



Principal Rx Edge<sup>SM</sup>

# Guide to Prescription Drug Pharmacy Programs

## Your prescription drug benefit

Principal Life Insurance Company works with CVS Caremark to provide your prescription drug benefit, offering you affordable, convenient access to the medications you need. Your coverage includes the Principal Rx Edge<sup>SM</sup> pharmacy programs to promote patient safety and help you get the most appropriate, cost-effective medicines.

## Benefit tiers

Prescription drugs are assigned to a tier based on their cost, the availability of equivalent alternatives and other factors. Your copayment varies based on the drug tier, with drugs in the first tier costing the least. Drugs may change tiers during the year.

**Tier 1:** Most generic drugs

**Tier 2:** Preferred brand-name drugs

**Tier 3:** Non-preferred brand-name drugs

**Tier 4:** Specialty bio-tech oral, injectable and inhaled drugs to treat rare and chronic conditions such as cancer, immune deficiency disorders and metabolic syndromes

## Filling your prescription

**Retail pharmacies:** Ideal for short-term medications that you need filled immediately. More than 60,000 chain and independent pharmacies nationwide participate in the CVS Caremark network. Bring your prescription and your benefits ID card to a participating pharmacy to have your order filled. Depending on your prescription, you can receive up to a 30-day supply of your medication.

To find a participating pharmacy, visit [principal.com](http://principal.com).

**Mail service pharmacy:** Ideal for long-term medications. CVS Caremark mail service pharmacy sends you up to a 90-day supply of your prescription for just one mail service copay. You pay no shipping fee for standard delivery.

To set up mail service for your prescription, call the CVS Caremark FastStart® program toll-free at 800-875-0867, Monday through Friday, 7 a.m. to 7 p.m. CT. You can also get started with mail service online. Log on to [principal.com](http://principal.com) and register with CVS Caremark to access the FastStart program.

**Specialty pharmacy:** CVS Caremark Specialty Pharmacy works exclusively with tier 4 prescriptions for rare and chronic conditions. CVS Caremark inspects each order for accuracy, ensuring it includes the right medications and supplies. Your order is sent to the location of your choice — your home, doctor’s office or CVS/pharmacy store®. You pay no shipping/delivery fee.

### Principal Rx Edge pharmacy programs

Principal Rx Edge pharmacy programs include prior authorization, step therapy, dispensing limitations and dose optimization. Refer to the lists on the following pages to check if your prescription medication is subject to a pharmacy program.

Drug lists may change from time to time. Your specific benefit design may not cover certain drugs even though they appear on the Principal Rx Edge pharmacy program lists.

# Prior authorization

For certain medications, physicians are required to obtain prior authorization from CVS Caremark before the drugs are prescribed.

## Filling your prescription

1. When filling your prescription, the pharmacist will receive a computerized prompt stating prior authorization is required.
2. The pharmacist will contact the physician to request he or she obtain prior authorization. The toll-free number for physicians to request prior authorization is 888-413-2723.
3. CVS Caremark will evaluate the clinical information and approve and authorize prescriptions that are medically appropriate.
4. If your medication is not approved, you and your doctor will receive letters explaining how to appeal the decision.

## Prior authorization drug list

Acne agents for individuals 31 years of age and older
Actinic keratoses: <b>Solaraze</b>
Anabolic steroids
Antifungals: <b>Fulvicin U/F, Grifulvin V, griseofulvin , Griseofulvin Microsize, Griseofulvin Ultramicrosize, GrisPeg, itraconazole, Sporanox</b>
Benign prostatic hypertrophy: <b>Avodart, Proscar, finasteride</b>
Diabetic care: For ages 18 and older, <b>Byetta, Symlin</b> . For all ages, <b>Victoza</b> .
Erectile dysfunction: For men aged 49 and younger, <b>Cialis, Levitra, Viagra</b> . For men of all ages, <b>Caverject, Edex, Muse</b> .
Irritable bowel syndrome: <b>Lotronex</b>
Miscellaneous: <b>Amphadase, Terbutaline Sulfate, Uloric</b>
Narcolepsy: <b>Nuvigil, Provigil</b>
Narcotic analgesics: <b>Actiq, Fentanyl Citrate, Fentora, Onsolis, Vitrase</b>
Oncology: <b>Arimidex, Aromasin, Cerubidine, Clolar, Daunorubicin HCL, Daunoxome, DepoCyt, Femara, Floxuridine/FUDR, Irinotecan, Mylotarg, Onxol, Photofrin, Vinorelbine</b>
Progesterone: <b>Crinone, Endometrin, First-Progesterone VGS, Prochieve, Progesterone in Oil</b>
Pulmonary arterial hypertension: For women only, <b>Viagra</b>
Rheumatoid arthritis: <b>Arava, leflunomide</b>
Testosterone
Transplant/anti-rejection: <b>Cellcept, mycophenolate mofetil, Myfortic, Orthoclone, Simulect, Thymoglobulin</b>

# Step therapy

Step therapy requires you to try a lower-cost alternative (i.e., a generic drug or preferred brand-name drug) before filling a prescription for a higher-cost, non-preferred brand-name drug unless you receive prior authorization for the medication.

## Filling your prescription

1. When filling your prescription for a non-preferred brand-name drug, the pharmacist will receive a computerized prompt stating step therapy applies.
2. If you have already tried a generic or preferred brand-name medication, the prescription will be filled.
3. If you have not tried a lower-cost drug, you may work with your pharmacist and physician to obtain a new prescription for an alternative drug or prior authorization for your original prescription.
4. If the prior authorization request is not approved, you and your doctor will each receive a letter explaining how to appeal the decision.

## Step therapy drug list

To obtain prior authorization for these drugs, call CVS Caremark toll-free at 877-203-0003 unless otherwise noted.

Drug class	Drugs requiring step therapy	Generic alternatives	Preferred brand-name alternatives
Acne agents <i>Call 888-413-2723 for prior authorization</i>	Adoxa/Adoxa Kit/Adoxa Pak All extended-release minocycline Doryx Dynacin Minocin Minocin Kit Monodox Oracea Solodyn Vibra –Tabs	doxycycline hyclate doxycycline monohydrate minocycline 50mg minocycline 75mg minocycline 100mg	None available
Angiotensin II receptor antagonists (ARBs)/renin inhibitors/combinations	Atacand/Atacand HCT Benicar/Benicar HCT Diovan/Diovan HCT Micardis/Micardis HCT Tekturna/Tekturna HCT Teveten/Teveten HCT	amlodipine/benazepril benazepril/benazepril HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ fosinopril/fosinopril HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ moexipril/moexipril HCTZ quinapril/quinapril HCTZ ramipril trandolapril	Avapro/Avalide
Antihistamines/combinations	Allegra-D 24 hr Clarinetx/Clarinetx-D Xyzal	fexofenadine fexofenadine/psendoeephedrine 60/120mg	None available
Bisphosphonates/combinations	Actonel with Calcium Boniva Fosamax Plus D	alendronate	Actonel

Step therapy drug list, *continued*

Drug class	Drugs requiring step therapy	Generic alternatives	Preferred brand-name alternatives
COX2/NSAID/ combinations	Arthrotec Celebrex (exclude 400mg) Flector	ibuprofen indomethacin meloxicam naproxen Additional generic NSAIDs available	None available
HMG-CoA reductase inhibitors/combinations	Advicor Altoprev Crestor (exclude 20mg, 40mg) Lescol/Lescol XL Livalo Simcor Vytorin (exclude 10/80mg)	lovastatin pravastatin simvastatin	Lipitor
Hypnotics, nonbenzodiazepine	Ambien CR Edluar Lunesta	zaleplon zolpidem	None available
Lipid lowering agents – cholesterol  <i>Call 888-413-2723 for prior authorization</i>	Antara Fenoglide Fibracor Lipofen Lofibra Tricor Triglide Trilipix	fenofibrate fenofibrate acid fenofibrate micronized fenofibrate acid delayed release capsules	None available
Migraine, selective serotonin agonists/combinations	Amerge Axert Frova Relpax Sumavel Treximet Zomig	sumatriptan	Maxalt
Nasal steroids	Beconase AQ Nasacort AQ Nasonex Omnaris Rhinocort Aqua Veramyst	flunisolide nasal fluticasone nasal	None available
Proton pump inhibitors	Aciphex Nexium Prilosec packets Protonix packets Zegerid	lansoprazole pantoprazole	Dexilant
Selective serotonin reuptake inhibitors (SSRIs)	Luvox CR Pexeva	citalopram fluoxetine fluvoxamine paroxetine/paroxetine ER sertaline	Lexapro
Urinary antispasmodics	Enablex Gelnique Oxytrol Sanctura/Sanctura XR Toviaz Vesicare	oxybutynin/oxybutynin ER	Detrol/Detrol LA

Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Targeted therapeutic classes and specific drug targets are subject to change based on new generic drug launches, product approvals, drug withdrawals and other market changes. Subject to applicable state law.

# Dispensing limitations

For safety purposes, some medications are subject to dispensing limitations that cap the amount of the medication you can receive during a set time period.

## Filling your prescription

1. When filling your prescription, the pharmacist will receive a computerized prompt stating dispensing limitations apply.
2. The pharmacist will dispense the medication based on the quantity limits.
3. If you require a larger quantity, you may work with your pharmacist and physician to obtain prior authorization from CVS Caremark by calling 888-413-2723.
4. If the prior authorization request is not approved, you and your doctor will each receive a letter explaining how to appeal the decision.

## Dispensing limitations drug list

Quantities listed are for a 30-day time period unless otherwise specified.

Prescription drug	Quantity limits
Adcirca	60 tablets
Ambien 5/10mg AmbienCR Sonata 5/10mg	30 tablets
Amerge 1/2.5mg	9 tablets
Axert 6.5/12.5mg	12 tablets
Caverject/Edex/Muse	6 vials or pellets
Celebrex 100/200/400mg	68 tablets
Cialis (Men Only)	6 tablets
Diflucan 150mg	2 tablets
Frova 2.5mg	9 tablets
Imitrex 25/50/100mg	9 tablets
Imitrex Injection	3 kits
Imitrex Nasal Spray	1 6-unit package
Levitra 5/10/20mg (Men only)	6 tablets
Lunesta 1/2/3mg	30 tablets
Maxalt/Maxalt MLT 5/10mg	12 tablets
Migranal Nasal Spray	1 16mg kit
Monurol	1 packet
Oxycontin	120 tablets

Dispensing limitations drug list, *continued*

Prescription drug	Quantity limits
Plan B	1 treatment per calendar year
Relenza	20 5mg blister inhalations per 180 days
Relpax	6 tablets
Revatio	90 tablets
Rozerem	30 tablets
Sporanox	180 tablets per calendar year
Sporanox Liquid	300ml per fill
Stadol Nasal Spray	2 bottles (3ml each)
Sumavel Dose Pro	6 vials
Tamiflu	12mg/ml: 75 capsules and suspension every 180 days 30mg: 20 capsules and suspension every 180 days 45mg: 10 capsules and suspension every 180 days 75mg: 10 capsules and suspension every 180 days
Toradol 10mg	20 tablets
Treximet 85mg	9 tablets
Viagra 25/50/100mg (Men only)	6 tablets
Zomig 5mg	6 tablets
Zomig 2.5mg	12 tablets
Zomig Nasal Spray	1 6-unit package

# Dose optimization

Through dose optimization, your prescription is reviewed to ensure your dosage meets the U.S. Food and Drug Administration’s recommendations and to identify inefficiencies. For instance, you could receive the same daily dosage by taking a higher-strength pill once a day instead of a lower-strength pill twice a day.

## Filling your prescription

1. When filling your prescription, the pharmacist will receive a computerized prompt stating dose optimization applies.
2. The pharmacist will contact the physician to request a change in dosage based on our dose optimization guidelines.
3. If your physician approves the change, you will receive the prescription at the new dosage. If your physician does not approve the change, the pharmacist will proceed to fill your order with the original prescription dosage.

## Dose optimization drug list

These medications are subject to a 30-day dispensing limit.

Ablify 5/10mg	Dynacirc CR 5mg	Pravachol 10/20/40mg
Accurectic 10-12.5mg	Effexor XR 37.5/75mg	Prinivil 2.5/5/10/20mg
Aceon 2/4mg	Elavil 50/75mg	Prinizide 10-12.5mg
Actos 15mg	Enablex 7.5mg	Pristiq 50mg
Altoprev 10/20mg	Exforge 5-160mg	Procardia XL 30mg
Amaryl 1/2mg	Exforge HCT 5-160-12.5mg	Prozac 10mg
Aplenzin 174mg	Hytrin 1/5mg	Razadyne ER 8mg
Arava 10mg	Imdur 30/60mg	Remeron 7.5/15mg
Aricept 5mg	Inderal LA 60/80mg	Remeron Rapid Dissolve 15mg
Aricept ODT 5mg	Invega 1.5/3mg	Requip XL 2/4/6mg
Atacand HCT 16-12.5 mg	Isoptin SR 120mg	Rifadin 150mg
Avalide 150-12.5mg	Januvia 25/50mg	Seroquel XR 50/150/200mg
Avandaryl 4-1/4-2mg	Kerlone 10mg	Sular 8.5/10/17/20mg
Avapro 75/150mg	Lexapro 5/10mg	Tekturna 150mg
Azor 5-20mg	Lipitor 10/20/40mg	Tenex 1mg
Benicar 5/20mg	Lisinopril 5/10/20mg	Tenormin 25/50mg
Benicar HCT 20 – 12.5mg	Lotensin HCT 5-6.25, 10-12.5mg	Toprol XL 25/50/100mg
Bystolic 2.5/5/10mg	Lotrel 2.5-10, 5-10mg	Toviaz 4mg
Caduet 2.5-10, 2.5-20, 2.5-40, 5-10, 5-20, 5-40mg	Lozol 1.25mg	Ultram ER 100mg
Calan SR 120mg	Luvox 25/50mg	Valturna 150 -160mg
Cardura 1/2/4mg	Micardis 20/40mg	Verelan 120/180mg
Cardura XL 4mg	Micardis HCT 40-12.5mg	Verelan PM 100mg
Celexa 10/20mg	Mobic 7.5mg	Vesicare 5mg
Coreg CR 10/20/40mg	Niaspan 500mg	Wellbutrin XL 150mg
Corgard 20/40/80mg	Nifedical XL 30mg	Zaroxlyn 2.5/5mg
Crestor 5/10/20mg	Norvasc 2.5/5mg	Zebeta 5mg
Cymbalta 20/30mg	Onglyza 2.5mg	Zestoretic 10-12.5mg
Depakote ER 250mg	Paroxetine 20mg	Zestril 2.5/5/10/20mg
Detrol LA 2mg	Paxil 10/20mg	Zocor 5/10/20/40mg
Dexilant 30mg	Paxil CR 12.5mg	Zolof 25/50mg
Diflucan 100mg	Pexeva 10/20mg	Zyprexa 2.5/5/7.5mg
Diovan HCT 80-12.5/160–12.5mg	Plendil 2.5mg	Zyprexa Zydis 5mg
Ditropan XL 5mg		



# Tier 4 specialty drugs

## Self-administered specialty drugs

Self-administered specialty drugs must be filled by CVS Caremark Specialty Pharmacy to be eligible for benefits.<sup>1</sup> Some of these medications have a limited distribution and are only available at certain specialty pharmacies. If this is the case with your medication, CVS Caremark will refer you to the appropriate pharmacy; this will not affect benefit determination.

Some self-administered specialty drugs require prior authorization. With CVS Caremark Specialty Pharmacy, the authorization process automatically occurs prior to dispensing the prescription.

### Filling your prescription

1. When you are prescribed a specialty medication, contact CVS Caremark Specialty Pharmacy toll-free at 800-237-2767 to fill your prescription.
2. If you take your prescription to a retail pharmacy, the pharmacist will receive a computerized prompt indicating the prescription must be filled through CVS Caremark Specialty Pharmacy to be eligible for benefit coverage.

## Self-administered specialty drug list

This list only shows brand-name drugs. Generic versions of these medications are also subject to the self-administered specialty drug coverage requirements. If you have questions, contact CVS Caremark Specialty Pharmacy at 800-237-2767.

### Crohn's disease

Cimzia \*  
Humira

### Cystic fibrosis

Causton \*  
Pulmozyme \*  
Tobi \*

### Growth hormones

Accretropin \*  
Genotropin \*  
Humatrope \*  
Increlex\*  
Norditropin \*  
Nutropin \*  
Omnitrope \*  
Saizen\*  
Tev-Tropin \*  
Zorbitive \*

### Hematopoietics

Aranesp \*  
Epogen \*  
Leukine \*  
Mozobil \*  
Neulasta \*

Neumega \*  
Neupogen \*  
Procrit \*

### Hepatitis C

Copegus \*  
Infergen \*  
Intron A \*  
Pegasys \*  
Peg-Intron \*  
Rebetrol \*  
Ribatab\*  
Ribapak\*  
Ribasphere \*  
Ribavirin \*

### HIV medications

Fuzeon \*  
Serostim \*

### Hormonal therapies

Faslodex \*  
Firmagon  
Lupron \*

### Infertility

Bravelle \*  
Cetrotide \*  
Chorionic Gonadotropin \*  
Follistim AQ \*  
Ganirelix Acetate\*  
Gonal F \*  
Luveris \*  
Lupron\*  
Menopur \*  
Novarel \*  
Ovidrel \*  
Pregnyl \*  
Repronex \*

### Lysosomal storage disorders

Zavesca \*

### Multiple sclerosis

Ampyra  
Avonex \*  
Betaseron \*  
Copaxone \*  
Extavia \*  
Rebif \*

### Oral oncology

Afinitor \*  
Gleevec \*  
Hycamtin \*  
Iressa \*  
Nexavar \*  
Oforta \*  
Revlimid \*  
Sprycel \*  
Sutent \*  
Tasigna \*  
Tarceva \*  
Temodar \*  
Thalomid \*  
Tykerb \*  
Votrient \*  
Xeloda \*  
*Zolinza* \*

### Osteoarthritis

Euflexxa \*  
Hyalgan \*  
Orthovisc \*  
Supartz \*  
Synvisc \*  
Synvisc One \*

Self-administered specialty drugs, *continued*

<b>Osteoporosis</b>	<b>Psoriasis</b>	<b>Renal disease</b>	<b>Rheumatoid arthritis</b>
Forteo *	Enbrel *	Sensipar *	Enbrel *
<b>Other</b>	Humira *		Humira *
Actimmune *	Stelara *		Kineret *
Apokyn *	<b>Pulmonary arterial hypertension</b>		Simponi *
Arcalyst	Adcirca *		
Cystagon *	Letairis		
Exjade	Remodulin-SC		
Ilaris *	Revatio *		
Kuvan *	Tracleer		
Mirena	Tyvaso		
Nplate *	Ventavis		
Octreotide Acetate-SC			
Promacta *			
Sabril			
Sandostatin-SC			
Somatuline Depot			
Somavert			
Tikosyn			
<i>Xenazine</i>			

\* This drug requires prior authorization before dispensing/administration.

Drug coverage may vary depending on the benefit design. This list is updated quarterly.

For members in Iowa: A list of cancer-fighting agents is provided in your prescription drug formulary, [2010 Prescription Drug Listing with Specialty Drugs](#).

<sup>1</sup>In Texas, where applicable, self-administered specialty drugs may be filled by CVS Caremark Specialty Pharmacy or a retail pharmacy.

## Provider-administered specialty drugs

Provider-administered specialty drugs are administered in a provider’s office or an outpatient setting. Certain provider-administered specialty drugs require your physician to obtain prior authorization.

### Filling your prescription

- If CVS Caremark Specialty Pharmacy will be used to fill your prescription, your provider should call 800-237-2767 for prior authorization.
- If a pharmacy other than CVS Caremark Specialty Pharmacy will be used to fill your prescription, your provider should call the toll-free number on your benefits ID card.

## Provider-administered specialty drug list

This list only shows brand-name drugs. Generic versions of these medications are also subject to the provider-administered specialty drug coverage requirements.

<p><b>Allergic asthma</b> Xolair *</p> <p><b>Antibiotic</b> Cubicin †</p> <p><b>Cervical dystonia</b> Dysport *</p> <p><b>Crohn’s disease</b> Remicade * Tysabri *</p> <p><b>Hematopoietics</b> Aranesp * Epogen * Leukine * Mozobil * Neulasta * Neumega * Neupogen * Procrit *</p> <p><b>Hemophilia, VonWillebrand disease, and related bleeding disorders</b> Advate * Alphanate * Alphanine SD * Bebulin VH * Benefix * Feiba VH * Helixate FS * Hemofil M * Humate P * Koate-DVI * Kogenate FS * Monoclote-P * Mononine * Novoseven *</p>	<p>Profilnine SD* Recombinate * Refacto * Riastap * Stimate * Xyntha * Wilate*</p> <p><b>Hereditary angiodema</b> Berinert * Cinryze *</p> <p><b>Hormonal therapies</b> Acthar HP * Eligard * Faslodex * † Lupron * Lupron Depot * Supprelin LA * Trelstar Depot * Trelstar LA * Vantas * Zoladex *</p> <p><b>Immune deficiencies and related disorders</b> Carimune NF * Cytogam * Flebogamma * Gamastan S/D * Gammagard * Gammaplex* Gamunex * Hizentra* Octagam * Privigen * Rhophylac * Vivaglobin * Winrho SDF *</p>	<p><b>Lysosomal storage disorders</b> Aldurazyme Ceredase Cerezyme Elaprase Fabrazyme Lumizyme Myozyme Naglazyme Vpriv</p> <p><b>Macular degeneration</b> Lucentis Sol Macugen Visudyne</p> <p><b>Multiple sclerosis</b> Novantrone * Tysabri *</p> <p><b>Oncology</b> Abraxane * † Adriamycin † Alimta † Aloxi * † Aredia † Arzerra * Avastin * Camptosar * † Dacogen * Doxil † Ellence † Eloxatin n/a Emend † Erbitux * † Ethyol † Fludara † Fusilev Fludara † Fusilev Gemzar * †</p>	<p>Herceptin * Hycamtin-IV * Ifex † Intron A * Istodax* Ixempra Jevtana* Navelbine * † Novantrone * Paraplatin † Proleukin Rituxan * Taxotere † Taxol * † Temodar* Thyrogen Torisel * Treanda * Trelstar * Valstar* Vectibix Velcade Vidaza Zometa *</p> <p><b>Osteoarthritis</b> Eulfexxa* Hyalgan* Orthovisc* Prolia* Supartz* Synvisc* Synvisc One*</p> <p><b>Osteoporosis</b> Boniva * † Reclast *</p>
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Provider-administered specialty drugs, *continued*

<p><b>Other</b>                      Alferon N*                      Botox *                      Myobloc *                      Octreotide Acetate-IV                      Sandostatin-IV                      Sandostatin LAR-IV                      Thyrogen                      Vivitrol                      Prialt *                      Soliris                      Xiaflex</p>	<p><b>Psoriasis</b>                      Amevive *                      Remicade</p> <p><b>Pulmonary arterial hypertension</b>                      Epoprostenol                      Remodulin-IV</p>	<p><b>Pulmonary disease</b>                      Aralast                      Prolastin †                      Zemaira †</p>	<p><b>Respiratory syncytial virus</b>                      Synagis *</p> <p><b>Rheumatoid arthritis</b>                      Acterna *                      Orencia *                      Remicade *</p>
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\* This drug requires prior authorization before dispensing/administration.

† This drug is not available through CVS Caremark Specialty Pharmacy; consult with your physician.

Drug coverage may vary depending on the benefit design. This list is updated quarterly.

For members in Iowa: A list of cancer-fighting agents is provided in your prescription drug formulary, [2010 Prescription Drug Listing with Specialty Drugs](#).

**FOR MORE INFORMATION**

These lists were last updated DATE, and are subject to change. For the most up-to-date version, visit [www.principal.com/health/rx-drug-lists.htm](http://www.principal.com/health/rx-drug-lists.htm).

**Log on to principal.com** for prescription drug tools and resources. You can review your prescription drug coverage, look up drug pricing, refill prescriptions and more.

If you have questions about your benefits, call the toll-free number on your benefits ID card.



WE'LL GIVE YOU AN EDGE®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This summary is provided for your general information. It is not an insurance contract or a complete statement of its provisions. Benefits will be paid according to the group policy in effect at the time of service. If any provision presented here is found to be in conflict with state or federal law, that provision will be applied to comply with state or federal law.