



# Prescription Drug List

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



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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.

## 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.

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.

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## 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 Tier 1 or Tier 2 alternatives 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.*

## 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.

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## How often will prescription medications change tiers?

Medications may change tiers once per calendar year (January 1). Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication 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).**

## 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 since generic medications are your lowest-cost option. 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.

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## 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.

## 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

Acarbose	Chlorhexidine
Acetaminophen with Codeine <b>SL</b>	Ciclopirox Gel, Solution
Acetaminophen with Hydrocodone <b>SL</b>	Cilostazol
Acyclovir Tablet, Capsule, Suspension	Ciprofloxacin
Alendronate <b>SL</b>	Citalopram
Allopurinol	Clarithromycin
Alprazolam	Clathromycin Extended-Release
Alprazolam Extended-Release	Clindamycin Capsule
Amitriptyline	Clindamycin Gel, Soln, Lotion, Swabs
Amlodipine	Clindamycin Vaginal Cream
Amlodipine/Benazepril	Clobetasol
Amoxicillin	Clonazepam
Amoxicillin with Potassium Clavulanate	Clonidine
Amphetamine with Dextroamphetamine Salt Combination <b>N, SL</b>	Clonidine HCL Patch
Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained-Release 24 Hour <b>N, SL</b>	Clotrimazole with Betamethasone
Ampicillin	Colestipol Packets
Asmanex <b>SL</b>	Cromolyn
Atenolol	Cyclobenzaprine
Atenolol with Chlorthalidone	Desmopressin
Azithromycin Tablet	Diazepam
Balsalazide Disodium	Diclofenac
Bisoprolol	Diclofenac Sodium Drops
Bisoprolol with Hydrochlorothiazide	Dicyclomine
Bupropion <b>N</b>	Digoxin
Bupropion HCl XL <b>N</b>	Diltiazem
Bupropion Sustained-Action <b>N</b>	Divalproex Sodium Capsule, Sprinkle
Bupropion Sustained-Release 24 Hour 300 mg <b>N</b>	Divalproex Sodium Tablet, Enteric-Coated
Butorphanol Nasal Spray <b>SL</b>	Divalproex Sodium Tablet, Sustained-Release
Cabergoline	Dorzolamide HCl 2% Drops
Calcium Acetate 667 mg	Dorzolamide HCl/Timoptic Maleate
Captopril	Doxazosin
Captopril with Hydrochlorothiazide	Doxepin
Carbamazepine	Doxycycline
Carbamazepine Tablet, Sustained-Release 12 Hour	Enalapril
Carbidopa/Levodopa	Enalapril with Hydrochlorothiazide
Carisoprodol	Eplerenone
Carvedilol	Erythromycin Base 250, 333 mg
Cefaclor	Erythromycin Ethylsuccinate
Cefadroxil	Erythromycin Stearate
Cefdinir	Erythromycin with Benzoyl Peroxide
Cefprozil	Estradiol Patch
Cefuroxime	Estradiol/Norethindrone Acetate
Cephalexin	Estropipate
	Ethinyl Estradiol/Drospirenone 0.3 mg/3 mg
	Etidronate Disodium
	Etodolac

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*

Famciclovir	Itraconazole <b>SL</b>
Fast Take System	Ketoconazole
Fast Take Test Strips <b>SL</b>	Lamotrigine
Felodipine	Leflunomide
Fenofibrate	Leuprolide
Fentanyl Transdermal System <b>SL</b>	Levalbuterol HCL 125 mg/ml <b>SL</b>
Fexofenadine	Levetiracetam
Finasteride <b>N</b>	Levothyroxine
Fluconazole 50, 100, 200 mg	Lisinopril
Fluconazole 150 mg	Lisinopril with Hydrochlorothiazide
Flunisolide Nasal Spray <b>SL</b>	Lithium Carbonate Controlled-Release
Fluocinolone	Lithium Carbonate Extended-Release
Fluoxetine	Lorazepam
Fluticasone Nasal Spray <b>SL</b>	Lovastatin
Folic Acid	Medroxyprogesterone 150 mg/ml <b>SL</b>
Foradil <b>SL</b>	Medroxyprogesterone Tablet
Fortical	Mefenamic Acid
Fosinopril	Meloxicam
Fosinopril with Hydrochlorothiazide	Mesalamine Enema
FreeStyle Lite Test Strips <b>SL</b>	Metformin
Freestyle System	Metformin Extended-Release
Freestyle Test Strips <b>SL</b>	Methocarbamol
Furosemide	Methotrexate
Gabapentin Capsule, Tablet	Methyldopa
Gemfibrozil	Methylphenidate <b>N, SL</b>
Gentamicin	Methylphenidate Extended-Release <b>N, SL</b>
Glimepiride	Methylprednisolone
Glipizide	Metoclopramide
Glipizide Extended-Release	Metoprolol
Glipizide with Metformin	Metoprolol Sustained-Release
Glyburide	Metronidazole
Glyburide with Metformin	Metronidazole Cream
Glycopyrrolate	Metronidazole Vaginal Gel
Granisetron <b>SL</b>	Minocycline
Humalog Vials	Mirtazapine
Humulin Vials	Mirtazapine Dispersible Tablet
Hydrochlorothiazide	Moexipril
Hydroxychloroquine	Mycophenolate Mofetil
Hydroxyzine	Nabumetone
Ibuprofen - Prescription strengths only	Nadolol
Ibuprofen with Hydrocodone	Naproxen - Prescription strengths only
Imipramine	Nateglinide
Indapamide	Neomycin/Polymyxin/Hydrocortisone
Indomethacin	Nifedipine
Isosorbide Dinitrate	Nifedipine Controlled-Release
Isosorbide Mononitrate	Nifedipine Extended-Release
Isotretinoin	Nisoldipine Extended-Release
Isradipine	20, 30, 40 mg only

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**Tier 1** *continued*

Nortriptyline  
 Novolin Vials  
 Novolog Vials  
 Nystatin  
 Nystatin with Triamcinolone  
 Ofloxacin Eye Drops  
 Omeprazole **N**  
 Ondansetron **SL**  
 One Touch System  
 One Touch Test Strips **SL**  
 One Touch Ultra Test Strips **SL**  
 Orapred Oral Solution  
 Orphenadrine  
 Orphenadrine Compound  
 Oxandrolone  
 Oxcarbazepine  
 Oxybutynin  
 Oxybutynin Sustained-Release  
 Oxycodone with Acetaminophen **SL**  
 Oxycodone with Ibuprofen  
 Pantoprazole **N**  
 Paroxetine  
 Paroxetine HCL Extended-Release  
 Penicillin V Potassium  
 Phenytoin  
 Piroxicam  
 Portia  
 Potassium Chloride  
 Potassium Citrate  
 Pravastatin  
 Prazosin  
 Precision Q-I-D Test Strips **SL**  
 Precision Q-I-D Test System  
 Precision Xtra Systems  
 Precision Xtra Test Strips **SL**  
 Prednisone  
 Prenatal Vitamins - Generic prescription strengths only  
 Primidone  
 Promethazine  
 Promethazine with Codeine  
 Propoxyphene with Acetaminophen **SL**  
 Propranolol  
 Protriptyline HCl  
 Pulmicort Flexhaler **SL**  
 Pulmicort Turbuhaler **SL**  
 Quinapril  
 Quinapril with Hydrochlorothiazide  
 QVAR **SL**  
 Ramapril Capsule  
 Ranitidine Syrup  
 Risperidone  
 Ropinirole  
 Sertraline  
 Simvastatin  
 Spironolactone with Hydrochlorothiazide  
 Sulfamethoxazole with Trimethoprim  
 Sulindac  
 Sumatriptan Succinate Injection **SL**  
 Sumatriptan Succinate Nasal Spray **SL**  
 Sumatriptan Succinate Tablet **SL**  
 Surestep System  
 Surestep Test Strips **SL**  
 Tamoxifen  
 Temazepam  
 Terazosin  
 Terbinafine  
 Tetracycline  
 Theophylline  
 Tobramycin/Dexamethasone Eye Drops  
 Tolmetin  
 Topiramate  
 Tramadol  
 Tramadol with Acetaminophen  
 Trandolapril  
 Trazodone  
 Triamcinolone  
 Triamterene with Hydrochlorothiazide  
 Triazolam  
 Trimethoprim  
 Trimipramine Maleate  
 Ursodiol  
 Venlafaxine  
 Ventolin HFA **SL**  
 Verapamil  
 Warfarin  
 Zaleplon **SL**  
 Zolpidem **SL**  
 Zonisamide

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## Tier 2

Aceon	Climara
Aciphex <b>N</b>	Clindesse
Actonel <b>SL</b>	Combigan
Actonel with Calcium <b>SL</b>	Combivent <b>SL</b>
Actoplus Met	Copaxone <b>SL</b>
Actos	Coumadin
Advicor	Cozaar
Aldara	Crestor
Alphagan P	Cymbalta
Altace Tablet	Dapsone
Altoprev	Depakote ER
Androderm <b>SL</b>	Depakote Sprinkle
Androgel <b>SL</b>	Dilantin
Antabuse 250 mg	Divigel
Antara	Dovonex
Apriso	Duetact
Aranesp <b>N, SL</b>	Effexor XR
Aricept	Elestat
Aricept ODT	Elmiron
Arimidex	Emend <b>SL</b>
Arixtra <b>SL</b>	Enablex
Astelina <b>SL</b>	Enjuvia
Atrovent Inhaler <b>SL</b>	Entocort EC
Avandamet	Epipen <b>SL</b>
Avandaryl	Epipen Jr. <b>SL</b>
Avandia	Epogen <b>N, SL</b>
Avonex <b>SL</b>	Esclim
Axid Oral Solution	Estraderm
Azelex	Estrate
Azmecort	Estratest H.S.
Azor	Estring
Bactroban Cream, Nasal Ointment	Evamist
Benicar	Evista
Benicar HCT	Femara
Benzamycin	Flomax
Betimol	Flovent <b>SL</b>
Boniva <b>SL</b>	Flovent HFA <b>SL</b>
Byetta <b>SL</b>	Forteo <b>N, SL</b>
Bystolic	Fosamax Plus D <b>SL</b>
Canasa	Fosrenol
Capex Shampoo	Frova <b>SL</b>
Carac Cream	Gabitril
Cardizem LA	Geodon
Casodex	Glucagon Emergency Kit <b>SL</b>
Cenestin	Grifulvin V Tablet
Cimzia <b>N, SL</b>	Humalog Pens/Cartridges
Ciprodex	Humira <b>N, SL</b>
Cleocin Vaginal Suppositories	Humulin Pens/Cartridges

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**Tier 2** *continued*

Hyzaar	Prempro
Intal <b>SL</b>	Prevacid Solutab <b>N</b>
Janumet	Prevpac
Januvia	Procrit <b>N, SL</b>
Keppra	Proctofoam-HC
Lanoxin	Prograf
Lantus Vials	Prometrium
Levaquin	Protopic <b>N</b>
Levemir	Pulmicort Respules <b>SL</b>
Lexapro	Pylera
Lialda	Ranexa
Lidoderm <b>SL</b>	Rebif <b>N, SL</b>
Lindane	Relistor
Lipitor	Relpax <b>SL</b>
Lipofen	Renagel
Lo/Ovral	Retin-A Micro
Locoid Lipocream	Roferon A <b>N, SL</b>
Lofibra Tablet	Saizen <b>N, SL</b>
Lotronex <b>N</b>	Sanctura XR
Lovenox <b>SL</b>	Serevent <b>SL</b>
Lumigan	Serevent Diskus <b>SL</b>
Malarone	Seroquel
Maxalt <b>SL</b>	Seroquel XR
Maxalt MLT <b>SL</b>	Simcor
Methergine	Singulair
Metrolotion	Soriatane
Micardis	Spiriva <b>SL</b>
Micardis HCT	Sular 8.5, 10, 17, 25.5, 34 mg only
Mirapex	Symbicort <b>SL</b>
Nasonex <b>SL</b>	Symbyax
Neoral	Synthroid
Neupogen	Tazorac <b>SL</b>
Niaspan	Tegretol
Novolin Pens/Cartridges	Testim 1% <b>SL</b>
Novolog Pens/Cartridges	Tev-Tropin <b>N, SL</b>
Nutropin/AQ <b>N, SL</b>	Tilade <b>SL</b>
Nuvaring	Travatan
Nystatin Powder	Travatan Z
Optivar	Tricor Tablet
Ortho Tri-Cyclen Lo	Triglide
Ortho-Prefest	Trusopt
Oxycontin <b>SL</b>	Twinject <b>SL</b>
Oxytrol	Vagifem
Pegasys <b>N, SL</b>	Valtrex
Plavix	Vesicare
Prandin	Vivelle
Premarin	Vivelle-Dot
Premphase	Voltaren Gel

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## Tier 2 *continued*

Vyvanse **N, SL**

Vytorin

Welchol

Yaz

Zegerid **N**

Zomig **SL**

Zomig MLT **SL**

Zomig Nasal Spray **SL**

Zovirax Ointment, Cream

Zyprexa (Zydis = Tier 3)

# Tier 2

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## Tier 3

Abilify	Clarinex
Accolate	Clarinex D
Aclovate	Climara Pro
Accu-Check System <b>SL</b>	Clindagel
Accu-Check Test Strips <b>SL</b>	Colazal
Actiq <b>N, SL</b>	Colyte
Acular	Combipatch
Advair Diskus <b>SL</b>	Combunox <b>SL</b>
Advair HFA <b>SL</b>	Concerta <b>N, SL</b>
Aggrenox	Coreg CR
Allegra ODT	Cosopt
Allegra Suspension	Covera-HS
Allegra-D	Cutivate
Alocril	Cytomel
Alomide	Daytrana <b>N, SL</b>
Alora	Denavir
Ambien CR <b>N, SL</b>	Derma-Smoothe/FS
Amerge <b>SL</b>	Detrol
Analpram-HC	Detrol LA
Armour Thyroid	Differin <b>N</b>
Arthrotec	Diovan
Asacol	Diovan HCT
Ascensia Autodisc <b>SL</b>	Diprolene
Ascensia Elite <b>SL</b>	Doryx
Atacand	Dostinex
Atacand HCT	Duac, Duac-CS
Augmentin XR	Efudex Cream
Avalide	Elidel <b>N</b>
Avapro	Elocon
Avelox	Enbrel <b>N, SL</b>
Avinza <b>SL</b>	Estrostep FE
Avodart <b>N</b>	Exforge
Axert <b>SL</b>	Exforge HCT
Beconase AQ <b>SL</b>	Extendryl SR
Benzaclin	Factive
Betaseron <b>N, SL</b>	Famvir
Betopic S	FemHRT
Blephamide Eye Drops	Fenoglide
Caduet	Finacea
Carbatrol	Focalin XR <b>N, SL</b>
Carfate Suspension	Genotropin <b>N, SL</b>
Celebrex	Gynazole-1
Cenogen Ultra	Gynodiol 1.5 mg Tablet
Cesamet <b>SL</b>	Humatrope <b>N, SL</b>
Chemstrip BG Test Strips <b>SL</b>	Humibid DM
Cialis <b>SL</b>	Humibid LA
Ciloxin Ophthalmic Ointment	Inderal LA
Cipro HC	Intron A <b>N, SL</b>

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**Tier 3** *continued*

Invega  
 Kadian **SL**  
 Kineret **N, SL**  
 Keppra XR  
 Ketek  
 Klaron  
 Lantus Solostar  
 Lescol  
 Lescol XL  
 Levitra **SL**  
 Levothroid  
 Locoid  
 Locoid Lipocream  
 Loestrin  
 Loestrin FE  
 Loprox  
 Lotemax  
 Lovaza  
 Lunesta **N, SL**  
 Luvox CR  
 Luxiq  
 Lyrica **N**  
 Mavik  
 Maxair Autohaler **SL**  
 Menest  
 Mentax  
 Mesnex  
 Metadate CD **N, SL**  
 Metrogel  
 Miacalcin Nasal Spray  
 Mircette  
 Modicon  
 Naftin  
 Nasacort  
 Nasacort AQ **SL**  
 Nascobal  
 Natelle  
 Nestabs RX  
 Nexium **N**  
 Nitrostat  
 Nordette  
 Norditropin **N, SL**  
 Noritate  
 Nulev  
 Nulytely  
 Omnitrope **N, SL**  
 Oraped ODT  
 Ortho Evra  
 Ortho Micronor  
 Ortho Tri-Cyclen  
 Ortho-Cept  
 Ortho-Cyclen  
 Ortho-Novum  
 Oscion  
 Ovcon-35  
 Ovcon-50  
 Oxistat  
 Pataday  
 Patanase  
 Patanol  
 Paxil CR  
 Peg-Intron **N, SL**  
 Penlac  
 Pentasa  
 Periostat  
 Plexion  
 Ponstel  
 Precare Conceive  
 Precare Prenatal  
 Premesis RX  
 Prenate Advance  
 Prenate GT  
 Prevacid Capsule **N**  
 Prevacid Naprapac **N**  
 Primacare  
 Pristiq  
 ProAir HFA **SL**  
 Proventil HFA **SL**  
 Provigil **N, SL**  
 Prozac Weekly  
 Quixin  
 Relenza **SL**  
 Requip XL  
 Restasis **N**  
 Rhinocort Aqua  
 Ritalin LA **N, SL**  
 Rosanil  
 Rozerem **N, SL**  
 Sanctura  
 Sancuso  
 Seasonique **SL**  
 Sensipar  
 Simponi **N, SL**  
 Skelaxin  
 Solodyn  
 Soma 250 mg

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**Tier 3** *continued*

Stavzor  
 Strattera **N, SL**  
 Symlin **SL**  
 Tamiflu **SL**  
 Tarka  
 Tekturna  
 Tekturna HCT  
 Tequin  
 Teveten  
 Theo-24  
 Tobradex Eye Ointment  
 Tracer BG Test Strips **SL**  
 Transderm-Scop  
 Treximet **SL**  
 Tri-Norinyl  
 Triaz  
 Trilipix  
 Tussionex  
 Uniretic  
 Uroxatral  
 Vantin  
 Venlafaxine Extended-Release  
 Viagra **SL**  
 Vigamox  
 Visicol  
 Xalatan  
 Xopenex HFA **SL**  
 Xopenex Solution **SL**  
 Xyzal  
 Zetia  
 Zmax  
 Zylet  
 Zymar

**NOTE:**

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

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

Activella (Estradiol/Norethindrone Acetate)	DDAVP (Desmopressin)
Adderall <b>N, SL</b> (Amphetamine with Dextroamphetamine Salt Combination <b>N, SL</b> )	Depakote (Divalproex Sodium)
Adderall XR <b>N, SL</b> (Amphetamine with Dextroamphetamine Salt Combination Capsule, Sustained-Release 24 Hour <b>N, SL</b> )	Depakote ER (Divalproex Sodium Tablet, Sustained-Release)
Aldactone (Spironolactone)	Depakote Sprinkle (Divalproex Sodium Capsule, Sprinkle)
Allegra <b>SL</b> (Fexofenadine <b>SL</b> )	Depo Provera <b>SL</b> (Medroxyprogesterone 150 mg/ml <b>SL</b> )
Altace Capsules (Ramapril Capsule)	Dexedrine SR <b>N, SL</b> (Dextroamphetamine Sustained-Release Capsule <b>N, SL</b> )
Amaryl (Glimepiride)	DiaBeta, Micronase, Glynase (Glyburide)
Ambien <b>N, SL</b> (Zolpidem <b>SL</b> )	Didronel (Etidronate Disodium)
Anaprox (Naproxen)	Diflucan 50, 100, 200 mg Tablet (Fluconazole)
Arava (Leflunomide)	Diflucan 150 mg (Fluconazole)
Ativan (Lorazepam)	Diprolene AF (Betamethasone Dipropionate Augmented Cream)
Augmentin (Amoxicillin TR/Potassium Clavulanate)	Ditropan XL (Oxybutynin Sustained-Release)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Duragesic <b>SL</b> (Fentanyl Transdermal System <b>SL</b> )
Biaxin (Clarithromycin)	Duricef (Cefadroxil)
Biaxin XL (Clarithromycin Extended-Release)	Dyazide (Triamterene with Hydrochlorothiazide)
Buspar (Buspirone)	Dynacirc (Isradipine)
Calan, Calan SR (Verapamil)	Effexor (Venlafaxine)
Capoten (Captopril)	Elocon Cream, Ointment, Solution (Mometasone)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Eskalith CR (Lithium Carbonate Controlled Release)
Cardura (Doxazosin)	Fioricet (Butalbital with Acetaminophen and Caffeine)
Catapres-TSS (Clonidine HCL Patch)	Flexeril (Cyclobenzaprine)
Ceftin (Cefuroxime)	Flonase <b>SL</b> (Fluticasone Nasal Spray <b>SL</b> )
Cefzil (Cefprozil)	Fosamax <b>SL</b> (Alendronate <b>SL</b> )
Celexa (Citalopram)	Glucophage, XR (Metformin)
Celcept (Mycophenolate Mofetil)	Glucotrol, XL (Glipizide)
Ciloxan Eye Drops (Ciprofloxacin)	Glucovance (Glyburide with Metformin)
Cipro (Ciprofloxacin)	Hytrin (Terazosin)
Cipro XR (Ciprofloxacin)	Imitrex Injection <b>SL</b> (Sumatriptan Succinate Injection <b>SL</b> )
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Imitrex Nasal Spray <b>SL</b> (Sumatriptan Nasal Spray <b>SL</b> )
Colazal (Balsalazide Disodium)	Imitrex Tablet <b>SL</b> (Sumatriptan Succinate Tablet <b>SL</b> )
Colestid (Colestipol)	Inderal (Propranolol)
Colestid Packets (Colestipol Packets)	Keflex (Cephalexin)
Copegus <b>N, SL</b> (Ribavirin <b>N, SL</b> )	Keppra (Levetiracetam)
Coreg (Carvedilol)	
Darvocet-N <b>SL</b> (Propoxyphene with Acetaminophen <b>SL</b> )	

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

Klonopin (Clonazepam)	Procardia XL (Nifedipine Extended-Release)
Kytril <b>SL</b> (Granisetron <b>SL</b> )	Proscar <b>N</b> (Finasteride <b>N</b> )
Lamictal (Lamotrigine)	Protonix <b>N</b> (Pantoprazole <b>N</b> )
Lamisil Tablet (Terbinafine)	Provera (Medroxyprogesterone)
Lasix (Furosemide)	Prozac (Fluoxetine)
Lithobid (Lithium Carbonate Extended-Release)	Rebetol <b>N, SL</b> (Ribavirin <b>N, SL</b> )
Lopid (Gemfibrozil)	Remeron (Mirtazapine)
Lopressor (Metoprolol)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Lotensin (Benazepril)	Requip (Ropinirole)
Lotensin HCT (Benazepril with Hydrochlorothiazide)	Restoril 15, 30 mg (Temazepam)
Lotrel (Amlodipine/Benazepril)	Risperdal (Risperidone)
Lotrisone (Betamethasone with Clotrimazole)	Ritalin <b>N, SL</b> (Methylphenidate <b>N, SL</b> )
Macrobid (Nitrofurantoin/Nitrofurantoin Macrocrystal)	Ritalin SR <b>N, SL</b> (Methylphenidate Extended-Release <b>N, SL</b> )
Medrol Dosepak (Methylprednisolone)	Robinul Forte (Glycopyrrolate)
Metaglip (Glipizide with Metformin)	Sarafem (Fluoxetine)
Metrocream (Metronidazole Cream)	Sonata <b>N, SL</b> (Zaleplon <b>SL</b> )
Metrogel Vaginal (Metronidazole Vaginal Gel)	Sporanox <b>SL</b> (Itraconazole <b>SL</b> )
Mevacor (Lovastatin)	Starlix (Nateglinide)
Mobic (Meloxicam)	Sular (Nisoldipine Extended-Release 20, 30, 40 mg only))
Monopril (Fosinopril)	Tegretol XR (Carbamazepine Tablet, Sustained-Release 12 Hour)
Motrin (Ibuprofen) - Prescription strengths only	Tenormin (Atenolol)
Mycelex Troche (Clotrimazole Troche)	Tenoretic (Atenolol with Chlorthalidone)
Naprosyn (Naproxen) - Prescription strengths only	Terazol (Terconazole)
Neurontin Capsule, Tablet (Gabapentin)	Tobradex (Tobramycin/Dexamethasone Eye Drops)
Nizoral (Ketoconazole)	Topamax (Topiramate)
Norvasc (Amlodipine)	Toprol XL (Metoprolol Sustained-Release)
Ocuflox Eye Drops (Ofloxacin)	Trileptal (Oxcarbazepine)
Omnicef (Cefdinir)	Trusopt (Dorzolamide HCl 2% Drops)
Paxil (Paroxetine)	Tylenol #3 <b>SL</b> (Acetaminophen with Codeine <b>SL</b> )
Paxil CR (Paroxetine HCl Extended-Release)	Ultracet (Tramadol with Acetaminophen)
Percocet 5-325, 7.5-500, 10-650 <b>SL</b> (Oxycodone with Acetaminophen <b>SL</b> )	Ultram (Tramadol)
Plendil (Felodipine)	Ultravate Cream, Ointment (Halobetasol Propionate)
Pletal (Cilostazol)	Univas (Moexipril)
Pravachol (Pravastatin)	Urso, Urso Forte (Ursodiol)
Precose (Acarbose)	Valium (Diazepam)
Prinivil, Zestril (Lisinopril)	Vaseretic (Enalapril with Hydrochlorothiazide)
Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)	Vasotec (Enalapril)
	Vicodin <b>SL</b> , Vicodin ES <b>SL</b> (Acetaminophen with Hydrocodone <b>SL</b> )

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

Vicoprofen (Ibuprofen with Hydrocodone)  
Voltaren (Diclofenac)  
Voltaren Tablet (Diclofenac)  
Wellbutrin **N** (Bupropion **N**)  
Wellbutrin SR **N** (Bupropion Sustained-Release **N**)  
Wellbutrin XL **N** (Bupropion HCl XL **N**)  
Xanax, Xanax XR (Alprazolam)  
Xopenex Solution 1.25 mg/ml **SL**  
(Levalbuterol HCL 1.25 mg/ml **SL**)  
Yasmin (Ethinyl Estradiol/Drosperinone 0.3/3 mg)  
Yasmin (Ocella)  
Zantac Syrup (Ranitidine Syrup)  
Ziac (Bisoprolol with Hydrochlorothiazide)  
Zithromax Tablet (Azithromycin Tablet)  
Zocor (Simvastatin)  
Zofran **SL** (Ondansetron **SL**)  
Zofran ODT **SL** (Ondansetron **SL**)  
Zoloft (Sertraline)  
Zonegran (Zonisamide)  
Zovirax Tablet, Capsule, Suspension (Acyclovir)

# Tier 3

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**2010 State Health Benefit Plan (SHBP)  
UnitedHealthcare Choice Plus 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
Cimzia	Rheumatoid Arthritis	Tier 3	Tier 2	January 1, 2010
Hycamtin	Oral Oncology	Tier 3	Tier 2	July 14, 2009
Lialda	Anti-inflammatory GI	Tier 3	Tier 2	January 1, 2010
Relistor	Endocrine	Tier 3	Tier 2	July 14, 2009
Symbicort	Asthma	Tier 3	Tier 2	January 1, 2010

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

**Medications Up-Tiered**

Products	Indications	Current Tier	New Tier	Preferred Alternatives	Effective Date
Advair	Asthma	Tier 2	Tier 3	Symbicort (Tier 2)	January 1, 2010
Asacol	Anti-inflammatory GI	Tier 2	Tier 3	sulfasalazine (Tier 1) Lialda & Apriso (Tier 2)	January 1, 2010
Betaseron	Multiple Sclerosis	Tier 2	Tier 3	Rebif (Tier 2)	January 1, 2010
Betopic S	Ophthalmic Beta Blocker	Tier 2	Tier 3	Betopic (Tier 1)	January 1, 2010

Concerta	ADD/ADHD	Tier 2	Tier 3	Generic Adderall XR (Tier 1) Vyvanse (Tier 2)	January 1, 2010
Diovan/Diovan HCT	ARB	Tier 2	Tier 3	Cozaar & Micardis (Tier 2)	January 1, 2010
Enbrel	Rheumatoid Arthritis	Tier 2	Tier 3	Humira & Cimzia (Tier 2)	January 1, 2010
Metrogel	Rosacea	Tier 2	Tier 3	metronidazole cream (Tier 1) Azelex (Tier 2)	January 1, 2010
Nascobal	Vitamin B deficiency	Tier 2	Tier 3	Calomist (Tier 2)	January 1, 2010
Peg Intron	Hepatitis C	Tier 2	Tier 3	Pegasys (Tier 2)	January 1, 2010
Strattera	ADD/ADHD	Tier 2	Tier 3	Generic Adderall XR (Tier 1) Vyvanse (Tier 2)	January 1, 2010
Xopenex HFA	Asthma	Tier 1	Tier 3	Ventolin HFA (Tier 1)	January 1, 2010
Zylet	Eye Inflammation/Infection	Tier 2	Tier 3	neomycin/polymyxin B/dexamethasone (Tier 1)	January 1, 2010