



Welcome to Prescription Solutions

Prescription Solutions is one of the leading providers of comprehensive prescription medication benefits in the United States, and we are pleased to introduce you to our pharmacy benefit program. With your pharmacy benefit program, you can fill your prescriptions at a retail pharmacy or with the Prescription Solutions® Mail Service Pharmacy.

Mail Service Pharmacy

If you choose to receive your covered maintenance medications through Prescription Solutions' Mail Service Pharmacy, your out-of-pocket costs are less and you can receive up to a 90-day supply of medication. For more information about using the Mail Service Pharmacy, please refer to the Mail Service Pharmacy section in this booklet.

Retail Pharmacies

Prescription Solutions contracts with some of the largest pharmacy chains nationwide. There's likely to be at least one location in your own neighborhood. If you don't find your pharmacy listed below, please contact Customer Service or visit our website at www.PrescriptionSolutions.com.

ALBERTSON'S PHARMACY	HY-VEE & DRUG TOWN PHARMACY	SAFEWAY PHARMACY
BEL-AIR PHARMACY		SAVE MART
BIG "A" PHARMACY	K-MART PHARMACY	SAVON DRUGS
COSTCO PHARMACY	LONGS PHARMACY	TARGET PHARMACY
CUB PHARMACY	MEDICINE SHOPPE PHARMACY	VONS PHARMACY
CVS PHARMACY		WALGREENS
FRED MEYER PHARMACY	RALEY'S PHARMACY	
HORTON & CONVERSE PHARMACY	RALPHS PHARMACY	
	RITE AID PHARMACY	

About Your ID Card

Please remove the ID card attached to this booklet and keep it with you. Present your ID card, along with your prescription, at any participating pharmacy when ordering your medication. If you have any questions regarding your pharmacy benefit, please call Prescription Solutions Customer Service at **1.866.870.3469**. We're available 24 hours a day, 7 days a week.

An Introduction to Your Prescription Benefit Program

Your pharmacy benefit program is designed to help you and your eligible dependents obtain prescription medications conveniently and at reasonable prices. We are committed to:

- Providing a quality prescription benefit program that meets your needs and the needs of your family.
- Promoting the use of safe, cost-effective and clinically appropriate medications.
- Helping you save money and providing convenient access to your prescription medications.
- Helping you achieve the best possible health outcomes.

This booklet is an important resource — along with the Prescription Solutions' website (www.PrescriptionSolutions.com) and our Customer Service Department at **1.866.870.3469**. We encourage you to review this booklet and visit our website to educate yourself about your prescription benefit program. Understanding how your program works will help you get the most out of your benefit.

Important Features of Your Prescription Benefit

Prior Authorization

Your prescription benefit program may have a Prior Authorization process for certain types of medications. This process involves reviewing clinical criteria with requests for non-formulary medications— or medications with restrictions — before the pharmacist fills the prescription. Prior Authorization helps ensure that you and your family receive the most appropriate medications and proper follow-up care.

Generic Medications

One or more of your prescriptions may be filled with a pharmaceutically equivalent generic product. We use generic equivalents, whenever possible, in order to reduce costs to you, your Plan and the health care

system — unless otherwise directed by your physician. These medications have met the standards established by the Food and Drug Administration (FDA). The FDA approves a generic equivalent if its safety, purity, strength and effectiveness are proven to match that of the brand-name product, and there are no important differences in the rate or extent of absorption. Please refer to the label on your prescription container to determine if you have received a generic equivalent.

In general, most plans require the use of generically equivalent products to obtain savings for their members. You may request brand-name medications by notifying us on your prescription order. The brand-name product may be subject to a higher cost or copay as determined by your plan. We suggest you call for a price check prior to requesting a brand-name medication.

How to Find Information About Your Plan

For the most up-to-date information about your prescription benefit, visit us online at www.PrescriptionSolutions.com or call Customer Service at **1.866.870.3469**.



Mail Service Pharmacy

Prescription Solutions' Mail Order Pharmacy makes ordering maintenance medications easy and saves you both time and money compared to a retail pharmacy. Using your mail order benefit entitles you to a 90-day supply at a discounted price, where through a retail pharmacy you receive a 30-day supply. Plus, shipping is at no cost to you — so you do not have to drive to your local pharmacy.

- Save Time.
- Save Money.
- Convenient Door-to-Door Service.

Prescription Solutions uses generic products whenever possible to help reduce your medication costs. Generic medications are FDA approved equivalents to the more expensive brand-name version. If you or your physician prefers the brand-name, please indicate this on your order. Please be aware that the brand-name medication may be subject to a higher copay as determined by your Plan. Contact Customer Service for information about your copays.

Your Medication Safety is Protected by Our Professional Staff

Every prescription submitted to Prescription Solutions is screened by our team of registered pharmacists for accuracy, drug interactions, allergies and appropriateness of therapy. Prescription Solutions maintains a complete record of all of your current medications, regardless of where you had them filled.† If for any reason we believe your prescription needs clarification, we will contact you or your physician. If we are unable to resolve the issue and we anticipate a delay in shipping your order, we will contact you.

- Professional Staff
- Quality
- Accuracy
- Medication Screening

† medications filled using your pharmacy benefit



Four Ways to Get Started Using Mail Service

Option 1: Your physician can Fax us

If you would like to save mailing time to Prescription Solutions, your physician can fax your prescriptions directly to our processing center at **1.800.491.7997**, 24 hours a day, 7 days a week. (NOTE: Faxed prescriptions can only be accepted from your physician's office)

Option 2: Your physician can Phone us

Prescription Solutions offers the convenience of accepting phoned in new prescriptions and refill renewals directly from your physician's office. Our pharmacist phone team can be reached at **1.800.791.7658**, 8 a.m. – 8 p.m. Central Time, Monday – Friday, excluding certain holidays; TTY/TDD **1.800.498.5428**.

Option 3: You can Mail in your prescriptions

Complete the attached mail-in order form and mail to Prescription Solutions along with your new 90-day prescriptions. Please include your date of birth and ID number on each prescription.

- For newly prescribed medications, ask your physician to write two prescriptions: one for a 30-day supply to get you started (to be filled at your local pharmacy), and one for a 90-day supply plus additional refills to be submitted for mail order.
- For medications you are currently taking, ask your physician to write a prescription for a 90-day supply plus refills.

Option 4: We'll Call your physician for you

Prescription Solutions will contact your physician to request your prescriptions be converted to a 90-day supply.

- Provide your medication names and dosages along with your physician's name and phone number.
- Call **1.800.562.6223** 24 hours a day, 7 days a week; TTY/TDD **1.800.498.5428**.

Packaging and Delivery

To ensure that your order is delivered to you in a timely manner, Prescription Solutions uses USPS along with other national carriers. Standard delivery is at no cost to you, and most orders should arrive in about 7 days after we receive your complete order. Refills are usually processed and shipped within 48 hours after the request is received (please allow for postal delivery time). Each shipped order will include a reorder form and detailed drug information for each medication. Refrigerated items are shipped next day delivery in a styrofoam container with ice packs. For certain medications such as controlled substances, "signature service" may be required.

If we need to contact you or your physician about your order, delivery may take longer. If you prefer rush delivery, your order can be shipped overnight for an additional charge. You should fill your prescription(s) locally if you're out of your medication(s) and can't wait for your mail order prescription to arrive.

Refills Are Even Easier

Prescription Solutions makes ordering refills or checking how many refills you have available very easy. Refills can be ordered online at www.PrescriptionSolutions.com, via the automated phone system, or by calling Customer Service. In addition, you will receive a reorder form with each shipment that can be mailed in for processing at your convenience. Once you register online, you will receive an e-mail reminder when it's time to refill your medication.

Pharmacists are Available 24 Hours a Day, 7 Days a Week

If you would like a consultation with one of our pharmacists, or you have questions or concerns regarding your medications, pharmacists are available 24 hours a day, 7 days a week. Please call **1.800.562.6223** to speak with one of our consultant pharmacists.



Prescription Solutions Contact Information

Departments/Services for Members

Website	www.PrescriptionSolutions.com
Customer Service	1.866.870.3469
For general benefit information	24 hours a day, 7 days a week
TTY/TDD	1.800.498.5428
(for the hearing impaired)	
Mail Service Pharmacy	1.800.562.6223
For refills, prescription order information, pharmacist consultation	24 hours a day, 7 days a week

Departments/Services for Physicians

Prior Authorization	Phone: 1.800.711.4555 Option 1
	Fax: 1.800.527.0531
	Mon. - Fri., 5 a.m. - 7 p.m. Pacific Time
	Sat. 6 a.m. - 3 p.m. Pacific Time

Injectable Prior Authorization	Phone: 1.800.711.4555 Option 2
Other than insulin.	Fax: 1.800.853.3844
Injectable medications and other therapies for complex health conditions.	



In Case of Emergency

In the event of an emergency or natural disaster, contact Customer Service for assistance. We will help you obtain an immediate refill at a local pharmacy if needed.

www.PrescriptionSolutions.com

Mail Service Pharmacy, Health Tools and Information are Just a Click Away

Millions of Americans trust Prescription Solutions to deliver the medications and health supplies they need. Our website, www.PrescriptionSolutions.com, is easy to use and offers a safe and secure online environment that protects your confidentiality. Now you can take advantage of our one-stop online pharmacy for all your prescription medication refills and over-the-counter products.

Refilling your prescriptions online is fast, easy, safe and convenient. When you order online, you eliminate mail time and can rest assured that your prescriptions are filled using the same quality and accuracy checks as any other prescription.

Most health plans offer lower copays when you order from the Mail Service Pharmacy. Best of all, there is no charge to you for standard shipping with all your prescription orders.

The screenshot displays the Prescription Solutions website interface. At the top, there is a navigation menu with options like 'Home', 'About Us', 'Prescription Services', 'Shop Now', 'Contact Us', and 'Help'. Below the menu, the main content area is divided into several sections. On the left, there is a 'Prescriptions' sidebar with links for 'Refill a Prescription', 'Order a New Prescription', 'Find a Pharmacy', 'Drug List', 'Shop For Products', 'Order Medical Supplies', and 'Buy Over-the-Counter Products'. The central part of the page features the 'Education Center' with a heading and introductory text: 'When you purchase your medical supplies from Prescription Solutions, you gain more than just a trusted medical supply provider. You also gain access to information you need to manage your health and live life to the fullest. If we don't have the answers to all your questions, we'll link you to the experts who do.' Below this, there is a sub-section for 'Diabetes Education' and 'Respiratory Education' with a small image of a doctor and a patient. On the right side, there is a 'YOUR SHOPPING CART' section showing 'Your Cart contains: 0 item(s)' and a 'CHECK OUT' button. At the bottom of the page, there are logos for 'Verified Internet Pharmacy Practice Sites', 'Walgreens', and 'VeriSign'.

Online Health Tools and Resources* available at www.PrescriptionSolutions.com include:

- **Prescription Refills** — refill a current prescription.
- **Prescription History** — track your prescription order history, expenses and savings.
- **Find a Pharmacy** — locate a retail pharmacy, especially helpful if you travel frequently and need to find a pharmacy while you're on the road.
- **Drug Information** — find information about prescription medications, such as common uses, use instructions, cautions, side effects and more.
- **Drug List** — check your plan's drug formulary to find out what medications are covered.
- **Order Status** — track your online order history.
- **Member Health Education** — Get information about common diseases, medications and other consumer-related questions.

*Not all of these features are available to all users; availability varies by Plan.

Over-the-Counter (OTC) Products

When placing your on-line prescription order, please take a moment to browse the Over-The-Counter (OTC) Program, which offers many commonly used OTC products and Home Care items, including:

- Vitamins and nutritional supplements.
- Pain relievers.
- Antacids.
- Cough and cold remedies.
- First aid supplies.
- And more!

If you order OTC products at the same time as your prescription order, shipping is no charge to you. In addition, if you order \$25 or more as a separate OTC order, shipping is also at no cost to you.

Information and Security You Can Trust

You can rest assured when you visit www.PrescriptionSolutions.com that your personal information will be safeguarded. You can also be confident in the reliability and quality we provide. In fact, we have won top industry awards for the safety and quality of our online pharmacy.

VIPPS Accreditation

Since 2005 Prescription Solutions has been accredited by the National Association of Boards of Pharmacy® (NABP®) under its Verifiable Internet Pharmacy Practice Sites™ (VIPPS®) program.

In order to earn VIPPS accreditation, a pharmacy must comply with the licensing and inspection requirements of the state in which it is located, as well as all states to which it dispenses pharmaceuticals. Accreditation also requires meeting set standards in patient confidentiality, security of prescriptions, a quality assurance program and patient-pharmacist consultation. VIPPS accreditation is currently recognized as the only independent measurement of quality and regulatory compliance for the mail service pharmacy business. To date, only 14 companies nationwide have achieved VIPPS accreditation.

When you see the VIPPS logo on our website, you'll know we're providing security and quality for your online purchases.

Register Today! It's Easy!

Register today and take the first step to managing your prescription medications and health products needs online with www.PrescriptionSolutions.com. You can register anytime.

The screenshot shows the 'My Account' page on the Prescription Solutions website. The page is divided into several sections:

- Navigation:** Includes 'Home | My Account' and 'ORDER STATUS'.
- Left Sidebar:** Contains a menu with categories: Prescriptions (Refill a Prescription, Order a New Prescription, Find a Pharmacy, Drug List), Shop For Products (Order Medical Supplies, Buy Over-the-Counter Products), and Health Information (Health Tools, Education Center).
- Main Content Area:**
 - Welcome:** A message from Prescription Solutions with a link to 'View your cart contents'.
 - MY ACCOUNT:** A list of links including Order Status & History, Prescription History, Manage Account, View Benefit Information, Feedback Page, Most Used Forms, Terms & Conditions, 2007 Diseases, Preferred Cruises, and OTC Initiatives.
 - Image:** A black and white portrait of an elderly woman.
 - Text:** A paragraph explaining the benefits of registration, such as managing health better, viewing orders, and claiming history.
- Right Sidebar:**
 - YOUR SHOPPING CART:** Shows 'Your Cart contains: 0 items' and a 'CHECK OUT' button.
 - SAVE TIME & MONEY:** A promotional banner for ordering prescriptions and medical supplies via email.

Medications Covered by Your Benefit

A Prescription Drug List, or formulary, is a list of brand-name and generic medications that have undergone a careful review by a committee of practicing physicians and pharmacists. This committee reviews new and existing medications for safety and efficacy, and decides which medications provide quality treatment at the best value. The formulary is updated several times a year as new medications become available and is subject to change. For the most up-to-date information, visit www.PrescriptionSolutions.com.

While the formulary is intended to provide a comprehensive coverage of your prescription medication needs, there are some that are not covered or are limited. For medications that are not on the formulary or are not covered by your prescription benefit, talk to your physician about an alternative medication.

How Can I Find Out What Medications Are On My Plan's Formulary?

The Prescription Drug List is updated several times every year as new medications become available. The list is subject to change. For the



most up-to-date information, visit www.PrescriptionSolutions.com or call Customer Service at **1.866.870.3469**.

For specific coverage and limitations information and details about your copay, please refer to your benefit plan documents.

Mandatory & Preferred Mail Service

If your Plan includes Preferred Mail Service or Mandatory Mail Service programs, you may be required to obtain your maintenance medication(s) from Prescription Solutions' Mail Service Pharmacy when you use your prescription drug benefit.

Maintenance medications are typically taken every day for certain conditions. These conditions include:

- High blood pressure
- High cholesterol
- Diabetes
- Asthma
- Osteoporosis

Other drugs you are taking may be considered maintenance medications and subject to this program. For more information, refer to the Mail Service Pharmacy section in this book or call Customer Service at **1.866.870.3469**.

Preferred Mail Service

If your Plan includes Preferred Mail Service, you will be able to continue filling your prescription for your maintenance medication(s) at a retail pharmacy after three months. However, you will pay your Mail Order copay for a 30-day supply at a retail pharmacy. Your Mail Order copay covers a 90-day supply through the Mail Service Pharmacy.

Prior Authorization

Certain prescription medications that have been approved by the Food and Drug Administration (FDA) require prior authorization before they are dispensed at a pharmacy. These include non-formulary and formulary medications. If your physician prescribes one of these medications, you will need to go through a prior authorization process. We review requests for these selected medications to help ensure appropriate and safe use of medication(s) for your medical condition(s). Your physician can call, fax, or submit Prior Authorization requests electronically to Prescription Solutions. For a list of select medications that require Prior Authorization, please contact Customer Service at **1.866.870.3469**.

Your Plan may have additional requirements for coverage or limits for select prescription medications. These requirements and limits ensure that members use these medications in the most effective way and also help the Plan control medication costs. A team of practicing physicians and pharmacists developed these requirements and limits to help your Plan provide quality coverage to members. Please consult the formulary on our website for more information about these requirements and limits.

Additional Requirements for Coverage or Limits on Certain Medications May Include:

Quantity Limits

For certain medications, your Plan may limit the amount of the medication that will be covered per prescription or for a defined period of time. For example, your Plan may provide up to 30 units per 30-day period for a formulary medication.

Step Therapy

In some cases, your Plan requires you to first try one medication to treat your medical condition before they will cover another medication for that condition. For example, if Drug A and Drug B both treat your medical condition, your Plan may require your physician to prescribe Drug A first. If Drug A does not work for you, then your Plan will cover Drug B.

You can find out if the medication you take is subject to these or other additional requirements or limits by looking in the current formulary on www.PrescriptionSolutions.com, or by calling Customer Service at **1.866.870.3469**.

Prescription Solutions Prescription Drug List (Formulary)

Note: Drugs listed in bold type are considered formulary only if dispensed in generic form. Please ask your physician and pharmacist to prescribe and dispense the generic. If you receive the brand-name product, you will be assessed a higher cost/copay. Due to the constantly changing nature of drug therapy, the formulary is a dynamic document and is subject to change. For specific coverage and limitations please refer to local plan specifications and benefit design. The most up-to-date formulary can be found online at www.PrescriptionSolutions.com.

A-B

Accu-Chek (Active, Advantage, Aviva, Comfort Curve, Compact, Instant)

Accupril

Accuretic

Accutane

Acetazolamide

Acetic acid

Aclovate

Actigall

Actonel

Actonel/calcium

ACTOplus met

Actos

Acular, Acular LS

Adalat CC

Adderall

Adderall XR

Advair Diskus

Advair HFA

Advicor

Aerochamber

Aerochamber/mask

Agenerase

Aggrenox

Agrylin

Albalon

Albuterol

Aldactazide 25/25

Aldactazide 50/50

Aldactone

Aldara

Alkeran

Allegra

Allegra susp

Allegra-D

Alora

Alphagan-P

Altace

Amantadine Caps

Amantadine Tabs

Amaryl

Ambien

Ambien CR

Amiloride

Amiloride/HCTZ

Amoxil

Amoxil Pediatric

Ampicillin

Anafranil

Analpram HC

Anaprox

Anaprox DS

Androderm

AndroGel

Androxy

Anexsia

Antabuse

Antara

Antipyrine/ benzocaine

Anusol-HC

Anzemet

Aptivus

Aralen

Arava

Aricept

Aricept ODT

Arimidex

Aromasin

Asacol

Asmanex Twisthaler

Aspirin/codeine

Astelin

Ativan

Atripla

Atrovent HFA

Atrovent nasal soln

Augmentin

Augmentin 125mg,
250mg

Augmentin ES

Augmentin XR

Avandamet
Avandia
Avelox
Avinza
Axid soln
Aygestin
Azopt
Azor
Azulfidine
Azulfidine EN
Bacitracin
Baclofen
Bactrim
Bactrim DS
Bactroban cream
Bactroban oint
Baraclude
BD
Beconase AQ
Benicar
Benicar HCT
Bentyl
BenzaClin
Benzamycin
Benzotropine
Betagan
Betamethasone dipropionate
Betamethasone valerate
Betapace
Betapace AF
Betaxolol
Betimol
Betoptic S
Biaxin
Biaxin XL
BiDil
Biltricide
Bleph-10
Blephamide
Boniva tab
Brethine
Brimonidine
Broncho Saline

Bumex
Buspar
C-D
Cafergot tab
Calan
Calan SR
Canasa
Capoten
Capozide
Carac
Carafate
Cardene
Cardene SR
Cardizem
Cardizem CD
Cardizem SR
Cardura
Carteolol
Cartia XT
Casodex
Catapres tab
CeeNU
Cefaclor (Not ER)
Ceftin tab
Celexa
Cheratussin DAC
Ciloxan soln
Cimetidine
Cipro tab
Cipro XR
Clemastine
Cleocin
Cleocin vaginal cream
Cleocin vaginal supp
Cleocin-T
Climara
Climara Pro
Clinoril
Clomid
Clorpres
Codimal DH
Colazal
Colchicine

Colestid
CoLyte
Combigan
Combivent
Combivir
Comtan
Concerta
Condylox gel
Condylox soln
Cordarone
Coreg (not CR)
Corgard
Cortef
Cortenema
Cortisporin (otic only)
Coumadin
Creon (10, 20 only)
Crestor
Crixivan
Crolom
Cuprimine
Cutivate
Cyclogyl
Cyclogyl 1%
Cymbalta
Cyproheptadine
Cystospaz
Cytomel
Cytotec
Cytoxan
Dalmane
Danazol
Dantrium
Dapsone
Daraprim
Darvocet-N
Darvon
Daypro
DDAVP
Declomycin
Demadex
Demerol
Depakene
Depakote ER

DesOwen
Detrol
Detrol LA
Dexedrine
Dexedrine SR
Diabeta
Diabinese
Dibenzyliline
Dicloxacillin
Differin
Diflucan
Diflunisal
Dilacor XR
Dilantin
Dilaudid
Diovan
Diovan HCT
Diprolene
Diprolene AF
Ditropan (not XL)
Dolophine
Donnatal
Donnatal Extentabs
Doxepin'Drisdol
Drysol
Duetact
Duragesic
Duratuss HD
Duricef
Dyazide
Dynacin
E-F
E.E.S.
Ear-gesic
Easivent
Econazole nitrate
Effexor
Effexor XR
Efudex
Elidel
Elimate
Elixophyllin
Elmiron
Elocon

Emcyt
EMLA
Emtriva
Enablex
Enjuvia
Entex LA
Entex PSE
Entocort EC
Epivir
Epivir-HBV
Epzicom
Ergomar
Ery-Tab
Erythromycin stearate
Esgic
Esgic Plus tab
Estrace cream
Estrace tab
Estraderm
Estratest
Estratest HS
Ethmozine
Etodolac
Etodolac ER
Eurax
Evista
Exforge
Extendryl
E-Z Spacer
E-Z Spacer w/mask
Fareston
Feldene
Femara
Fenoprofen
Finacea
Fioricet
Fioricet/codeine
Fiorinal
Flagyl tab (not ER)
Flexeril
Flomax
Flonase
Florinef
Flovent Diskus

Flovent HFA
Floxin otic
Flumadine tab
Flunisolide
Fluphenazine
Flutamide
FML Forte
FML Liquifilm
FML S.O.P.
Folic acid
Foradil
Fosamax
Furadantin
G-H
Gantrisin Pediatric
Garamycin ophth, otic
Garamycin topical
Gleevec
Glucophage
Glucophage XR
Glucotrol
Glucotrol XL
Glyname PresTab
GoLYTELY
Granulex
Grifulvin V susp
Grifulvin V tab
Gris-PEG
Guaifenesin/codeine AC
Halcion
Haloperidol
Helidac
Hepsera
Hexalen
Histussin HC
Humalog (vials only)
Humalog Mix (vials only)
Humulin (vials only)
Hycodan
Hydralazine
Hydrea

Hydrochlorothiazide
Hydroxyzine
Hytone
Hytrin

I–J

Imdur
Imitrex (not inj)
Imitrex Nasal Spray
Imuran
Indapamide
Inderal
Inderal LA
Inderide
Indocin
Indocin SR
Inspirease
Intal
Intal soln
Invirase
Isoniazid
Isoptin
Isoptin SR
Isopto Atropine
Isopto Carbachol
Isopto Carpine
Isopto Homatropine
Isordil
Isordil 40mg tab
Isordil SR
Isradipine (not
DynaCirc CR)
Istalol
Janumet
Januvia

K–L

Kaletra
Kayexalate
Keflex
Kenalog
Kerlone
Ketoprofen
Ketoprofen ER

Ketorolac
tromethamine
Klonopin
Klonopin wafers
K-Lyte
K-Lyte/CL
Lactulose
Lamictal
Lamictal starter kit
Lamisil tab
Lancets (Accu-Chek,
BD Ultra-Fine, E-Z
Ject, Monolet)

Lanoxin
Lantus
Lariam
Lasix
Leucovorin
Leukeran
Levaquin
Levatol
Levemir
Levitra
Levoxyl
Levsin
Levsinex
Lexapro
Lexiva
Librium
Lidex
Liboderm
Lipitor
Lithium carbonate
Lithium carbonate CR
Locoid
Lofibra cap
Lomotil
Lopid
Lopressor
Loprox
Loprox shampoo
Lorcet
Lorcet Plus
Lortab
Lotensin

Lotensin HCT
Lotrel
Lotrel 5mg/40mg,
10mg/40mg
Loxitane
Lumigan
Lunesta
Lysodren

M–N

Macrobid
Macrodantin
Maprotiline
Marinol
Matulane
Maxitrol
Maxzide
Mebaral
Mebendazole
Meclofenamate
Medrol
Megace
Menest
**Meperidine/
promethazine**
Mephyton
Mestinon CR
Mestinon syrup
Mestinon tab
Methazolamide
Methergine
Methitest
Methotrexate
Methyldopa
Methyldopa/HCTZ
MetroCream
MetroGel 0.75%
MetroGel 1%
MetroGel-Vaginal
MetroLotion
Mevacor
Mexitil
Miacalcin nasal spray
Micardis
Micardis HCT

Micro-K
Micronase
Microzide
Midrin
Minipress
Minocin
Minoxidil
Mintezol
Mirapex
Mobic
Monoket
Monopril
Monopril HCT
Morphine sulfate
soln, tab
Motrin
MS Contin
Mucomyst
Myambutol
Mycelex Troche
Mycobutin
Mycostatin
Mydracial
Myleran
Mysoline
Nabumetone
Namenda
Naprosyn
Nardil
Nasarel
Nasonex
Natacyn
Navane
NebuPent
Neomycin
Neoral
Neosporin ophth
Neurontin
Neurontin soln
Nexavar
Nexium
Niaspan
Nilandron
itro-Bid oint
Nitro-Dur

Nitroglycerin CR cap
Nitrostat
Nizoral
Norco
Noritate
Norpace
Norpace CR 100mg
Norpace CR 150mg
Norpramin
Norvasc
Norvir
Novolin (vials only)
Novolog (vials only)
Novolog Mix (vials
only)
NuLYTELY
Nystatin

O–P

Ocufen
Ocuflox
Ogen
Omnicef
OneTouch (FastTake,
SureStep, Ultra)
Ophthetic
Optichamber
Optihaler
OptiPranolol
Optivar
Oramorph SR
Orapred
Orphenadrine
Oxsoralen-Ultra
OxyIR
Oxytrol
Pacerone 100mg,
300mg
**Pacerone 200mg,
400mg**
Pamelor
Papaverine CR
Parlodel
Parnate
Pataday

Patanase
Patanol
Paxil
Paxil CR
Pediapred
Pediatric vitamins
**ACD/FL,
ACD/FL/FE**
Pediazole
Pen-Vee K
Percocet
Percodan
Perphenazine
Persantine
Phenobarbital
Phenylephrine
Phenytek
PhosLo
Phospholine Iodide
Phrenilin Forte
Pindolol
Plaquenil
Plavix
Plendil
Pletal
Polycitra
Polycitra-K
Polycitra-LC
Polysporin
Polytrim
Poly-Vi-Flor
Poly-Vi-Flor/Iron
Potassium Chloride
Pravachol
Pred Forte
Pred Mild
Prednisone
phosphate
Prelone
Premarin
Premphase
Prempro
**Prenatal vitamin/
folic acid 1mg**

PrevPac
Prezista
Prilosec
Primaquine
Pristiq
ProAir HFA
Probenecid
Procardia
Procardia XL
Prochlorperazine
ProctoFoam-HC
Promethazine
Promethazine DM
**Promethazine/
codeine**
Pronestyl cap
Pronestyl SR
Propine
Propylthiouracil
Proscar
Protonix
Protonix Pak
Protopic
Proventil
Provera
Prozac (not weekly)
Psoriatec
Purinethol
Pylera
Pyrazinamide
Pyridium

Q-R

Questran
Questran Light
**Quinidine gluconate
SR**
Quinidine sulfate
Quinidine sulfate CR
Quinine sulfate
Quixin
QVAR
Ranexa
Reglan
Relpax

Remeron
Remeron SolTab
Requip (not XL)
Rescriptor
Restoril
Restoril 22.5mg
Retin-A
Retin-A MICRO
Retrovir
Reyataz
Rheumatrex
Rifadin
Risperdal
Risperdal M-Tab
Ritalin
Ritalin SR
RMS
Robaxin
Rocaltrol
Rondec
Rondec DM
Rowasa
Roxanol
Roxicodone
Rozex
Rynatan
Rythmol (not SR)

S-T

Salagen
Salsalate
Sal-Tropine
Sandimmune
Sectral
Sedapap
Selegiline tab
Selsun
Selzentry
Septra
Septra DS
Serax
Serevent Diskus
Seroquel
Seroquel XR
Silvadene

Simcor
Sinemet
Sinemet CR
Singulair
Soltamox
Somnote
Soriatane
Soriatane CK
Spiriva HandiHaler
Sporanox cap
SSKI
Sulfacet-R
Sure-Ject
Sustiva
Synalar
Synarel
Synthroid
Tabloid
Talwin NX
Tambocor
Tamoxifen citrate
Tapazole
Targretin cap
Tegretol
Tegretol XR
Tekturna
Tekturna HCT
Temodar
Temovate
Tenex
Tenoretic
Tenormin
Terumo
Teslac
Tessalon Perles
Testred
Tetracycline
Theo-24
Theophylline SR
Thioridazine
Thorazine
Tigan
Tilade
Timoptic
Timoptic XE

Tobradex
Tobrex oint
Tobrex soln
Tofranil
Tofranil PM
Tolazamide
Tolbutamide
Tolmetin
Topicort
Toprol-XL
Toradol
Trandate
Tranxene T-TAB
Travatan
Travatan Z
Trazodone
Trental
Trexall
Tricor
Trifluoperazine
Trihexyphenidyl
Trileptal
Trimethoprim
Trizivir
Truvada
Tykerb
Tylenol/codeine

U-V

Ultracet
Ultram (not ER)
Uniphyl
Uniretic
Univasc
Urecholine
Urocit-K
Valium

Valtrex
Vaseretic
Vasotec
VePesid
Veramyst
Verelan (nPM)
Vesanoid
VESicare
Vibramycin
Vibra-Tabs
Vicodin
Vicodin ES
Vicodin HP
Vicoprofen
Videx
Videx EC
Vigamox
Viracept
Viramune
Viread
Viroptic
Vistaril
Vivelle
Vivelle-Dot
Voltaren
Voltaren Ophth
Voltaren XR
VoSpire ER
Vytone
Vytarin

W-X

Welchol
Wellbutrin
Wellbutrin SR
Wellbutrin XL
Xanax (not XR)

Xeloda
Xylocaine
Xylocaine viscous
XYZAL

Y-Z

Yodoxin
Zaditor
Zanaflex tab
Zantac
Zarontin
Zaroxolyn
Zebeta
Zegerid
Zerit
Zestoretic
Zestril
Ziac
Ziagen
Zithromax
Zocor
Zofran
Zofran ODT
Zolofit
Zomig
Zomig nasal spray
Zomig ZMT
Zonegran
Zovirax
Zovirax topical
Zyloprim
Zyprexa
Zyprexa Zydis

Formulary Alternative List

This list provides formulary alternatives for some commonly prescribed non-formulary medications.

NON-FORMULARY	FORMULARY ALTERNATIVES
Aciphex	Prilosec, Protonix , Nexium
Avodart	Proscar
Celebrex	Etodolac ER, Mobic, Motrin, Salsalate, Voltaren XR
Clarinox	Allegra , XYZAL
Cozaar	Benicar, Diovan, Micardis
Fosamax Plus D	Actonel/calcium
Glucovance	Diabeta, Glucophage, Glynase PresTab, Micronase
Hyzaar	Benicar HCT, Diovan HCT, Micardis HCT
Lyrica	Neurontin, Tegretol
OxyContin	Avinza, MS Contin, Oramorph SR
Pepcid	Axid soln, Tagamet, Zantac
Prevacid	Prilosec, Protonix , Nexium
Pulmicort	Flovent, QVAR
Razadyne	Aricept, Aricept ODT, Namenda
Xalatan	Lumigan, Travatan, Travatan Z
Zetia	Advicor, Crestor, Lipitor, Mevacor, Pravachol, Zocor

About Prescription Solutions

Prescription Solutions was founded in 1993 with a mission to provide comprehensive pharmacy benefit management (PBM) services to its clients. Today, we offer a sophisticated array of high-quality, integrated PBM services to more than ten million members, including more than six million seniors. Prescription Solutions is proud to be one of the first PBMs in the nation to earn URAC's newly established accreditations for Pharmacy Benefit Management and Medication Therapy Management.

Prescription Solutions is a focused, collaborative and innovative leader in the PBM industry. We serve members through a national network of over 60,000 community pharmacies and two state-of-the-art mail service pharmacies in Carlsbad, California, and Overland Park, Kansas. Both mail service pharmacies have earned the prestigious Verified Internet Pharmacy Practice Sites™ (VIPPS) accreditation by the National Association of Boards of Pharmacy (NABP). The company was also named the #1 mail order pharmacy in the United States and ranked number one in overall convenience and customer satisfaction in the 2008 WilsonRx® survey.

“Highest in Customer Satisfaction with Mail Order Pharmacies”

Prescription Solutions pharmacies received the highest numerical score among mail order pharmacies in the proprietary J.D. Power and Associates 2008 National Pharmacy StudySM. Study based on 15,164 total responses, and measures 9 mail order pharmacies. Proprietary study results are based on experiences and perceptions of consumers surveyed June-August 2008. Your experiences may vary. Visit jdpower.com.



Prescription Drug Program Direct Member Reimbursement Form

Complete and return this form when you have purchased a covered prescribed prescription drug at retail cost and are seeking reimbursement. **Submit this form with the original prescription label receipt(s).**
Cash register and credit card receipts alone are not acceptable as proof of purchase.

Reimbursement is not guaranteed.

Claims will be reviewed, subject to limitations, exclusions and other provisions of the Plan Benefit.

Patient Information (one form per patient)

Health Plan/Insurance Name & State (please print)	Group/Employer Name	HIC # Union Trust # (if applicable)
Name (Last Name, First Name, MI)	Birth Date	I.D. Number
Mailing Address (Number, Street, City, State & Zip Code)		Social Security Number
Prescribing Physician's Name		Physician's Telephone Number

Reason For Request

(At least one must be checked)

- | | |
|---|--|
| <input type="checkbox"/> Out of Area urgent/emergent medication | <input type="checkbox"/> Referral non-contracted physician/self referral |
| <input type="checkbox"/> Non urgent medication/vacation request | <input type="checkbox"/> Compound medication |
| <input type="checkbox"/> No identification card or identification number available | <input type="checkbox"/> Non-contracted pharmacy |
| <input type="checkbox"/> Eligible member/group invalid | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Coordination of Benefits with Primary Insurance (Complete section below) | |

Coordination of Benefits

(If your primary insurance has already paid for the attached prescription, complete this section.)

Primary Health Plan/ Insurance Company Name _____

Explanation of Benefits must be Attached for Reimbursement Consideration

Primary Member/Subscriber's Name (Last Name, First Name, MI) _____

Primary Member/Subscriber's ID _____

I certify that the patient for whom this claim is made is a covered person in this Prescription Drug Program and that the prescription is for the sole use of the named patient. I also certify that the claim(s) being submitted for payment are not eligible for payment under a no-fault automobile or worker's compensation insurance program. I also authorize release of all information pertaining to this claim(s) to the plan administrator, underwriter, sponsored policy holder, and/or employer.

X _____ Member's/Subscriber's Signature _____ Date _____

Special Instructions:

Prescription Label receipt must have the following information clearly legible or reimbursement could be delayed or denied.

- Pharmacy Name
- Drug name, strength, and quantity
- Prescribing physician's name
- Prescription number and date filled
- Member paid expense

The claim(s) will be returned if the member/subscriber's signature is not present.

Please mail label receipt(s) and this completed form to:

Prescription Solutions

ATTN: Claims Department

P.O. Box 6037

Cypress, CA 90630-0037

Reimbursement and correspondence will be issued to the primary member/subscriber.

3 Health History — please check all that apply.

- Medication Allergies**
- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> No Known Allergies | <input type="checkbox"/> Cephalosporins | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Tetracyclines |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Codeine | <input type="checkbox"/> Quinolones | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Sulfa | |

- Health Conditions**
- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Allergies—Seasonal | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Other: _____ |

Please list any over-the-counter or herbal medications you take regularly:

4 Payment & Shipping Information — do not send cash.

- Standard delivery is no charge to U.S. addresses, including U.S. territories. If you require overnight shipping, please indicate below.
- Credit card on file
- Check enclosed - Made payable to Prescription Solutions. **Overnight shipment method** Add \$12.50 to order amount (Subject to change)
- Credit card: (Visa, MasterCard, Discover, American Express)
- Credit Card Number: _____
- Expiration Date
 Month _____ Year _____

Signature: _____ Date: _____

This credit card will be billed for all medications, overnight shipping (if checked above) and any outstanding balances. If method of payment is not indicated, Prescription Solutions will apply the charges to the credit card on file.

PSWBOF08

Mail Service Pharmacy Order Form

1 Be sure to include this order form and your original prescriptions — please print in black or blue ink.

Member ID Number		Plan	
Date of Birth (mm / dd / yyyy) / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email Address	
Last Name	First Name	MI	
Delivery Address		Apt. #	
City	State	Zip	Phone Number (_____)

2 List all medications submitted below with this order.

FDA approved generic equivalents for brand-name medications will be substituted whenever possible. If you require brand-name medications, please check the "Use Brand Only" box below. Note: brand-name medications may be subject to a higher cost. If you do not need your medication filled now, please check the "Hold for Later" box below. When you are ready to order, please contact Prescription Solutions.

Medication Name	Use Brand Only	Hold for Later	Physician's Name	Physician's Phone Number
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	(_____)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	(_____)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	(_____)	

Notes to Pharmacy:

(See other side for billing information)

Return Address



Postage
Required.
Post Office will
not deliver
without proper
postage.

**PRESCRIPTION SOLUTIONS
PO BOX 509075
SAN DIEGO, CA 92150-9075**

