



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



Table of Contents

Introduction	1-6
Prescription Drug List - 2010	7-25
Anti-Infectives	
Antibiotics	7
Antifungals	7
Antivirals	8
Cardiovascular/Heart Disease	
Coagulation Therapy	8
High Blood Pressure	8-9
High Cholesterol	10
Other	10
Central Nervous System	
Attention Deficit Disorder	10
Depression	11
Migraine	11
Multiple Sclerosis	11
Sedatives/Hypnotics	12
Seizure Disorders	12
Other	12
Dermatology	13
Endocrine/Diabetes	
Blood Glucose Monitoring	14
Growth Hormone	14
Insulin	14
Non-Insulin	15
Other	15
Eye Conditions	
Anti-Allergy	15
Antibiotics	16
Glaucoma	16
Gastrointestinal	
Acid Suppression	16
Nausea/Vomiting	17
Other	17
Men's Health	
Erectile Dysfunction	17
Prostate	17
Miscellaneous	
Miscellaneous	18
Overactive Bladder	18
Musculoskeletal	
Osteoporosis	18
Pain Relief	19
Rheumatoid Arthritis	20
Other	20
Respiratory	
Asthma/COPD	20
Nasal Allergy	21
Oral Allergy	21
Women's Health	
Contraceptives	22
Estrogen/Progesterone	23
Prenatal Vitamins	23
Additional Tier 3 Drugs with a generic equivalent in Tier 1	24-25
Index	27-34

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

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 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 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

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.

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.

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.

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 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. 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** 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.

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.

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.

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.

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).

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.

Anti-Infectives Antibiotics

Tier 1

A-B Otic
 Amoxicillin Trihydrate
 Amoxicillin Trihydrate/
 Potassium Clavulanate
 Ampicillin Trihydrate
 Azithromycin
 Cefadroxil Hydrate
 Cefprozil
 Cefuroxime
 Cephalexin Monohydrate
 Ciprofloxacin Tablet
 Clarithromycin Tablet
 Clindamycin HCl
 Dicloxacillin Sodium
 Doxycycline
 Doxycycline
 Erythromycin
 Erythromycin Base Tablet,
 Enteric-Coated
 250, 333 mg
 Metronidazole
 Minocycline HCl
 Neomycin/Polymyxin/
 HC Otic
 Nitrofurantoin Macrocrystal
 Nitrofurantoin/Nitrofurantoin
 Macrocrystal
 Ofloxacin Otic
 Penicillin V Potassium
 Sulfamethoxazole/Trimethoprim
 Tetracycline HCl

Tier 2

Augmentin
 Cefdinir
 Cipro Suspension
 Ciprodex Otic
 Clarithromycin Suspension
 Clarithromycin
 Sustained-Release Tablet
 Cleocin HCl 75 mg
 Dapsone
 Ery-Tab 500 mg
 Furadantin Suspension, Oral
 Levaquin
 Macrochantin 25 mg
 Tobi
 Vancocin HCl
 Velosef 250 mg Suspension
 Zyvox

Tier 3

Adoxa
 Augmentin XR
 Avelox
 Cipro HC
 Ciprofloxacin Tablet,
 Sustained-Release 24 Hour
 Doryx
 Oracea
 Solodyn
 Suprax

Anti-Infectives Antifungals

Tier 1

Clotrimazole
 Fluconazole
 Itraconazole Capsule **SL**
 Ketoconazole
 Nystatin
 Terbinafine HCl Tablet
 Terconazole Vaginal

Tier 2

Clindesse Vaginal
 Metronidazole Vaginal
 Mycostatin
 Noxafil
 Sporanox Solution, Oral
 Vfend

Tier 3

Gynazole-1 Vaginal
 Lamisil Granules

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

MC Multiple copy applies

N Notification required

P Progression Rx

SL Supply limit

Anti-Infectives Antivirals

Tier 1

Acyclovir
Amantadine HCl
Ribavirin

Tier 2

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

Tier 3

Relenza **SL**
Tamiflu **SL**

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Cilostazol
Pentoxifylline
Warfarin Sodium

Tier 2

Arixtra **SL**
Coumadin
Lovenox **SL**
Plavix

Tier 3

Aggrenox
Fragmin **SL**
Innohep **SL**

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Amlodipine Besylate
Atenolol
Atenolol/Chlorthalidone
Benazepril HCl
Benazepril/
Hydrochlorothiazide
Bisoprolol Fumarate
Bisoprolol Fumarate/
Hydrochlorothiazide
Bumetanide
Captopril
Captopril/Hydrochlorothiazide
Carvedilol
Chlorthalidone
Clonidine HCl
Diltiazem HCl
Diltiazem HCl Capsule,
Controlled-Release
Diltiazem HCl Capsule,
Sustained-Release 12 Hour
Doxazosin Mesylate
Enalapril Maleate
Enalapril Maleate/
Hydrochlorothiazide
Felodipine
Fosinopril
Fosinopril/
Hydrochlorothiazide
Furosemide
Guanfacine HCl

Tier 2

Aldactazide 50-50 mg
Altace
Azor
Benicar
Benicar HCT
BiDil
Bystolic
Cardizem CD 360 mg
Cardizem LA 120 mg
Clorpres
Dibenzylamine
Diltiazem HCl Capsule,
Sustained-Action
Diltiazem HCl Capsule,
Sustained-Release
24 Hour
Diuril 250 mg/5 ml
Suspension
Eplerenone
Losartan
Losartan/
Hydrochlorothiazide
Metoprolol Succinate Tablet,
Sustained-Release
24 Hour 50, 100, 200 mg
Micardis
Micardis HCT
Moexipril HCl
Nisoldipine 20, 30, 40 mg

Tier 3

Aceon
Amlodipine/Benazepril
Atacand
Atacand HCT
Avalide
Avapro
Cardizem LA 180, 240, 300,
360, 420 mg
Catapres-TTS
Clonidine Patch,
Transdermal Weekly
Coreg CR
Covera-HS
Cozaar
Diovan
Diovan HCT
Exforge
Exforge HCT
Hyzaar
Propranolol HCl
Sustained-Action Capsule
Tarka
Tekturna
Tekturna HCT
Teveten
Verapamil HCl Capsule,
24 Hour Sustained-Release
Pellets

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**

Hydralazine HCl
 Hydralazine HCl/
 Hydrochlorothiazide
 Hydrochlorothiazide
 Indapamide
 Labetalol HCl
 Lisinopril
 Lisinopril/Hydrochlorothiazide
 Methyldopa
 Methyldopa/
 Hydrochlorothiazide
 Metolazone
 Metoprolol Succinate Tablet,
 Sustained-Release 24 Hour
 25 mg
 Metoprolol Tartrate
 Metoprolol/
 Hydrochlorothiazide
 Minoxidil
 Nadolol
 Nifedipine
 Propranolol HCl Tablet
 Propranolol HCl/
 Hydrochlorothiazide
 Quinapril HCl/Magnesium
 Carbonate
 Ramipril
 Spironolactone
 Spironolactone/
 Hydrochlorothiazide
 Terazosin HCl
 Timolol Maleate
 Trandolapril
 Triamterene/
 Hydrochlorothiazide
 Verapamil HCl

Tier 2

Quinapril HCl/
 Hydrochlorothiazide
 Sular 8.5, 10, 17, 25.5,
 34 mg
 Thalitone

Tier 3

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

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Cardiovascular/Heart Disease **High Cholesterol**

Tier 1

Cholestyramine
 Colestipol HCl
 Fenofibrate
 Fenofibric Acid
 Gemfibrozil
 Lovastatin
 Pravastatin Sodium
 Simvastatin

Tier 2

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

Tier 3

Caduet
 Lescol
 Lescol XL
 Lovaza
 Trilipix
 Vytorin
 Zetia

Cardiovascular/Heart Disease **Other**

Tier 1

Amiodarone HCl
 Digoxin
 Flecanide Acetate
 Isosorbide Dinitrate
 Isosorbide Mononitrate
 Mexiletine
 Nitroglycerin
 Sotalol

Tier 2

Lanoxin
 Ranexa

Tier 3

Central Nervous System **Attention Deficit Disorder**

Tier 1

Amphetamine Salt Combo
 Dextroamphetamine Sulfate
 Methamphetamine HCl Tablet
 Methylphenidate

Tier 2

Adderall XR **SL**
 Intuniv **SL**
 Vyvanse **SL**

Tier 3

Amphetamine Aspartate/
 Amphetamine Sulfate/
 Dextroamphetamine
 Capsule, Sustained-Release
 24 Hour **SL**
 Concerta **SL**
 Daytrana **SL**
 Focalin XR **SL**
 Metadate CD **SL**
 Methylin
 Ritalin LA **SL**
 Strattera **SL**

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

Central Nervous System Depression

Tier 1

Amitriptyline HCl
 Amitriptyline/Perphenazine
 Bupropion HCl
 Bupropion HCl Tablet,
 Sustained-Action
 Citalopram Hydrobromide
 Doxepin HCl
 Fluoxetine HCl Capsule
 Fluoxetine HCl Capsule
 Delayed-Release
 Fluvoxamine Maleate
 Imipramine HCl
 Mirtazapine
 Nefazodone HCl
 Nortriptyline HCl
 Paroxetine HCl Tablet
 Sertraline HCl
 Trazodone HCl
 Venlafaxine HCl

Tier 2

Bupropion HCl Tablet,
 Sustained-Release
 24 Hour
 Effexor XR
 Fluoxetine HCl Tablet

Tier 3

Aplenzin
 Cymbalta
 Lexapro
 Luvox CR
 Marplan
 Paroxetine HCl
 Sustained-Release,
 24 Hour
 Pexeva
 Pristiq
 Venlafaxine
 Extended-Release

Central Nervous System Migraine

Tier 1

Acetaminophen/Caffeine/
 Butalbital
 Aspirin/Caffeine/Butalbital
 Isometheptene Mucate/
 Acetaminophen/
 Dichloralphenazone
 Sumatriptan Succinate
 Injection **SL**
 Sumatriptan Succinate
 Tablet **SL**

Tier 2

Cafergot
 Ergomar
 Frova **SL**
 Maxalt **SL**
 Maxalt MLT **SL**
 Relpax **SL**
 Sumatriptan Succinate
 Nasal Spray **SL**

Tier 3

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

Central Nervous System Multiple Sclerosis

Tier 1

Tier 2

Avonex **SL**
 Copaxone **SL**
 Rebif **SL**

Tier 3

Betaseron **P SL**

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

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Central Nervous System Sedatives/Hypnotics

Tier 1

Temazepam
 Triazolam
 Zaleplon **SL**
 Zolpidem Tartrate **SL**

Tier 2

Tier 3

Ambien **P SL**
 Ambien CR **P SL**
 Lunesta **P SL**
 Rozerem **P SL**
 Sonata **P SL**

Central Nervous System Seizure Disorders

Tier 1

Carbamazepine
 Clonazepam
 Divalproex Sodium Tablet
 Divalproex Sodium Tablet,
 Sustained-Release
 Gabapentin Capsule, Tablet
 Lamotrigine
 Levetiracetam
 Phenobarbital
 Phenytoin Sodium
 Primidone
 Topiramate
 Zonisamide

Tier 2

Carbamazepine Tablet,
 Sustained-Release
 12 Hour
 Celontin
 Diastat
 Dilantin
 Divalproex Sodium
 Felbatol
 Gabitril
 Mysoline
 Neurontin Solution, Oral
 Oxcarbazepine
 Peganone
 Tegretol

Tier 3

Carbatrol
 Keppra XR
 Lamictal Dose Pack
 Lamictal ODT
 Lamictal XR
 Lyrica
 Stavzor

Central Nervous System Other

Tier 1

Alprazolam
 Benzotropine Mesylate
 Buspirone HCl
 Carbidopa/Levodopa
 Clorazepate Dipotassium
 Diazepam
 Galantamine
 Lithium Carbonate
 Lorazepam
 Risperidone
 Ropinirole HCl

Tier 2

Akineton
 Apokyn
 Aricept
 Aricept ODT
 Comtan
 FazaClo
 Geodon
 Moban
 Navane 20 mg
 Orap
 Seroquel
 Symbyax
 Tasmar
 Xyrem **N SL**
 Zyprexa

Tier 3

Abilify
 Clozaril
 Exelon
 Invega
 Namenda
 Nuvigil **N SL**
 Provigil **N SL**
 Requip XL
 Seroquel XR
 Zyprexa Zydys

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

Dermatology

Tier 1

Alclometasone Dipropionate
 Betamethasone Dipropionate
 Betamethasone Valerate
 Ciclopirox Cream, Gel, Lotion
 Ciclopirox Solution, Non-Oral
 Clindamycin Phosphate
 Clobetasol Propionate
 Clotrimazole/Betamethasone
 Desonide
 Desoximetasone
 Econazole Nitrate
 Erythromycin
 Erythromycin/Benzoyl
 Peroxide
 Fluocinonide
 Fluticasone Propionate
 Halobetasol Propionate
 Hydrocortisone
 Hydrocortisone Valerate
 Ketoconazole
 Lidocaine HCl
 Metronidazole
 Mometasone Furoate
 Mupirocin
 Nystatin
 Nystatin/Triamcinolone
 Acetonide
 Permethrin
 Silver Sulfadiazine
 Sulfacetamide Sodium/Sulfur
 Tretinoin **N**
 Triamcinolone Acetonide
 Urea

Tier 2

Azelex
 Benzamycin
 Ciclopirox Shampoo 1%
 Clindamycin Phosphate/
 Benzoyl Peroxide Gel
 1%-5%
 Condyllox Gel
 Imiquimod
 Isotretinoin
 Locoid Lipocream
 Oxsoralen-Ultra
 Protopic **N**
 Regranex **N**
 Retin-A Micro **N SL**
 Sulfoxyl Regular
 Zovirax

Tier 3

Acanya
 Accutane
 Aczone
 Aldara
 Altabax
 Atralin **N SL**
 Avita Gel **N**
 Bactroban
 Benzacilin
 Benzoyl Peroxide
 5% Cleanser
 Brevoxyl
 Clindagel
 Clindamycin Phosphate
 Foam 1%
 Clobetasol Propionate Foam
 Clobex
 Clobex Shampoo
 Cutivate Lotion
 Denavir
 Derma-Smoothe/FS
 Desonate
 Differin Gel 0.3% **N SL**
 Duac-CS
 Elidel **N**
 Epiduo
 Extina
 Finacea
 Finacea Plus
 Loprox Shampoo
 Metrogel 1%
 Metrolothin
 Naftin
 NeoBenz Micro
 NeoBenz Micro SD
 Noritate
 Olux-E
 Olux-Olux-E
 Oscion
 Oxistat
 Taclonex
 Taclonex Scalp
 Tazorac **N SL**
 Tretin-X **N SL**
 Triaz
 Verdeso
 Vectical
 Vusion
 Xolegel
 Ziana

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

MC Multiple copay applies

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

Tier 3

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

Endocrine/Diabetes Insulin

Tier 1

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

Tier 2

Lantus Vials
 Levemir Vials
 NovoLog FlexPen
 NovoLog Mix 70/30 FlexPen

Tier 3

Apidra
 Humalog Pens/Cartridges
 Humalog Vials
 Humulin Pens
 Humulin Vials
 Lantus Solostar Pens/Cartridges
 Levemir Pens

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
 Glimepiride
 Glipizide
 Glyburide
 Glyburide/Metformin HCl
 Metformin HCl

Tier 2

Actoplus Met
 Actos
 Avandamet
 Avandaryl
 Avandia
 Byetta **SL**
 Duetact
 Glipizide/Metformin HCl
 Glyset
 Janumet
 Januvia
 Nateglinide
 Prandin

Tier 3

Fortamet
 Glumetza
 Starlix
 Symlin

Endocrine/Diabetes Other**Tier 1**

Calcitriol
 Desmopressin Acetate
 Dexamethasone
 Fludrocortisone Acetate
 Hydrocortisone Tablet
 Levothyroxine Sodium
 Methimazole
 Methylprednisolone Tablet,
 Dose Pack 4 mg
 Octreotide Acetate **N**
 Orapred
 Prednisolone
 Prednisone
 Testosterone

Tier 2

Androderm **SL**
 AndroGel **SL**
 Android
 Cabergoline
 Hectorol
 Kuvan **N SL**
 Liothyronine Sodium
 Medrol 2, 8, 16, 24, 32 mg
 Oxandrolone
 Pediapred
 Sandostatin **N**
 Synarel
 Synthroid
 Zemplar

Tier 3

Armour Thyroid
 Orapred ODT
 Testim **SL**

Eye Conditions Anti-Allergy**Tier 1**

Cromolyn Sodium

Tier 2

Elestat
 Optivar

Tier 3

Azelastine HCl
 Pataday
 Patanol

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

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Eye Conditions Antibiotics

Tier 1

Ciprofloxacin HCl
 Erythromycin
 Gentamicin Sulfate
 Neomycin/Polymyxin B
 Sulfate/Dexamethasone
 Ofloxacin
 Polymyxin B Sulfate/
 Trimethoprim
 Sulfacetamide Sodium
 Tobramycin Sulfate Drops

Tier 2

Blephamide S.O.P.
 Tobramycin/Dexamethasone

Tier 3

Azasite
 Vigamox
 Zylet
 Zymar

Eye Conditions Glaucoma

Tier 1

Acetazolamide
 Apraclonidine
 Brimonidine Tartrate
 Dorzolamide HCl
 Timolol Maleate

Tier 2

Alphagan P 0.1%
 Azopt
 Betimol
 Brimonidine Tartrate 0.15%
 Combigan
 Dorzolamide HCl/Timolol
 Maleate
 Lumigan
 Phospholine Iodide
 Pilopine HS
 Travatan
 Travatan Z

Tier 3

Iopidine 1%
 Xalatan

Gastrointestinal Acid Suppression

Tier 1

Cimetidine
 Misoprostol
 Omeprazole
 Ranitidine HCl Syrup
 Sucralfate Tablet

Tier 2

Aciphex
 Helidac
 Prevpac
 Protonix
 Zegerid

Tier 3

Carafate Oral Suspension
 Dexilant
 Lansoprazole
 Nexium Capsule
 Nexium Suspension
 Pantoprazole
 Prevacid Capsule,
 Delayed-Release
 Enteric-Coated
 Prevacid Naprapac
 Prevacid Solutab
 Prilosec Rx 10, 20 mg
 Prilosec Rx 40 mg

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

Gastrointestinal Nausea/Vomiting

Tier 1

Ondansetron
Prochlorperazine Maleate

Tier 2

Emend **SL**
Granisetron HCl Tablet **SL**

Tier 3

Anzemet **SL**
Cesamet **SL**
Sancuso **SL**
Transderm-Scop

Gastrointestinal Other

Tier 1

Belladonna/Phenobarbital
Chlordiazepoxide/Clidinium
Diphenoxylate/Atropine
Lactulose
Mesalamine
Metoclopramide HCl
Polyethylene Glycol
Sulfasalazine
Trilyte with Flavor Packets
Ursodiol

Tier 2

Apriso
Canasa
Entocort EC
GoLYTELY Packet
Lialda
Lotronex **N SL**
Relistor

Tier 3

Amitiza **N SL**
Asacol
Asacol HD
Dipentum
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

Tamsulosin

Tier 3

Avodart **N**
Flomax
Rapaflo
Uroxatral

Miscellaneous

Tier 1

Antipyrine/Benzocaine
 Azathioprine
 Benzonatate
 Cabergoline
 Chlorhexidine Gluconate
 Megestrol Acetate
 Mycophenolate Mofetil
 Capsule, Tablet
 Phenazopyridine
 Tacrolimus Anhydrous
 Tamoxifen Citrate

Tier 2

Arimidex
 Aromasin
 Cellcept Suspension
 Fareston
 Femara
 Lidoderm **SL**
 Myfortic
 Neoral
 Rapamune
 Sandimmune
 Twinject **SL**

Tier 3

Epinephrine Pen Injector **SL**
 Epipen **SL**
 Epipen Jr **SL**
 Restasis **N**
 Tussionex **SL**

Miscellaneous Overactive Bladder

Tier 1

Dicyclomine HCl Tablet
 Hyoscyamine Sulfate
 Oxybutynin Chloride

Tier 2

Enablex
 Gelnique
 Oxytrol
 Sanctura XR
 Vesicare

Tier 3

Detrol
 Detrol LA
 Sanctura
 Toviaz

Musculoskeletal Osteoporosis

Tier 1

Alendronate Sodium **SL**

Tier 2

Actonel **SL**
 Boniva **SL**
 Calcitonin Salmon Nasal
 Spray
 Evista
 Forteo **N**

Tier 3

Fosamax Plus D **SL**

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

Musculoskeletal Pain Relief

Tier 1

Buprenorphine
Hydrochloride **N SL**
Butalbital Compound/
Codeine **SL**
Codeine Phosphate/
Acetaminophen **SL**
Codeine Phosphate/
Acetaminophen/Caffeine/
Butalbital **SL**
Diclofenac Potassium
Diclofenac Sodium
Etodolac
Fentanyl Transdermal **SL**
Hydrocodone Bit/
Acetaminophen **SL**
Hydromorphone HCl Tablet
Ibuprofen
Ibuprofen/Hydrocodone
Indomethacin
Ketorolac Tromethamine
Meloxicam
Meperidine HCl
Methadone HCl
Morphine Sulfate
Morphine Sulfate Tablet,
Sustained-Action
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Oxycodone HCl
Oxycodone HCl/
Acetaminophen **SL**
Oxycodone HCl/Ibuprofen
Oxycodone/Aspirin
Piroxicam
Propoxyphene Napsylate/
Apap **SL**
Sulindac
Tramadol HCl
Tramadol HCl/
Acetaminophen

Tier 2

Codeine Phosphate
Butorphanol Tartrate
Aerosol, Spray **SL**
Fentanyl Citrate
Lollipop **N SL**
MSIR Capsule
Opana ER **SL**
OxyContin **SL**
Tolmetin Sodium
Voltaren Gel

Tier 3

Arthrotec
Avinza **SL**
Celebrex
Fentora **N SL**
Flector
Kadian **SL**
Mefenamic Acid
Opana **SL**
Ryzolt
Tramadol HCl Tablet,
Sustained-Release 24 Hour

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

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Musculoskeletal Rheumatoid Arthritis

Tier 1

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Tier 2

Cimzia **N SL**
Cuprimine
Enbrel **N SL**
Humira **N SL**
Simponi **N SL**
Trexall

Tier 3

Kineret **N SL**

Musculoskeletal Other

Tier 1

Allopurinol
Baclofen
Carisoprodol
Colchicine
Cyclobenzaprine
Methocarbamol
Tizanidine

Tier 2

Orphenadrine
Orphenadrine Compound

Tier 3

Amrix
Metaxalone
Savella
Skelaxin
Soma 250 mg

Respiratory Asthma/COPD

Tier 1

Albuterol Sulfate
Asmanex **SL**
Foradil **SL**
Ipratropium Bromide
Pulmicort Flexhaler **SL**
QVAR **SL**
Theophylline
Ventolin HFA **SL**

Tier 2

Alupent
Brondil
Budesonide Inhalation
Suspension 0.25 mg/2 ml,
0.5 mg/2 ml **SL**
Elixophyllin GG
Intal **SL**
Pulmicort Respules
1mg/2 ml **SL**
Singular
Spiriva **SL**
Symbicort **SL**

Tier 3

Accolate
Advair Diskus **SL**
Advair HFA **SL**
Albuterol Sulfate/Ipratropium
Solution, Non-Oral
Alvesco **SL**
Atrovent HFA **SL**
Azmacort
Combivent **SL**
Flovent Diskus **SL**
Flovent HFA **SL**
Maxair Autohaler **SL**
Perforomist **SL**
Proair HFA **SL**
Proventil HFA **SL**
Serevent Diskus **SL**
Xopenex HFA **SL**
Xopenex Vial, Nebulizer **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 AQ **SL**
Omnaris
Patanase
Rhinocort Aqua **SL**
Veramyst

Respiratory Oral Allergy

Tier 1

Cyproheptadine
Hydroxyzine HCl
Hydroxyzine Pamoate
Promethazine

Tier 2

Tier 3

Allegra ODT
Allegra Suspension
Allegra-D
Clarinet
Clarinet-D
Fexofenadine
Pseudoephedrine HCl/
Fexofenadine
Xyzal

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

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Women's Health Contraceptives

Tier 1

Apri
 Aviane
 Azurette
 Balziva
 Enpresse
 Junel
 Junel Fe
 Kariva
 Levora
 Low-Ogestrel
 Lutera
 Medroxyprogesterone Acet
 150 mg/ml **MC**
 Microgestin
 Microgestin Fe
 Ortho Micronor
 Ortho Tri-Cyclen
 Ortho-Cyclen
 Ortho-Novum 7/7/7
 Portia
 Reclipsen
 Tri-Lo-Sprintec
 Trivora
 Zenchent
 Zovia

Tier 2

Depo-SubQ Provera **MC**
 NuvaRing
 Ovrette
 Yasmin
 Yaz

Tier 3

Camila
 Errin
 Femcon Fe
 Jolissa
 Jolivette
 Loestrin 24 Fe
 LoSeasonique **MC**
 Mononessa
 Necon 7/7/7
 Nora-Be
 Norethindrone
 Nortrel 7/7/7
 Ortho Evra
 Ortho Tri-Cyclen Lo
 Previfem
 Quasense **MC**
 Seasonique **MC**
 Sprintec
 Tilia Fe
 Tri-Legest Fe
 Tri-Previfem
 Tri-Sprintec
 Trinessa

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
Estropipate
Medroxyprogesterone Acet
Methyltestosterone/
Estrogens, Esterified Tablet
Norethindrone Acetate

Tier 2

Activella 0.5 mg/0.1 mg
Cenestin
Climara
Crinone **N**
Divigel
Enjuvia
Esclim
Estrace Cream with
Applicator
Estraderm
Estradiol 1 mg/
Norethindrone Acetate
0.5 mg
Estratest
Estratest H.S.
Estring **SL**
Evamist
Prefest
Prometrium
Vagifem
Vivelle
Vivelle-Dot

Tier 3

Alora
Combipatch
Estrasorb
Estrogel
Femhrt
Femring **SL**
First-Progesterone
Menostar Patch, Transdermal
Weekly
Premarin
Premphase
Prempro
Prochieve **N**

Women's Health Prenatal Vitamins

Tier 1

Folic Acid
Multinatal Plus
Natacare Plus
Prenatal 19
Prenatal Advantage
Prenatal Plus

Tier 2

Advanced Care Plus
Cavan-EC Sod DHA
Multi-Nate 30
PR Natal 430
PR Natal 430 EC
PR Natal 440 EC
Pruet DHA 29-1-430 mg
Pruet DHA EC
Renate DHA
Renate DHA Extra
Setonet
Setonet-EC
Vinate III

Tier 3

Brand Prenatal Vitamins
PNV-DHA
PNV-Select
Taron A Prenatal
Vitanatal OB+DHA

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

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

Additional Tier 3 Drugs with a generic equivalent in Tier 1

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

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

Ritalin SR **SL**
 (Methylphenidate
 Extended-Release **SL**)
 Sonata **P SL** (Zaleplon **SL**)
 Surmontil (Trimipramine
 Maleate)
 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 (Tramadol with
 Acetaminophen)
 Ultram (Tramadol)
 Valium (Diazepam)
 Vasoretic (Enalapril with
 Hydrochlorothiazide)
 Vasotec (Enalapril)
 Vicodin **SL**, Vicodin ES **SL**
 (Acetaminophen with
 Hydrocodone **SL**)
 Vicoprofen (Ibuprofen with
 Hydrocodone)
 Voltaren Tablet (Diclofenac)
 Wellbutrin (Bupropion)
 Wellbutrin SR (Bupropion
 Sustained-Action)
 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.

MC Multiple copay applies

N Notification required

P Progression Rx

SL Supply limit

A	Amantadine HCl	8	Astelín	21
A-B Otic	Amyl	24	Astepro	21
Abilify	Ambien	12, 24	Atacand	8
Acanya	Ambien CR	12	Atacand HCT	8
Acarbose	Amerge	11	Atenolol	8, 25
Accolate	Amiodarone HCl	10	Atenolol/Chlorthalidone	8
Accu-Chek System	Amitiza	17	Atenolol with	
Accu-Chek Test Strips	Amitriptyline/		Chlorthalidone	25
Accupril	Perphenazine	11	Ativan	24
Accutane	Amitriptyline HCl	11	Atralin	13
Aceon	Amlodipine/Benazepril	8	Atrovent HFA	20
Acetaminophen/Caffeine/	Amlodipine Besylate	8, 24	Augmentin	7, 24
Butalbital	Amoxicillin Trihydrate	7	Augmentin ES	24
Acetaminophen with	Amoxicillin Trihydrate/		Augmentin XR	7
Codeine	Potassium Clavulanate	7	Avalide	8
Acetaminophen with	Amoxicillin with Potassium		Avandamet	15
Hydrocodone	Clavulanate	24	Avandaryl	15
Acetazolamide	Amphetamine Aspartate/		Avandia	15
Aciphex	Amphetamine Sulfate/		Avapro	8
Activella 0.5 mg/0.1 mg	Dextroamphetamine		Avelox	7
Actonel	Capsule,		Aviane	22
Actoplus Met	Sustained-Release		Avinza	19
Actos	24 Hour	10	Avita Gel	13
Acular, Acular LS	Amphetamine Salt Combo	10	Avodart	17
Acyclovir	Amphetamine with		Avonex	11
Azzone	Dextroamphetamine		Axert	11
Adderall	Salt Combination	24	Azasite	16
Adderall XR	Ampicillin Trihydrate	7	Azathioprine	18, 20
Adoxa	Amrix	20	Azelastine HCl	15
Advair Diskus	Anaprox	24	Azelex	13
Advair HFA	Androderm	15	Azithromycin	7, 25
Advanced Care Plus	Androgel	15	Azmacort	20
Advicor	Android	15	Azopt	16
Aggrenox	Antara	10	Azor	8
Akineton	Antipyrine/Benzocaine	18	Azurette	22
Albuterol Sulfate	Anzemet	17	B	
Albuterol Sulfate/	Apidra	14	Baclofen	20
Ipratropium Solution,	Aplenzin	11	Bactroban	13
Non-Oral	Apokyn	12	Balziva	22
Alclometasone	Apraclonidine	16	Baraclude	8
Dipropionate	Apri	22	Beconase AQ	21
Aldactazide 50-50 mg	Apriso	17	Belladonna/Phenobarbital	17
Aldactone	Aricept	12	Benazepril/	
Aldara	Aricept ODT	12	Hydrochlorothiazide	8
Alendronate	Arimidex	18	Benazepril HCl	8
Alendronate Sodium	Arixtra	8	Benicar	8
Allegra-D	Armour Thyroid	15	Benicar HCT	8
Allegra ODT	Aromasin	18	Benzaclin	13
Allegra Suspension	Arthrotec	19	Benzamycin	13
Allopurinol	Asacol	17	Benzonatate	18
Alora	Asacol HD	17	Benzoyl Peroxide	
Alphagan P 0.1%	Ascensia System	14	5% Cleanser	13
Alprazolam	Ascensia Test Strips	14	Benzotropine Mesylate	12
Altabax	Asmanex	20	Betamethasone	
Altace	Aspirin/Caffeine/		Dipropionate	13
Altoprev	Butalbital	11	Betamethasone Valerate	13
Alupent	Assure System	14	Betaseron	11
Alvesco	Assure Test Strips	14	Betimol	16

Biaxin Tablet	24	Carbamazepine Tablet, Sustained-Release 12 Hour	12	Citalopram Hydrobromide.	11
BiDil.	8	Carbatrol	12	Clarinet	21
Bisoprolol Fumarate	8	Carbidopa/Levodopa.	12	Clarinet-D	21
Bisoprolol Fumarate/ Hydrochlorothiazide.	8	Cardizem CD 360 mg.	8	Clarithromycin Suspension.	7
Bisoprolol with Hydrochlorothiazide.	25	Cardizem CD except for 360 mg strength.	24	Clarithromycin Sustained-Release Tablet	7
Blephamide S.O.P.	16	Cardizem LA 120 mg.	8	Clarithromycin Tablet	7, 24
Boniva.	18	Cardizem LA 180, 240, 300, 360, 420 mg.	8	Cleocin HCl 75 mg.	7
Brand Prenatal Vitamins	23	Cardura	24	Cleocin T	24
Brevoxyl	13	Carisoprodol	20	Climara.	23
Brimonidine Tartrate.	16	Carvedilol	8, 24	Clindagel	13
Brimonidine Tartrate 0.15%	16	Catapres-TTS.	8	Clindamycin Gel, Lotion, Solution, Swabs	24
Brondil	20	Cavan-EC Sod DHA.	23	Clindamycin HCl	7
Budesonide Inhalation Suspension 0.25 mg/ 2 ml, 0.5 mg/2 ml	20	Caverject	17	Clindamycin Phosphate.	13
Bumetanide.	8	Cefadroxil	7, 24	Clindamycin Phosphate/ Benzoyl Peroxide Gel 1%-5%	13
Buprenorphine Hydrochloride	19	Cefadroxil Hydrate	7	Clindamycin Phosphate Foam 1%	13
Bupropion	11, 25	Cefdinir.	7	Clindesee Vaginal	7
Bupropion HCl	11	Cefprozil.	7, 24	Clobetasol Propionate	13
Bupropion HCl Tablet, Sustained-Action	11	Ceftriaxone	7, 24	Clobetasol Propionate Foam	13
Bupropion HCl Tablet, Sustained-Release 24 Hour	11	Cefzil.	24	Clobex.	13
Bupropion Sustained-Action	25	Celebrex.	19	Clobex Shampoo.	13
Buspar	24	Celera.	24	Clonazepam	12, 24
Buspirone	12, 24	Cellcept Suspension.	18	Clonidine HCl.	8
Buspirone HCl	12	Celontin	12	Clonidine Patch, Transdermal Weekly	8
Butalbital Compound/ Codeine	19	Cenestin.	23	Clorazepate Dipotassium	12
Butalbital with Acetaminophen and Caffeine	24	Cephalexin.	7, 24	Clorpres	8
Butorphanol Tartrate Aerosol, Spray.	19	Cephalexin Monohydrate	7	Clotrimazole	7, 13
Byetta	15	Cesamet.	17	Clotrimazole/ Betamethasone	13
Bystolic.	8	Chlordiazepoxide/ Clidinium.	17	Clozaril	12
C		Chlorhexidine Gluconate.	18	Codeine Phosphate	19
Cabergoline.	15, 18	Chlorthalidone	8, 25	Codeine Phosphate/ Acetaminophen	19
Caduet	10	Cholestyramine	10	Codeine Phosphate/ Acetaminophen/ Caffeine/Butalbital	19
Cafergot.	11	Cialis	17	Colchicine	20
Calan, Calan SR.	24	Ciclopirox Cream, Gel, Lotion	13	Colestid	24
Calcitonin Salmon Nasal Spray.	18	Ciclopirox Shampoo 1%	13	Colestipol.	10, 24
Calcitriol.	15	Ciclopirox Solution, Non-Oral	13, 24	Colestipol HCl	10
Camila.	22	Cilostazol	8, 24	Combigan	16
Canasa.	17	Ciloxan Eye Drops.	24	Combipatch.	23
Capoten	24	Cimetidine	16	Combivent.	20
Captopril.	8, 24	Cimzia.	20	Comtan	12
Captopril/ Hydrochlorothiazide.	8	Cipro.	7, 24	Concerta	10
Carafate Oral Suspension.	16	Cipro HC	7	Condylox Gel	13
Carbamazepine	12	Cipro Suspension	7	Copaxone	11
		Ciprodex Otic	7	Coreg	8, 24
		Ciprofloxacin.	7, 16, 24	Coreg CR.	8
		Ciprofloxacin HCl	16	Coumadin	8
		Ciprofloxacin Tablet	7	Covera-HS	8
		Ciprofloxacin Tablet, Sustained-Release 24 Hour	7	Cozaar.	8
		Citalopram.	11, 24		

Crestor.....	10	Diovan.....	8	Eplerenone.....	8
Crinone.....	23	Diovan HCT.....	8	Ergomar.....	11
Cromolyn Sodium.....	15	Dipentum.....	17	Erin.....	22
Cuprimine.....	20	Diphenoxylate/Atropine.....	17	Ery-Tab 500 mg.....	7
Cutivate Lotion.....	13	Ditropan XL.....	24	Erythromycin.....	7, 13, 16
Cyclobenzaprine.....	20	Diuril 250 mg/5 ml		Erythromycin/Benzoyl	
Cymbalta.....	11	Suspension.....	8	Peroxide.....	13
Cyproheptadine.....	21	Divalproex Sodium.....	12, 24	Erythromycin Base Tablet,	
D		Divalproex Sodium		Enteric-Coated	
Dapsone.....	7	Tablet.....	12, 24	250, 333 mg.....	7
Darvocet-N.....	24	Divalproex Sodium Tablet,		Esclim.....	23
Daytrana.....	10	Enteric-Coated.....	24	Eskaith CR.....	24
DDAVP.....	24	Divalproex Sodium Tablet,		Estrace Cream with	
Denavir.....	13	Sustained-Release ..	12, 24	Applicator.....	23
Depakote.....	24	Divalproex Sodium Tablet,		Estraderm.....	23
Depakote ER.....	24	Sustained-Release		Estradiol.....	23
Depo-Provera.....	24	24 Hour.....	24	Estradiol 1 mg/	
Depo-SubQ Provera.....	22	Divigel.....	23	Norethindrone Acetate	
Derma-Smoothe/FS.....	13	Doryx.....	7	0.5 mg.....	23
Desmopressin.....	15, 24	Dorzolamide Eye Drops.....	25	Estradiol Patch, Transdermal	
Desmopressin Acetate.....	15	Dorzolamide HCl.....	16	Weekly.....	23
Desonate.....	13	Dorzolamide HCl/		Estrasorb.....	23
Desonide.....	13	Timolol Maleate.....	16	Estratest.....	23
Desoximetasone.....	13	Doxazosin.....	8, 17, 24	Estratest H.S.....	23
Detrol.....	18	Doxazosin Mesylate.....	8, 17	Estrating SL.....	23
Detrol LA.....	18	Doxepin HCl.....	11	Estrogen.....	23
Dexamethasone.....	15-16	Doxycycline.....	7	Estropipate.....	23
Dexilant.....	16	Duac-CS.....	13	Etidronate Disodium.....	24
Dextroamphetamine		Duetact.....	15	Etodolac.....	19
Sulfate.....	10	Duragesic.....	24	Evamist.....	23
DiaBeta.....	24	Duricef.....	24	Evista.....	18
Diastat.....	12	Dyazide.....	24	Exelon.....	12
Diazepam.....	12, 25	Dynacirc.....	24	Exforge.....	8
Dibenzyline.....	8	E		Exforge HCT.....	8
Diclofenac.....	19, 25	Econazole Nitrate.....	13	Extina.....	13
Diclofenac Potassium.....	19	Edex.....	17	F	
Diclofenac Sodium.....	19	Effexor.....	11, 24	Famciclovir.....	8
Dicloxacillin Sodium.....	7	Effexor XR.....	11	Fareston.....	18
Dicyclomine HCl Tablet.....	18	Elestat.....	15	Fast Take System.....	14
Didronel.....	24	Elidel.....	13	Fast Take Test Strips.....	14
Differin Gel 0.3%.....	13	Elixophyllin GG.....	20	FazaClo.....	12
Diffucan.....	24	Emend.....	17	Felbatol.....	12
Digoxin.....	10	Enablex.....	18	Felodipine.....	8, 24
Dilantin.....	12	Enalapril.....	8, 25	Femara.....	18
Diltiazem.....	8, 24-25	Enalapril Maleate.....	8	Femcon Fe.....	22
Diltiazem HCl.....	8	Enalapril Maleate/		Femhrt.....	23
Diltiazem HCl Capsule,		Hydrochlorothiazide.....	8	Femring.....	23
Controlled-Release.....	8	Enalapril with		Fenofibrate.....	10, 24
Diltiazem HCl Capsule,		Hydrochlorothiazide.....	25	Fenofibrate Micronized.....	24
Sustained-Action.....	8	Enbrel.....	20	Fenofibric Acid.....	10
Diltiazem HCl Capsule,		Enjuvia.....	23	Fenoglide.....	10
Sustained-Release		Enpresse.....	22	Fentanyl Citrate Lollipop.....	19
12 Hour.....	8	Entocort EC.....	17	Fentanyl Transdermal.....	19, 24
Diltiazem HCl Capsule,		Epiduo.....	13	Fentora.....	19
Sustained-Release		Epinephrine Pen Injector.....	18	Fexofenadine.....	21
24 Hour.....	8	Epipen.....	18	Finacea.....	13
Diltiazem Sustained-Release		Epipen Jr.....	18	Finacea Plus.....	13
24 Hour Capsule.....	24	Epivir HBV.....	8	Finasteride.....	17, 24

Fioricet	24	Geodon	12	Imitrex Injection	24
First-Progesterone	23	Glimepiride	15, 24	Imitrex Tablet	24
Flecainide Acetate	10	Glipizide	15, 24	Indapamide	9
Flector	19	Glipizide/Metformin HCl	15	Inderal	24
Flomax	17	Glucophage, XR	24	Indomethacin	19
Flonase	24	Glucotrol, XL	24	Innohep	8
Flovent Diskus	20	Glucovance	24	Intal	20
Flovent HFA	20	Glumetza	15	Intuniv	10
Floxin Otic	24	Glyburide	15, 24	Invega	12
Fluconazole	7, 24	Glyburide/Metformin HCl	15	Iopidine 1%	16
Fludrocortisone Acetate	15	Glyburide with Metformin	24	Ipratropium Bromide	20
Flunisolide	21, 24	Glynase	24	Isometheptene Mucate/ Acetaminophen/ Dichloralphenazone	11
Flunisolide Nasal Spray	24	Glyset	15	Isosorbide Dinitrate	10
Fluocinonide	13	GoLYTELY Packet	17	Isosorbide Mononitrate	10
Fluoxetine Capsule	24	Granisetron HCl Tablet	17	Isotretinoin	13
Fluoxetine Capsule, Delayed-Release	24	Guanfacine HCl	8	Isradipine	24
Fluoxetine HCl Capsule	11	Gynazole-1 Vaginal	7	Itraconazole Capsule	7
Fluoxetine HCl Capsule Delayed-Release	11	H		J	
Fluoxetine HCl Tablet	11	Halflytely-Bisacodyl	17	Janumet	15
Fluticasone Nasal Spray	24	Halobetasol Propionate	13	Januvia	15
Fluticasone Propionate	13, 21	Hectoral	15	Jolesa	22
Fluvoxamine Maleate	11	Helidac	16	Jolivet	22
Focalin XR	10	Hepsera	8	Junel	22
Folic Acid	23	Humalog Pens/ Cartridges	14	Junel Fe	22
Foradil	20	Humalog Vials	14	K	
Fortamet	15	Humatrope	14	Kadian	19
Forteo	18	Humira	20	Kariva	22
Fosamax	18, 24	Humulin Pens	14	Keflex	24
Fosamax Plus D	18	Humulin Vials	14	Keppra	12, 24
Fosinopril	8, 24	Hydalazine HCl	9	Keppra XR	12
Fosiopril/ Hydrochlorothiazide	8	Hydralazine HCl/ Hydrochlorothiazide	9	Ketoconazole	7, 13
Fosiopril with Hydrochlorothiazide	24	Hydrochlorothiazide	8-9, 24-25	Ketorolac Tromethamine	19, 24
Fragmin	8	Hydrocodone Bit/ Acetaminophen	19	Kineret	20
Freestyle Freedom Lite System	14	Hydrocortisone	13, 15	Klonopin	24
Freestyle Lite System	14	Hydrocortisone Tablet	15	Kuvan	15
Freestyle Lite Test Strips	14	Hydrocortisone Valerate	13	L	
Freestyle System	14	Hydromorphone HCl Tablet	19	Labetalol HCl	9
Freestyle Test Strips	14	Hydroxychloroquine Sulfate	20	Lactulose	17
Frova	11	Hydroxyzine HCl	21	Lamictal	12, 24
Furosemide	8, 24	Hydroxyzine Pamoate	21	Lamictal Dose Pack	12
G		Hyoscyamine Sulfate	18	Lamictal ODT	12
Gabapentin	12, 24	Hytrin	24	Lamictal XR	12
Gabapentin Capsule, Tablet	12	Hyzaar	8	Lamisil Granules	7
Gabitril	12	I		Lamisil Tablet	24
Galantamine	12	Ibuprofen	19, 24-25	Lamotrigine	12, 24
Gelnique	18	Ibuprofen/Hydrocodone	19	Lanoxin	10
Gemfibrozil	10, 24	Ibuprofen - Prescription strengths only	24	Lansoprazole	16
Gentropin	14	Ibuprofen with Hydrocodone	25	Lantus Solostar Pens/ Cartridges	14
Gentamicin Sulfate	16	Imipramine HCl	11	Lantus Vials	14
		Imiquimod	13	Lasix	24

Levemir Pens	14	Medroxyprogesterone		Minocycline HCl.	7
Levemir Vials.	14	Acetate 150 mg/ml	24	Minoxidil.	9
Levetiracetam.	12, 24	Mefenamic Acid.	19	Mirtazapine	11, 24
Levitra.	17	Megestrol Acetate.	18	Mirtazapine Dispersible	
Levonorgestrel.	24	Meloxicam	19, 24	Tablet.	24
Levora.	22	Menostar Patch,		Misoprostol	16
Levothyroxine Sodium	15	Transdermal Weekly	23	Moban.	12
Lexapro	11	Meperidine HCl	19	Mobic	24
Lialda	17	Mesalamine.	17	Moexipril HCl	8
Lidocaine HCl.	13	Metadate CD	10	Mometasone Furoate.	13
Lidoderm	18	Metaxalone	20	Mononessa	22
Liothyronine Sodium	15	Metformin	15, 24	Monopril.	24
Lipitor	10	Metformin HCl.	15	Monopril HCT.	24
Lipofen	10	Methadone HCl.	19	Morphine Sulfate.	19
Lisinopril.	9, 24	Methamphetamine HCl		Morphine Sulfate Tablet,	
Lisinopril/		Tablet.	10	Sustained-Action	19
Hydrochlorothiazide.	9	Methimazole	15	Motrin - Prescription	
Lisinopril with		Methocarbamol	20	strengths only.	24
Hydrochlorothiazide.	24	Methotrexate Sodium.	20	Moviprep	17
Lithium Carbonate	12, 24	Methylphenidate	9	MSIR Capsule	19
Lithium Carbonate		Methylphenidate		Multi-Nate 30.	23
Controlled-Release.	24	Hydrochlorothiazide.	9	Multinatal Plus	23
Locoid Lipocream	13	Methylin	10	Mupirocin.	13
Loestrin 24 Fe	22	Methylphenidate	10, 24-25	Muse	17
Lofibra	24	Methylphenidate		Mycophenolate Mofetil	
Lopid	24	Extended-Release.	25	Capsule, Tablet.	18
Lopressor.	24	Methylprednisolone.	15, 24	Mycostatin.	7
Loprox Shampoo.	13	Methylprednisolone Tablet,		Myfortic	18
Lorazepam.	12, 24	Dose Pack 4 mg	15	Mysoline.	12
Losartan.	8	Methyltestosterone/		N	
Losartan/		Estrogens, Esterified		Nabumetone.	19, 24
Hydrochlorothiazide.	8	Tablet.	23	Nadolol.	9
LoSeasonique.	22	Metoclopramide HCl	17	Naftin	13
Lotronex.	17	Metolazone	9	Namenda.	12
Lovastatin	10, 24	Metoprolol	8-9, 24-25	Naprosyn - Prescription	
Lovaza.	10	Metoprolol/		strengths only.	24
Lovenox	8	Hydrochlorothiazide.	9	Naproxen	19, 24
Low-Ogestrel	22	Metoprolol Succinate		Naproxen - Prescription	
Lumigan.	16	Sustained-Release	25	strengths only.	24
Lunesta	12	Metoprolol Succinate Tablet,		Naproxen Sodium	19
Lutera	22	Sustained-Release		Nasacort AQ.	21
Luvox CR.	11	24 Hour 25 mg	9	Nasalide.	24
Lyrica.	12	Metoprolol Succinate Tablet,		Nasarel.	24
M		Sustained-Release 24 Hour		Nasonex.	21
Macrodantin 25 mg	7	50, 100, 200 mg	8	Natalcare Plus	23
Marplan	11	Metoprolol Tartrate	9	Nateglinide	15
Mavik.	24	Metrogel 1%.	13	Navane 20 mg.	12
Maxair Autohaler.	20	Metroloction	13	Necofon 7/7/7.	22
Maxalt.	11	Metronidazole.	7, 13	Nefazodone HCl	11
Maxalt MLT	11	Metronidazole Vaginal	7	Nefazodone HCl	13
Medrol 2, 8, 16, 24,		Mevacor.	24	NeoBenz Micro	13
32 mg.	15	Mexiletine	10	NeoBenz Micro SD.	13
Medrol Dosepak	24	Micardis	8	Neomycin/Polymyxin/HC	
Medroxyprogesterone.	22-24	Micardis HCT	8	Otic.	7
Medroxyprogesterone		Microgestin	22	Neomycin/Polymyxin B	
Acet.	22-23	Microgestin Fe.	22	Sulfate/	
Medroxyprogesterone		Micronase	24	Dexamethasone.	16
Acet 150 mg/ml	22	Migranal.	11	Neoral.	18

Neurontin Solution, Oral . . . 12	One Touch Ultra Test Strips 14	Phenazopyridine 18
Nexium Capsule 16	Opana 19	Phenobarbital 12, 17
Nexium Suspension 16	Opana ER 19	Phenytoin Sodium 12
Niaspan 10	Optivar 15	Phospholine Iodide 16
Nifedipine 9, 24	Oracea 7	Pilopine HS 16
Nifedipine Extended-Release 24	Orap 12	Piroxicam 19
Nisoldipine 20, 30, 40 mg . . 8	Oraped 15	Plan B 24
Nitrofurantoin/Nitrofurantoin Macrocrystal 7	Oraped ODT 15	Plavix 8
Nitrofurantoin Macrocrystal . 7	Orphenadrine 20	Plendil 24
Nitroglycerin 10	Orphenadrine Compound . . 20	Pletal 24
Nora-Be 22	Ortho-Cyclen 22	PNV-DHA 23
Norditropin 14	Ortho-Novum 7/7/7 22	PNV-Select 23
Norethindrone 22-23	Ortho Evra 22	Polylethylene Glycol 17
Norethindrone Acetate . . . 23	Ortho Micronor 22	Polymyxin B Sulfate/ Trimethoprim 16
Noritate 13	Ortho Tri-Cyclen 22	Portia 22
Nortrel 7/7/7 22	Ortho Tri-Cyclen Lo 22	PR Natal 430 23
Nortriptyline HCl 11	Oscion 13	PR Natal 430 EC 23
Norvasc 24	Ovrette 22	PR Natal 440 EC 23
Novolin 70/30 Vials 14	Oxandrolone 15	Prandin 15
Novolin L Vials 14	Oxaprozin 19	Pravachol 24
Novolin N Vials 14	Oxcarbazepine 12	Pravastatin 10, 24
Novolin R Vials 14	Oxistat 13	Pravastatin Sodium 10
NovoLog FlexPen 14	Oxoralen-Ultra 13	Precision Q-I-D System . . . 14
NovoLog Mix 70/30 FlexPen 14	Oxybutynin Chloride . . . 18, 24	Precision Q-I-D Test Strips 14
NovoLog Mix 70/30 Vials . . 14	Oxybutynin Chloride Tablet, Sustained-Release 24	Precision Xtra System . . . 14
NovoLog Vials 14	Oxycodone/Aspirin 19	Precision Xtra Test Strips . 14
Noxafil 7	Oxycodone HCl 19	Prednisolone 15
Nutropin 14	Oxycodone HCl/ Acetaminophen 19	Prednisone 15
Nutropin AQ, NuSpin 14	Oxycodone HCl/Ibuprofen 19	Prefest 23
Nutropin Depot 14	Oxycodone with Acetaminophen 24	Premarin 23
NuvaRing 22	OxyContin 19	Premphase 23
Nuvigil 12	Oxytrol 18	Prempro 23
Nystatin 7, 13	P	Prenatal 19 23
Nystatin/Triamcinolone Acetonide 13	Pantoprazole 16	Prenatal Advantage 23
O	Paroxetine 11, 24	Prenatal Plus 23
Octreotide Acetate 15	Paroxetine HCl Sustained-Release, 24 Hour 11	Prestige System 14
Ocuflox Eye Drops 24	Paroxetine HCl Tablet . . . 11	Prestige Test Strips 14
Ofloxacin 7, 16, 24	Pataday 15	Prevacid Capsule, Delayed-Release Enteric-Coated 16
Ofloxacin Otic 7, 24	Patanase 21	Prevacid Naprapac 16
Ofloxacin Otic Drops 24	Patanol 15	Prevacid Solutab 16
Olux-E 13	Paxil 24	Previfem 22
Olux-Olux-E 13	Pediaprep 15	Prevpac 16
Omeprazole 16, 24	Peganone 12	Prilosec 16, 24
Omnaris 21	Penicillin V Potassium . . . 7	Prilosec Rx 10, 20 mg 16
Omnitrope 14	Penlac 24	Prilosec Rx 40 mg 16
Ondansetron 17, 25	Pentasa 17	Primidone 12
One Touch System 14	Pentoxifylline 8	Prinivil 24
One Touch Test Strips 14	Percocet 5-325, 7.5-500, 10-650 24	Prinzide 24
One Touch Ultra 2 System 14	Performist 20	Pristiq 11
One Touch Ultra Mini System 14	Permethrin 13	Proair HFA 20
One Touch Ultra System . . . 14	Pexeva 11	Procardia XL 24
		Prochieve 23
		Prochlorperazine Maleate . 17
		Promethazine 21

Prometrium	23	Rhinocort Aqua	21	Sulindac	19
Propoxyphene Napsylate/ Apap	19	Ribavirin	8	Sumatriptan Succinate Injection	11, 24
Propoxyphene with Acetaminophen	24	Risperdal	24	Sumatriptan Succinate Nasal Spray	11
Propranolol	8-9, 24	Risperidone	12, 24	Sumatriptan Succinate Tablet	11, 24
Propranolol HCl/ Hydrochlorothiazide	9	Ritalin	10, 24-25	Suprax	7
Propranolol HCl Sustained-Action Capsule	8	Ritalin LA	10	Surestep System	14
Propranolol HCl Tablet	9	Ritalin SR	25	Surestep Test Strips	14
Proscar	24	Ropinirole	12, 24	Surmontil	25
Protonix	16	Ropinole HCl	12	Symbicort	20
Protopic	13	Rozemer	12	Symbyax	12
Proventil HFA	20	Ryzolt	19	Symmlin	15
Provera	22, 24	S		Synarel	15
Provigil	12	Saizen	14	Synthroid	15
Prozac	24	Sanctura	18	T	
Prozac Weekly	24	Sanctura XR	18	Taclonex	13
Pruet DHA 29-1-430 mg	23	Sancuso	17	Taclonex Scalp	13
Pruet DHA EC	23	Sandimmune	18	Tacrolimus Anhydrous	18
Pseudoephedrine HCl/ Fexofenadine	21	Sandostatin	15	Tamiflu	8
Pulmicort Flexhaler	20	Savella	20	Tamoxifen Citrate	18
Pulmicort Respules 1mg/2 ml	20	Seasonique	22	Tamsulosin	17
Q		Serevent Diskus	20	Tarka	8
Quasense	22	Seroquel	12	Taron A Prenatal	23
Quinapril	9, 24	Seroquel XR	12	Tasmar	12
Quinapril HCl/ Hydrochlorothiazide	9	Serostim	14	Tazorac	13
Quinapril HCl/Magnesium Carbonate	9	Sertraline	11, 25	Tegretol	12
QVAR	20	Sertraline HCl	11	Tekturna	8
R		Setonet	23	Tekturna HCT	8
Ramipril	9, 24	Setonet-EC	23	Temazepam	12, 24
Ranexa	10	Silver Sulfadiazine	13	Tenoretic	25
Ranitidine HCl Syrup	16	Simcor	10	Tenormin	25
Ranitidine Syrup	25	Simponi	20	Terazosin	9, 17, 24
Rapafllo	17	Simvastatin	10, 25	Terazosin HCl	9, 17
Rapamune	18	Singulair	20	Terbinafine HCl Tablet	7
Rebetol Solution	8	Skelaxin	20	Terbinafine Tablet	24
Rebif	11	Solodyn	7	Terconazole Vaginal	7
Reclipsen	22	Soma 250 mg	20	Testim	15
Regranex	13	Sonata	12, 25	Testosterone	15
Relafen	24	Sotalol	10	Tetracycline HCl	7
Relenza	8	Spiriva	20	Tev-Tropin	14
Relistor	17	Spirinolactone	9, 24	Teveten	8
Relpax	11	Spirinolactone/ Hydrochlorothiazide	9	Thalitone	9
Remeron	24	Sporanox Solution, Oral	7	Theophylline	20
Remeron SolTab	24	Sprintec	22	Tiazac	25
Renate DHA	23	Starlix	15	Tilia Fe	22
Renate DHA Extra	23	Stavzor	12	Timolol Maleate	9, 16
Requip	12, 24	Strattera	10	Tizanidine	20
Requip XL	12	Sucralfate Tablet	16	Tobi	7
Restasis	18	Sular 8.5, 10, 17, 25.5, 34 mg	9	Tobramycin/ Dexamethasone	16
Restoril	24	Sulfacetamide Sodium	13, 16	Tobramycin Sulfate Drops	16
Retin-A Micro	13	Sulfacetamide Sodium/ Sulfur	13	Tolmetin Sodium	19
		Sulfamethoxazole/ Trimethoprim	7	Topamax	25
		Sulfasalazine	17, 20	Topiramate	12, 25
		Sulfoxyl Regular	13	Toprol XL 25 mg	25
				Toviaz	18

Tramadol	19, 25	Venlafaxine	Zofran	25
Tramadol HCl	19	Extended-Release	Zoloft	25
Tramadol HCl/ Acetaminophen	19	Venlafaxine HCl	Zolpidem	12, 24
Tramadol HCl Tablet, Sustained-Release 24 Hour	19	Ventolin HFA	Zolpidem Tartrate	12
Tramadol with Acetaminophen	25	Veramyst	Zomig	11
Trandolapril	9, 24	Verapamil	Zomig Nasal Spray	11
Transderm-Scop	17	Verapamil HCl	Zomig ZMT	11
Travatan	16	Verapamil HCl Capsule, 24 Hour Sustained-Release Pellets	Zonegran	25
Travatan Z	16	Verdeso	Zonisamide	12, 25
Trazodone HCl	11	Vesicare	Zorbtive	14
Tretin-X	13	Vfend	Zovia	22
Tretinoin	13	Viagra	Zovirax	13, 25
Trexall	20	Vicodin	Zovirax Capsule, Tablet, Suspension	25
Treximet	11	Vicodin ES	Zylet	16
Tri-Legest Fe	22	Vicoprofen	Zymar	16
Tri-Lo-Sprintec	22	Vigamox	Zyprexa	12
Tri-Previfem	22	Vinate III	Zyprexa Zydis	12
Tri-Sprintec	22	Vitanatal OB+DHA	Zyvox	7
Triamcinolone Acetonide	13	Vivelle		
Triamterene/ Hydrochlorothiazide	9	Vivelle-Dot		
Triamterene with Hydrochlorothiazide	24	Voltaren Gel		
Triaz	13	Voltaren Tablet		
Triazolam	12	Vusion		
Tricor 48, 145 mg	10	Vytorin		
Triglide	10	Vyvanse		
Trillipix	10	W		
Trilyte with Flavor Packets	17	Warfarin Sodium		
Trimipramine Maleate	25	Welchol		
Trinessa	22	Wellbutrin		
Trivora	22	Wellbutrin SR		
Trusopt	25	X		
Tussionex	18	Xalatan		
Twinject	18	Xanax		
Tylenol #3	25	Xanax XR		
U		Xolegel		
Ultracet	25	Xopenex HFA		
Ultram	25	Xopenex Vial, Nebulizer		
Urea	13	Xyrem		
Uroxatral	17	Xyzal		
Ursodiol	17	Y		
V		Yasmin		
Vagifem	23	Yaz		
Valcyte	8	Z		
Valium	25	Zaleplon	12, 25	
Valtrex	8	Zantac Syrup	25	
Vancocin HCl	7	Zegerid	16	
Vaseretic	25	Zemplar	15	
Vasotec	25	Zenchant	22	
Vectical	13	Zestoretic	24	
Velosef 250 mg Suspension	7	Zestril	24	
Venlafaxine	11, 24	Zetia	10	
		Ziac	25	
		Ziana	13	
		Zithromax	25	
		Zocor	25	



myuhc.com[®] Medication Costs and Comparisons





www.myuhc.com



Printed on paper containing recycled material.

© 2010 Medco Health Solutions, Inc. / UnitedHealthCare Services, Inc. All rights reserved.

Created May, 2010. For the most current PDL updates, visit **myuhc.com** or call the phone number on the back of your ID card.

DL387910 UHC GDCH_Choice HMO A300 7/10 Advantage PDL