

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

Medications Down-Tiered

Products	Indications	Current Tier	New Tier	Effective Date
Apriso	Anti-inflammatory GI	Tier 3	Tier 2	January 1, 2010
Arcalyst	Immune Modulator	Tier 3	Tier 2	July 14, 2009
Cimzia	Rheumatoid Arthritis	Tier 3	Tier 2	January 1, 2010
Hycamtin	Oral Oncology	Tier 3	Tier 2	July 14, 2009
Lialda	Anti-inflammatory GI	Tier 3	Tier 2	January 1, 2010
Relistor	Endocrine	Tier 3	Tier 2	July 14, 2009

**2010 State Health Benefit Plan (SHBP)
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Medications Up-Tiered

Products	Indications	Current Tier	New Tier	Preferred Alternatives	Effective Date
Asacol	Anti-inflammatory GI	Tier 2	Tier 3	sulfasalazine (Tier 1) Lialda & Apriso (Tier 2)	January 1, 2010
Betaseron	Multiple Sclerosis	Tier 2	Tier 3	Rebif (Tier 2)	January 1, 2010
Betopic S	Ophthalmic Beta Blocker	Tier 2	Tier 3	Betopic (Tier 1)	January 1, 2010
Metrogel	Rosacea	Tier 2	Tier 3	metronidazole cream (Tier 1) Azelex (Tier 2)	January 1, 2010
Nascobal	Vitamin B deficiency	Tier 2	Tier 3	Calomist (Tier 2)	January 1, 2010

Peg Intron	Hepatitis C	Tier 2	Tier 3	Pegasys (Tier 2)	January 1, 2010
Xopenex HFA	Asthma	Tier 1	Tier 3	Ventolin HFA (Tier 1)	January 1, 2010
Zylet	Eye Inflammation/Infection	Tier 2	Tier 3	neomycin/polymyxin B/dexamethasone (Tier 1)	January 1, 2010