

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

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

This guide will:

1. Help you understand your medication 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 of Food and Drug Administration (FDA)-approved brand name and generic medications.

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 may refer to this list to select the right medication to meet your needs.

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

Understanding Tiers

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

Tier 1 – Your Lowest-Cost Option

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

Tier 2 – Your Midrange-Cost Option

This is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is right for your treatment.

Tier 3 – Your Highest-Cost Option

This is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. 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.

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

Please note: Check the Drug Pricing / Coverage information on www.myuhc.com, or call the Customer Care number on your ID card for more information about your benefit plan.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting www.myuhc.com or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com 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, 2009 THROUGH DEC. 31, 2009. 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 value of the medication to ensure an unbiased approach. Committee members are various health care professionals including pharmacists and physicians 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 value of the medication.

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

How often will prescription medications change tiers?

Medications may move to a higher tier 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 Customer Care number on your ID card or visit www.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 is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest cost option. Go to 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 www.myuhc.com or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com 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, 2009 THROUGH DEC. 31, 2009. 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. Alternative medications may be included on the PDL. 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 many 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 copayment 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 (**QLL**, **QD**, **N**, etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs can help:

- Confirm coverage based on your benefit plan
- Alert pharmacists and doctors of potentially harmful medication interactions
- Notify your pharmacist and doctor of duplication in treatments

Please call Customer Care if you need additional information about these notations.

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

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where 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 visit www.myuhc.com or call the Customer Care number on your ID card 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, etc.
- Locate a participating retail pharmacy by zip code
- Review your prescription history

What if I still have questions?

Please call the Customer Care number on 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 www.myuhc.com or by calling the Customer Care telephone number printed on your ID card. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access www.myuhc.com 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, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier One

Acarbose	Betamethasone with Clotrimazole	Cyclobenzaprine
Acebutolol	Bisoprolol	Cyproheptadine
Acetaminophen with Caffeine and Butalbital	Bisoprolol with Hydrochlorothiazide	Desipramine
Acetaminophen with Codeine QLL/QD	Bromocriptine	Desmopressin
Acetaminophen with Codeine, Caffeine and Butalbital QLL/QD	Budesonide Inhalation Suspension QLL	Desonide
Acetaminophen with Hydrocodone QLL/QD	Bumetanide	Desoximetasone
Acetazolamide	Bupropion N	Dexamethasone
Acetic Acid with Hydrocortisone Otic Solution	Bupropion HCl XL N	Dextroamphetamine N
Acyclovir Tablet, Capsule, Suspension	Bupropion Sustained Action N	Dextroamphetamine Sustained Release N
Albuterol Extended Release Tablet	Bupropion Sustained Release 24 Hour 300mg N	Diazepam
Albuterol Inhalation Solution	Buspirone	Diclofenac
Albuterol Inhaler QLL	Butorphanol Nasal Spray QLL	Diclofenac Sodium Drops
Alendronate QLL/QD	Cabergoline	Dicloxacillin
Allopurinol	Calcitonin Salmon Nasal Spray	Dicyclomine
Alprazolam	Calcitriol	Diflorasone
Alprazolam Extended Release	Calcium Acetate 667mg	Diflunisal
Amantadine Tablet, Capsule, Syrup	Captopril	Digoxin
Amiloride with Hydrochlorothiazide	Captopril with Hydrochlorothiazide	Diltiazem
Amiodarone	Carbamazepine	Diltiazem Sustained Release
Amitriptyline	Carbidopa/Levodopa	Diphenoxylate
Amitriptyline with Chlordiazepoxide	Carisoprodol	Diphenoxylate with Atropine
Amitriptyline with Perphenazine	Carvedilol	Dipyridamole
Amlodipine	Cefaclor	Divalproex Sodium Capsule, Sprinkle
Amlodipine/Benazepril	Cefadroxil	Divalproex Sodium Tablet, Enteric Coated
Amoxicillin	Cefdinir	Divalproex Sodium Tablet, Sustained Release
Amoxicillin with Potassium Clavulanate	Cefprozil	Dorzolamide HCl 2% Drops
Amphetamine with Dextroamphetamine Salt Combination QLL/QD, N	Cefuroxime	Dorzolamide/Timoptic Maleate
Ampicillin	Cephalexin	Doxazosin
Antipyrine with Benzocaine Otic Solution	Cesia	Doxepin
Apri	Chlordiazepoxide	Doxepin Cream 5%
Asmanex QLL	Chlorhexidine	Doxycycline
Aspirin with Caffeine and Butalbital	Chlorthalidone	Dronabinol
Aspirin with Codeine, Caffeine and Butalbital	Chlorzoxazone	Econazole
Atenolol	Cholestyramine	Enalapril
Atenolol with Chlorthalidone	Cholestyramine with Aspartame	Enalapril with Hydrochlorothiazide
Aviane	Ciclopirox Gel, Solution	Enpresse
Azathioprine	Cilostazol	Eplerenone
Azithromycin Tablet	Cimetidine	Ergotamine Tartrate, Belladonna Alkaloids and Phenobarbital
Baclofen	Ciprofloxacin	Errin
Balsalazide Disodium	Citalopram	Erythromycin Base 250, 333mg
Benazepril	Clarithromycin	Erythromycin Ethylsuccinate
Benazepril with Hydrochlorothiazide	Clathromycin Extended Release	Erythromycin Stearate
Benzonatate	Clidinium with Chlordiazepoxide	Erythromycin with Benzoyl Peroxide
Benzotropine	Clindamycin Capsule	Estradiol Patch
Betamethasone Dipropionate Augmented Cream	Clindamycin Gel, Soln, Lotion, Swabs	Estradiol/Norethindrone Acetate
Betamethasone Dipropionate Cream, Lotion, Ointment, Gel	Clindamycin Vaginal Cream	Estropipate
Betamethasone Valerate	Clobetasol	Etidronate Disodium
	Clomipramine	Etodolac
	Clonazepam	Famciclovir
	Clonidine	Famotidine
	Clorazepate	Fast Take System
	Clotrimazole Troches	Fast Take Test Strips QLL
	Clotrimazole with Betamethasone	Felodipine
	Colestipol Packets	
	Cromolyn	
	Cryselle	

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier One

Fenofibrate	Indapamide	Methyltestosterone with Esterified Estrogens
Fentanyl Transdermal System QLL/QD	Indomethacin	Metoclopramide
Fexofenadine	Ipratropium Inhalation Solution	Metolazone
Finasteride N	Isometheptene, Dichloralphenazone and Acetaminophen	Metoprolol
Flecainide	Isoniazid	Metoprolol Sustained Release
Fluconazole 50, 100, 200mg	Isosorbide Dinitrate	Metronidazole
Fluconazole 150mg	Isosorbide Mononitrate	Metronidazole Cream
Fludrocortisone	Isotretinoin	Metronidazole Vaginal Gel
Flunisolide Nasal Spray QLL	Isradipine	Microgestin
Fluocinolone	Itraconazole QD	Microgestin FE
Fluocinonide	Junel	Minocycline
Fluocinonide-E	Junel FE	Minoxidil Tablet
Fluorometholone	Kariva	Mirtazapine
Fluorouracil Cream	Ketoconazole	Mirtazapine Dispersible Tablet
Fluoxetine	Ketoprofen	Misoprostol
Flurazepam	Ketorolac QLL	Moexipril
Flurbiprofen	Labetalol	Mometasone
Fluticasone Nasal Spray QLL	Lactulose	Mononessa
Fluvoxamine	Lamotrigine	Morphine
Folic Acid	Leflunomide	Morphine Sulfate Controlled Release QLL/QD
Foradil QLL	Lessina	Mupirocin Ointment
Fortical	Leuprolide	Nabumetone
Fosinopril	Levetiracetam	Nadolol
Fosinopril with Hydrochlorothiazide	Levothyroxine	Nadolol/Bendroflumethiazide
FreeStyle Lite Test Strips QLL	Levora	Naproxen - Prescription strengths only
Freestyle System	Lidocaine Viscous	Necon
Freestyle Test Strips QLL	Lisinopril	Nefazodone
Furosemide	Lisinopril with Hydrochlorothiazide	Neomycin/Polymyxin B/Dexamethasone
Gabapentin Capsule, Tablet	Lithium Carbonate	Neomycin/Polymyxin/Gramicidin
Galantamine	Lithium Carbonate Controlled Release	Neomycin/Polymyxin/Hydrocortisone
Gemfibrozil	Lithium Carbonate Extended Release	Nifedipine
Gentamicin	Lorazepam	Nifedipine Controlled Release
Glimepiride	Lovastatin	Nifedipine Extended Release
Glipizide	Low-Ogestrel	Nisoldipine Extended Release 20, 30, 40mg only
Glipizide Extended Release	Mebendazole	Nitrofurantoin/Nitrofurantoin Macrocrystals
Glipizide with Metformin	Medroxyprogesterone 150mg/ml	Nitroglycerin
Glyburide	Medroxyprogesterone Tablet	Nizatadine
Glyburide Micronized	Mefenamic Acid	Norethindrone
Glyburide with Metformin	Mefloquine	Nortrel
Glycopyrrolate	Megestrol	Nortriptyline
Granisetron QLL	Meloxicam	Novolin Vials
Guanfacine	Meperidine	Novolog Vials
Halobetasol Cream, Ointment	Meperidine with Promethazine	Nystatin
Haloperidol	Mesalamine Enema	Nystatin with Triamcinolone
Humalog Vials	Metformin	Ocella
Humulin Vials	Metformin Extended Release	Ofloxacin Eye Drops
Hydralazine	Methadone	Ogestrel
Hydrochlorothiazide	Methimazole	Omeprazole N
Hydrocodone with Homatropine	Methocarbamol	Ondansetron QLL
Hydrocortisone Acetate Suppositories	Methotrexate	One Touch System
Hydrocortisone Valerate	Methyldopa	One Touch Test Strips QLL
Hydromorphone	Methylphenidate QLL/QD, N	One Touch Ultra Test Strips QLL
Hydroxychloroquine	Methylphenidate Extended Release QLL/QD, N	Orapred Oral Solution
Hydroxyzine	Methylprednisolone	Orphenadrine
Ibuprofen - Prescription strengths only		
Ibuprofen with Hydrocodone		
Imipramine		

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier One

Orphenadrine Compound	Protriptyline	Tretinoin QLL/QD, N
Oxandrolone	Pulmicort Flexhaler QLL	Tri-Sprintec
Oxaprozin	Pulmicort Turbuhaler QLL	Triamcinolone
Oxazepam	Quinapril	Triamterene with Hydrochlorothiazide
Oxcarbazepine	Quinapril with Hydrochlorothiazide	Triazolam
Oxybutynin	QVAR QLL	Trimethobenzamide
Oxybutynin Sustained Release	Ramapril Capsule	Trimethobenzamide with Benzocaine
Oxycodone	Ranitidine Syrup	Trimethoprim
Oxycodone with Acetaminophen	Reclipsen	Trimipramine Maleate
QLL/QD	Ribavirin QLL, N	Trinessa
Oxycodone with Aspirin	Rifampin	Trivora
Oxycodone with Ibuprofen	Risperidone	Ursodiol
Pantoprazole N	Ropinirole	Velivet
Paroxetine	Salsalate	Venlafaxine
Paroxetine HCL Extended Release	Selenium Sulfide	Verapamil
PEG 3350/Powder for Solution	Sertraline	Warfarin
Penicillin V Potassium	Silver Sulfadiazine	Xopenex HFA QLL
Pentoxifylline	Simvastatin	Zaleplon QD
Permethrin Cream	Sodium Fluoride	Zolpidem QD
Phenazopyridine	Solia	Zonisamide
Phenobarbital	Sotalol	Zovia 1/35E
Phenylephrine with Chlorpheniramine and Scopolamine	Spirolactone with Hydrochlorothiazide	Zovia 1/50E
Phenylephrine with Hydrocodone	Spirolactone	
Phenytoin	Sprintec	
Pindolol	Sucalfate	
Piroxicam	Sulfacetamide	
Polymyxin B with Trimethoprim	Sulfacetamide with Sulfur	
Portia	Sulfamethoxazole with Trimethoprim	
Potassium Chloride	Sulfasalazine	
Potassium Citrate	Sulfasalazine EC	
Pravastatin	Sulfatrim	
Prazosin	Sulindac	
Precision Q-I-D Test Strips QLL	Sumatriptan Succinate Injection QLL	
Precision Q-I-D Test System	Sumatriptan Succinate Tablet QLL	
Precision Xtra Systems	Surestep System	
Precision Xtra Test Strips QLL	Surestep Test Strips QLL	
Prednisolone	Tamoxifen	
Prednisone	Temazepam	
Prenatal Vitamins - Generic prescription strengths only	Terconazole QLL	
Primidone	Terazosin	
Probenecid	Terbinafine	
Prochlorperazine	Terbutaline	
Promethazine	Tetracycline	
Promethazine with Codeine	Theophylline	
Promethazine with Dextromethorphan	Thyroid	
Promethazine with Phenylephrine	Timolol Drops	
Promethazine with Phenylephrine and Codeine	Tizanidine	
Propafenone	Tobramycin	
Propoxyphene	Tobramycin/Dexamethasone Ophthalmic Suspension	
Propoxyphene with Acetaminophen	Tolmetin	
QLL/QD	Torseamide	
Propranolol	Tramadol	
Propylthiouracil	Tramadol with Acetaminophen	
	Trandolapril	
	Trazodone	

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier Two

Aceon	Coumadin	Locoid Lipocream
Aciphex N	Cozaar	Lofibra Tablet
Actonel QLL	Crestor	Lotronex N
Actonel with Calcium QLL	Cymbalta N	Lovenox QLL
Actoplus Met	Dapsone	Lumigan
Actos	Dilantin	Malarone
Advair Diskus QLL	Diovan	Maxalt QD
Advair HFA QLL	Diovan HCT	Maxalt MLTQD
Advicor	Divigel	Methergine
Aldara	Dovonex	Metrogel
Alphagan P	Duetact	Metrolootion
Altace Tablet	Effexor XR N	Micardis
Altoprev	Elestat	Micardis HCT
Androderm QD	Elmiron	Mirapex
Androgel QD	Emend QLL	Nasonex QLL
Antabuse 250mg	Enablex	Neoral
Antara	Enbrel QLL/QD, N	Neupogen
Aranesp QD, N	Enjuvia	Niaspan
Aricept	Entocort EC	Novolin Pens/Cartridges
Aricept ODT	Epipen QLL	Novolog Pens/Cartridges
Arimidex	Epipen Jr. QLL	Nutropin/AQ QLL/QD, N
Arixtra QLL	Epogen QD, N	Nuvaring QLL
Asacol	Esclim	Nystatin Powder
Astelin QLL	Estraderm	Optivar
Atrovent Inhaler	Estratest	Ortho Tri-Cyclen Lo
Avandamet	Estratest H.S.	Ortho-Prefest
Avandaryl	Estring QLL	Oxycontin QLL/QD
Avandia	Evamist	Oxytrol
Avonex QD	Evista	Pegasys QLL, N
Axid Oral Solution	Femara	Peg-Intron QLL, N
Azelex	Flomax	Plavix
Azmacort	Flovent QLL	Prandin
Azor	Flovent HFA QLL	Precare
Bactroban Cream, Nasal Ointment	Forteo QLL, N	Premarin
Benicar	Fosamax Plus D QLL	Premphase
Benicar HCT	Fosrenol	Prempro
Benzamycin	Frova QD	Prevacid Solutab N
Betaseron QLL	Gabitril	Prevpac
Betoptic S	Geodon	Procrit QD, N
Boniva QLL	Glucagon Emergency Kit QLL	Proctofoam-HC
Byetta QLL	Grifulvin V Tablet	Prograf
Bystolic	Humalog Pens/Cartridges	Prometrium
Canasa	Humira QLL/QD, N	Protopic N
Capex Shampoo	Humulin Pens/Cartridges	Pulmicort Respules QLL
Carac Cream	Hyzaar	Pylera
Cardizem LA	Intal QLL	Ranexa
Casodex	Janumet	Relpax QD
Cenestin	Januvia	Renagel
Ciprodex	Lanoxin	Retin-A Micro
Cleocin Vaginal Suppositories	Lantus Vials	Roferon A QLL, N
Climara	Levaquin	Saizen QLL/QD, N
Clindesse	Levemir	Sanctura XR
Combigan	Lexapro N	Serevent QLL
Combivent QLL	Lidoderm QLL	Serevent Diskus QLL
Concerta QLL, N	Lindane	Seroquel
Copaxone QLL	Lipitor	Seroquel XR
	Lo/Ovral	Simcor

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier Two

Singulair
Soriatane
Spiriva **QLL**
Strattera **QLL, N**
Sular 8.5, 10, 17, 25.5, 34mg only
Symbyax
Synthroid
Tazorac **QLL**
Tegretol
Tegretol XR
Testim 1% **QLL**
Tev-Tropin **QLL/QD, N**
Tilade **QLL**
Topamax
Travatan
Travatan Z
Tricor Tablet
Triglide
Twinject **QLL**
Urso
Urso Forte
Vagifem
Valtrex
Vesicare
Vivelle
Vivelle-Dot
Voltaren Gel
Vyvanse **QLL/QD, N**
Vytorin
Welchol
Yaz
Zegerid **N**
Zomig **QD**
Zomig MLT **QD**
Zomig Nasal Spray **QD**
Zovirax Ointment, Cream
Zylet
Zyprexa (Zydis = Tier 3)

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier Three

Abilify	Cytomel	Menest
Accolate	Daytrana QLL, N	Mentax
Aclovate	Denavir	Mesnex
Accu-Check System QD	Derma-Smoothe/FS	Metadate CD QLL, N
Accu-Check Test Strips QLL	Detrol	Miacalcin Nasal Spray
Actiq QLL/QD, N	Detrol LA	Mircette
Acular	Differin N	Modicon
Aggrenox	Diprolene	Naftin
Allegra ODT	Doryx	Nasacort
Allegra Suspension	Dostinex	Nasacort AQ QLL
Allegra-D	Duac	Natelle
Alocril	Duac CS	Nestabs RX
Alomide	Efudex Cream	Nexium N
Alora	Elidel N	Nitrostat
Ambien CR QLL/QD, N	Elocon	Nordette
Amerge QD	Estrostep FE	Norditropin QLL/QD, N
Analpram-HC	Exforge	Noritate
Angeliq	Extendryl SR	Nulev
Armour Thyroid	Factive	Nulytely
Arthrotec	Famvir	Omnitrope QLL/QD, N
Ascensia Autodisc QLL	FemHRT	Oraped ODT
Ascensia Elite QLL	Fenoglide	Ortho Evra QLL/QD
Atacand	Finacea	Ortho Micronor
Atacand HCT	Focalin XR QLL, N	Ortho Tri-Cyclen
Augmentin XR	Genotropin QLL/QD, N	Ortho-Cept
Avalide	Gynazole-1	Ortho-Cyclen
Avapro	Gynodiol 1.5mg Tablet	Ortho-Novum
Avelox	Humatrope QLL/QD, N	Oscion
Avinza QLL/QD	Humibid DM	Ovcon-35
Avodart N	Humibid LA	Ovcon-50
Axert QD	Inderal LA	Oxistat
Beconase AQ QLL	Intron A QLL, N	Pataday
Benzaclin	Invega	Patanase
Blephamide Eye Drops	Kadian QLL/QD	Patanol
Caduet	Kineret QLL/QD, N	Paxil CR N
Carbatrol	Keppra XR	Penlac
Carfate Suspension	Ketek	Pentasa
Catapres-TTS	Klaron	Periostat
Celebrex	Lantus Solostar	Plexion
Cenogen Ultra	Lescol	Ponstel
Cesamet QD	Lescol XL	Precare Conceive
Chemstrip BG Test Strips QLL	Levitra QD	Precare Prenatal
Cialis QD	Levothyroid	Premesis RX
Ciloxin Ophthalmic Ointment	Lialda	Prenate Advance
Cipro HC	Lipofen	Prenate GT
Clarinet	Locoid	Prevacid Capsule N
Clarinet D	Locoid Lipocream	Prevacid Naprapac N
Climara Pro	Loestrin	Primacare
Clindagel	Loestrin FE	Pristiq N
Colazal	Loprox	ProAir HFA QLL
Colyte	Lotemax	Proventil HFA QLL
Combipatch	Lovaza	Provigil QLL, N
Combunox QLL	Lunesta QD, N	Prozac Weekly N
Coreg CR	Luvox CR N	Quixin
Cosopt	Luxiq	Rebif QLL
Covera-HS	Lyrica N	Relenza
Cutivate	Mavik	Requip XL
	Maxair Autohaler QLL	Restasis N

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Tier Three

Restoril 7.5, 22.5mg
Rhinocort Aqua **QLL**
Ritalin LA **QLL, N**
Rosanil
Rozerem **QD, N**
Sanctura
Sancuso
Seasonique **QD**
Sensipar
Skelaxin
Soma 250mg
Starlix
Stavzor
Symlin **QLL**
Tamiflu **QLL/QD**
Tarka
Tekturna
Tekturna HCT
Tequin
Teveten
Theo-24
Tobradex
Tracer BG Test Strips **QLL**
Transderm-Scop
Treximet **QD**
Tri-Norinyl
Triaz
Tussionex
Uniretic
Uroxatral
Vantin
Venlafaxine Extended Release
Ventolin HFA **QLL**
Viagra **QD**
Vigamox
Visicol
Xalatan
Xopenex Solution
Xyzal
Zetia
Zmax
Zymar

NOTE:

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

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Additional Tier Three drugs with a generic equivalent in Tier One

Activella (Estradiol/Norethindrone Acetate)	Diffucan 50, 100, 200mg Tablet (Fluconazole)	Metrogel Vaginal (Metronidazole Vaginal Gel)
Adderall QLL/QD, N (Amphetamine with Dextroamphetamine Salt Combination QLL/QD, N)	Diffucan 150mg (Fluconazole)	Mevacor (Lovastatin)
Adderall XR QLL, N (Amphetamine/ Dextroamphetamine QLL, N)	Diprolene AF (Betamethasone Dipropionate Augmented Cream)	Mobic (Meloxicam)
Aldactone (Spironolactone)	Ditropan XL (Oxybutynin Sustained Release)	Monopril (Fosinopril)
Allegra QLL/QD (Fexofenadine QLL/QD)	Duragesic QLL/QD (Fentanyl Transdermal System QLL/QD)	Motrin (Ibuprofen) - Prescription strengths only
Altace Capsules (Ramapril Capsule)	Duricef (Cefadroxil)	Mycelex Troche (Clotrimazole Troche)
Amaryl (Glimepiride)	Dyazide (Triamterene with Hydrochlorothiazide)	Naprosyn (Naproxen) - Prescription strengths only
Ambien QD, N (Zolpidem QD)	Dynacirc (Isradipine)	Neurontin Capsule, Tablet (Gabapentin)
Anaprox (Naproxen)	Effexor N (Venlafaxine)	Nizoral (Ketoconazole)
Arava (Leflunomide)	Elocon Cream, Ointment, Solution (Mometasone)	Norvasc (Amlodipine)
Ativan (Lorazepam)	Eskalith CR (Lithium Carbonate Controlled Release)	Ocuflox Eye Drops (Ofloxacin)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Fioricet (Butalbital with Acetaminophen and Caffeine)	Omnicef (Cefdinir)
Biaxin (Clarithromycin)	Flexeril (Cyclobenzaprine)	Paxil N (Paroxetine)
Biaxin XL (Clarithromycin Extended Release)	Flonase QLL (Fluticasone Nasal Spray QLL)	Paxil CR N (Paroxetine HCl Extended Release)
Buspar (Buspirone)	Fosamax QLL/QD (Alendronate QLL/QD)	Percocet 5-325, 7.5-500, 10-650 QLL/QD (Oxycodone with Acetaminophen QLL/QD)
Calan, Calan SR (Verapamil)	Glucophage, XR (Metformin)	PhosLo (Calcium Acetate 667mg)
Capoten (Captopril)	Glucotrol, XL (Glipizide)	Plendil (Felodipine)
Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour Capsule)	Glucovance (Glyburide with Metformin)	Pletal (Cilostazol)
Cardura (Doxazosin)	Hytrin (Terazosin)	Pravachol (Pravastatin)
Ceftin (Cefuroxime)	Imitrex Injection QLL (Sumatriptan Injection QLL)	Precose (Acarbose)
Cefzil (Cefprozil)	Imitrex Tablet QLL (Sumatriptan Tablet QLL)	Prinivil, Zestril (Lisinopril)
Celexa N (Citalopram)	Inderal (Propranolol)	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)
Ciloxan Eye Drops (Ciprofloxacin)	Keflex (Cephalexin)	Procardia XL (Nifedipine Extended Release)
Cipro (Ciprofloxacin)	Keppra (Levetiracetam)	Proscar N (Finasteride N)
Cipro XR (Ciprofloxacin)	Klonopin (Clonazepam)	Protonix N (Pantoprazole N)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Kytril QLL (Granisetron QLL)	Provera (Medroxyprogesterone)
Colazal (Balsalazide Disodium)	Lamictal (Lamotrigine)	Prozac N (Fluoxetine)
Colestid (Colestipol)	Lamisil Tablet (Terbinafine)	Rebetol QLL, N (Ribavirin QLL, N)
Colestid Packets (Colestipol Packets)	Lasix (Furosemide)	Remeron (Mirtazapine)
Copegus QLL, N (Ribavirin QLL, N)	Lithobid (Lithium Carbonate Extended Release)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Coreg (Carvedilol)	Lopid (Gemfibrozil)	Requip (Ropinirole)
Darvocet-N QLL/QD (Propoxyphene with Acetaminophen QLL/QD)	Lopressor (Metoprolol)	Restoril 15, 30mg (Temazepam)
DDAVP (Desmopressin)	Lotensin (Benazepril)	Risperdal (Risperidone)
Depakote (Divalproex Sodium)	Lotensin HCT (Benazepril with Hydrochlorothiazide)	Ritalin QLL/QD, N (Methylphenidate QLL/QD, N)
Depakote ER (Divalproex Sodium Tablet, Sustained Release)	Lotrel (Amlodipine/Benazepril)	Ritalin SR QLL/QD, N (Methylphenidate Extended Release QLL/QD, N)
Depakote Sprinkle (Divalproex Sodium Capsule, Sprinkle)	Lotrisone (Betamethasone with Clotrimazole)	Robinul Forte (Glycopyrrolate)
Depo Provera QLL (Medroxyprogesterone 150mg/ml QLL)	Macrobid (Nitrofurantoin/ Nitrofurantoin Macrocrystal)	Sarafem (Fluoxetine)
Dexdrine SR QLL/QD, N (Dextroamphetamine Sustained Release Capsule QLL/QD, N)	Medrol Dosepak (Methylprednisolone)	Sonata QLL/QD, N (Zaleplon QLL/QD)
DiaBeta, Micronase, Glynese (Glyburide)	Metaglip (Glipizide with Metformin)	Sporanox QD (Itraconazole QD)
Didronel (Etidronate Disodium)	Metrocream (Metronidazole Cream)	Sular (Nisoldipine Extended Release 20, 30, 40mg only)

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.

2009 State Health Benefit Plan (SHBP) Prescription Drug List for PPO

Additional Tier Three drugs with a generic equivalent in Tier One

Toprol XL (Metoprolol Sustained Release)
Trileptal (Oxcarbazepine)
Trusopt (Dorzolamide HCl 2%)
Tylenol #3 **QLL/QD** (Acetaminophen with Codeine **QLL/QD**)
Ultracet (Tramadol with Acetaminophen)
Ultram (Tramadol)
Ultravate Cream, Ointment (Halobetasol Propionate)
Univasc (Moexipril)
Valium (Diazepam)
Vaseretic (Enalapril with Hydrochlorothiazide)
Vasotec (Enalapril)
Vicodin **QLL/QD**, Vicodin ES **QLL/QD** (Acetaminophen with Hydrocodone **QLL/QD**)
Vicoprofen (Ibuprofen with Hydrocodone)
Voltaren (Diclofenac)
Voltaren Tablet (Diclofenac)
Wellbutrin **N** (Bupropion **N**)
Wellbutrin SR **N** (Bupropion Sustained Release **N**)
Wellbutrin XL **N** (Bupropion HCl XL **N**)
Xanax, Xanax XR (Alprazolam)
Yasmin (Ocella)
Zantac Syrup (Ranitidine Syrup)
Ziac (Bisoprolol with Hydrochlorothiazide)
Zithromax Tablet (Azithromycin Tablet)
Zocor (Simvastatin)
Zofran **QLL** (Ondansetron **QLL**)
Zofran ODT **QLL** (Ondansetron **QLL**)
Zoloft **N** (Sertraline)
Zonegran (Zonisamide)
Zovirax Tablet, Capsule, Suspension (Acyclovir)

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

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

QD = Quantity Duration. Some medications have a limited amount that can be covered for a specific period of time.

QLL = Quantity Level Limit. Some medications have a limited amount that can be covered at one time.

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2009 THROUGH DEC. 31, 2009. THIS LIST IS SUBJECT TO CHANGE.