

## Change Effective January 1, 2006

Prescription coverage is tiered to encourage use of generics and the preferred brand medications in the disease management categories.

### **Tier 1 will include:**

- All covered generic medications
- Covered preferred brand name medications in the following Formulary/Preferred Medication List categories:
  - Antiasthmatics and COPD
    - Bronchial Dilators
    - Bronchial Dilator and Glucocorticoid Combinations
    - Corticosteroid Inhaled Medications
    - Leukotriene Receptor Antagonists
    - Mast Cell Stabilizers
  - Blood Formation and Coagulation
    - Anticoagulants
    - Platelet Inhibitors
  - Cardiovascular
    - Blood Pressure Agents
    - Cholesterol Agents
    - Diuretics
    - Heart Rhythm Stabilizers
    - Miscellaneous
  - Central Nervous System Agents
    - Analgesics category only
  - Diabetic Agents and Monitoring
    - Antidiabetic Agents-Oral
    - Blood Sugar Increasing Agents
    - Insulins
    - Glucose meters & test strips
  - Musculoskeletal Agents
    - Muscle Relaxants category only

***Remember, not all preferred brand medications are in tier 1.*** For a brand name drug to be in tier 1, it must be a preferred medication on the WHI formulary **AND** it must be in one of the above categories. You may search the WHI formulary online at [www.mywhi.com](http://www.mywhi.com). Select Search the Formulary under Member Services.

### **Tier 2 will include:**

- All other covered brand name medications

**Specialty Pharmacy medications & co-pay arrangement remains unchanged.**

**All plan exclusions, limitations, and other provisions still apply.**