

# 2008 Prescription Drug List Reference Guide

**The UnitedHealthcare pharmacy benefit offers you flexibility and choice in the prescription medications available to you. Understanding your Prescription Drug List will help you make more informed decisions about prescription medications.**

This guide will help you understand these choices. It will also enable you to ask your doctor or pharmacist the right questions regarding your medication needs. Our goal is to provide information that will help you make informed decisions regarding medications for you and your family.

Below you will find some common questions people have asked regarding UnitedHealthcare's pharmacy benefit. If you have pharmacy benefit coverage with UnitedHealthcare, please visit us at [www.uhcsr.com](http://www.uhcsr.com) or call the Customer Service number on your ID card for additional information. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, you may access [www.uhcsr.com](http://www.uhcsr.com) for additional information during your open enrollment period or you may contact your health plan for additional information.

## **What is a Prescription Drug List?**

A Prescription Drug List (PDL) is a list of Food and Drug Administration (FDA)-approved brand-name and generic medications.

The UnitedHealthcare pharmacy benefit is designed to provide you with coverage for a comprehensive selection of prescription medications. This guide lists the most commonly prescribed medications for certain conditions. You and your doctor may refer to this list to consider prescription medication choices and select the appropriate medication to meet your needs.

Keep in mind that the benefit plan documents provided by your health plan may include a Summary Plan Description or a Certificate of Coverage, and a Pharmacy Rider. These documents define your pharmacy coverage and may exclude coverage for certain medications listed in the PDL found in this guide. If you do not have the benefit plan documents, please contact your health plan for this information.

## **What are tier designations and how do they affect what I actually pay at the pharmacy?**

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, which is an amount you pay when you fill a prescription at a participating retail pharmacy or refill your ongoing prescription through the network mail-order pharmacy service. Your health plan sets the actual copayment amounts for the medications covered under your pharmacy benefit. Consult the benefit plan documents provided by your health plan for more specific information about the copayments, coinsurance, and deductibles that may apply to your pharmacy benefit coverage.

### **Your Lowest-Cost Option**

**Tier 1** 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 appropriate for your treatment.

### **Midrange-Cost Option**

**Tier 2** is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is the most appropriate to treat your condition.

### **Your Highest-Cost Option**

**Tier 3** is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2. 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 appropriate for your treatment. Compounded medications, those medications containing one or more ingredients that are prepared “on-site” by a pharmacist, are classified at the Tier 3 level, provided that the individual ingredients used in compounding are covered under the pharmacy benefit.

***Please note:** Some plans have a two-tier pharmacy benefit rather than a three-tier pharmacy benefit. Generally, a two-tier closed pharmacy benefit plan does not cover medications classified in Tier 3 of this PDL. A two-tier open pharmacy benefit plan covers one tier at the lower copayment and covers a second tier at a higher copayment.*

*In addition, some plans have a four-tier prescription plan. Refer to your enrollment materials, check the Drug Pricing / Coverage information on [www.uhcsr.com](http://www.uhcsr.com), or call the Customer Service number on your ID card for more information about your benefit plan.*

### **Who decides which medications get placed in which tier?**

The UnitedHealthcare PDL Management Committee makes tier placement decisions to help ensure access to a wide range of medications and control health care costs for you and your health plan. You and your doctor decide which medication is appropriate for you.

### **How often will prescription medications change tiers?**

While medications change tiers infrequently, such changes may occur up to six times per calendar year, depending on your benefit. 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. However, if you have pharmacy benefit coverage with UnitedHealthcare, you may visit our Web site, [www.uhcsr.com](http://www.uhcsr.com), or call the Customer Service number on your ID card for copayment information about a particular medication.

### **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 a chemically equivalent medication.

Before a generic medication can be sold, the FDA must be satisfied that the medication contains the same active ingredients in the same strength as the brand-name equivalent. It must also meet the same quality standards. Many companies that make brand-name medications also produce and market generic medications that are equivalent to the branded products.

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. You and your health plan may save money if you and your doctor decide the generic medication is right for you.

### **Why is the medication that I am currently taking no longer covered?**

Medications may be excluded from coverage under your pharmacy benefit.

Your doctor can recommend either an over-the-counter medication or a prescription medication for your treatment. You can purchase an over-the-counter medication at your local pharmacy without a prescription.

### **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 out-of-pocket expense for prescription medications.

### **Why are there “notations” next to certain medications in the PDL, and what do they mean?**

Certain medications in this guide have a notation, N (for “notification”). The specific definition for this notation is listed at the bottom of each page of the PDL. Please call Customer Service if you need additional information about notations.

### **How do I access updated information about my pharmacy benefit?**

Since the PDL may change periodically, we encourage you to visit [www.uhcsr.com](http://www.uhcsr.com) or call the Customer Service number on your ID card for the most current information. In addition to information about your pharmacy benefit, [www.uhcsr.com](http://www.uhcsr.com) is your online resource for a variety of health and wellness topics. The site is designed to help you make informed health care decisions for you and your family.

With [www.uhcsr.com](http://www.uhcsr.com), you can view your prescription claims history, compare costs of medications to identify cost-saving opportunities, and contact a registered pharmacist seven days a week.

## How do I find information about my pharmacy benefit on [www.uhcsr.com](http://www.uhcsr.com)?

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your coverage by visiting [www.uhcsr.com](http://www.uhcsr.com). After logging in to “My Account”, click on the “Pharmacy” link, and follow the instructions for initial registration. Once registered, you can log in and click on the Prescriptions tab, then on Drug Pricing / Coverage, and you will have access to copayment, pricing, and coverage information on most prescription medications. You will also have access to the following information.

- 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, side effects, etc.

At [www.uhcsr.com](http://www.uhcsr.com), you will also be able to:

- Locate a participating retail pharmacy by zip code
- Review your prescription history

If mail order is included in your pharmacy benefit, you can also:

- Access [www.uhcsr.com](http://www.uhcsr.com) to refill prescriptions
- Check the status of your order
- Set up e-mail reminders for refills
- Manage your account

## What if I still have questions?

If you have pharmacy benefit coverage with UnitedHealthcare and you have additional questions about your pharmacy benefit, please call the Customer Service number on your ID card. Representatives are available to assist you from 7 a.m. to 6 p.m. CST, except Thanksgiving and Christmas. If you are not currently enrolled with UnitedHealthcare for pharmacy benefit coverage, please contact your health plan for additional information about the UnitedHealthcare pharmacy benefit.

## Key points to remember

Your doctor may be able to help you save money by prescribing medications in Tier 1 and Tier 2 of the PDL. You and your doctor always make the decisions regarding your treatment. Here are some practical suggestions for getting the most out of your pharmacy benefit:

- Bring this PDL guide to your doctor appointments and ask your doctor to refer to the PDL when prescribing medications. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective and affordable use of your pharmacy benefit.
- If you would like information about your specific benefit plan, please visit [www.uhcsr.com](http://www.uhcsr.com). Once you have logged in, click on “Prescriptions.”
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## Tier One

Acetaminophen with Codeine	Clotrimazole with Betamethasone	Ibuprofen with Hydrocodone
Acetaminophen with Hydrocodone	Colestipol	Imipramine
Acyclovir Tablet, Capsule, Suspension	Cromolyn	Indapamide
Alendronate	Cyclobenzaprine	Indomethacin
Allopurinol	Desmopressin	Isosorbide
Alprazolam	Diazepam	Isotretinoin
Alprazolam Extended Release	Diclofenac	Isradipine
Amitriptyline	Diclofenac Sodium Drops	Ketoconazole
Amlodipine Besylate	Dicyclomine	Leflunomide
Amlodipine and Benazepril	Digoxin	Leuprolide
Amoxicillin	Diltiazem	Levonorgestrel-Ethinyl Estradiol Tablet, Dosepack, 3 Month
Amoxicillin with Potassium Clavulanate	Doxazosin	Levothyroxine
Amphetamine with Dextroamphetamine Salt Combination	Doxepin	Levoxyl
Ampicillin	Doxycycline	Lisinopril
Asmanex	Enalapril	Lisinopril with Hydrochlorothiazide
Atenolol	Enalapril with Hydrochlorothiazide	Lithium Carbonate
Atenolol with Chlorthalidone	Erythromycin	Lorazepam
Azithromycin	Estradiol Patch	Lovastatin
Balsalazide Disodium	Estropipate	Maxalt
Bisoprolol with Hydrochlorothiazide	Etidronate Disodium	Maxalt MLT
Bupropion	Etodolac	Medroxyprogesterone 150mg/ml
Bupropion Sustained Action	Famciclovir	Medroxyprogesterone Tablet
Bupropion Sustained Release 24 Hour 300mg	Felodipine	Meloxicam
Buspirone	Fenofibrate	Mesalamine Enema
Butalbital with Acetaminophen & Caffeine	Fentanyl Citrate Lollipop	Metformin
Butorphanol Nasal Spray	Fentanyl Transdermal System	Metformin Extended Release
Cabergoline	Fexofenadine	Methocarbamol
Captopril	Finasteride	Methotrexate
Carbamazepine	Fluconazole 50, 100, 200mg	Methylphenidate
Carisoprodol	Fluconazole 150mg	Methylphenidate Extended Release
Carvedilol	Fluocinonide	Methylprednisolone
Cefaclor	Flunisolide Nasal Spray	Metoclopramide
Cefadroxil	Fluoxetine	Metoprolol
Cefdinir	Flurazepam	Metoprolol Succinate Sustained Release
Cefprozil	Fluticasone Nasal Spray	Metronidazole
Cefuroxime	Folic Acid	Metronidazole Cream
Cephalexin	Foradil	Metronidazole Vaginal Gel
Chlorhexidine	Fortical	Minocycline
Ciclopirox Solution, Topical	Fosinopril	Mirtazapine
Cilostazol	Fosinopril with Hydrochlorothiazide	Mirtazapine Dispersible Tablet
Ciprofloxacin	Frova	Moexipril
Ciprofloxacin Tablet, Sustained Release, 24 Hour	Furosemide	Nabumetone
Citalopram	Gabapentin Capsule, Tablet	Nadolol
Clarithromycin	Gemfibrozil	Naproxen - Prescription strengths only
Clarithromycin XL	Gentamicin	Neomycin/Polymyxin/Hydrocortisone
Clindamycin Capsule	Glimepiride	Nifedipine
Clindamycin Gel, Solution, Lotion, Swabs	Glipizide	Nifedipine Controlled Release Tablet
Clindamycin Vaginal Cream	Glipizide Extended Release	Nifedipine Extended Release
Clobetasol	Glipizide with Metformin	Nortriptyline
Clonazepam	Glyburide	Novolin Vials
Clonidine	Glyburide with Metformin	Novolog Vials
	Glycopyrrolate	Nystatin
	Granisetron Tablet	Nystatin with Triamcinolone
	Hydrochlorothiazide	Ofloxacin Eye Drops
	Hydroxychloroquine	Ofloxacin Otic Drops
	Hydroxyzine	
	Ibuprofen - Prescription strengths only	

Some medications are noted with **N**. 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.

# 2008 Prescription Drug List Reference Guide

Omeprazole	Triazolam
Ondansetron	Venlafaxine
Orapred Oral Solution	Verapamil
Orphenadrine	Warfarin
Orphenadrine Compound	Xopenex HFA
Oxandrolone	Zolpidem
Oxcarbazepine	Zomig
Oxybutynin	Zomig ZMT
Oxybutynin Sustained Release	Zonisamide
Oxycodone with Acetaminophen	
Oxycodone with Ibuprofen	
Pantoprazole	
Paroxetine	
Penicillin V Potassium	
Phenytoin	
Piroxicam	
Polymyxin B with Trimethoprim	
Potassium Chloride	
Potassium Citrate	
Pravastatin	
Prazosin	
Prednisone	
Primidone	
Promethazine	
Promethazine with Codeine	
Propoxyphene with Acetaminophen	
Propranolol Sustained Action Capsule	
Propranolol Tablet	
Pulmicort Flexhaler	
Pulmicort Turbuhaler	
Quinapril	
Quinapril with Hydrochlorothiazide	
QVAR	
Ramipril Capsule	
Ranitidine Syrup	
Relpax	
Sertraline	
Simvastatin	
Spironolactone	
Sulfamethoxazole with Trimethoprim	
Sulindac	
Tamoxifen	
Temazepam	
Terazosin	
Terbinafine Tablet	
Terconazole Cream	
Terconazole Suppository	
Tetracycline	
Theophylline	
Tolmetin	
Tramadol	
Tramadol with Acetaminophen	
Trandolapril	
Trazodone	
Triamcinolone	
Triamterene with Hydrochlorothiazide	
Trimipramine Maleate	

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# 2008 Prescription Drug List Reference Guide

## Tier Two

Aceon	Levemir Vials
Aciphex	Lidoderm
Activella	Lipitor
Actonel	Lo/Ovral
Actonel with Calcium	Lofibra Tablet
Actoplus Met	Lumigan
Actos	Micardis
Adderall XR	Micardis HCT
Advicor	Nasonex
Alesse	Niaspan
Alphagan P	Oxycontin
Altace	Oxytrol
Altoprev	Plavix
Antara	Precare
Asacol	Prefest
Astelin	Premarin
Avandamet	Premphase
Avandaryl	Prempro
Avandia	Prevacid Solutab
Axid Oral Solution	Prometrium
Benicar	Protonix
Benicar HCT	Protopac
Boniva	Pulmicort Respules
Byetta	Ranexa
Cardizem LA	Risperdal (M-Tab = Tier 3)
Cenestin	Seroquel
Climara	Singulair
Clindesse	Spiriva
Coumadin	Sular
Cozaar	Symbyax
Crestor	Synthroid
Depakote	Tegretol
Depakote ER	Tegretol XR
Dilantin	Tilade
Diovan	Travatan
Diovan HCT	Travatan Z
Duetact	Tricor Tablet
Effexor XR	Triglide
Emend	Trileptal
Enablex	Triphasil
Enjuvia	Twinject
Esclim	Valtrex
Estraderm	Vesicare
Estratest	Vivelle
Estratest H.S.	Vivelle Dot
Estring	Vytorin
Evista	Vyvanse
Fosamax Plus D	Yasmin
Geodon	Yaz
Hyzaar	Zegerid
Imitrex Injection	Zomig Nasal Spray
Janumet	Zylet
Januvia	Zyprexa (Zydis = Tier 3)
Lanoxin	
Lantus Vials	
Levaquin	

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# 2008 Prescription Drug List Reference Guide

## Tier Three

Abilify  
 Accolate  
 Advair Diskus  
 Advair HFA  
 Allegra ODT  
*Allegra Suspension Excluded*  
*Allegra-D Excluded*  
 Ambien CR  
 Amerge  
 Anzemet  
 Armour Thyroid  
 Atacand  
 Augmentin XR  
 Avapro  
 Avelox  
 Axert  
 Azmacort  
 Beconase AQ  
 Catapres-TTS  
 Celebrex  
 Cesamet  
 Cialis **N**  
*Clarinex Excluded*  
*Clarinex-D Excluded*  
 Climara Pro  
 Combipatch  
 Combivent  
 Concerta  
 Coreg CR  
 Cosopt  
 Cyclessa  
 Cymbalta  
 Daytrana  
 Desogen  
 Detrol LA  
 Differin **N**  
 Elidel  
 Epipen  
 Epipen Jr.  
 Estrostep FE  
 Factive  
 FemHRT  
 Fentora  
 Flomax  
 Flovent HFA  
 Focalin  
 Focalin XR  
 Glumetza  
 Humalog  
 Humulin  
 Imitrex Nasal Spray  
 Imitrex Tablet  
 Invega  
 Lamictal  
 Lantus SoloStar  
 Lescol

Levemir Pen  
 Levitra **N**  
 Levothroid  
 Lexapro  
 Lialda  
 Loestrin  
 Loestrin FE  
 Lotensin  
 Lovaza  
 Lunesta  
 Lybrel  
 Lyrica  
 Metadate CD  
 Mircette  
 Modicon  
 Nasacort AQ  
*Nexium Excluded*  
 Nordette  
 Orapred ODT  
 Ortho Evra  
 Ortho Tri-Cyclen  
 Ortho Tri-Cyclen Lo  
 Ortho-Cept  
 Ortho-Cyclen  
 Ortho-Novum  
 Oscion  
 Patanol  
 Paxil CR  
 Pexeva  
*Prevacid Capsule Excluded*  
 ProAir HFA  
 Proventil HFA  
 Restoril 7.5, 22.5mg  
 Rhinocort AQ  
 Ritalin LA  
 Rozerem  
 Sanctura  
 Seasonique  
 Serevent Diskus  
 Skelaxin  
 Sonata  
 Strattera  
 Symlin  
 Tekturna  
 Tequin  
 Teveten  
 Tobradex  
 Topamax  
*Triaz Excluded*  
 Uroxatral  
 Vantin  
 Ventolin HFA  
 Viagra **N**  
 Wellbutrin XL 150mg  
 Xalatan  
 Xopenex Solution  
 Xyzal

Zetia  
 Zmax

### NOTE:

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

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**Excluded =** Many benefit plans exclude coverage of medications that are classified by the Pharmacy and Therapeutics Committee as therapeutically equivalent to over-the-counter medications. Check your benefit plan documents for coverage information or call the Customer Care number on your ID card for more information.

# 2008 Prescription Drug List Reference Guide

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

Accupril (Quinapril)	Effexor (Venlafaxine)	Remeron (Mirtazapine)
Actiq (Fentanyl Citrate Lollipop)	Eskalith CR (Lithium Carbonate Controlled Release)	Remeron SolTab (Mirtazapine Dispersible Tablet)
Adderall (Amphetamine with Dextroamphetamine Salt Combination)	Famvir (Famciclovir)	Restoril 15, 30mg (Temazepam)
Aldactone (Spironolactone)	Fioricet (Butalbital with Acetaminophen and Caffeine)	Ritalin (Methylphenidate)
Allegra (Fexofenadine)	Flonase (Fluticasone Nasal Spray)	Ritalin SR (Methylphenidate Extended Release)
Amaryl (Glimepiride)	Floxin Otic (Ofloxacin Otic Drops)	Surmontil (Trimipramine Maleate)
Ambien (Zolpidem)	Fosamax (Alendronate)	Tenormin (Atenolol)
Anaprox (Naproxen)	Glucophage, XR (Metformin)	Tenoretic (Atenolol with Chlorthalidone)
Ativan (Lorazepam)	Glucotrol, XL (Glipizide)	Terazol (Terconazole)
Augmentin ES (Amoxicillin with Potassium Clavulanate)	Glucovance (Glyburide with Metformin)	Tiazac (Diltiazem)
Biaxin (Clarithromycin)	Hytrin (Terazosin)	Toprol XL (Metoprolol Succinate Sustained Release)
Biaxin XL (Clarithromycin XL)	Inderal (Propranolol)	Trileptal (Oxcarbazepine)
Buspar (Buspirone)	Inderal LA (Propranolol Sustained Action Capsule)	Tylenol #3 (Acetaminophen with Codeine)
Calan, Calan SR (Verapamil)	Keflex (Cephalexin)	Ultracet (Tramadol with Acetaminophen)
Capoten (Captopril)	Klonopin (Clonazepam)	Ultram (Tramadol)
Cardizem CD except for 360mg strength (Diltiazem Sustained Release 24 Hour Capsule)	Kytril Tablet (Granisetron Tablet)	Univasc (Moexipril)
Cardura (Doxazosin)	Lamisil Tablet (Terbinafine Tablet)	Valium (Diazepam)
Ceftin (Cefuroxime)	Lasix (Furosemide)	Vaseretic (Enalapril with Hydrochlorothiazide)
Cefzil (Cefprozil)	Lopid (Gemfibrozil)	Vasotec (Enalapril)
Celexa (Citalopram)	Lopressor (Metoprolol)	Verelan PM (Verapamil Sustained Release)
Ciloxan Eye Drops (Ciprofloxacin)	Lotrel (Amlodipine and Benazepril)	Vicodin, Vicodin ES (Acetaminophen with Hydrocodone)
Cipro (Ciprofloxacin)	Mavik (Trandolapril)	Vicoprofen (Ibuprofen with Hydrocodone)
Cipro XR (Ciprofloxacin Tablet, Sustained Release, 24 Hour)	Medrol Dosepak (Methylprednisolone)	Voltaren Eye Drops (Diclofenac Sodium Drops)
Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs)	Metaglip (Glipizide with Metformin)	Voltaren Tablet (Diclofenac)
Colazal (Balsalazide Disodium)	Mevacor (Lovastatin)	Wellbutrin (Bupropion)
Colestid (Colestipol)	Mobic (Meloxicam)	Wellbutrin SR (Bupropion Sustained Action)
Coreg (Carvedilol)	Monopril (Fosinopril)	Wellbutrin XL 300mg (Bupropion Sustained Release 24 Hour)
Darvocet-N (Propoxyphene with Acetaminophen)	Monopril HCT (Fosinopril with Hydrochlorothiazide)	Xanax, Xanax XR (Alprazolam)
DDAVP (Desmopressin)	Motrin (Ibuprofen) - Prescription strengths only	Zantac Syrup (Ranitidine Syrup)
Depo-Provera (Medroxyprogesterone Acetate 150mg/ml)	Naprosyn (Naproxen) - Prescription strengths only	Ziac (Bisoprolol with Hydrochlorothiazide)
DiaBeta, Micronase, Glynase (Glyburide)	Nasalide, Nasarel (Flunisolide Nasal Spray)	Zithromax (Azithromycin)
Didronel (Etidronate Disodium)	Neurontin Capsule, Tablet (Gabapentin)	Zocor (Simvastatin)
Diflucan 50, 100, 200mg Tablet (Fluconazole)	Norvasc (Amlodipine)	Zofran (Ondansetron)
Diflucan 150mg (Fluconazole )	Ocuflox Eye Drops (Ofloxacin)	Zoloft (Sertraline)
Ditropan XL (Oxybutynin Sustained Release)	Omnicef (Cefdinir)	Zonegran (Zonisamide)
DuoNeb (Albuterol Sulfate/Ipratropium Solution, Non-Oral)	Paxil (Paroxetine)	Zovirax Capsule, Tablet, Suspension (Acyclovir)
Duragesic (Fentanyl Transdermal System)	Percocet 5-325, 7.5-500, 10-650 (Oxycodone with Acetaminophen)	
Duricef (Cefadroxil)	Plendil (Felodipine)	
Dyazide (Triamterene with Hydrochlorothiazide)	Pletal (Cilostazol)	
Dynacirc (Isradipine)	Pravachol (Pravastatin)	
	Prinivil, Zestril (Lisinopril)	
	Prinzide, Zestoretic (Lisinopril with Hydrochlorothiazide)	
	Procardia XL (Nifedipine Extended Release)	
	Proscar (Finasteride)	
	Provera (Medroxyprogesterone)	
	Prozac (Fluoxetine)	
	Relafen (Nabumetone)	

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