



# Prescription Drug List

2010 State Health Benefit Plan Three-Tier Prescription Drug List Reference Guide for Choice HMO



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Your UnitedHealthcare pharmacy benefit offers flexibility and choice in finding the right medication for you.

This guide will:

1. Help you understand your medication benefit choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

## What is a Prescription Drug List (PDL)?

A PDL is a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications for certain conditions. You and your doctor can refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your health plan include a Summary Plan Description (SPD). Please refer to this document for more details about your individual plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the toll-free Customer Care phone number on the back of your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) for additional information during your open enrollment period or you may contact your health plan for additional information.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

Where differences are noted between this PDL reference guide and your benefit plan documents, the benefit plan documents will govern.

This document list is effective Jan. 1, 2010 through Dec. 31, 2010. This list is subject to change.

## Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription, which is determined by your health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. **You and your doctor should decide which medication is appropriate for you.**

### Tier 1 – Your Lowest-Cost Option

Tier 1 medications are your lowest copayment option. For the lowest out-of-pocket expense, always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

### Tier 2 – Your Midrange-Cost Option

Tier 2 medications are your middle copayment option.

### Tier 3 – Your Highest-Cost Option

Tier 3 medications are your highest copayment option. If you are currently taking a medication in Tier 3, ask your doctor whether there are lower-cost Tier 1 or Tier 2 medications that may be right for your treatment.

**Note: Compounded medications** are medications with one or more ingredients that are prepared “on-site” by a pharmacist. These are classified at the Tier 3 level.

**Please note:** Refer to your enrollment materials, check the Drug Pricing/Coverage information on [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) or log on [myuhc.com](http://myuhc.com)<sup>®</sup>, or call the toll-free Customer Care phone number on the back of your ID card for more information about your benefit plan or to inquire about additional medications that are not listed on the PDL.

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## Who makes tier placement decisions and what factors are considered?

Several factors are considered when deciding the placement of a medication on the UHC Prescription Drug List including the medication's classification. Several committees contribute and evaluate the overall health care value of the medication to ensure an unbiased approach. Committee members are various health care professionals including physicians and pharmacists with a broad range of specialties.

The two main committees are:

Our National Pharmacy and Therapeutics (P&T) Committee evaluates clinical evidence in order to determine a medication's role in therapy and its overall clinical value. In addition, the P&T Committee reviews the relative safety and efficacy of the medication.

The UnitedHealthcare PDL Management Committee evaluates the clinical recommendations of the P&T committee as well as pharmacoeconomic and economic information. Our PDL Management Committee uses the input from the National P&T Committee and our various other committees to make a tier placement decision based on the overall health care value of a particular medication, balancing the need for flexibility and choice for you and an affordable pharmacy benefit for health plans.

The PDL Management Committee helps to ensure access to a wide range of affordable medications for you.

## How often will prescription medications change tiers?

Most tier changes will occur on January 1 and July 1. Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. **For the most current information on your pharmacy coverage, please call the toll-free Customer Care phone number on the back of your ID card or visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) or log on [myuhc.com](http://myuhc.com).**

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## What is the difference between brand name and generic medications?

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent or lower tier alternative is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest-cost option. Please note that some generic medications may be in Tier 2 or Tier 3 and will not have the lowest copayment available under your pharmacy benefit plan. Call the toll-free Customer Care phone number on the back of your ID card or visit [www.welcometouhc.com/shbp](http://www.welcometouhc.com/shbp) or log on [myuhc.com](http://myuhc.com) to determine the copayment for your generic medication.

## Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter medication. There may be alternatives on the PDL or over-the-counter medications that are appropriate for your treatment. Talk to your doctor about the most appropriate medication for you.

## When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for some conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are **not covered** under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

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## Why are there notations next to certain medications in the PDL, and what do they mean?

The specific definitions for these notations (**SL**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs as well as our drug utilization review processes can help confirm coverage based on your benefit plan.

Please call the toll-free Customer Care phone number on the back of your ID card if you need additional information about these notations.

## What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177. A representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

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## How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to call the toll-free Customer Care phone number on the back of your ID card or log on **myuhc.com** or visit **www.welcometouhc.com/shbp** for more current information.

Log on to **myuhc.com** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Locate a participating retail pharmacy by zip code
- Review your prescription history

## What if I still have questions?

Please call the toll-free Customer Care phone number on the back of your ID card. Representatives are available to assist you 24 hours a day (except Thanksgiving and Christmas).

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## Tier 1

Acetaminophen with Codeine **SL**  
 Acetaminophen with Hydrocodone **SL**  
 Acyclovir Tablet, Capsule, Suspension  
 Alendronate **SL**  
 Allopurinol  
 Alprazolam  
 Alprazolam Extended-Release  
 Amitriptyline  
 Amlodipine Besylate  
 Amoxicillin  
 Amoxicillin with Potassium Clavulanate  
 Amphetamine with Dextroamphetamine  
 Salt Combination **SL**  
 Ampicillin  
 Apri  
 Asmanex **SL**  
 Atenolol  
 Atenolol with Chlorthalidone  
 Azithromycin  
 Bisoprolol with Hydrochlorothiazide  
 Bupropion **N**  
 Bupropion Sustained-Action **N**  
 Buspirone  
 Butalbital with Acetaminophen &  
 Caffeine **SL**  
 Calcium Acetate 667 mg  
 Captopril  
 Carbamazepine  
 Carisoprodol  
 Carvedilol  
 Cefaclor  
 Cefadroxil  
 Cefprozil  
 Cefuroxime Tablet  
 Cephalexin  
 Cesia  
 Chlorhexidine  
 Cilostazol  
 Ciprofloxacin  
 Citalopram  
 Clarithromycin Tablet  
 Clindamycin Capsule  
 Clindamycin Gel, Solution, Lotion, Swabs  
 Clindamycin Vaginal Cream  
 Clobetasol  
 Clonazepam  
 Clonidine  
 Clotrimazole with Betamethasone  
 Colestipol  
 Cromolyn  
 Crystelle  
 Cyclobenzaprine  
 Desmopressin  
 Diazepam  
 Diclofenac  
 Dicyclomine  
 Digoxin  
 Diltiazem Controlled-Release Capsule  
 Diltiazem Sustained-Release 12 Hour  
 Capsule  
 Diltiazem Tablet  
 Divalproex Sodium Tablet, Enteric-Coated  
 Dorzolamide Eye Drops  
 Doxazosin  
 Doxepin  
 Doxycycline  
 Enalapril  
 Enalapril with Hydrochlorothiazide  
 Erythromycin  
 Estradiol Patch **SL**  
 Estropipate  
 Etidronate Disodium  
 Etodolac  
 Famciclovir  
 Felodipine  
 Fenofibrate Micronized 54, 67, 134, 160,  
 200 mg  
 Fentanyl Transdermal System **SL**  
 Finasteride **N**  
 Fluconazole  
 Flunisolide Nasal Spray **SL**  
 Fluocinonide  
 Fluoxetine Capsule  
 Flurazepam  
 Fluticasone Nasal Spray **SL**  
 Folic Acid  
 Foradil **SL**  
 Fosinopril  
 Fosinopril with Hydrochlorothiazide  
 Furosemide  
 Gabapentin Capsule, Tablet  
 Gemfibrozil  
 Gentamicin  
 Glimepiride  
 Glipizide  
 Glipizide Extended-Release  
 Glyburide  
 Glyburide with Metformin

Some medications are noted with N or SL. The definitions for these symbols are listed below. Your benefit plan determines how these medications may be covered for you.

**N = Notification.** There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.

**SL = Supply Limit.**

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## Tier 1 *continued*

Glycopyrrolate	Neomycin/Polymyxin/Hydrocortisone
Hydrochlorothiazide	Nifedipine
Hydroxychloroquine	Nifedipine Controlled-Release Tablet
Hydroxyzine	Nifedipine Extended-Release
Ibuprofen - Prescription strengths only	Nortriptyline
Ibuprofen with Hydrocodone	Novolin Vials
Imipramine	Novolog Vials
Indapamide	Nystatin
Indomethacin	Nystatin with Triamcinolone
Isosorbide	Ofloxacin Eye Drops
Isradipine	Ofloxacin Otic Drops
Itraconazole <b>SL</b>	Omeprazole
Ketoconazole	Ondansetron <b>SL</b>
Lamotrigine	Orapred Oral Solution
Leflunomide	Ortho Cyclen
Leuprolide	Ortho Micronor
Levetiracetam	Ortho Novum 7/7/7
Levothyroxine	Ortho Tri-Cyclen
Levoxyl	Oxybutynin
Lisinopril	Oxybutynin Sustained-Release
Lisinopril with Hydrochlorothiazide	Oxycodone with Acetaminophen <b>SL</b>
Lithium Carbonate	Oxycodone with Ibuprofen <b>SL</b>
Lorazepam	Paroxetine
Lovastatin	Penicillin V Potassium
Low-Ogestrel	Phenytoin
Medroxyprogesterone 150mg/ml	Piroxicam
Medroxyprogesterone Tablet	Polymyxin B with Trimethoprim
Meloxicam	Potassium Chloride
Metformin	Potassium Citrate
Metformin Extended-Release	Pravastatin
Methocarbamol	Prazosin
Methotrexate	Prednisone
Methylphenidate <b>SL</b>	Primidone
Methylphenidate Extended-Release <b>SL</b>	Promethazine
Methylprednisolone	Promethazine with Codeine
Metoclopramide	Propoxyphene with Acetaminophen <b>SL</b>
Metoprolol	Propranolol Tablet
Metoprolol Succinate Sustained-Release 25 mg	Protriptyline
Metronidazole	Pulmicort Flexhaler <b>SL</b>
Metronidazole Cream	Pulmicort Turbuhaler <b>SL</b>
Minocycline	Quinapril
Mirtazapine	<b>QVAR SL</b>
Mirtazapine Dispersible Tablet	Ramipril
Mycophenolate	Ranitidine Syrup
Nadolol	Reclipsen
Nabumetone	Risperidone
Naproxen - Prescription strengths only	Ropinirole
Nateglinide	Sertraline
	Simvastatin

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## Tier 1 *continued*

Solia  
Spironolactone  
Sulfamethoxazole with Trimethoprim  
Sulindac  
Sumatriptan Succinate Injection **SL**  
Sumatriptan Succinate Tablet **SL**  
Tamoxifen  
Temazepam  
Terazosin  
Terbinafine Tablet **SL**  
Terconazole Suppository  
Tetracycline  
Theophylline  
Topiramate  
Tramadol  
Tramadol with Acetaminophen  
Trandolapril  
Trazodone  
Triamcinolone  
Triamterene with Hydrochlorothiazide  
Triazolam  
Trimipramine Maleate  
Ursidol  
Velivet  
Venlafaxine  
Ventolin HFA **SL**  
Verapamil  
Warfarin  
Zaleplon **SL**  
Zolpidem **SL**  
Zonisamide

Tier 1

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## Tier 2

Acarbose	Divalproex Sodium Capsule, Sprinkle
Aceon	Divalproex Sodium Tablet, Sustained-Release
Aciphex	Divigel
Activella 0.5 mg/1 mg	Dorzolamide/Timolol Eye Drops
Actonel <b>SL</b>	Duetact
Actonel with Calcium <b>SL</b>	Effexor XR
Actoplus Met	Emend <b>SL</b>
Actos	Enablex
Adderall XR <b>SL</b>	Enjuvia
Advicor	Eplerenone
Alphagan P	Esclim
Altoprev	Estraderm
Antara	Estradiol/Norethindrone Acetate 1 mg/0.5 mg
Apriso	Estratest
Astelin <b>SL</b>	Estratest H.S.
Atrovent Inhaler <b>SL</b>	Estring
Avandamet	Evamist
Avandaryl	Evista
Avandia	Fenoglide
Axid Oral Solution	Fentanyl Citrate Lollipop <b>SL</b>
Azor	Fluoxetine Tablet
Balsalazide Disodium	Fortical
Benicar	Frova <b>SL</b>
Benicar HCT	Geodon
Betimol	Glipizide with Metformin
Boniva <b>SL</b>	Granisetron Tablet <b>SL</b>
Bupropion Sustained-Release 24 Hour <b>N</b>	Humira <b>N, SL</b>
Butorphanol Nasal Spray <b>SL</b>	Hyzaar
Byetta	Isotretinoin
Bystolic	Janumet
Cabergoline	Januvia
Carbamazepine Tablet, Sustained-Release 12 Hour	Lanoxin
Cardizem LA	Lantus Vials
Cefdinir	Levaquin
Cenestin	Levemir Vials
Cimzia <b>N, SL</b>	Lialda
Clarithromycin Suspension	Lidoderm <b>SL</b>
Clarithromycin XL	Lipitor
Climara	Lipofen
Clindesse	Lumigan
Coumadin	Maxalt <b>SL</b>
Cozaar	Maxalt MLT <b>SL</b>
Crestor	Mesalamine Enema
Diclofenac Sodium Drops	Metoprolol Succinate Sustained-Release 50, 100, 200 mg
Dilantin	Metronidazole Vaginal Gel
Diltiazem Sustained-Action Capsule	Micardis
Diltiazem Sustained-Release 24 Hour Capsule	

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## Tier 2 *continued*

Micardis HCT  
 Moexipril  
 Nasonex **SL**  
 Niaspan  
 Nisoldipine 20, 30, 40 mg  
 Orphenadrine  
 Orphenadrine Compound  
 Oxandrolone  
 Oxcarbazepine  
 Oxycontin **SL**  
 Oxytrol  
 Plavix  
 Prefest  
 Prometrium  
 Protonix  
 Protopic **N**  
 Pulmicort Respules **SL**  
 Quinapril with Hydrochlorothiazide  
 Ranexa  
 Rebif **SL**  
 Relpax **SL**  
 Sanctura XR  
 Seroquel  
 Simcor  
 Singulair  
 Spiriva **SL**  
 Sular 8.5, 10, 17, 25.5, 34 mg  
 Sumatriptan Succinate Nasal Spray **SL**  
 Symbicort **SL**  
 Symbyax  
 Synthroid  
 Tegretol  
 Tilade  
 Tobramycin/Dexamethasone Eye Drops  
 Tolmetin  
 Travatan  
 Travatan Z  
 Tricor 48, 145 mg  
 Triglide  
 Twinject **SL**  
 Vagifem  
 Valtrex  
 Vesicare  
 Vivelle  
 Vivelle Dot  
 Voltaren Gel  
 Vytorin  
 Vyvanse **SL**  
 Yasmin  
 Yaz  
 Zantac Syrup  
 Zegerid  
 Zyprexa (Zydis = Tier 3)

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## Tier 3

Abilify	Colazal
Accolate	Combipatch
Accuretic	Combivent <b>SL</b>
Actiq <b>N, SL</b>	Concerta <b>SL</b>
Activella 1 mg/0.5 mg	Coreg CR
Adoxa	Cosopt
Advair Diskus <b>SL</b>	Cyclessa
Advair HFA <b>SL</b>	Cymbalta
Albuterol Sulfate/Ipratropium Solution, Non-Oral	Daytrana <b>SL</b>
Alesse	Depakote ER
Allegra	Depakote Sprinkle
Allegra ODT	Desogen
Allegra Suspension	Detrol LA
Allegra-D	Differin <b>N, SL</b>
Ambien CR <b>N, SL</b>	Diovan
Amerge <b>SL</b>	Diovan HCT
Amlodipine and Benazepril	Ditropan XL
Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained-Release 24 Hour <b>SL</b>	Doryx
Anzemet <b>SL</b>	Duac, Duac-CS
Armour Thyroid	Duragesic <b>SL</b>
Asacol	DuoNeb
Atacand	Elidel <b>N</b>
Augmentin XR	Enbrel <b>N, SL</b>
Avapro	Epipen <b>SL</b>
Avelox	Epipen Jr. <b>SL</b>
Axert <b>SL</b>	Errin
Azmacort <b>SL</b>	Estrostep FE
Beconase AQ <b>SL</b>	Ethinyl Estradiol/Drospirenone 0.3 mg/3 mg
Betaseron <b>N, SL</b>	Exforge
Betopic S	Factive
Biaxin Suspension	Famvir
Biaxin XL	FemHRT
Caduet	Fentora <b>N, SL</b>
Camilla	Fexofenadine
Catapres-TTS	Flomax
Cefuroxime Suspension	Flovent HFA <b>SL</b>
Cefzil	Focalin <b>SL</b>
Celebrex	Focalin XR <b>SL</b>
Cesamet <b>SL</b>	Fosamax Plus D <b>SL</b>
Cialis <b>SL</b>	Glumetza
Ciclopirox Solution, Topical	Humalog
Cipro XR	Humulin
Ciprofloxacin Tablet, Sustained-Release, 24 Hour	Imitrex Nasal Spray <b>SL</b>
Clarinox	Imitrex Tablet <b>SL</b>
Clarinox-D	Inderal LA
Climara Pro	Invega
	Jolivette
	Keppra XR
	Kytril Tablet <b>SL</b>

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**Tier 3** *continued*

Lantus SoloStar  
 Lescol  
 Levemir Pen  
 Levitra **SL**  
 Levonorgestrel-Ethinyl Estradiol Tablet,  
   Dosepack, 3 Month **SL**  
 Levothyroid  
 Lexapro  
 Lo/Ovral  
 Loestrin  
 Loestrin FE  
 Lotensin  
 Lotrel  
 Lovaza  
 Lunesta **N, SL**  
 Lybrel  
 Lyrica  
 Mavik  
 Mefenamic Acid  
 Metadate CD **SL**  
 Metaglip  
 Mircette  
 Modicon  
 Mononessa  
 Nascobal  
 Nasacort AQ  
 Necon  
 Nexium Capsule  
 Nexium Suspension  
 Nora-BE  
 Nordette  
 Nortrel  
 Omnicef  
 Orapred ODT  
 Ortho Evra **SL**  
 Ortho Tri-Cyclen Lo  
 Ortho-Cept  
 Oscion  
 Pantoprazole  
 Paroxetine HCl Sustained-Release 24  
   Hour  
 Paxil CR  
 Pexeva  
 Ponstel  
 Precose  
 Premarin  
 Premphase  
 Prempro  
 Prevacid Capsule  
 Prevacid Solutab  
 Previfem  
 Prilosec Rx 10, 20 mg  
 Prilosec Rx 40 mg  
 Pristiq  
 ProAir HFA **SL**  
 Propranolol Sustained-Action Capsule  
 Proscar **N**  
 Proventil HFA **SL**  
 Relafen  
 Relion  
 Requip XL  
 Restoril 7.5, 22.5 mg  
 Rhinocort AQ **SL**  
 Risperdal M-Tab  
 Ritalin LA **SL**  
 Rozerem **N, SL**  
 Sanctura  
 Sancuso **SL**  
 Seasonale  
 Seasonique  
 Serevent Diskus **SL**  
 Seroquel XR  
 Simponi **N, SL**  
 Skelaxin  
 Solodyn  
 Soma 250 mg  
 Sonata **N, SL**  
 Sprintec  
 Stavzor  
 Strattera **SL**  
 Sular 20, 30, 40 mg  
 Symlin **SL**  
 Tegretol XR  
 Tekturna  
 Tequin  
 Terazol  
 Terconazole Cream  
 Testim **SL**  
 Teveten  
 Tobradex Eye Ointment  
 Toprol XL 50, 100, 200 mg  
 Treximet **SL**  
 Triaz  
 Trileptal  
 Trilipex  
 Triphasil  
 Univasc  
 Uroxatral

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**SL = Supply Limit.**

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## Tier 3 *continued*

Vantin  
Venlafaxine Extended-Release  
Veramyst **SL**  
Verapamil Capsule, 24 Hour  
Sustained-Release Pellets  
Verelan PM  
Viagra **SL**  
Voltaren Eye Drops  
Wellbutrin XL  
Xalatan  
Xopenex HFA **SL**  
Xopenex Solution **SL**  
Xyzal  
Zetia  
Zmax  
Zomig **SL**  
Zomig Nasal Spray **SL**  
Zomig ZMT **SL**  
Zyflo  
Zyflo CR  
Zylet

### **NOTE:**

- **Compounded prescriptions are Tier Three**
- **Insulin pens & cartridges are Tier Three except for Novolin and Novolog pens and cartridges which are Tier Two.**

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## Additional Tier Three drugs with a generic equivalent in Tier One

Accupril (Quinapril)	Floxin Otic (Ofloxacin Otic Drops)
Adderall <b>SL</b> (Amphetamine with Dextroamphetamine Salt Combination <b>SL</b> )	Fosamax <b>SL</b> (Alendronate <b>SL</b> )
Aldactone (Spironolactone)	Glucophage, XR (Metformin)
Altace (Ramipril)	Glucotrol, XL (Glipizide)
Amaryl (Glimepiride)	Glucovance (Glyburide with Metformin)
Ambien <b>SL, N</b> (Zolpidem <b>SL</b> )	Hytrin (Terazosin)
Anaprox (Naproxen)	Imitrex Injection <b>SL</b> (Sumatriptan Succinate Injection <b>SL</b> )
Ativan (Lorazepam)	Imitrex Tablet <b>SL</b> (Sumatriptan Succinate Tablet <b>SL</b> )
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Inderal (Propranolol)
Biaxin Tablet (Clarithromycin Tablet)	Keflex (Cephalexin)
Buspar (Buspirone)	Keppra (Levetiracetam)
Calan, Calan SR (Verapamil)	Klonopin (Clonazepam)
Capoten (Captopril)	Lamictal (Lamotrigine)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Lamisil Tablet <b>SL</b> (Terbinafine Tablet <b>SL</b> )
Cardura (Doxazosin)	Lasix (Furosemide)
Ceftin (Cefuroxime)	Lofibra (Fenofibrate Micronized)
Celexa (Citalopram)	Lopid (Gemfibrozil)
Cellcept (Mycophenolate)	Lopressor (Metoprolol)
Ciloxan Eye Drops (Ciprofloxacin)	Medrol Dosepak (Methylprednisolone)
Cipro (Ciprofloxacin)	Mevacor (Lovastatin)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Mobic (Meloxicam)
Colestid (Colestipol)	Monopril (Fosinopril)
Coreg (Carvedilol)	Monopril HCT (Fosinopril with Hydrochlorothiazide)
Darvocet-N <b>SL</b> (Propoxyphene with Acetaminophen <b>SL</b> )	Motrin (Ibuprofen) - Prescription strengths only
DDAVP (Desmopressin)	Naprosyn (Naproxen) - Prescription strengths only
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Nasarel, Nasalide <b>SL</b> (Flunisolide Nasal Spray <b>SL</b> )
Depo-Provera <b>SL</b> (Medroxyprogesterone Acetate 150 mg/ml <b>SL</b> )	Neurontin Capsule, Tablet (Gabapentin)
DiaBeta, Micronase, Glynase (Glyburide)	Norvasc (Amlodipine Besylate)
Didronel (Etidronate Disodium)	Ocuflox Eye Drops (Ofloxacin)
Diflucan (Fluconazole)	Paxil (Paroxetine)
Duricef (Cefadroxil)	Percoctet 5-325, 7.5-500, 10-650 <b>SL</b> (Oxycodone with Acetaminophen <b>SL</b> )
Dyazide (Triamterene with Hydrochlorothiazide)	Plendil (Felodipine)
Dynacirc (Isradipine)	Pletal (Cilostazol)
Effexor (Venlafaxine)	Pravachol (Pravastatin)
Eskalith CR (Lithium Carbonate Controlled-Release)	Prinivil, Zestril (Lisinopril)
Fioricet (Butalbital with Acetaminophen and Caffeine)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Flonase <b>SL</b> (Fluticasone Nasal Spray <b>SL</b> )	Procardia XL (Nifedipine Extended-Release)
	Provera (Medroxyprogesterone)
	Prozac (Fluoxetine Capsule)
	Remeron (Mirtazapine)

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## Additional Tier Three drugs with a generic equivalent in Tier One

Remeron SolTab (Mirtazapine Dispersible Tablet)  
 Requip (Ropinirole)  
 Restoril 15, 30 mg (Temazepam)  
 Risperdal (Risperidone)  
 Ritalin (Methylphenidate)  
 Ritalin SR (Methylphenidate Extended-Release)  
 Starlix (Nateglinide)  
 Surmontil (Trimipramine Maleate)  
 Tenormin (Atenolol)  
 Tenoretic (Atenolol with Chlorthalidone)  
 Tiazac (Diltiazem)  
 Topamax (Topiramate)  
 Toprol XL 25 mg (Metoprolol Succinate Sustained-Release)  
 Trusopt (Dorzolamide Eye Drops)  
 Tylenol #3 **SL** (Acetaminophen with Codeine **SL**)  
 Ultracet (Tramadol with Acetaminophen)  
 Ultram (Tramadol)  
 Urso, Ursoforte (Ursidiol)  
 Valium (Diazepam)  
 Vaseretic (Enalapril with Hydrochlorothiazide)  
 Vasotec (Enalapril)  
 Vicodin **SL**, Vicodin ES **SL**  
 (Acetaminophen with Hydrocodone **SL**)  
 Vicoprofen (Ibuprofen with Hydrocodone)  
 Voltaren Tablet (Diclofenac)  
 Wellbutrin **N** (Bupropion **N**)  
 Wellbutrin SR **N** (Bupropion Sustained-Action **N**)  
 Xanax, Xanax XR (Alprazolam)  
 Xopenex 1.25 mg/ml **SL** (Levalbuterol 1.25 mg/ml **SL**)  
 Zantac Syrup (Ranitidine Syrup)  
 Ziac (Bisoprolol with Hydrochlorothiazide)  
 Zithromax (Azithromycin)  
 Zocor (Simvastatin)  
 Zofran **SL** (Ondansetron **SL**)  
 Zoloft (Sertraline)  
 Zonegran (Zonisamide)  
 Zovirax Capsule, Tablet, Suspension (Acyclovir)

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## 2010 State Health Benefit Plan (SHBP) UnitedHealthcare Choice HMO PDL Changes - Effective 1/1/10

### Medications Down-Tiered

Products	Indications	Current Tier	New Tier	Effective Date
Apriso	Anti-inflammatory GI	Tier 3	Tier 2	January 1, 2010
Arcalyst	Immune Modulator	Tier 3	Tier 2	July 14, 2009
Cefprozil	Antibiotic	Tier 2	Tier 1	August 26, 2009
ciclopirox	Antibiotic	Tier 2	Tier 1	August 26, 2009
Cimzia	Rheumatoid Arthritis	Tier 3	Tier 2	January 1, 2010
famciclovir	Antiviral	Tier 3	Tier 2	August 26, 2009
fentanyl	Opioid analgesic	Tier 2	Tier 1	August 26, 2009
finasteride	Benign Prostatic Hyperplasia (BPH)	Tier 2	Tier 1	August 26, 2009
glycopyrrolate	Anti-cholinergic	Tier 2	Tier 1	August 26, 2009
Humira	Rheumatoid Arthritis	Tier 3	Tier 2	January 1, 2010
Hycamtin	Oral Oncology	Tier 3	Tier 2	July 14, 2009
leuprolide acetate	Endocrine	Tier 2	Tier 1	August 26, 2009
Lialda	Anti-inflammatory GI	Tier 3	Tier 2	January 1, 2010
nabumetone	NSAID	Tier 2	Tier 1	August 26, 2009
omeprazole	PPI	Tier 2	Tier 1	August 26, 2009
Ortho Cyclen	Oral Contraceptive	Tier 3	Tier 1	January 1, 2010
Ortho Micronor	Oral Contraceptive	Tier 3	Tier 1	January 1, 2010

Ortho Novum 777	Oral Contraceptive	Tier 3	Tier 1	January 1, 2010
Ortho Tri-Cyclen	Oral Contraceptive	Tier 3	Tier 1	January 1, 2010
oxybutynin sustained release	Anti-spasmodic	Tier 3	Tier 1	August 26, 2009
Relistor	Endocrine	Tier 3	Tier 2	July 14, 2009
sumatriptan spray	Anti-migraine	Tier 3	Tier 2	January 1, 2010
sumatriptan tablet	Anti-migraine	Tier 3	Tier 1	January 1, 2010
Symbicort	Asthma	Tier 3	Tier 2	January 1, 2010
terbinafine	Anti-fungal	Tier 2	Tier 1	August 26, 2009
terconazole	Anti-fungal	Tier 2	Tier 1	August 26, 2009
trandolapril	Ace inhibitor	Tier 3	Tier 1	August 26, 2009
zaleplon	Sedative	Tier 2	Tier 1	August 26, 2009

## 2010 State Health Benefit Plan (SHBP) UnitedHealthcare Choice HMO PDL Changes - Effective 1/1/10

### Medications Up-Tiered

Products	Indications	Current Tier	New Tier	Preferred Alternatives	Effective Date
Asacol	Anti-inflammatory GI	Tier 2	Tier 3	sulfasalazine (Tier 1) Lialda & Apriso (Tier 2)	January 1, 2010
Betopic S	Ophthalmic Beta Blocker	Tier 2	Tier 3	Betopic (Tier 1)	January 1, 2010
Camila, Errin, Jolivette, Nora- BE (Branded generics for Ortho	Oral Contraceptive	Tier 1	Tier 3	Ortho Micronor (Tier 1) Yaz (Tier 2)	January 1, 2010

Micronor)					
Frova	Anti-migraine	Tier 1	Tier 2	sumatriptan tablet (Tier 1)	January 1, 2010
Maxalt & Maxalt MLT	Anti-migraine	Tier 1	Tier 2	sumatriptan tablet (Tier 1)	January 1, 2010
Mononessa, Previfem, Sprintec (Branded generics for Ortho-Cyclen)	Oral Contraceptive	Tier 1	Tier 3	Ortho Cyclen (Tier 1) Yaz (Tier 2)	January 1, 2010
Nortrel, Necon (Branded generics for Ortho-Novum 777)	Oral Contraceptive	Tier 1	Tier 3	Ortho Novum 777 (Tier 1) Yaz (Tier 2)	January 1, 2010
Peg Intron	Hepatitis C	Tier 2	Tier 3	Pegasys (Tier 2)	January 1, 2010
Relpax	Anti-migraine	Tier 1	Tier 2	sumatriptan tablet (Tier 1)	January 1, 2010
Trinessa, Tri-Previfem, Tri-Sprintec (Branded generics for Ortho Tri-Cyclen)	Oral Contraceptive	Tier 1	Tier 3	Ortho Tri-Cyclen (Tier 1) Yaz (Tier 2)	January 1, 2010
Zomig & Zomig ZMT	Anti-migraine	Tier 1	Tier 3	sumatriptan tablet (Tier 1)	January 1, 2010
Zomig Nasal Spray	Anti-migraine	Tier 2	Tier 3	sumatriptan spray (Tier 2)	January 1, 2010