



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

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

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 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 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 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 or log on myuhc.com[®], 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.

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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 or log on 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** or log on **myuhc.com** to determine the copayment for your generic medication.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting **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** for additional information during your open enrollment period or you may contact your health plan for additional information.

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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.

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.

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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.

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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Anti-Infectives Antibiotics

Tier 1

A-B Otic
 Amoxicillin Trihydrate Capsule,
 Chewable Tablet, Drops,
 Suspension, Tablet
 Amoxicillin Trihydrate/
 Potassium Clavulanate
 Azithromycin
 Cefaclor
 Cefadroxil Hydrate
 Cefdinir
 Cefpodoxime Tablet
 Cefprozil
 Cefuroxime
 Cephalexin Monohydrate
 Cephadrine Capsule
 Ciprofloxacin Tablet
 Clarithromycin Tablet
 Clindamycin HCl 150, 300 mg
 Dicloxacillin Sodium Capsule
 Dimethyl Sulfoxide Solution,
 Non-Oral
 Doxycycline Hyclate
 Doxycycline Monohydrate
 Capsule
 Erythromycin Base Capsule,
 Delayed-Release
 Erythromycin Base Tablet,
 Enteric-Coated
 250, 333 mg
 Erythromycin Estolate
 Erythromycin Ethylsuccinate
 Erythromycin Ethylsuccinate/
 Sulfisoxazole Acetyl
 Erythromycin Stearate
 Methenamine Mandelate
 Metronidazole
 Minocycline HCl
 Neomycin Sulfate
 Neomycin/Polymyxin/HC Otic
 Nitrofurantoin Macrocrystal
 Nitrofurantoin/Nitrofurantoin
 Macrocrystal
 Ofloxacin
 Ofloxacin Otic
 Penicillin V Potassium
 Sulfadiazine
 Sulfamethoxazole/Trimethoprim
 Sulfisoxazole
 Tetracycline HCl
 Trimethoprim

Tier 2

Augmentin
 Cerumenex Otic
 Chloromycetin Otic
 Cipro Suspension
 Ciprodex Otic
 Cleocin HCl 75 mg
 Dapsone
 Furadantin Suspension, Oral
 Gantrisin
 Levaquin Tablet, Solution
 Macrochantin 25 mg
 Tobi
 Vancocin HCl
 Velosef 250 mg Suspension
 Zyvox

Tier 3

Adoxa
 Augmentin XR
 Avelox
 Cedax
 Dispermox
 Doryx
 EryPed Tablet, Chewable
 Factive
 Geocillin
 Keftab
 Ketek
 Maxaquin
 Monurol
 Neggram
 Noroxin
 Oracea
 PCE
 Primsol
 Proquin XR
 Raniclor Tablet, Chewable
 Solodyn
 Suprax
 Tequin
 Vibramycin Suspension
 Vibramycin Syrup
 Xifaxan **SL**
 Zagam
 Zmax

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Anti-Infectives Antifungals

Tier 1

Clotrimazole Troche
 Fluconazole
 Griseofulvin Microsize
 Suspension
 Griseofulvin Ultramicrosized
 Itraconazole Capsule **SL**
 Ketoconazole
 Metronidazole Vaginal
 Nystatin
 Terbinafine HCl Tablet
 Terconazole Vaginal

Tier 2

Clindessee Vaginal
 Mycostatin
 Noxafil
 SporanoX Solution, Oral
 Vfend

Tier 3

Ancobon
 Fulvicin U/F
 Gynazole-1 Vaginal
 Lamisil Granules

Anti-Infectives Antivirals

Tier 1

Acyclovir
 Amantadine HCl
 Famciclovir
 Ganciclovir
 Ribavirin **SL N**
 Rimantadine HCl Tablet

Tier 2

Baraclude
 Epivir HBV
 Hepsera
 Rebetol Solution **SL N**
 Valcyte
 Valtrex

Tier 3

Flumadine Syrup
 Relenza **SL**
 Tamiflu **SL**
 Tyzeka

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol
 Dipyridamole
 Heparin Sodium
 Sulfinpyrazone
 Ticlopidine HCl
 Warfarin Sodium

Tier 2

Arixtra
 Coumadin
 Lovenox
 Plavix

Tier 3

Aggrenox
 Fragmin
 Innohep

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Acebutolol HCl
 Amiloride HCl
 Amiloride HCl/
 Hydrochlorothiazide
 Amlodipine Besylate
 Amlodipine/Benazepril
 Atenolol
 Benazepril HCl
 Benazepril/
 Hydrochlorothiazide
 Betaxolol HCl
 Bisoprolol Fumarate/
 Hydrochlorothiazide
 Bumetanide

Tier 2

Aceon
 Aldactazide 50-50 mg
 Azor
 Benicar
 Benicar HCT
 Bystolic
 Cardizem CD 360 mg
 Cardizem LA
 Cozaar
 Dibenzyline
 Enduron 2.5 mg
 Hyzaar
 Micardis
 Micardis HCT

Tier 3

Atacand
 Atacand HCT
 Avalide
 Avapro Cardene SR
 Cardura XL
 Catapres-TTS
 Coreg CR
 Covera-HS
 Diovan
 Diovan HCT
 DynaCirc CR
 Dyrenium
 Edecrin
 Enduronyl

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 8)**Tier 1**

Captopril
 Captopril/Hydrochlorothiazide
 Carvedilol
 Chlorothiazide Tablet
 Chlorthalidone
 Clonidine HCl
 Clonidine HCl/Chlorthalidone
 Clonidine Patch,
 Transdermal Weekly
 Diltiazem HCl
 Doxazosin Mesylate
 Enalapril Maleate
 Enalapril Maleate/
 Hydrochlorothiazide
 Eplerenone
 Felodipine
 Fosinopril
 Fosinopril/
 Hydrochlorothiazide
 Furosemide
 Guanfacine HCl
 Hydralazine HCl
 Hydralazine HCl/
 Hydrochlorothiazide
 Hydrochlorothiazide
 Indapamide
 Isradipine
 Labetalol HCl
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Methyclothiazide
 Methyldopa 250, 500 mg
 Methyldopa/
 Hydrochlorothiazide
 Metolazone
 Metoprolol Succinate
 Metoprolol Tartrate
 Metoprolol/
 Hydrochlorothiazide
 Minoxidil
 Moexipril HCl
 Nadolol
 Nadolol/Bendroflumethiazide
 Nicardipine HCl
 Nifedipine
 Nifedipine Tablet, Osmotic
 Laser-Drilled Formulation
 Nisoldipine 20, 30, 40 mg
 Pindolol
 Prazosin HCl

Tier 2

Sular 8.5, 10, 17, 25.5,
 34 mg

Tier 3

Enduronyl Forte
 Exforge
 Exforge HCT
 Guanabenz Acetate
 Innopran XL
 Levatol
 Lexxel
 Minizide
 Naturetin
 Tarka
 Tekturna
 Tekturna HCT
 Teveten
 Wytensin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 9)

Tier 1

Propranolol HCl
 Propranolol HCl/
 Hydrochlorothiazide
 Quinapril HCl/
 Hydrochlorothiazide
 Quinapril HCl/Magnesium
 Carbonate
 Ramipril
 Spironolactone
 Spironolactone/
 Hydrochlorothiazide
 Terazosin HCl
 Timolol Maleate
 Trandolapril
 Triamterene/
 Hydrochlorothiazide
 Verapamil HCl

Tier 2

Tier 3

Cardiovascular/Heart Disease High Cholesterol

Tier 1

Cholestyramine/Aspartame
 Cholestyramine/Sucrose
 Colestipol HCl
 Fenofibrate 54, 67, 134, 160,
 200 mg
 Gemfibrozil
 Lovastatin
 Pravastatin
 Simvastatin

Tier 2

Advicor
 Antara
 Altoprev
 Crestor
 Fenoglide
 Lipitor
 Lipofen
 Niaspan
 Simcor
 Tricor 48, 145 mg
 Triglide
 Vytorin
 Welchol

Tier 3

Caduet
 Lescol
 Lescol XL
 Lovaza
 Pravigard-PAC
 Trilipix
 Zetia

Cardiovascular/Heart Disease Other

Tier 1

Amiodarone
 Digoxin
 Disopyramide
 Flecanide
 Isosorbide Dinitrate
 Isosorbide Mononitrate
 Mexiletine
 Nitroglycerin
 Procainamide
 Propafenone
 Sotalol

Tier 2

Lanoxin

Tier 3

Ethmozine
 Minitran
 Nitro-Dur
 Nitrolingual
 Rythmol SR

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Amphetamine Aspartate/
Amphetamine Sulfate/
Dextroamphetamine
Capsule, Sustained-Release
24 Hour **SL N**
D-Amphetamine Sulfate
Tablet, Capsule,
Sustained-Action
Methamphetamine HCl Tablet
Methylphenidate

Tier 2

Vyvanse **SL N**

Tier 3

Adderall XR **SL N**
Concerta **SL N**
Daytrana **SL N**
Focalin XR **SL N**
Metadate CD **SL N**
Methylin Solution, Oral **N**
Methylin Tablet, Chewable **N**
Ritalin LA **SL N**
Strattera **SL N**

Central Nervous System Depression

Tier 1

Amitriptyline HCl
Amitriptyline/Perphenazine
Amoxapine
Bupropion HCl **N**
Bupropion HCl Tablet,
Sustained-Action **N**
Bupropion HCl Tablet,
Sustained-Release
24 Hour **N**
Citalopram Hydrobromide
Clomipramine HCl
Desipramine HCl
Doxepin HCl
Fluoxetine HCl
Fluvoxamine Maleate
Imipramine HCl
Maprotiline HCl
Mirtazapine
Nefazodone HCl
Nortriptyline HCl
Paroxetine HCl
Sustained-Release, 24 Hour
Paroxetine HCl Tablet
Protriptyline HCl
Sertraline HCl
Tranylcypromine Sulfate
Trazodone HCl
Trimipramine Maleate
Venlafaxine HCl

Tier 2

Cymbalta
Effexor XR
Lexapro
Nardil

Tier 3

Emsam
Luvox CR
Marplan
Pexeva
Pristiq
Prozac Weekly
Tofranil-PM
Venlafaxine
Extended-Release

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

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P Progression Rx

SL Supply limit

Central Nervous System Migraine

Tier 1

Acetaminophen/Butalbital
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Aspirin/Caffeine/Butalbital
 Dihydroergotamine Mesylate
 Ergotamine Tartrate/
 Belladonna Alkaloids/
 Phenobarbital
 Ergotamine Tartrate/Caffeine
 Suppository, Rectal
 Ergotamine Tartrate/
 Caffeine/Belladonna
 Alkaloids/Pentobarbital
 Isometheptene Mucate/
 Acetaminophen/
 Dichloralphenazone
 Isometheptene/
 Acetaminophen/Caffeine
 Sumatriptan Succinate
 Injection **SL**
 Sumatriptan Succinate Nasal
 Spray **SL**
 Sumatriptan Succinate
 Tablet **SL**

Tier 2

Cafergot
 Ergomar
 Frova **SL**
 Maxalt **SL**
 Maxalt MLT **SL**
 Migranal
 Relpax **SL**
 Sansert
 Zomig **SL**
 Zomig ZMT **SL**

Tier 3

Amerge **SL**
 Axert **SL**
 Migranal **SL**
 Treximet **SL**
 Zomig Nasal Spray **SL**

Central Nervous System Sedatives/Hypnotics

Tier 1

Chloral Hydrate
 Estazolam
 Flurazepam HCl
 Temazepam
 Triazolam
 Zaleplon **SL**
 Zolpidem Tartrate **SL**

Tier 2

Tier 3

Ambien **SL P**
 Ambien CR **SL P**
 Butisol Sodium
 Doral
 Lunesta **SL P**
 Restoril 7.5 mg
 Rozerem **SL P**
 Seconal Sodium
 Sonata **SL P**

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Central Nervous System Seizure Disorders

Tier 1

Acetazolamide
 Carbamazepine
 Clonazepam
 Divalproex
 Ethosuximide
 Gabapentin Capsule, Tablet
 Lamotrigine
 Levetiracetam
 Mephobarbital
 Oxcarbazepine
 Phenobarbital
 Phenytoin
 Primidone
 Topiramate Tablet
 Valproic Acid
 Zonisamide

Tier 2

Celontin
 Diastat
 Dilantin
 Felbatol
 Gabitril
 Mebaral 50 mg
 Mysoline
 Neurontin Solution, Oral
 Peganone
 Phenytek
 Tegretol

Tier 3

Equetro
 Keppra XR
 Lamictal Dose Pack
 Lyrica **N**
 Stavzor
 Topamax Sprinkle

Central Nervous System Other

Tier 1

Alprazolam
 Amantadine HCl
 Bzotropine Mesylate
 Bromocriptine Mesylate
 Buspirone HCl
 Carbidopa/Levodopa
 Chlordiazepoxide HCl
 Clorazepate Dipotassium
 Clozapine
 Diazepam
 Galantamine
 Lithium Carbonate
 Lorazepam
 Loxapine Succinate
 Oxazepam
 Risperidone
 Ropinirole HCl
 Selegiline HCl
 Thiothixene 1, 2, 5, 10 mg
 Trihexyphenidyl HCl

Tier 2

Akineton
 Apokyn
 Aricept
 Aricept ODT
 Clozaril
 Comtan
 FazaClo
 Geodon
 Loxitane C
 Mirapex
 Moban
 Navane 20 mg
 Orap
 Seroquel
 Seroquel XR
 Symbyax
 Tasmar
 Zyprexa

Tier 3

Abilify
 Azilect
 Carbex
 Cognex
 Exelon
 Invega
 Kemadrin
 Namenda
 Paxipam
 Provigil **SL N**
 Razadyne Solution
 Requip XL
 Stalevo
 Tranxene SD
 Zelapar
 Zyprexa Zydis

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P Progression Rx

SL Supply limit

Dermatology

Tier 1

Alclometasone Dipropionate
 Cream, Ointment 0.05%
 Aluminum Chloride
 Amcinonide Cream, Ointment
 Betamethasone Dipropionate
 Cream, Lotion, Ointment
 Betamethasone
 Dipropionate/Propylene
 Glycol Gel, Lotion, Ointment
 Betamethasone DP
 Augmented Cream 0.05%
 Betamethasone Valerate
 Cream, Lotion, Ointment
 Ciclopirox Cream, Gel, Lotion
 Ciclopirox Solution, Non-Oral
 Clindamycin Phosphate
 Clobetasol Propionate Cream,
 Gel, Ointment
 Clobetasol Propionate Foam
 Clobetasol Propionate
 Solution, Non-Oral
 Clotrimazole/Betamethasone
 Dipropionate
 Desonide Cream, Lotion,
 Ointment
 Desoximetasone Cream, Gel,
 Ointment
 Diflorasone Diacetate Cream,
 Ointment
 Diflorasone Diacetate/
 Emollient Cream
 Doxepin Cream
 Econazole Nitrate
 Erythromycin Base/Benzoyl
 Peroxide
 Erythromycin Base/Ethyl
 Alcohol
 Erythromycin Base/Ethyl
 Alcohol Swab, Medicated
 Fluocinolone Acetonide
 Cream, Ointment
 Fluocinolone Acetonide
 Solution Non-Oral
 Fluocinonide Cream, Gel,
 Ointment
 Fluocinonide Solution,
 Non-Oral
 Fluocinonide/Emollient
 Cream
 Fluorouracil

Tier 2

Aldara
 Azelex
 Benzamycin
 Condylox Gel
 Lidoderm **SL**
 Locoid Lipocream
 Oxsoralen-Ultra
 Protopic **N**
 Regranex **N**
 Retin-A Micro **SL N**
 Sulfoxyl Regular
 Tazorac **SL N**
 Trisoralen
 Zovirax

Tier 3

Acanya
 Accutane
 Altanax
 Atralin **SL**
 Avita Gel **N**
 Bactroban
 Benzacilin
 Brevoxyl
 Carmol HC Cream
 Centany
 Clindagel
 Clobex
 Clobex Shampoo
 Cloderm
 Cordran
 Cordran SP Cream
 Cutivate Lotion
 Denavir
 Derma-Smoother/FS
 Desonate
 Desquam-X
 Differin Gel 0.3% **SL N**
 Drysol
 Duac
 Duac-CS
 Elidel **N**
 Emla
 Epiduo
 Ertaczo
 Evoclin
 Exelderm
 Extina
 Finacea Gel
 Furacin
 Halog
 Loprox Shampoo
 Lustra-AF
 Mentax
 Metrogel 1%
 Metro lotion
 Naftin
 Noritate
 Olux-E
 Olux-Olux-E
 Oscion
 Oxistat
 Pandel Cream
 Panretin Gel
 Plexion Sct
 Psorcon E Ointment

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Dermatology (cont. from page 14)

Tier 1

Fluticasone Propionate
 Cream, Ointment
 Gentamicin Sulfate
 Halobetasol Propionate
 Cream, Ointment
 Hyaluronate Sodium
 Suspension 0.1%
 Hydrocortisone Butyrate
 Ointment, Solution,
 Non-Oral
 Hydrocortisone Cream,
 Lotion, Ointment
 Hydrocortisone Valerate
 Cream, Ointment
 Isotretinoin
 Ketoconazole Cream,
 Shampoo
 Lidocaine HCl Gel, Ointment,
 Solution
 Metronidazole Cream, Gel
 Mometasone Furoate Cream,
 Ointment, Solution
 Mupirocin Ointment
 Nystatin
 Nystatin/Triamcinolone
 Acetonide
 Podofilox Liquid
 Prednicarbate Cream
 Sulfacetamide Sodium
 Suspension, Topical
 Sulfacetamide Sodium/Sulfur
 Sulfacetamide Sodium/
 Sulfur/Urea
 Sulfacetamide Sodium/Urea
 Lotion
 Tretinoin Cream, Gel **N**
 Triamcinolone Acetonide
 Cream, Lotion, Ointment
 Urea 40% Emulsion

Tier 2

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Tier 3

Solaraze Gel
 Sulfacet-R
 Tretin-X **SL N**
 Triaz
 Umecta
 Vanos
 Vanoxide-HC
 Veragen
 Verdeso
 Vusion
 Xolegel
 Ziana

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Endocrine/Diabetes Blood Glucose Monitoring

Tier 1

Fast Take System
 Fast Take Test Strips **SL**
 Freestyle Freedom Lite System
 Freestyle Lite System
 Freestyle Lite Test Strips **SL**
 Freestyle System
 Freestyle Test Strips **SL**
 One Touch System
 One Touch Test Strips **SL**
 One Touch Ultra 2 System
 One Touch Ultra Mini System
 One Touch Ultra System
 One Touch Ultra Test Strips **SL**
 Precision Q-I-D System
 Precision Q-I-D Test Strips **SL**
 Precision Xtra System
 Precision Xtra Test Strips **SL**
 Surestep System
 Surestep Test Strips **SL**

Tier 2

Tier 3

Accu-Chek System
 Accu-Chek Test Strips **SL**
 Ascensia System
 Ascensia Test Strips **SL**
 Assure System
 Assure Test Strips **SL**
 Prestige System
 Prestige Test Strips **SL**

Endocrine/Diabetes Growth Hormone

Tier 1

Tier 2

Nutropin **SL N**
 Nutropin AQ **SL N**
 Nutropin Depot **SL N**
 Saizen **SL N**
 Serostim **SL N**
 Tev-Tropin **SL N**

Tier 3

Genotropin **SL N P**
 Humatrope **SL N P**
 Norditropin **SL N P**
 Omnitrope **SL N P**
 Zorbtive **SL N**

Endocrine/Diabetes Insulin

Tier 1

Humalog Vials
 Humulin Vials
 Novolin 70/30 Vials
 Novolin L Vials
 Novolin N Vials
 Novolin R Vials
 NovoLog Mix 70/30 Vials
 NovoLog Vials

Tier 2

Humalog Pens/Cartridges
 Humulin Pens
 Lantus Vials
 Levemir Vials
 Novolin 70/30 Pens/
 Cartridges
 Novolin L Pens/Cartridges
 Novolin N Pens/Cartridges
 Novolin R Pens/Cartridges
 NovoLog Mix 70/30 Pens/
 Cartridges
 NovoLog Pens/Cartridges

Tier 3

Apidra
 Lantus Solostar Pens/
 Cartridges
 Levemir Pens
 Relion

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Endocrine/Diabetes Non-Insulin

Tier 1

Acarbose
 Acetohexamide
 Chlorpropamide
 Gliimepiride
 Glipizide
 Glipizide/Metformin HCl
 Glyburide
 Glyburide/Metformin HCl
 Metformin HCl
 Tolazamide
 Tolbutamide

Tier 2

Actoplus Met
 Actos
 Avandamet
 Avandaryl
 Avandia
 Byetta
 Duetact
 Glyset
 Janumet
 Januvia
 Prandin

Tier 3

Fortamet Tablet, Sr Osmotic
 Push 24 Hour
 Glumetza
 Riomet Solution, Oral
 Starlix
 Symlin

Endocrine/Diabetes Other

Tier 1

Cabergoline
 Calcitonin Salmon Nasal
 Spray
 Calcitriol
 Danazol
 Desmopressin Acetate
 Dexamethasone
 Fludrocortisone Acetate
 Fortical
 Hydrocortisone Tablet
 Levothyroxine Sodium
 Liothyronine Sodium
 Methimazole
 Methylprednisolone Tablet,
 Dose Pack 4 mg
 Octreotide Acetate
 Orapred
 Oxandrolone
 Prednisolone Sodium
 Phosphate Solution, Oral
 Prednisolone Syrup
 Prednisone
 Propylthiouracil

Tier 2

Androderm
 Androgel **SL**
 Android
 Aristocort Tablet
 Calderol
 Cytadren
 Halotestin
 Hectorol
 Hytakerol
 Kuvan **SL N**
 Liquid Pred
 Medrol 2, 8, 16, 24, 32 mg
 Pediapred
 Sandostatin **N**
 Synarel
 Synthroid
 Zemplar

Tier 3

Armour Thyroid
 Celestone Oral Solution
 Cortone Acetate
 First-Testosterone
 Orapred ODT
 Sensipar
 Stimate
 Striant
 Testim **SL**
 Thyrolar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Eye Conditions Anti-Allergy

Tier 1

Cromolyn Sodium

Tier 2

Elestat
Optivar

Tier 3

Acular
Alamast
Alocril
Alomide
Emadine
Livostin
Opticrom
Pataday
Patanol

Eye Conditions Antibiotics

Tier 1

Bacitracin/Polymyxin B Sulfate
Chloramphenicol
Ciprofloxacin HCl Drops
Erythromycin Base
Gentamicin Sulfate
Neomycin Sulfate/Bacitracin Zinc/Polymyxin B/ Hydrocortisone Ointment
Neomycin Sulfate/Bacitracin/ Polymyxin B Ointment
Neomycin Sulfate/ Dexamethasone Sodium Phosphate
Neomycin Sulfate/Gramicidin D/Polymyxin B Drops
Neomycin Sulfate/Polymyxin B Sulfate/Hydrocortisone Suspension, Drops
Neomycin/Polymyxin B Sulfate/Dexamethasone
Ofloxacin
Polymyxin B Sulfate/ Trimethoprim
Sulfacetamide Sodium
Sulfacetamide Sodium/ Prednisolone Acetate
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate
Tobramycin Sulfate Drops
Tobramycin/Dexamethasone Suspension

Tier 2

Blephamide S.O.P.

Tier 3

Azasite
Blephamide Suspension, Drops
Chloroptic S.O.P. Ointment
Ciloxan Ointment
Iquix
Natacyn
Poly-Pred
Pred-G
Quixin
Tobrex Ointment
Vigamox
Zylet
Zymar

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Eye Conditions **Glaucoma**

Tier 1

Acetazolamide
 Acetazolamide Capsule,
 Sustained-Action
 Betaxolol HCl
 Brimonidine Tartrate
 Carteolol HCl
 Dipivefrin HCl
 Dorzolamide HCl
 Dorzolamide HCl/Timolol
 Maleate
 Levobunolol HCl
 Methazolamide
 Metipranolol
 Pilocarpine HCl
 Timolol Maleate Drops

Tier 2

Alphagan
 Azopt
 Betimol
 Combigan
 Epifrin
 Isopto Carbachol
 Lumigan
 Osmoglyn
 P6E1
 Phospholine Iodide
 Pilopine HS
 Travatan
 Travatan Z

Tier 3

Betoptic S
 Iopidine
 Istalol
 Rescula
 Xalatan

Gastrointestinal **Acid Suppression**

Tier 1

Cimetidine Tablet, Liquid
 Misoprostol
 Omeprazole **N**
 Pantoprazole **N**
 Ranitidine HCl Syrup
 Sucralfate Tablet

Tier 2

Aciphex **N**
 Axid Oral Solution
 Helidac
 Prevacid Solutab **N**
 Prevpac **N**
 Pylera
 Zegerid **N**

Tier 3

Carafate Oral Suspension
 Nexium Capsule **N**
 Nexium Suspension **N**
 Pepcid Suspension, Oral
 Prevacid Capsule,
 Delayed-Release
 Enteric-Coated **N**
 Prevacid Naprapac **N**
 Prevacid Suspension,
 Delayed-Release,
 Reconst. **N**
 Prilosec Rx 10, 20 mg **N**
 Prilosec Rx 40 mg **N**
 Protonix **N**

Gastrointestinal **Nausea/Vomiting**

Tier 1

Dronabinol
 Granisetron HCl Tablet **SL**
 Ondansetron **SL**
 Prochlorperazine Maleate
 25 mg Suppository, Rectal
 Prochlorperazine Maleate
 Tablet
 Trimethobenzamide HCl
 Capsule

Tier 2

Compazine 2.5, 5 mg
 Suppository
 Compazine Syrup
 Emend **SL**
 Kytril Solution, Oral **SL**
 Torecan

Tier 3

Anzemet **SL**
 Cesamet **SL**
 Sancuso **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Gastrointestinal Other

Tier 1

Mesalamide
 Metoclopramide
 Polyethylene Glycol
 Sulfasalazine

Tier 2

Apriso
 Canasa
 Dipentum
 Entocort EC
 GoLYTELY Packet
 Lialda
 Lotronex
 Relistor
 Trilyte with Flavor Packets

Tier 3

Amitiza **SL N**
 Asacol
 Asacol HD
 Halflytely-Bisacodyl
 Moviprep
 Pentasa

Men's Health Erectile Dysfunction

Tier 1

Tier 2

Tier 3

Caverject **SL**
 Cialis **SL**
 Edex **SL**
 Levitra **SL**
 Muse **SL**
 Viagra **SL**

Men's Health Prostate

Tier 1

Doxazosin Mesylate
 Finasteride **N**
 Terazosin HCl

Tier 2

Flomax

Tier 3

Avodart **N**
 Uroxatral

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Miscellaneous

Tier 1

Azathioprine
 Benzonatate
 Chlorhexidine Gluconate
 Folic Acid
 Phenazopyridine
 Prednisolone Acetate
 Promethazine/Codeine
 Tamoxifen
 Vitamin D (Rx only)

Tier 2

Arimidex
 Aromasin
 Cellcept Suspension
 Epipen **SL**
 Epipen Jr **SL**
 Fareston
 Femara
 Myfortic
 Neoral
 Prograf
 Rapamune
 Sandimmune
 Twinject **SL**

Tier 3

Restasis **N**
 Soltamox
 Tussionex **SL**

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
 Flavoxate HCl
 Hyoscyamine Sulfate
 Oxybutynin Chloride

Tier 2

Enablex
 Oxytrol
 Pro-Banthine
 Sanctura XR
 Vesicare

Tier 3

Detrol
 Detrol LA
 Sanctura

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**
 Calcitonin Salmon Nasal
 Spray
 Estradiol
 Estradiol Patch, Transdermal
 Weekly
 Estropipate Tablet
 Fortical

Tier 2

Actonel **SL**
 Actonel with Calcium **SL**
 Boniva **SL**
 Climara **SL**
 Esclim
 Estraderm
 Evista
 Forteo **N**
 Ogen Cream
 Vivelle
 Vivelle-Dot

Tier 3

Fosamax Plus D **SL**
 Premarin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Musculoskeletal Pain Relief**Tier 1**

Acetaminophen/Butalbital
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Acetaminophen/
 Phenyltoloxamine Citrate
 Aspirin/Caffeine/Butalbital
 Butorphanol Tartrate Aerosol,
 Spray **SL**
 Codeine Phosphate/
 Acetaminophen **SL**
 Codeine Phosphate/
 Acetaminophen/Caffeine/
 Butalbital **SL**
 Codeine Phosphate/Aspirin/
 Caffeine/Butalbital
 Codeine Sulfate
 Diclofenac Potassium
 Diclofenac Sodium
 Dihydrocodeine Bit/
 Acetaminophen/Caffeine
 Etodolac
 Fenopropfen Calcium
 Fentanyl Citrate Lollipop **SL N**
 Fentanyl Transdermal **SL**
 Flurbiprofen
 Hydrocodone Bit/
 Acetaminophen **SL**
 Hydrocodone Bit/
 Acetaminophen Elixir,
 Tablet **SL**
 Hydromorphone HCl Tablet
 Ibuprofen
 Ibuprofen/Hydrocodone
 Indomethacin
 Ketoprofen
 Ketorolac Tromethamine
 Levorphanol Tartrate
 Meclofenamate Sodium
 Mefenamic Acid
 Meloxicam
 Meperidine HCl
 Methadone HCl
 Morphine Sulfate Solution,
 Oral
 Morphine Sulfate Suppository,
 Rectal 5 mg
 Morphine Sulfate Tablet,
 Sustained-Action
 Nabumetone
 Naproxen

Tier 2

Codeine Phosphate
 MSIR Capsule
 OxyContin **SL**
 RMS-Suppository
 10, 20, 30 mg
 Voltaren Gel

Tier 3

Arthrotec
 Avinza **SL**
 Celebrex
 Equagesic
 Fentora **SL N**
 Flector **E**
 Hycet
 Kadian **SL**
 Opana **SL**
 Opana ER **SL**
 Subutex **SL N**
 Synalgos-DC
 Triaprin
 Ultram ER
 Xodol
 Zydone

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Musculoskeletal Pain Relief (cont. from page 22)

Tier 1
 Naproxen Sodium
 Oxaprozin
 Oxycodone HCl
 Oxycodone HCl Concentrate,
 Oral
 Oxycodone HCl/
 Acetaminophen **SL**
 Oxycodone HCl/Ibuprofen
 Oxycodone/Aspirin
 Pentazocine HCl/
 Acetaminophen
 Pentazocine HCl/Naloxone
 HCl
 Piroxicam
 Propoxyphene Napsylate/
 Apap **SL**
 Sulindac
 Tolmetin Sodium
 Tramadol HCl
 Tramadol HCl/
 Acetaminophen **SL**

Tier 2

Tier 3

Musculoskeletal Rheumatoid Arthritis

Tier 1
 Azathioprine
 Hydroxychloroquine Sulfate
 Leflunomide
 Methotrexate Sodium
 Sulfasalazine

Tier 2
 Cimzia **SL N**
 Cuprimine
 Enbrel **SL N**
 Humira **SL N**
 Rheumatrex
 Simponi **SL N**
 Trexall

Tier 3
 Kineret **SL N**

Musculoskeletal Other

Tier 1
 Baclofen
 Carisoprodol
 Cyclobenzaprine
 Methocarbamol
 Orphenadrine
 Orphenadrine Compound
 Tizanidine

Tier 2
 Robaxinal

Tier 3
 Skelaxin
 Soma 250 mg
 Zanaflex

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Respiratory Asthma/COPD

Tier 1

Albuterol Aerosol **SL**
 Albuterol Sulfate
 Albuterol Sulfate/Ipratropium
 Solution, Non-Oral
 Asmanex **SL**
 Cromolyn Sodium Ampul for
 Nebulization
 Dyphylline
 Foradil **SL**
 Guaifenesin/Dyphylline
 Ipratropium Bromide Solution,
 Non-Oral
 Isoetharine HCl Solution,
 Non-Oral
 Metaproterenol Sulfate
 Pulmicort Flexhaler **SL**
 QVAR **SL**
 Terbutaline Sulfate
 Theophylline
 Ventolin HFA **SL**

Tier 2

Alupent **SL**
 Atrovent HFA **SL**
 Azmacort **SL**
 Combivent **SL**
 Elixophyllin GG
 Flovent Diskus **SL**
 Flovent HFA **SL**
 Intal **SL**
 Proventil Tablet,
 Sustained-Action
 Pulmicort Respules **SL**
 Serevent Diskus **SL**
 Singulair **SL**
 Slo-Phyllin
 Spiriva **SL**
 Symbicort **SL**
 Tilade **SL**
 T-Phyl

Tier 3

Accolate **SL**
 Advair Diskus **SL**
 Advair HFA **SL**
 Aerobid **SL**
 Aerobid-M **SL**
 Alvesco **SL**
 Brovana
 Elixophyllin Elixir
 Elixophyllin-KI Elixir
 Lufyllin Tablet
 Maxair Autohaler **SL**
 Perforomist **SL**
 Proair HFA **SL**
 Proventil HFA **SL**
 Quibron-T Tablet
 Theo-24
 Uniphyll
 Volmax
 Xopenex HFA **SL**
 Xopenex Vial, Nebulizer **SL**
 Zyflo
 Zyflo CR **SL**

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Respiratory Nasal Allergy

Tier 1

Flunisolide
Fluticasone Propionate **SL**

Tier 2

Astelin **SL**
Nasonex **SL**

Tier 3

Astepro
Beconase AQ **SL**
Nasacort
Nasacort AQ **SL**
Omnaris
Rhinocort Aqua
Veramyst

Respiratory Oral Allergy

Tier 1

Clemastine Fumarate
Fexofenadine
Hydroxyzine HCl
Phenylephrine HCl/
Chlorpheniramine Maleate/
Scopolamine Syrup
Phenylephrine HCl/
Phenylpropanolamine
HCl/Phenyltoloxamine/
Chlorpheniramine
Phenylephrine HCl/
Promethazine HCl
Pseudoephedrine HCl/
Brompheniramine Maleate
Pseudoephedrine HCl/
Chlorpheniramine Maleate

Tier 2

Atarax 100 mg

Tier 3

Allegra ODT
Allegra Suspension
Allegra-D
Bromfed Tablet
Clarinex
Clarinex-D
Dallergy Drops, Tablet
Dallergy Jr.
Deconamine Chewable Tablet
Histex CT
Lodrane
Rynatan Pediatric
Rynatuss
Semprex-D
Xyzal

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit

Women's Health Contraceptives

Tier 1

Desogestrel-Ethinyl Estradiol
 Desogestrel-Ethinyl Estradiol/
 Ethinyl Estradiol
 Ethinyl Estradiol/Desogestrel
 Ethinyl Estradiol/
 Drospirenone
 Ethynodiol D-Ethinyl Estradiol
 Levonorgestrel-Ethinyl
 Estradiol
 Levonorgestrel-Ethinyl
 Estradiol Tablet, Dosepak,
 3 month **SL**
 Medroxyprogesterone Acet
 150 mg/ml
 Norethindrone
 Norethindrone A-E Estradiol
 Norethindrone A-E Estradiol/
 Ferrous Fumarate
 Norethindrone-Ethinyl
 Estradiol
 Norethindrone-Mestranol
 Norgestimate-Ethinyl
 Estradiol
 Norgestrel-Ethinyl Estradiol

Tier 2

NuvaRing
 Ortho Tri-Cyclen Lo
 Ovrette
 Plan B
 Yaz

Tier 3

Alesse
 Cyclessa
 Depo-SubQ Provera
 Desogen
 Femcon Fe
 Lo/Ovral
 Loestrin 24 Fe
 Lybrel
 Nor-Q-D
 Ortho Evra
 Ortho Micronor
 Ortho Tri-Cyclen
 Ortho-Cyclen
 Ortho-Novum 7/7/7
 Ovcon
 Ovcon 35 Fe
 Seasonique
 Triphasil
 Yasmin

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Women's Health Estrogen/Progesterone

Tier 1

Estradiol
 Estradiol Patch, Transdermal
 Weekly
 Estradiol 1 mg/Norethindrone
 Acetate 0.5 mg
 Estropipate Tablet
 Medroxyprogesterone Acet
 Methyltestosterone/
 Estrogens, Esterified Tablet
 Norethindrone

Tier 2

Activella 0.5 mg/0.1 mg
 Cenestin
 Climara
 Climara **N**
 Crinone
 Divigel
 Enjuvia
 Esclim
 Estraderm
 Estratest
 Estratest H.S.
 Estring
 Evamist
 Ogen Cream
 Ortho-Dienestrol Cream
 Ovrette
 Prefest
 Prometrium
 Vagifem
 Vivelle
 Vivelle-Dot

Tier 3

Alora
 Angeliq
 Climara Pro
 Combipatch
 Elestrin
 Endometrin
 Esclim
 Estinyl
 Estrasorb
 Estrogel
 Femhrt
 Femring
 Femtrace
 First-Progesterone
 First-Progesterone VGS
 Gynodiol 1.5 mg
 Menest
 Menostar Patch, Transdermal
 Weekly
 Premarin
 Premphase
 Prempro
 Prochieve **N**

Women's Health Prenatal Vitamins

Tier 1

Folic Acid
 PNV No. 52/Iron B-G
 Suc-Pro/FA
 Prenatal Vitamins/Fe Asp
 Gly/Docusate/Folic Acid
 Prenatal Vitamins/Iron,
 Carbonyl/Docusate/Folic
 Acid
 Prenatal Vitamins/Vitamin A/
 Iron Fumarate/Folic Acid
 Pruet DHA
 Pruet DHA EC
 Renate DHA
 Renate DHA Extra
 Setonet
 Setonet-EC

Tier 2

Tier 3

Brand Prenatal Vitamins

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Accupril (Quinapril)	Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release)	Monopril (Fosinopril)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Duragesic SL (Fentanyl Transdermal SL)	Monopril HCT (Fosinopril with Hydrochlorothiazide)
Aldactone (Spironolactone)	Duricef (Cefadroxil)	Motrin (Ibuprofen) - Prescription strengths only
Altace (Ramipril)	Amaryl (Glimepiride)	Naprosyn (Naproxen) - Prescription strengths only
Ambien SL P (Zolpidem SL)	Ambien SL P (Zolpidem SL)	Nasarel, Nasalide SL (Flunisolide Nasal Spray SL)
Anaprox (Naproxen)	Dynacirc (Isradipine)	Neurontin Capsule, Tablet (Gabapentin)
Ativan (Lorazepam)	Effexor (Venlafaxine)	Norvasc (Amlodipine Besylate)
Augmentin ES (Amoxicillin with Clavulanate)	Eskalith CR (Lithium Carbonate Controlled-Release)	Ocuflox Eye Drops (Ofloxacin)
Biaxin Tablet (Clarithromycin Tablet)	Fioricet SL (Butalbital with Acetaminophen and Caffeine SL)	Paxil (Paroxetine)
Buspar (Buspirone)	Flonase (Fluticasone Nasal Spray)	Penlac (Ciclopirox Solution, Non-Oral)
Calan, Calan SR (Verapamil)	Floxin Otic (Ofloxacin Otic Drops)	Percocet 5-325, 75-500, 10-650 SL (Oxycodone with Acetaminophen SL)
Capoten (Captopril)	Fosamax SL (Alendronate SL)	Plendil (Felodipine)
Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule)	Glucophage, XR (Metformin)	Pletal (Cilostazol)
Cardura (Doxazosin)	Glucotrol, XL (Glipizide)	Pravachol (Pravastatin)
Ceftin (Cefuroxime)	Glucovance (Glyburide with Metformin)	Prilosec (Omeprazole)
Cefzil (Cefprozil)	Hytrin (Terazosin)	Prinivil, Zestril (Lisinopril)
Celexa (Citalopram)	Imitrex Injection SL (Sumatriptan Succinate Injection SL)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Ciloxan Eye Drops (Ciprofloxacin)	Imitrex Tablet SL (Sumatriptan Succinate Tablet SL)	Procardia XL (Nifedipine Extended-Release)
Cipro (Ciprofloxacin)	Inderal (Propranolol)	Proscar N (Finasteride N)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Keflex (Cephalexin)	Provera (Medroxyprogesterone)
Colestid (Colestipol)	Keppra (Levetiracetam)	Prozac (Fluoxetine Capsule)
Coreg (Carvedilol)	Klonopin (Clonazepam)	Relafen (Nabumetone)
Darvocet-N SL (Propoxyphene with Acetaminophen SL)	Lamictal (Lamotrigine)	Remeron (Mirtazapine)
DDAVP (Desmopressin)	Lamisil Tablet SL (Terbinafine Tablet SL)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Depakote (Divalproex Sodium Tablet, Enteric-Coated)	Lasix (Furosemide)	Requip (Ropinirole)
Depo-Provera (Medroxyprogesterone Acetate 150 mg/ml)	Lofibra (Fenofibrate Micronized)	Restoril 15, 30 mg (Temazepam)
DiaBeta, Micronase, Glynase (Glyburide)	Lopid (Gemfibrozil)	Risperdal (Risperidone)
Didronel (Etidronate Disodium)	Lopressor (Metoprolol)	Ritalin (Methylphenidate)
Diflucan (Fluconazole)	Mavik (Trandolapril)	Ritalin SR (Methylphenidate Extended-Release)
	Medrol Dosepak (Methylprednisolone)	Sonata SL P (Zaleplon SL)
	Mevacor (Lovastatin)	Surmontil (Trimipramine Maleate)
	Mobic (Meloxicam)	

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

Additional Tier 3 Drugs with a generic equivalent in Tier 1

Tenoretic (Atenolol with
Chlorthalidone)
 Tenormin (Atenolol)
 Tiazac (Diltiazem)
 Topamax (Topiramate)
 Toprol XL 25 mg
 (Metoprolol Succinate
 Sustained-Release)
 Trusopt (Dorzolamide Eye
 Drops)
 Tylenol #3 **SL**
 (Acetaminophen with
 Codeine **SL**)
 Ultracet **SL** (Tramadol with
 Acetaminophen **SL**)
 Ultram (Tramadol)
 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)
 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)

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

N Notification required

P Progression Rx

SL Supply limit



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