drug.

Cancer Agents

Tier 4

Avastin
Nexavar
Sprycel
Tarceva
Temodar
Tykerb
Zolinza

Erythroid Stimulants

Tier 4

Aranesp
Epoen
Procrit

Growth Hormone

Tier 4

Genotropin
Humatrope
Norditropin

Rheumatoid Arthritis

Tier 4

Enbrel
Humira
Remicade

Interferons

Actimmune
Intron A
Peg-Intron

Myeloid Stimulant Agents

Tier 4

Neupogen
Neulasta
Leukine

Multiple Sclerosis Agents

Tier 4

Betaseron
Copaxone
Novantrone
Rebif

SMOKING CESSATION

Tier 1

bupropion (*Zyban*)

Tier 2

Chantix
Nicotrol Inhaler

Section II: Outpatient Medications Requiring a Coverage Review for Cova Care Prescription Drug Program

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.**

Classification	Medications
Antipsychotic Agents	Abilify, Invega, Saphris
Cancer Agents	Avastin, Erbitux, Nexavar, Sprycel, Sutent, Tarceva, Tykerb, Vectibix, Zolanza, Temodar
Cystic Fibrosis	TOBI (Tobramycin Inhalation Solution)
Dermatology	Avita and Retin-A (greater than age 35), Amevive, Solodyn
Erythroid Stimulant Agents	Aranesp, Epogen, Procrit
Gonadotropin Releasing Hormones Analogs	Lupron, Synarel
Growth Hormones	Geref, Genotropin, Humatrope, Norditropin, Nutropin, Protropin, Saizen, Serostim, et al
Hypertension Agents (ARBs)	Atacand/HCT, Avapro, Avalide, Benicar/HCT, Teveten/HCT
Hypnotic Agents	Ambien CR, Lunesta, Rozerem
Immunoglobulins	Gamimune N, Gammagard, Gammar-IV, Iivegam, Venoglobulin, Sandoglobulin
Interferons	Actimmune, Alferon N, Intron A, PEG-Intron, Pegasys, Rebtron, Roferon-A, Infergen
Intranasal Corticosteroids	Beconase AQ, Rhinocort AQ, Nasacort AQ, Omnaris, Veramyst
Migraine Agents	Amerge, Axert, Frova, Treximet, Zomig
Miscellaneous Agents	Amevive, Botox, Dacogen, Gleevec, Lotronex, Myobloc, Provigil, Raptiva, Thalomid/Revlamid, Vidaza, Weight-loss medications, Xolair, Zelnorm
Multiple Sclerosis Agents	Betaseron, Copaxone, Rebif, Avonex, Tysabri, Novantrone
Myeloid Stimulant Agents	Neupogen, Neulasta, Leukine, Neumega
NSAIDs/COX-2 Inhibitors*	Celebrex*, Mobic*
Osteoporosis Agents	Actonel, Fosamax D
Proton Pump Inhibitors	Prevacid, Aciphex, Protonix, Zegerid, Prilosec 40mg
Pulmonary Arterial Hypertension (PAH) Agents	Revatio, Tracleer, Letairis, Ventavis
Respiratory Syncytial Virus Prevention	Synagis, Respigram
Rheumatoid Arthritis Therapy	Enbrel, Kineret, Remicade, Humira, Arava

*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.

Medication	Quantity Limitation
Amerge	Any combination of tablets, not to exceed 12 per rolling 30 days
Axert	Any combination of tablets, not to exceed 12 per rolling 30 days
Bupropion	Limited to 3 months (90 days) per year (365 days)
Chantix	Limited to 6 months (180 days) per year (365 days)
Diflucan	Up to 7,200 mg within 180 days
Diflucan (150 mg only)	Up to 4 tablets per co-payment
Frova	Any combination of tablets, not to exceed 12 per rolling 30 days
Imitrex	Any combination of tablets, injections, or nasal sprays, not to exceed 12 per rolling 30 days
Lamisil	Up to 22,500 mg within 180 days
Maxalt	Any combination of tablets, not to exceed 12 per rolling 30 days
Nicotrol	Limited to 3 months (90 days) per year (365 days)
Relenza	Up to 20 tablets within 180 days
Relpax	Any combination of tablets, not to exceed 12 per rolling 30 days
Sporanox	Up to 18,000 mg within 180 days
Stadol Nasal Spray	Up to 4 canisters within 30 days
Tamiflu	Up to 10 tablets within 180 days
Toradol	Up to 20 tablets or 20 injections per prescription
Treximet	Any combination of tablets, not to exceed 12 per rolling 30 days
Zomig	Any combination of tablets, not to exceed 12 per rolling 30 days

THIS LISTING WAS CURRENT AT THE TIME OF PRINTING.

Drug Exclusions

On April 21, 2010, the reconvened General Assembly session approved a budget amendment from Governor McDonnell that impacts your health benefits.

Effective July 1, 2010, the two categories of prescription medications listed below will no longer be covered under your prescription drug benefit. While the plan will not pay for these drugs, you may receive a discount when you purchase them at a participating retail pharmacy and through the **Medco Pharmacy** mail-order service.

1. Medications used to treat erectile dysfunction (ED), including:

<i>Caverject</i> [®]	<i>Levitra</i> [®]
<i>Cialis</i> [®]	<i>Muse</i> [®]
<i>Edex</i> [®]	<i>Viagra</i> [®]

2. Nonsedating antihistamines (NSAs), including:

<i>Allegra</i> [®]	<i>Clarinet-D</i> [®] 24 Hour
<i>Allegra ODT</i> [®]	fexofenadine HCl (generic)
<i>Allegra-D</i> [®]	fexofenadine-PSE ER (generic)
cetirizine HCl (generic)	<i>Xyzal</i> [®]
<i>Clarinet</i> [®]	<i>Zyrtec</i> [®]
<i>Clarinet-D</i> [®] 12 Hour	<i>Zyrtec-D</i> [®]

About over-the-counter (OTC) NSAs

If you use NSAs, you may also want to consider OTC medications as lower-cost options. These medications are available to treat various conditions, including colds and seasonal allergies. They can be purchased without a prescription at retail pharmacies or retail stores. When you purchase OTC medications, you may be able to get the same strength and dosage that were previously available by prescription.

You can talk to your doctor or pharmacist about whether there's an OTC medication available to treat your condition. As always, decisions about your care are the responsibility of you and your doctor, so please consult your doctor before beginning or discontinuing any medication.

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 COVA Care Member Handbook.

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

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Medco manages your prescription drug benefit at the request of your health plan.

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