



Pennsylvania's Children's  
Health Insurance Program

**We Cover All Kids.**

*Commonwealth of Pennsylvania  
Edward G. Rendell, Governor*

Where children belong.



# Pharmacy Benefits

*UPMC for Kids*<sup>™</sup>

A Product of UPMC Health Plan



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UPMC *for Kids*<sup>™</sup>

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# Prescription Drug Program

The UPMC *for Kids*<sup>™</sup> formulary is a list of Food and Drug Administration (FDA) approved medications that the UPMC Health Plan Pharmacy and Therapeutics (P&T) Committee has developed.

The P&T Committee makes decisions about which medications to include in the UPMC *for Kids* Pharmacy Benefit program. The Committee, made up of physicians and pharmacists from communities throughout the UPMC Health Plan service area, decides which medications to cover based on a drug's safety, effectiveness, and cost.

The P&T Committee's job is to make sure that the UPMC *for Kids* Pharmacy Benefit program provides children with high-quality, cost-effective prescription medications. The P&T Committee reviews and updates the UPMC *for Kids* Pharmacy Benefit program regularly during the year. You can find information about these updates in the UPMC *for Kids* member newsletters and pharmacy mailings and on the UPMC *for Kids* website, [www.upmchealthplan.com/upmcforkids](http://www.upmchealthplan.com/upmcforkids).

Medications on the formulary (drug list) are covered (paid for) by UPMC *for Kids*. In this booklet are a list of covered prescription medications and a list of covered over-the-counter (OTC) medications. These lists include the most commonly used drugs and do not include every medication your doctor might prescribe. **UPMC *for Kids* may cover other drugs besides the drugs listed in this Pharmacy Benefits brochure.** The drugs on the formulary were selected because they are safe, work well, and cost less than other drugs that have the same level of effectiveness.

The amount of medication that your child may receive through the UPMC *for Kids* pharmacy program is based on the type of medication that was ordered. Specialty medications, controlled substances, and medications filled at a retail pharmacy are limited to a 30-day supply. Medications, except specialty medications and controlled substances, received through the mail-order program are limited to a 90-day supply. Prescription refills will be allowed for a maximum period of one year from the date the original medication was prescribed.

For maximum coverage, your doctor should prescribe medications from the formulary for your child. To have a prescription for a non-formulary medicine covered, your child's doctor must contact Member Services toll-free at 1-800-650-8762 to ask for a medical exception. The doctor should call Member Services before you go to the pharmacy.

Your child can get covered over-the-counter medications when the doctor writes a prescription for them. Please refer to the UPMC *for Kids* over-the-counter formulary for a listing of covered products.

If you have questions about the formulary, its use, or specific medications, call Member Services toll-free at 1-800-650-8762. TTY users should call 1-800-361-2629.

# Generic Medications

UPMC *for Kids* requires that generic medications be used when a generic is available. Generic drugs have the same active ingredients as their brand-name versions and are just as safe and effective. Doctors are encouraged to prescribe generic medications whenever clinically appropriate. If your child's doctor prescribes a drug by brand-name, Pennsylvania law permits the pharmacist to give you a generic version of that drug. If the doctor thinks your child needs the brand-name version of the drug, the doctor must call Member Services to request a medical exception.

## Step Therapy

Step therapy is a process that encourages the use of medications preferred by UPMC *for Kids* as the first course of treatment. If the preferred medication is not clinically effective or if the member suffers side effects, another medication may be approved as the second course of treatment.

## Once-Daily Medications

The FDA has approved some drugs to be taken once daily in a larger dose instead of several times a day in smaller doses. For these drugs, UPMC *for Kids* covers only one larger dose per day. Here is an example: The doctor writes a prescription for your child to take two 10-milligram (mg) doses of medicine each day, one in the morning and one in the evening. If the medication also comes in 20 mg strength, the pharmacist will substitute one 20 mg dose per day instead of two 10 mg doses per day for medications that are labeled to be taken once a day. If a medical reason prevents your child from taking medications once daily in the larger dose, the doctor should call Member Services at 1-800-650-8762 to request a medical exception.

## Medications Not Covered

Medications considered standard benefit exclusions by the Pennsylvania Children's Health Insurance Program (CHIP) will not be covered. This includes Drug Efficacy Study Implementation (DESI) drugs, experimental drugs, weight loss medications, infertility agents, and drugs used for cosmetic purposes. Other medications not covered are anabolic steroids, biologicals, blood or blood plasma, drugs labeled for investigational use, drugs used for hair growth, impotency drugs, and urine strips. There is no coverage for lost, stolen, or destroyed medications and for prescriptions that are over-refilled or dispensed after one year from the date the prescription was written. More information on medication exclusions is provided in the UPMC *for Kids* Exclusions list in your Welcome Kit. You can call Member Services at 1-800-650-8762 for a copy.

# Participating Pharmacies

The UPMC *for Kids* network includes many participating pharmacies across the UPMC *for Kids* service area that can fill your child's prescription. You can call Member Services at 1-800-650-8762 to help you find a participating pharmacy close to you or to request a list of participating pharmacies. You can also look for a pharmacy on the UPMC *for Kids* website at [www.upmchealthplan.com/upmcforkids](http://www.upmchealthplan.com/upmcforkids).

# Injectable Drugs

The UPMC *for Kids* pharmacy program covers prescriptions for specialty drugs and injectable medications through a preferred specialty vendor. Specialty medications are often used to treat complex clinical conditions and usually require close management by a physician because of their potential side effects and the need for frequent dosage adjustments. These medications are noted on the formulary. Please call Member Services at 1-800-650-8762 to request additional information.

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# Copayments

A copayment may be required for each medication. Copayments apply to covered prescriptions and over-the-counter medications. The amount of copayment that a member must pay for each prescription is determined by the CHIP program in which the child is enrolled.

If a medication is ordered through the mail-order program, a 90-day supply is provided and the member will only have to pay two copayments instead of three. Please see the section on mail order for more information.

The UPMC *for Kids* member identification (ID) card will have copayment information printed on the front. Members are responsible for copayments when the prescription is picked up at the pharmacy or when ordering a medication through the mail-order program.

The copayments for each of the CHIP coverage levels are listed below:

|                         | <i>Free CHIP</i> | <i>Low-cost CHIP</i>   | <i>At-cost CHIP</i>    |
|-------------------------|------------------|------------------------|------------------------|
| <b>Retail pharmacy:</b> |                  |                        |                        |
| Generic drug            | \$0              | \$6 for 30-day supply  | \$10 for 30-day supply |
| Brand-name drug         | \$0              | \$9 for 30-day supply  | \$18 for 30-day supply |
| <b>Mail order:</b>      |                  |                        |                        |
| Generic drug            | \$0              | \$12 for 90-day supply | \$20 for 90-day supply |
| Brand-name drug         | \$0              | \$18 for 90-day supply | \$36 for 90-day supply |

## Mail Order

UPMC *for Kids* members can take advantage of the mail-order program for medications that are taken on a routine basis. These are usually medications that treat a chronic or ongoing condition. Instead of a 30-day supply of the medication, the member receives a 90-day supply. If the member is responsible for copayments, as noted in the previous section, the member will only have to pay two copayments instead of three. Specialty medications, controlled substances, and over-the-counter medications cannot be ordered through the mail-order program. UPMC *for Kids* uses the Express Scripts (ESI) company for the mail-order program.

### Tips on using mail order

For a first-time prescription or a new medication, UPMC *for Kids* recommends that your child try a 30-day supply of the medication from a retail pharmacy before requesting a 90-day supply through the mail-order program. This gives your child's doctor a chance to see if the medication is the right dose and that it does not cause any side effects. This requirement provides that you will not have unnecessary copayments if your child's doctor needs to change the medication.

To use the mail-order program, ask your child's doctor to write a prescription for a 90-day supply of each of the routine medications that your child takes. If your child's prescription is a new medication, or if your child must start the medication immediately, remember to have your doctor write two prescriptions:

- One for the initial 30-day supply that you can take to a participating retail pharmacy so your child can start to take the medication and to see if it works for him or her.
- A second one for the longer 90-day ongoing supply of the medication. You will send this prescription to ESI to begin the mail-order program.

You can request a mail-order form by calling Member Services at 1-800-650-8762. TTY users should call 1-800-361-2629. On the mail-order form, fill out the patient information section for each new prescription you send. You must send the original paper prescription from your doctor with the form. New prescription slips must list your child's full name, date of birth, and address as well as the doctor's name and phone number.

## **Refills**

To avoid running out of a mail-order prescription, re-order a medication while your child still has enough medication for several weeks. It may take a few weeks to process and deliver the medication refill. Once you have a prescription sent to ESI, you can order refills through the mail or over the phone. You can reach the ESI customer service center by calling 1-877-787-6279. ESI representatives are available seven days a week to help you. TTY users can call ESI at 1-800-899-2114.

## **Mail-Order Copayments**

When you mail a request for a new prescription or a refill, if your child's CHIP coverage requires a copayment for prescription drugs, you must include your copayment in the mail-order envelope. You may pay by check, money order, or credit card (American Express, Discover, MasterCard, or Visa). Do not send cash. If you are ordering your child's refills by phone, you must pay by credit card.

## **Pharmacy Benefit Questions**

If you have questions about your child's pharmacy benefit, please call Member Services at 1-800-650-8762 Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call 1-800-361-2629.

# Prior Authorization Drugs

The following is a short list of drugs that require prior authorization, which means that the doctor must consult with UPMC *for Kids* before prescribing them for your child for the first time. These may be newer drugs on which UPMC *for Kids* wants to track usage, drugs not used as a standard first option in treating a medical condition, or drugs with potential side effects that UPMC *for Kids* wants to monitor for patient safety. The UPMC Health Plan Pharmacy Services Department must authorize the use of these drugs before UPMC *for Kids* will begin to cover them.

|                                    |                           |                       |
|------------------------------------|---------------------------|-----------------------|
| Abilify                            | Lupron                    | Symbyax               |
| Amevive                            | Lyrca                     | Synagis               |
| Aranesp                            | Myobloc                   | Synvisc               |
| Aricept                            | Namenda                   | Tarceva               |
| Botox                              | Neulasta                  | Targetin              |
| Cerezyme                           | Neupogen                  | Tasigna               |
| Cimzia                             | Nexavar                   | Temodar               |
| Elidel                             | Norditropin               | Testosterone products |
| Eligard                            | Orencia                   | Topamax               |
| Enbrel                             | Pegasys                   | Tracleer              |
| Epogen                             | Peg-Intron                | Trelstar              |
| Flolan/epoprostenol                | Procrit                   | Tykerb                |
| Forteo                             | Protopic                  | Tysabri               |
| Gleevec                            | Provigil                  | Vantas                |
| Humatrope                          | Raptiva                   | Ventavis              |
| Humira                             | Remicade                  | Viadur                |
| Hycamtin                           | Remodulin                 | Xeloda                |
| Increlex                           | Revatio                   | Xolair                |
| Infergen                           | Revlimid                  | Xyrem                 |
| Intron-A                           | Rituxan                   | Zoladex               |
| Iressa                             | Roferon-A                 | Zolinza               |
| Itraconazole                       | Seroquel (200mg and less) | Zorbtive              |
| IVIG (intravenous immune globulin) | Serostim                  |                       |
| Kineret                            | Sprycel                   |                       |
| Kuvan                              | Suboxone                  |                       |
| Leflunomide                        | Subutex                   |                       |
| Letairis                           | Supartz                   |                       |
| Lidoderm                           | Supprelin LA              |                       |
| Lucentis                           | Sutent                    |                       |

# Quantity Limits

The UPMC *for Kids* Pharmacy and Therapeutics Committee has established quantity limits on certain drugs to encourage the appropriate use of these drugs. The drugs in the following table have quantity limits.

| Medication | Quantity Limit |
|------------|----------------|
|------------|----------------|

## Anticoagulant (blood thinner) / Injectable Medications

|                           |                         |
|---------------------------|-------------------------|
| Lovenox, Fragmin, Arixtra | 2-month supply per year |
|---------------------------|-------------------------|

## Attention Deficit Disorder — Non-stimulant Medications

|  |                      |
|--|----------------------|
| Strattera 10 mg, 40 mg, 60 mg, 80 mg, 100 mg | 30 tablets per month |
| Strattera 18 mg                              | 60 tablets per month |
| Strattera 25 mg                              | 90 tablets per month |

## Attention Deficit Disorder — Stimulant Medications

|   |                       |
|---|-----------------------|
| Adderall XR 5 mg, 10 mg, 12.5 mg        | 30 capsules per month |
| Adderall XR 15 mg, 20 mg, 30 mg         | 60 capsules per month |
| amphetamine salt combo 5 mg             | 360 tablets per month |
| amphetamine salt combo 7.5 mg           | 240 tablets per month |
| amphetamine salt combo 10 mg            | 180 tablets per month |
| amphetamine salt combo 12.5 mg          | 150 tablets per month |
| amphetamine salt combo 15 mg            | 120 tablets per month |
| amphetamine salt combo 20 mg            | 90 tablets per month  |
| amphetamine salt combo 30 mg            | 60 tablets per month  |
| Concerta 18 mg, 27 mg, 54 mg            | 30 tablets per month  |
| Concerta 36 mg                          | 60 tablets per month  |
| dexmethylphenidate 2.5 mg               | 240 tablets per month |
| dexmethylphenidate 5 mg                 | 120 tablets per month |
| dexmethylphenidate 10 mg                | 60 tablets per month  |
| dextroamphetamine 5 mg; ages 6-12       | 240 tablets per month |
| dextroamphetamine 10 mg; ages 6-12      | 120 tablets per month |
| dextroamphetamine 5 mg; over age 12     | 360 tablets per month |
| dextroamphetamine 10 mg; over age 12    | 180 tablets per month |
| dextroamphetamine SA 5 mg; ages 6-12    | 270 tablets per month |
| dextroamphetamine SA 10 mg; ages 6-12   | 135 tablets per month |
| dextroamphetamine SA 15 mg; ages 6-12   | 90 tablets per month  |
| dextroamphetamine SA 10 mg; over age 12 | 180 tablets per month |
| dextroamphetamine SA 15 mg; over age 12 | 120 tablets per month |
| dextroamphetamine SA 20 mg; over age 12 | 90 tablets per month  |
| methylphenidate 5 mg                    | 600 tablets per month |
| methylphenidate 10 mg                   | 300 tablets per month |
| methylphenidate 20 mg                   | 150 tablets per month |
| methylphenidate SR 10 mg                | 180 tablets per month |
| methylphenidate SR 20 mg                | 90 tablets per month  |

## Bronchodilators

|              |                      |
|--------------|----------------------|
| Ventolin HFA | 2 inhalers per month |
|--------------|----------------------|

**PA = Prior Authorization**

**ST = Step Therapy**

*continued*

| Medication  | Quantity Limit                                |
|---|---|
| <b>Dermatological Agents</b>                                |   |
| Elidel <b>PA</b>  | 6 months per year                             |
| Protopic <b>PA</b>  | 6 months per year                             |
| Regranex  | 3 tubes per year                              |
| <b>Diabetes Medications</b>                                 |   |
| Byetta <b>ST</b>  | 1 pen per month                               |
| Symlin <b>ST</b>  | 4 vials per month                             |
| <b>Hormone Replacement Therapy</b>                          |   |
| estradiol transdermal patches                               | 4 patches per month                           |
| <b>Injectable and Biotech Medications</b>                   |   |
| Apokyn  | 30 syringes per month                         |
| Cimzia  | 2 vials per month                             |
| Enbrel 25 mg <b>PA</b>                                      | 8 vials per month                             |
| Enbrel 50 mg <b>PA</b>                                      | 4 vials per month                             |
| Humira <b>PA</b>  | 2 syringes per month                          |
| Infergen <b>PA</b>  | 12 vials per month                            |
| leflunomide <b>PA</b>                                       | 30 tablets per month                          |
| Pegasys <b>PA</b>   | 4 vials (1 kit) per month                     |
| Peg-Intron <b>PA</b>  | 4 kits per month                              |
| ribavirin   | 180 units per month                           |
| <b>Migraine Medication</b>                                  |   |
| Imitrex Injection   | 4 boxes per month                             |
| Imitrex Nasal Spray   | 6 bottles per month                           |
| Imitrex tablets   | 9 tablets per month                           |
| Maxalt/Maxalt MLT tablets                                   | 9 tablets per month                           |
| <b>Multiple Sclerosis Injectable Medications</b>            |   |
| Avonex  | 1 package (each containing 4 vials) per month |
| Copaxone  | 1 package of 32 vials per month               |
| Rebif   | 12 pre-filled syringes per month              |
| <b>Narcolepsy Medication</b>                                |   |
| Xyrem <b>PA</b>   | 3 bottles per month                           |
| <b>Non-steroidal Anti-inflammatory Medications (NSAIDs)</b> |   |
| Celebrex <b>ST</b>  | 60 capsules per month                         |
| ketorolac   | 5-day supply                                  |
| meloxicam   | 30 tablets per month                          |
| <b>Psychiatric Medications</b>                              |   |
| Abilify <b>PA</b>   | 1 tablet per day                              |
| Effexor XR 150 mg <b>ST</b>                                 | 2 capsules per day                            |
| Effexor XR 37.5 mg <b>ST</b>                                | 1 capsule per day                             |
| Effexor XR 75 mg <b>ST</b>                                  | 3 capsules per day                            |
| fluvoxamine   | 2 tablets per day                             |
| Geodon  | 2 capsules per day                            |
| lamotrigine 100mg   | 2 tablets per day                             |
| lamotrigine 25 mg, 150 mg                                   | 3 tablets per day                             |

**PA = Prior Authorization**

**ST = Step Therapy**

*continued*

| Medication | Quantity Limit |
|------------|----------------|
|------------|----------------|

### Psychiatric Medications (continued)

|                             |                   |
|-----------------------------|-------------------|
| Lexapro <b>ST</b>           | 1 tablet per day  |
| risperidone                 | 2 tablets per day |
| Seroquel <b>PA</b>          | 3 tablets per day |
| Seroquel XR 200 mg          | 1 tablet per day  |
| Seroquel XR 300 mg, 400 mg  | 2 tablets per day |
| Suboxone 2/0.5 mg <b>PA</b> | 6 tablets per day |
| Suboxone 8/2 mg <b>PA</b>   | 4 tablets per day |
| Subutex 2 mg <b>PA</b>      | 6 tablets per day |
| Subutex 8 mg <b>PA</b>      | 4 tablets per day |
| zaleplon                    | 1 capsule per day |
| zolpidem                    | 1 tablet per day  |

### Oral Antibiotic Medications

|                                    |                             |
|------------------------------------|-----------------------------|
| azithromycin 250 mg                | 10 tablets per month        |
| azithromycin 500 mg                | 3 tablets per month         |
| azithromycin 600 mg                | 8 tablets per month         |
| azithromycin 2 gr per 60 mL bottle | 1 bottle per month          |
| ciprofloxacin ER 500 mg            | 3 tablets per prescription  |
| ciprofloxacin ER 1000 mg           | 14 tablets per prescription |
| clarithromycin                     | 28 tablets per month        |
| Zyvox                              | 56 tablets per year         |

### Oral Antifungal Medications

|                                   |                            |
|-----------------------------------|----------------------------|
| fluconazole 150 mg                | 2 tablets per prescription |
| fluconazole 50 mg, 100 mg, 200 mg | 10 tablets per month       |
| terbinafine                       | 90 tablets per year        |
| Vfend                             | 100-day supply per year    |

### Gastrointestinal Medications

|                        |                       |
|------------------------|-----------------------|
| Emend 80 mg            | 4 tablets per month   |
| Emend 125 mg           | 2 tablets per month   |
| ondansetron 4 mg, 8 mg | 90 tablets per month  |
| ondansetron 24 mg      | 7 tablets per month   |
| Prevacid <b>ST</b>     | 30 capsules per month |

### Antiviral Medications

|                    |   |
|--------------------|---|
| famciclovir 125 mg | 21 tablets per month                              |
| famciclovir 250 mg | 70 tablets per month                              |
| famciclovir 500 mg | 21 tablets per month                              |
| Relenza            | 1 kit per season                                  |
| Synagis <b>PA</b>  | 1 vial per month<br>Maximum of 6 doses per season |
| Tamiflu            | 10 capsules or 50 mL per season                   |
| Valcyte            | 180-day supply per year                           |
| Valtrex 1000 mg    | 21 tablets per month                              |
| Valtrex 500 mg     | 42 tablets per month                              |

**PA = Prior Authorization**  
**ST = Step Therapy**

*continued*

**Medication****Quantity Limit****Osteoarthritis of the Knee Injections**Supartz **PA**

Twice-yearly injection course per knee

Synvisc **PA**

Twice-yearly injection course per knee

**Osteoporosis Medications**

alendronate 35 mg, 70 mg

4 tablets per month

**Pain Medications**

Combination drugs containing acetaminophen

4 grams daily

Combination drugs containing aspirin

6 grams daily

fentanyl transdermal patch 100 mcg

30 patches per month

fentanyl transdermal patch 12.5 mcg, 25 mcg, 50 mcg, 75 mcg

10 patches per month

hydrocodone/ibuprofen

50 tablets per 10 days

Lidoderm **PA**

3 patches per day

morphine sulfate sustained release

90 tablets per month

Narcotic analgesics

30-day supply

Opana ER

60 tablets per month

oxycodone/ibuprofen

28 tablets per month

tramadol

240 tablets per month

tramadol/acetaminophen

40 tablets per month

**Seizure Medications**

Diastat

1 box per prescription

Lyrica 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg **PA**

90 capsules per month

Lyrica 225 mg, 300 mg **PA**

60 capsules per month

Topamax **PA**

3 tablets per day

**Stop Smoking Aids**

buproban

12 weeks

nicotine gum

12 weeks

nicotine lozenges

12 weeks

nicotine patches

12 weeks

Nicotrol inhaler

24 weeks

Nicotrol nasal spray

12 weeks

**Monthly Fill Limitations**

Benzodiazepines

2 fills per month

Narcotic analgesics

4 fills per month

**PA = Prior Authorization****ST = Step Therapy**

# UPMC for Kids Prescription Drug Formulary

| DRUG NAME                      | CODE            |
|--------------------------------|-----------------|
| ABILIFY                        | PA, QL          |
| acarbose                       |                 |
| ACCOLATE                       |                 |
| acebutolol                     |                 |
| acetazolamide                  |                 |
| acetic acid                    |                 |
| acetic acid / aluminum acetate |                 |
| acetylcysteine                 |                 |
| ACTOPLUS MET                   |                 |
| ACTOS                          |                 |
| ACULAR                         |                 |
| acyclovir                      |                 |
| ADDERALL XR                    | QL              |
| ADVAIR                         |                 |
| AGENERASE                      |                 |
| AKINETON                       |                 |
| albuterol                      |                 |
| ALDARA                         |                 |
| alendronate                    | QL              |
| alesse                         |                 |
| ALIMTA                         |                 |
| ALKERAN                        |                 |
| allopurinol                    |                 |
| ALOMIDE                        |                 |
| ALPHAGAN P                     |                 |
| alprazolam                     | QL(fills/month) |
| amantadine                     |                 |
| amcinonide                     |                 |
| AMEVIVE                        | PA, SP          |

| DRUG NAME                       | CODE   |
|---------------------------------|--------|
| amiloride                       |        |
| amiloride / hydrochlorothiazide |        |
| amiodarone                      |        |
| amitriptyline                   |        |
| amlodipine                      |        |
| amlodipine / benazepril         |        |
| amnestem                        |        |
| amoxicillin                     |        |
| amoxicillin / clavulanate       |        |
| amphetamine salts               | QL     |
| ampicillin                      |        |
| anagrelide                      |        |
| ANDRODERM                       | PA     |
| ANDROGEL                        | PA     |
| ANDROID                         | PA     |
| ANTABUSE                        |        |
| APOKYN                          | QL     |
| apri                            |        |
| APTIVUS                         |        |
| aranelle                        |        |
| ARANESP                         | PA, SP |
| ARICEPT                         | PA     |
| ARIMIDEX                        |        |
| ARIXTRA                         | QL, SP |
| AROMASIN                        |        |
| ASACOL                          |        |
| aspirin                         |        |
| ASTELIN                         |        |

| DRUG NAME                               | CODE   |
|---|--------|
| atenolol                                |        |
| atenolol / chlorthalidone               |        |
| ATRIPLA                                 |        |
| atropine sulfate                        |        |
| AVANDAMET                               |        |
| AVANDARYL                               |        |
| AVANDIA                                 |        |
| AVELOX                                  |        |
| aviane                                  |        |
| AVODART                                 |        |
| AVONEX                                  | QL, SP |
| azathioprine                            |        |
| AZILECT                                 |        |
| azithromycin                            | QL     |
| bacitracin                              |        |
| baclofen                                |        |
| balsalazide                             |        |
| BARACLUDE                               |        |
| BAYER BLOOD GLUCOSE PRODUCTS (Ascensia) |        |
| benazepril                              |        |
| benazepril / hydrochlorothiazide        |        |
| benzocaine / antipyrine                 |        |
| benzonatate                             |        |
| benzoyl peroxide                        |        |
| benztropine                             |        |
| betamethasone                           |        |

*continued*

## KEY

PA = Prior Authorization Required  
 ST = Step Therapy Required  
 Uppercase = brand name

QL = Quantity Limits  
 SP = Specialty Medication  
 Lowercase = generic

# UPMC for Kids Prescription Drug Formulary

**DRUG NAME      CODE**

|                                       |        |
|---------------------------------------|--------|
| betaxolol                             |        |
| BETOPTIC S                            |        |
| bisoprolol                            |        |
| bisoprolol / hydrochlorothiazide      |        |
| BOTOX                                 | PA, SP |
| brevicon                              |        |
| bromocriptine                         |        |
| brompheniramine / pseudoephedrine     |        |
| budeprion XL                          |        |
| bumetanide                            |        |
| buproban                              | QL     |
| bupropion                             |        |
| bupropion SR                          |        |
| butalbital / acetaminophen            | QL     |
| butalbital / acetaminophen / caffeine | QL     |
| butalbital / aspirin / caffeine       | QL     |
| BYETTA                                | ST, QL |
| CADUET                                |        |
| calcipotriene                         |        |
| calcitriol                            |        |
| camila                                |        |
| CANASA                                |        |
| CAPITROL                              |        |
| captopril                             |        |

**DRUG NAME      CODE**

|                                    |        |
|------------------------------------|--------|
| captopril / hydrochlorothiazide    |        |
| carbamazepine                      |        |
| carbamide peroxide 6.5%            |        |
| carbidopa / levodopa               |        |
| carisoprodol                       |        |
| carteolol                          |        |
| carvedilol                         |        |
| CASODEX                            |        |
| CATAPRES-TTS                       |        |
| cefaclor                           |        |
| cefadroxil                         |        |
| cefdinir                           |        |
| cefepodoxime                       |        |
| cefuroxime                         |        |
| CELEBREX                           | ST, QL |
| CELLCEPT                           |        |
| cephalexin                         |        |
| CEREZYME                           | PA, SP |
| cetirizine OTC                     |        |
| chlorhexidine                      |        |
| chloroquine                        |        |
| chlorpheniramine / pseudoephedrine |        |
| chlorthalidone                     |        |
| chlorzoxazone                      |        |
| cholestyramine                     |        |
| choline magnesium trisaclylate     |        |

**DRUG NAME      CODE**

|                              |                       |
|------------------------------|-----------------------|
| cilostazol                   |                       |
| cimetidine                   |                       |
| CIMZIA                       | PA, QL, SP            |
| ciprofloxacin                |                       |
| ciprofloxacin ER             | QL                    |
| citalopram                   |                       |
| claravis                     |                       |
| clarithromycin               | QL                    |
| clindamycin                  |                       |
| clobetasol                   |                       |
| clomipramine                 |                       |
| clonazepam                   | QL(filts/month)       |
| clonidine                    |                       |
| clotrimazole                 |                       |
| clotrimazole / betamethasone |                       |
| clozapine                    |                       |
| codeine                      | QL(filts/month)       |
| codeine / acetaminophen      | QL<br>QL(filts/month) |
| codeine/aspirin              | QL<br>QL(filts/month) |
| colchicine                   |                       |
| colestipol                   |                       |
| COMBIVENT                    |                       |
| COMBIVIR                     |                       |
| COMTAN                       |                       |
| CONCERTA                     | QL                    |
| COPAXONE                     | QL, SP                |
| cortisone acetate            |                       |
| COSOPT                       |                       |

*continued*

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# UPMC for Kids Prescription Drug Formulary

**DRUG NAME      CODE**

|                      |                  |
|----------------------|------------------|
| CRIVAN               |                  |
| cromolyn             |                  |
| crystelle            |                  |
| CUPRIMINE            |                  |
| cyanocobalamin       |                  |
| cyclobenzaprine      |                  |
| CYCLOGYL             |                  |
| cyclophosphamide     |                  |
| cyclosporine         |                  |
| CYTOMEL              |                  |
| danazol              |                  |
| dantrolene           |                  |
| dapsone              |                  |
| DELATESTRYL          | PA               |
| DENAVIR              |                  |
| DEPAKOTE ER          |                  |
| DEPO-TESTOSTERONE    | PA               |
| desipramine          |                  |
| desmopressin         |                  |
| desonide             |                  |
| desoximetasone       |                  |
| DETROL               |                  |
| DETROL LA            |                  |
| dexamethasone        |                  |
| dexmethyphenidate    | QL               |
| dextroamphetamine    | QL               |
| dextroamphetamine SA | QL               |
| DIASTAT              | QL               |
| diazepam             | QL (fills/month) |

**DRUG NAME      CODE**

|                          |        |
|--------------------------|--------|
| diclofenac               |        |
| dicloxacillin            |        |
| dicyclomine              |        |
| diflorasone              |        |
| digoxin                  |        |
| dihydroergotamine        |        |
| DILANTIN                 |        |
| DILATRATE-SR             |        |
| diltiazem                |        |
| DIOVAN                   |        |
| DIOVAN HCT               |        |
| diphenhydramine          |        |
| diphenoxylate / atropine |        |
| dipyridamole             |        |
| disopyramide             |        |
| DIURIL                   |        |
| divalproex               |        |
| doxazosin                |        |
| doxepin                  |        |
| doxycycline              |        |
| DUETACT                  |        |
| dyphylline-gg            |        |
| econazole                |        |
| EFFEXOR XR               | ST, QL |
| ELIDEL                   | PA, QL |
| ELIGARD                  | PA, SP |
| EMCYT                    |        |
| EMEND                    | QL     |
| EMTRIVA                  |        |

**DRUG NAME      CODE**

|                                 |            |
|---------------------------------|------------|
| enalapril                       |            |
| enalapril / hydrochlorothiazide |            |
| ENBREL                          | PA, QL, SP |
| enpresse                        |            |
| epinephrine                     |            |
| EPIVIR                          |            |
| eplerenone                      |            |
| EPOGEN                          | PA, SP     |
| epoprostenol                    | PA, SP     |
| EPZICOM                         |            |
| ergocalciferol                  |            |
| ergotamine                      |            |
| erythromycin                    |            |
| estradiol                       |            |
| estradiol transdermal           | QL         |
| estradiol / norethindrone       |            |
| estropipate                     |            |
| ethambutol                      |            |
| ETHMOZINE                       |            |
| ethosuximide                    |            |
| etodolac                        |            |
| etoposide                       |            |
| EURAX                           |            |
| EVISTA                          |            |
| famciclovir                     | QL         |
| famotidine                      |            |
| FARESTON                        |            |
| FELBATOL                        |            |

*continued*

|                                   |                           |
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# UPMC for Kids Prescription Drug Formulary

## DRUG NAME CODE

|                                  |                       |
|----------------------------------|-----------------------|
| FEMARA                           |                       |
| fenoprofen                       |                       |
| fentanyl patch                   | QL<br>QL(fil/s/month) |
| fexofenadine                     |                       |
| finasteride                      |                       |
| FLOLAN                           | PA, SP                |
| FLOVENT                          |                       |
| fluconazole                      | QL                    |
| fludrocortisone                  |                       |
| flunisolide                      |                       |
| fluocinolone                     |                       |
| fluocinonide                     |                       |
| fluorometholone                  |                       |
| fluorouracil                     |                       |
| fluoxetine                       |                       |
| flurazepam                       | QL(fil/s/month)       |
| flutamide                        |                       |
| fluticasone                      |                       |
| fluvoxamine                      | QL                    |
| folic acid                       |                       |
| FORTEO                           | PA, SP                |
| FORTOVASE                        |                       |
| fosinopril                       |                       |
| fosinopril / hydrochlorothiazide |                       |
| FOSRENOL                         |                       |
| FRAGMIN                          | QL, SP                |
| furosemide                       |                       |
| FUZEON                           | SP                    |

## DRUG NAME CODE

|                               |                 |
|-------------------------------|-----------------|
| gabapentin                    |                 |
| GABITRIL                      |                 |
| GALZIN                        |                 |
| ganciclovir                   |                 |
| gemfibrozil                   |                 |
| gentamicin                    |                 |
| GEODON                        | QL              |
| GLEEVEC                       | PA, SP          |
| glimepiride                   |                 |
| glipizide                     |                 |
| glipizide ER                  |                 |
| GLUCAGON                      |                 |
| glyburide                     |                 |
| glycopyrrolate                |                 |
| griseofulvin                  |                 |
| guaifenesin / codeine         | QL(fil/s/month) |
| guaifensin / dextromethorphan |                 |
| guanabenz                     |                 |
| guanfacine                    |                 |
| haloperidol                   |                 |
| HELIDAC                       |                 |
| HMD                           |                 |
| HUMALOG VIALS                 |                 |
| HUMATROPE                     | PA, SP          |
| HUMIRA                        | PA, QL, SP      |
| HUMULIN VIALS                 |                 |
| HYCAMTIN                      | PA              |
| hydralazine                   |                 |

## DRUG NAME CODE

|                             |                       |
|-----------------------------|-----------------------|
| hydrochlorothiazide         |                       |
| hydrocodone / acetaminophen | QL<br>QL(fil/s/month) |
| hydrocodone / homatropine   | QL(fil/s/month)       |
| hydrocodone / ibuprofen     | QL<br>QL(fil/s/month) |
| hydrocortisone              |                       |
| hydroxychloroquine          |                       |
| hydroxyurea                 |                       |
| hydroxyzine                 |                       |
| hylira                      |                       |
| hyoscyamine                 |                       |
| ibuprofen                   |                       |
| imipramine                  |                       |
| IMITREX                     | QL                    |
| INCRELEX                    | PA, SP                |
| indapamide                  |                       |
| indomethacin                |                       |
| INFERGEN                    | PA, QL, SP            |
| INTELENCE                   |                       |
| INTRON-A                    | PA, SP                |
| INVIRASE                    |                       |
| IOPIDINE                    |                       |
| ipratropium                 |                       |
| IRESSA                      | PA, SP                |
| ISENTRESS                   |                       |
| isoniazid                   |                       |
| ISOPTO CARBACHOL            |                       |
| ISOPTO HYOSCINE             |                       |

*continued*

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# UPMC for Kids Prescription Drug Formulary

**DRUG NAME      CODE**

|                                   |            |
|-----------------------------------|------------|
| isosorbide dinitrate              |            |
| isosorbide mononitrate            |            |
| isradipine                        |            |
| itraconazole                      | PA         |
| IMG (intravenous immune globulin) | PA, SP     |
| JANUMET                           |            |
| JANUVIA                           |            |
| jolessa                           |            |
| jolivette                         |            |
| junel                             |            |
| junel FE                          |            |
| KALETRA                           |            |
| kariva                            |            |
| KEPPRA                            |            |
| ketoconazole                      |            |
| ketoprofen                        |            |
| ketorolac                         | QL         |
| ketotifen                         |            |
| KINERET                           | PA, SP     |
| K-PHOS                            |            |
| KUVAN                             | PA         |
| labetolol                         |            |
| lactulose                         |            |
| lamotrigine                       | QL         |
| LANTUS                            |            |
| leena                             |            |
| leflunomide                       | PA, QL, SP |

**DRUG NAME      CODE**

|   |                 |
|---|-----------------|
| lessina                                     |                 |
| LETAIRIS                                    | PA              |
| LEUKERAN                                    |                 |
| levlite                                     |                 |
| levobunolol                                 |                 |
| levora                                      |                 |
| levothyroxine                               |                 |
| LEXAPRO                                     | ST, QL          |
| LEXIVA                                      |                 |
| lidocaine                                   |                 |
| lidocaine / prilocaine                      |                 |
| LIDODERM                                    | PA, QL          |
| LIFESCAN BLOOD GLUCOSE PRODUCTS (One Touch) |                 |
| lisinopril                                  |                 |
| lisinopril / hydrochlorothiazide            |                 |
| lithium carbonate                           |                 |
| loperamide                                  |                 |
| loratadine OTC                              |                 |
| loratadine / pseudoephedrine OTC            |                 |
| lorazepam                                   | QL(filis/month) |
| lovastatin                                  |                 |
| LOVENOX                                     | QL, SP          |
| low-ogestrel                                |                 |
| LUCENTIS                                    | PA, SP          |
| LUMIGAN                                     |                 |

**DRUG NAME      CODE**

|                     |                 |
|---------------------|-----------------|
| LUPRON              | PA, SP          |
| LYRICA              | PA, QL          |
| MATULANE            |                 |
| MAXALT              | QL              |
| MAXALT MLT          | QL              |
| mebendazole         |                 |
| meclizine           |                 |
| medroxyprogesterone |                 |
| mefloquine          |                 |
| megestrol acetate   |                 |
| meloxicam           | QL              |
| meperidine          | QL(filis/month) |
| MEPHYTON            |                 |
| MEPRON              |                 |
| mercaptopurine      |                 |
| mesalamine          |                 |
| metformin           |                 |
| metformin ER        |                 |
| methadone           |                 |
| methazolamide       |                 |
| methenamine         |                 |
| METHERGINE          |                 |
| methimazole         |                 |
| METHITEST           | PA              |
| methocarbamol       |                 |
| methotrexate        |                 |
| methyl dopa         |                 |
| methylphenidate     | QL              |
| methylphenidate SR  | QL              |
| methylprednisolone  |                 |

*continued*

|                                   |                           |
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# UPMC for Kids Prescription Drug Formulary

| DRUG NAME                          | CODE                  | DRUG NAME                              | CODE   | DRUG NAME                 | CODE                  |
|------------------------------------|-----------------------|--|--------|---------------------------|-----------------------|
| metoclopramide                     |                       | neomycin sulfate                       |        | nystatin                  |                       |
| metolazone                         |                       | neomycin / polymyxin b / bacitracin    |        | nystatin / triamcinolone  |                       |
| metoprolol                         |                       | neomycin / polymyxin B/ hydrocortisone |        | ocella                    |                       |
| metronidazole                      |                       | NEULASTA                               | PA, SP | ofloxacin                 |                       |
| mexiletine                         |                       | NEUPOGEN                               | PA, SP | omeprazole OTC            |                       |
| MICARDIS                           |                       | NEXAVAR                                | PA, SP | ondansetron hcl           | QL                    |
| MICARDIS HCT                       |                       | niacin                                 |        | OPANA                     | QL(filts/month)       |
| miconazole                         |                       | NIASPAN                                |        | OPANA ER                  | QL<br>QL(filts/month) |
| midodrine                          |                       | nicotine gum, lozenges, patches        | QL     | ORENCIA                   | PA,SP                 |
| minocycline                        |                       | NICOTROL inhaler                       | QL     | ortho-est                 |                       |
| minoxidil                          |                       | NICOTROL nasal spray                   | QL     | OVIDE                     |                       |
| MIRAPEX                            |                       | nifedipine                             |        | oxazepam                  | QL(filts/month)       |
| mirtazapine                        |                       | nimodipine                             |        | OXSORALEN                 |                       |
| misoprostol                        |                       | nisoldipine                            |        | oxybutynin                |                       |
| mometasone                         |                       | nitrofurantoin macrocrystals           |        | oxybutynin ER             |                       |
| mononessa                          |                       | nitroglycerin                          |        | oxycodone                 | QL(filts/month)       |
| morphine sulfate                   | QL(filts/month)       | nizatidine                             |        | oxycodone / acetaminophen | QL<br>QL(filts/month) |
| morphine sulfate sustained release | QL<br>QL(filts/month) | NIZORAL A-D                            |        | oxycodone/aspirin         | QL<br>QL(filts/month) |
| multivitamin / fluoride/iron       |                       | nora-BE                                |        | oxycodone / ibuprofen     | QL<br>QL(filts/month) |
| mupirocin                          |                       | NORDITROPIN                            | PA, SP | oxymetazoline             |                       |
| MYCOBUTIN                          |                       | norethindrone                          |        | pancrelipase              |                       |
| MYOBLOC                            | PA                    | nor-QD                                 |        | papain/urea               |                       |
| nadolol                            |                       | nortriptyline                          |        | paromomycin               |                       |
| naltrexone                         |                       | NORVIR                                 |        | paroxetine                |                       |
| NAMENDA                            | PA                    | NUVARING                               |        | peg 3350 / electrolytes   |                       |
| naproxen                           |                       |  |        |                           |                       |
| necon                              |                       |  |        |                           |                       |
| nefazodone                         |                       |  |        |                           |                       |

*continued*

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# UPMC for Kids Prescription Drug Formulary

**DRUG NAME      CODE**

|  |            |
|--|------------|
| peg 3350 / sodium bicarbonate / sodium chloride / potassium chloride |            |
| PEGASYS  | PA, QL, SP |
| PEG-INTRON   | PA, QL, SP |
| penicillin VK  |            |
| pentoxifylline   |            |
| permethrin   |            |
| perphenazine   |            |
| phenazopyridine  |            |
| phenobarbital  |            |
| phenylephrine  |            |
| PHISOHEX   |            |
| PHOSLO   |            |
| pilocarpine  |            |
| pindolol   |            |
| piroxicam  |            |
| PLAVIX   |            |
| podofilox  |            |
| polymixin B / bacitracin   |            |
| portia   |            |
| potassium bicarbonate/citrate  |            |
| potassium chloride   |            |
| potassium citrate  |            |
| pramox   |            |
| PRANDIN  |            |
| pravastatin  |            |
| prazosin   |            |

**DRUG NAME      CODE**

|  |                       |
|--|-----------------------|
| prednisolone   |                       |
| prednisone   |                       |
| PREMARIN   |                       |
| PREMARIN CREAM   |                       |
| PREMPHASE  |                       |
| PREMPRO  |                       |
| PREVACID   | ST, QL                |
| PREZISTA   |                       |
| primaquine   |                       |
| primidone  |                       |
| probenecid   |                       |
| procainamide   |                       |
| PROCANBID  |                       |
| prochlorperazine                                       |                       |
| PROCRIT  | PA, SP                |
| PROGRAF  |                       |
| promethazine   |                       |
| promethazine / codeine                                 | QL(fills/month)       |
| propafenone  |                       |
| propoxyphene   | QL(fills/month)       |
| propoxyphene / acetaminophen                           | QL<br>QL(fills/month) |
| propranolol  |                       |
| propranolol / hydrochlorothiazide                      |                       |
| propylthiouracil                                       |                       |
| PROTOPIC   | PA, QL                |
| PROVIGIL   | PA                    |
| PULMICORT RESPULES<br><i>(8 years old and younger)</i> |                       |

**DRUG NAME      CODE**

|                                  |        |
|----------------------------------|--------|
| PULMICORT TURBUHALER / FLEXHALER |        |
| PULMOZYME                        | SP     |
| pyrazinamide                     |        |
| pyrethrins / piperonyl butoxide  |        |
| pyridostigmine                   |        |
| quinapril                        |        |
| quinapril / hydrochlorothiazide  |        |
| quinidine                        |        |
| ramipril                         |        |
| RANEXA                           | ST     |
| ranitidine                       |        |
| RAPAMUNE                         |        |
| RAPTIVA                          | PA, SP |
| REBIF                            | QL, SP |
| REGRANEX                         | QL     |
| RELENZA                          | QL     |
| REMICADE                         | PA, SP |
| REMODULIN                        | PA, SP |
| RENAGEL                          |        |
| REVELA                           |        |
| RESCRIPTOR                       |        |
| REVATIO                          | PA, SP |
| REVLIMID                         | PA, SP |
| REYATAZ                          |        |
| ribavirin                        | QL, SP |
| RIDAURA                          |        |
| rifampin                         |        |

*continued*

|                                   |                           |
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**DRUG NAME      CODE**

|                                      |                         |
|--------------------------------------|-------------------------|
| rimantadine                          |                         |
| RISPERDAL CONSTA                     | SP                      |
| risperidone                          | QL                      |
| RITUXAN                              | PA, SP                  |
| ROFERON-A                            | PA, SP                  |
| ropinirole                           |                         |
| salsalate                            |                         |
| SANTYL                               |                         |
| selegiline                           |                         |
| selenium sulfide                     |                         |
| SELZENTRY                            |                         |
| SEREVENT DISKUS                      |                         |
| SEROQUEL                             | PA(200mg or less)<br>QL |
| SEROQUEL XR                          | QL                      |
| SEROSTIM                             | PA, SP                  |
| sertraline                           |                         |
| silver sulfadiazine                  |                         |
| simvastatin                          |                         |
| SINGULAIR                            | ST                      |
| sodium fluoride                      |                         |
| sodium polystyrene sulfonate         |                         |
| SOMATULINE                           |                         |
| SORIATANE CK                         |                         |
| sotalol                              |                         |
| SPIRIVA                              |                         |
| spironolactone                       |                         |
| spironolactone / hydrochlorothiazide |                         |
| sprintec                             |                         |

**DRUG NAME      CODE**

|                                 |                 |
|---------------------------------|-----------------|
| SPRYCEL                         | PA, SP          |
| STRATTERA                       | QL              |
| SUBOXONE                        | PA, QL          |
| SUBUTEX                         | PA, QL          |
| sucralfate                      |                 |
| sulfacetamide                   |                 |
| sulfamethoxazole / trimethoprim |                 |
| sulfasalazine                   |                 |
| sulfisoxazole                   |                 |
| sulindac                        |                 |
| SUPARTZ                         | PA, QL, SP      |
| SUPPRELIN LA                    | PA, SP          |
| SUSTIVA                         | SP              |
| SUTENT                          | PA, SP          |
| SYMBYAX                         | PA              |
| SYMLIN                          | ST, QL          |
| SYNAGIS                         | PA, QL, SP      |
| SYNMSC                          | PA, QL, SP      |
| SYPRINE                         |                 |
| tacrine                         |                 |
| TAMIFLU                         | QL              |
| tamoxifen                       |                 |
| TARCEVA                         | PA, SP          |
| TARGRETIN                       | PA, SP          |
| TASIGNA                         | PA, SP          |
| temazepam                       | QL(films/month) |
| TEMODAR                         | PA, SP          |
| terazosin                       |                 |
| terbinafine                     | QL              |

**DRUG NAME      CODE**

|                          |        |
|--------------------------|--------|
| terbutaline              |        |
| terconazole              |        |
| TESTIM                   | PA     |
| TESTODERM                | PA     |
| TESTOPEL                 | PA     |
| TESTRED                  | PA     |
| tetracycline             |        |
| theophylline             |        |
| thiethylperazine         |        |
| thioguanine              |        |
| thyroid                  |        |
| THYROLAR                 |        |
| ticlopidine              |        |
| timolol                  |        |
| tizanidine               |        |
| tobramycin               |        |
| tolnaftate               |        |
| TOPAMAX                  | PA, QL |
| torsemede                |        |
| TRACLEER                 | PA, SP |
| tramadol                 | QL     |
| tramadol / acetaminophen | QL     |
| trandolapril             |        |
| trazodone                |        |
| TRELSTAR                 | PA, SP |
| tretinoin                |        |
| TREXALL                  |        |
| trezix                   |        |
| triamcinolone            |        |

*continued*

|                                   |                           |
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# UPMC for Kids Prescription Drug Formulary

**DRUG NAME      CODE**

|                                   |                  |
|-----------------------------------|------------------|
| triamterene / hydrochlorothiazide |                  |
| triazolam                         | QL (fills/month) |
| TRICOR                            |                  |
| trifluridine                      |                  |
| trihexyphenidyl                   |                  |
| trimethoprim                      |                  |
| trinessa                          |                  |
| tri-previfem                      |                  |
| tri-sprintec                      |                  |
| trivora                           |                  |
| TRIZIVIR                          |                  |
| TRUSOPT                           |                  |
| TRUVADA                           |                  |
| trypsin / balsalm / castor oil    |                  |
| TYKERB                            | PA, SP           |
| TYSABRI                           | PA, SP           |
| ursodiol                          |                  |
| VALCYTE                           | QL               |

**DRUG NAME      CODE**

|                                  |        |
|----------------------------------|--------|
| valproic acid                    |        |
| VALTREX                          | QL     |
| VANOCOCIN                        |        |
| VANTAS                           | PA, SP |
| velivet                          |        |
| venlafaxine                      |        |
| VENTAVIS                         | PA, SP |
| VENTOLIN HFA                     | QL     |
| verapamil                        |        |
| VESICARE                         |        |
| VFEND                            | QL     |
| VIADUR                           | PA     |
| VIDEX                            |        |
| VIRACEPT                         |        |
| VIRAMUNE                         |        |
| VIREAD                           |        |
| vitamin A,D,C / fluoride/iron    |        |
| vitamin B complex,C / folic acid |        |
| warfarin                         |        |

**DRUG NAME      CODE**

|            |        |
|------------|--------|
| WELCHOL    |        |
| XALATAN    |        |
| XELODA     | PA, SP |
| XOLAIR     | PA, SP |
| XYREM      | PA, QL |
| zaleplon   | QL     |
| ZERIT      |        |
| ZETIA      |        |
| ZIAGEN     |        |
| zidovudine |        |
| ZOLADEX    | PA, SP |
| ZOLINZA    | PA, SP |
| zolpidem   | QL     |
| ZORBTIVE   | PA, SP |
| zovia      |        |
| ZOVIRAX    |        |
| ZYPREXA    |        |
| ZYVOX      | QL     |

**KEY**

PA = Prior Authorization Required  
 ST = Step Therapy Required  
 Uppercase = brand name

QL = Quantity Limits  
 SP = Specialty Medication  
 Lowercase = generic

# UPMC for Kids Over-the-Counter Formulary

| Generic  | Brand Name Example                                     |
|--|--|
| <b>Acne</b>                                    |  |
| benzoyl peroxide                               | Panoxyl  |
| <b>Analgesics</b>                              |  |
| acetaminophen and combinations                 | Tylenol  |
| aspirin and combinations                       | Ecotrin, Bayer   |
| ibuprofen and combinations                     | Motrin, Advil  |
| naproxen                                       | Aleve  |
| <b>Antacids</b>                                |  |
| aluminum hydroxide                             | Alternagel   |
| aluminum/magnesium hydroxide                   | Mylanta, Maalox  |
| calcium carbonate                              | Tums, Rolaids  |
| cimetidine                                     | Tagamet  |
| famotidine                                     | Pepcid   |
| ranitidine                                     | Zantac   |
| nizatidine                                     | Axid   |
| omeprazole OTC                                 | Prilosec OTC   |
| <b>Antidiarrheals</b>                          |  |
| bismuth subsalicylate                          | Kaopectate, Pepto-Bismol                               |
| loperamide                                     | Imodium A-D  |
| <b>Antiflatulents</b>                          |  |
| simethicone                                    | Gas-X, Phazyme, Mylicon                                |
| <b>Antihistamines</b>                          |  |
| chlorpheniramine                               | Chlor-trimeton   |
| diphenhydramine                                | Benadryl   |
| loratadine                                     | Claritin, Alavert                                      |
| cetirizine                                     | Zyrtec   |
| <b>Decongestants</b>                           |  |
| pseudoephedrine                                | Sudafed  |
| phenylephrine                                  | Sudafed-PE   |
| <b>Antihistamine/Decongestant Combinations</b> |  |
| loratadine/pseudoephedrine                     | Claritin-D   |
| cetirizine/pseudoephedrine                     | Zyrtec-D   |
| <b>Antinauseants</b>                           |  |
| bismuth subsalicylate                          | Kaopectate, Peptobismol                                |
| dimenhydrinate                                 | Dramamine  |
| meclizine                                      | Dramamine Less Drowsy, Bonine                          |
| sugar/orthophosphoric acid                     | Emetrol  |
| <b>Bronchodilators</b>                         |  |
| epinephrine                                    | Primatene  |
| <b>Cough/Cold Preparations</b>                 |  |
| guaifenesin                                    | Robitussin   |
| guaifenesin/dextromethorphan                   | Robitussin DM  |
| <b>Diabetes</b>                                |  |
| blood glucose monitors                         | One Touch monitors, Ascensia monitors                  |
| test strips                                    | One Touch Test Strips, Ascensia Test Strips            |
| lancets  | One Touch UltraSoft Lancets, Ascensia Microlet Lancets |
| glucose tablets                                | BD glucose tablets                                     |
| insulin  | Humulin R, Humulin N, Humulin 70/30 (vials)            |
| insulin syringes                               | BD Syringes  |
| alcohol swabs                                  | BD Alcohol Swabs                                       |
| <b>Laxatives/Stool Softeners</b>               |  |
| magnesium hydroxide                            | Milk of Magnesia                                       |
| bisacodyl                                      | Dulcolax   |
| docusate and combinations                      | Colace, Pericolace                                     |
| laxative enemas                                | Fleets   |
| psyllium                                       | Metamucil  |
| polyethylene glycol                            | Miralax  |

# UPMC for Kids Over-the-Counter Formulary

| Generic  | Brand Name Example  |
|--|---|
| <b>Nasal Preparations</b>                            |   |
| oxymetazoline  | Afrin, Neo-Synephrine   |
| saline   | Ocean Nasal Spray   |
| phenylephrine  | Neo-Synephrine, Vick's Sinex  |
| <b>Obstetrics/Gynecology</b>                         |   |
| clotrimazole   | Gyne-Lotrimin   |
| miconazole   | Monistat-3, Monistat-7  |
| tioconazole  | Monistat-1  |
| condoms, male  | Trojan, Durex   |
| condoms, female                                      | Trojan, FC  |
| contraceptive devices                                | Today Sponge, Diaphragms (Ortho, Koro-Flex, Koromex Coil, Wide Seal), Cervical Caps |
| contraceptive foam                                   | Delfen  |
| <b>Ophthalmic Preparations</b>                       |   |
| cellulose derivatives                                | Refresh, TheraTears   |
| phenylephrine  | Altafrin  |
| polyvinyl alcohol                                    | Hypotears   |
| sodium chloride                                      | Muro-128  |
| <b>Smoking Cessation Aids</b>                        |   |
| nicotine gum   | Nicorette   |
| nicotine lozenge                                     | Commit  |
| nicotine patch                                       | Nicoderm  |
| <b>Antibacterials</b>                                |   |
| bacitracin   |   |
| triple antibiotic                                    | Neosporin   |
| providone-iodine                                     | Betadine  |
| <b>Anesthetics</b>                                   |   |
| benzocaine   | Oragel, Anbesol   |
| dibucaine  | Nupercainal   |
| tetracaine   | Viractin, Pontocaine  |
| <b>Anti-inflammatory</b>                             |   |
| hydrocortisone                                       | Cortaid   |
| <b>Dermatologic Baths</b>                            |   |
| colloidal oatmeal                                    | Aveeno  |
| <b>Fungicides</b>                                    |   |
| clotrimazole   | Lotrimin AF   |
| miconazole   | Micatin   |
| tolnaftate   | Tinactin  |
| terbinafine  | Lamisil   |
| salicylic acid                                       | Duofilm, Compound W   |
| <b>Rectal Preparations</b>                           |   |
| hydrocortisone                                       | Preparation H, Anusol   |
| zinc oxide   | Desitin   |
| <b>Wet Dressing</b>                                  |   |
| aluminum acetate                                     | Domeboro Packets  |
| <b>Scabicides/Pediculicides</b>                      |   |
| permethrin   | Nix   |
| piperonyl butoxide                                   | Rid, Pronto   |
| <b>Vitamins/Minerals</b>                             |   |
| vitamins (i.e., B-complex, cyanocobalamin, thiamine) |   |
| calcium and combinations                             | Oscal, Oscal-D  |
| folic acid   |   |
| iron supplements                                     | Fer-in-sol, Fergon  |
| multivitamins  | Centrum, Theragran, Poly-Vi-Sol   |
| prenatal vitamins                                    | Stuartnatal   |
| niacin   | Slo-niacin  |
| electrolyte solution                                 | Pedialyte   |

# UPMC for Kids Brand/Generic Reference Guide

Below is a list of the most commonly prescribed medications for UPMC for Kids members. This list can be used to determine the generic name for common brands.

| <b>Brand</b> | <b>Generic</b>                |
|--------------|-------------------------------|
| Accupril     | quinapril                     |
| Accuretic    | quinapril/HTCZ                |
| Accutane     | claravis, amnesteem           |
| Adderall     | amphetamine salt combo        |
| Aldactone    | spironolactone                |
| Alesse-28    | aviane                        |
| Allegra      | fexofenadine                  |
| Amaryl       | glimepiride                   |
| Ambien       | zolpidem                      |
| Amoxil       | amoxicillin                   |
| Antivert     | meclizine                     |
| Arava        | leflunomide                   |
| Atarax       | hydroxyzine                   |
| Ativan       | lorazepam                     |
| Augmentin    | amoxicillin/clavulanate       |
| Bactrim      | sulfamethoxazole/trimethoprim |
| Bactroban    | mupirocin                     |
| Benadryl     | diphenhydramine               |
| Bentyl       | dicyclomine                   |
| Benzac       | benzoyl peroxide              |
| Betapace     | sotalol                       |
| Biaxin       | clarithromycin                |
| Capoten      | captopril                     |
| Carafate     | sucralfate                    |
| Cardura      | doxazosin                     |
| Ceftin       | cefuroxime                    |
| Celexa       | citalopram                    |
| Cipro        | ciprofloxacin                 |
| Claritin     | loratadine                    |
| Claritin-D   | loratadine/pseudoephedrine    |
| Cleocin      | clindamycin phosphate         |
| Clinoril     | sulindac                      |
| Compazine    | prochlorperazine              |
| Cordarone    | amiodarone                    |
| Coumadin     | warfarin                      |
| Darvocet     | propoxyphene/acetaminophen    |
| Deltasone    | prednisone                    |
| Depakote DR  | divalproex sodium             |
| Desyrel      | trazodone                     |

## UPMC for Kids Brand/Generic Reference Guide

| <b>Brand</b> | <b>Generic</b>             |
|--------------|----------------------------|
| Dexedrine    | dextroamphetamine sulfate  |
| Diabeta      | glyburide                  |
| Diflucan     | fluconazole                |
| Diprolene    | betamethasone dipropionate |
| Ditropan     | oxybutynin                 |
| Ditropan XL  | oxybutynin ER              |
| Duragesic    | fentanyl patch             |
| Duricef      | cefadroxil                 |
| Effexor      | venlafaxine                |
| Elavil       | amitriptyline              |
| Elocon       | mometasone furoate         |
| Ery-tab      | erythromycin               |
| Eskalith     | lithium carbonate          |
| Feldene      | piroxicam                  |
| Flagyl       | metronidazole              |
| Flexeril     | cyclobenzaprine            |
| Flonase      | fluticasone propionate     |
| Glucophage   | metformin                  |
| Glucotrol    | glipizide                  |
| Halcion      | triazolam                  |
| Haldol       | haloperidol                |
| Hytone       | hydrocortisone             |
| Hytrin       | terazosin                  |
| Imdur        | isosorbide mononitrate     |
| Imuran       | azathioprine               |
| Inderal      | propranolol                |
| Indocin      | indomethacin               |
| Keflex       | cephalexin                 |
| Kenalog      | triamcinolone acetonide    |
| Klonopin     | clonazepam                 |
| Lamictal     | lamotrigine                |
| Lamisil      | terbinafine                |
| Lanoxin      | digoxin                    |
| Lasix        | furosemide                 |
| Levsin       | hyoscyamine                |
| Lodine       | etodolac                   |
| Lomotil      | diphenoxylate/atropine     |
| Lopid        | gemfibrozil                |
| Lotensin     | benazepril                 |
| Lotensin HCT | benazepril/HCTZ            |
| Lotrel       | amlodipine/benazepril      |

## UPMC for Kids Brand/Generic Reference Guide

| <b>Brand</b>     | <b>Generic</b>          |
|------------------|-------------------------|
| Mevacor          | lovastatin              |
| Minipress        | prazosin                |
| Minocin          | minocycline             |
| Mobic            | meloxicam               |
| Motrin           | ibuprofen               |
| MS Contin        | morphine sulfate ER     |
| Naprosyn         | naproxen                |
| Neurontin        | gabapentin              |
| Nicoderm         | nicotine patch          |
| Nicorette        | nicotine gum            |
| Nizoral          | ketoconazole            |
| Nolvadex         | tamoxifen               |
| Nordette         | portia                  |
| Norvasc          | amlodipine              |
| Ortho Tri-Cyclen | tri-sprintec, trinessa  |
| Ortho-Cyclen     | sprintec                |
| Oxy IR           | oxycodone               |
| Pamelor          | nortriptyline           |
| Paxil            | paroxetine              |
| Pepcid           | famotidine              |
| Percocet         | oxycodone/acetaminophen |
| Peridex          | chlorhexidine gluconate |
| Plaquenil        | hydroxychloroquine      |
| Pravachol        | pravastatin             |
| Prilosec OTC     | omeprazole OTC          |
| Principen        | ampicillin              |
| Prinivil         | lisinopril              |
| Prinzide         | lisinopril/HCTZ         |
| Procardia        | nifedipine              |
| Proscar          | finasteride             |
| Prozac           | fluoxetine              |
| Reglan           | metoclopramide          |
| Remeron          | mirtazapine             |
| Restoril         | temazepam               |
| Retin-A          | tretinoin               |
| Risperdal        | risperidone             |
| Ritalin          | methylphenidate         |
| Soma             | carisoprodol            |
| Sporanox         | itraconazole            |
| Sumycin          | tetracycline            |
| Synthroid        | levothyroxine           |

## UPMC for Kids Brand/Generic Reference Guide

| <b>Brand</b>    | <b>Generic</b>                      |
|-----------------|-------------------------------------|
| Tegretol        | carbamazepine                       |
| Tenex           | guanfacine                          |
| Tenoretic       | atenolol/chlorthalidone             |
| Tenormin        | atenolol                            |
| Tessalon Perles | benzonatate                         |
| Topicort        | desoximetasone                      |
| Tylenol #3      | acetaminophen with codeine          |
| Ultram          | tramadol                            |
| Valium          | diazepam <sup>7</sup>               |
| Vaseretic       | enalapril/HCTZ                      |
| Vasotec         | enalapril                           |
| Veetids         | penicillin V potassium <sup>7</sup> |
| Vibramycin      | doxycycline hyclate                 |
| Vicodin         | hydrocodone/acetaminophen           |
| Voltaren        | diclofenac                          |
| Wellbutrin      | bupropion                           |
| Xanax           | alprazolam                          |
| Zantac          | ranitidine                          |
| Zithromax       | azithromycin                        |
| Zocor           | simvastatin                         |
| Zofran          | ondansetron                         |
| Zoloft          | sertraline                          |
| Zovirax         | acyclovir                           |
| Zyloprim        | allopurinol                         |









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**This managed care plan may not cover all your health care expenses. Read all UPMC *for Kids* materials carefully to determine which health care services are covered.**

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