



Your Prescription
Drug Program
2012
Lehigh/Capital

www.upmchealthplan.com

UPMC *for You*
Affiliate of UPMC Health Plan

The information in this booklet was current at the time it was printed. For the most up-to-date information, please go to our website at www.upmchealthplan.com. Select "Members" on the homepage. On the "Members" page, select "Medical Assistance" from the left column.

Translation services are available by calling UPMC for You at 1-866-353-4345. Toll-free TTY # 1-800-361-2629.

UPMC for You 为您提供翻译服务，如有需要请拨打1-866-353-4345。
电传打字机（TTY）用户请拨打1-800-361-2629。

សេវាបកប្រែភាសាមានតាមរយៈការហៅទូរស័ព្ទមក UPMC for You តាមរយៈលេខ 1-866-353-4345 ។
សំរាប់អ្នកប្រើប្រាស់ ម៉ាស៊ីន ទទួល មតិសុំសេវាបកប្រែតាមលេខ 1-800-361-2629 ។

Вы можете воспользоваться услугами по переводу, позвонив в службу UPMC for You по телефону 1-866-353-4345.
Пользователи текст-телефонных устройств (TTY), пожалуйста, звоните по телефону 1-800-361-2629.

Puede tener acceso a los servicios de traducción llamando a UPMC for You al 1-866-353-4345.
Los usuarios de equipo teleescritor (TTY) pueden llamar al 1-800-361-2629.

Để sử dụng các dịch vụ dịch thuật, hãy gọi UPMC for You ở số 1-866-353-4345.
Người sử dụng TTY (điện thoại dành cho người khiếm thính hoặc khiếm ngôn), vui lòng gọi 1-800-361-2629.

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Your Prescription Drug Program

The UPMC *for You* Prescription Drug Formulary is a list of Food and Drug Administration (FDA) approved medications. This list has been developed by UPMC *for You* doctors and pharmacists. UPMC *for You* provides coverage (pays for) for medications on the formulary (drug list). 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. For your convenience, there is a drug list of prescription medications and a drug list of over-the-counter (OTC) medications. These lists are in alphabetical order. The UPMC *for You* formulary includes the most commonly used drugs. It does not include every medication your doctor might prescribe. UPMC *for You* covers many other drugs besides the ones listed in the formulary.

Your doctor should order medications for you from the formulary. If your doctor writes you a prescription for a non-formulary medicine, he or she will need to contact Pharmacy Services at 1-800-979-UPMC (8762) for a medical exception. TTY users should call toll-free at 1-800-361-2629. You will not be able to get the medication until we authorize the exception.

You can get some over-the-counter medications when your doctor writes a prescription for them. Please refer to the UPMC *for You* Over-the-Counter formulary in this book, on pages 24-27, for a listing of covered products.

If you have any questions, call a UPMC *for You* Member Services representative at 1-866-353-4345 Monday, Tuesday, Thursday, Friday from 7 a.m. to 7 p.m., Wednesday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call toll-free at 1-800-361-2629.

Pharmacy Copayments and Six-Prescription Limit

A six-prescription limit applies only to members in the General Assistance benefit category. The limit will not apply if the General Assistance member meets any of the criteria listed below.

Also, you may need to pay a small amount to the pharmacist for your medications. This is called a copayment. The pharmacist will let you know if a copayment applies to you.

Pharmacy copayments and the six prescription limit do not apply to pregnant women (including through the post-partum period), recipients under the age of 18, nursing facility residents, and those who reside in an Intermediate Care Facility for the Mentally Retarded and Other Related Conditions (ICF/MR/ORC). Pharmacy copayments also do not apply to emergency supplies, family planning supplies, and recipients eligible under the Breast and Cervical Cancer Prevention and Treatment coverage group and Titles IV-B Foster Care and IV-E Foster Care and Adoption Assistance.

Information for members in the General Assistance Benefit category:

Prescription drugs, including over-the-counter and insulin, prescribed or ordered by your doctor (including originals and refills of existing prescriptions), will be covered up to a maximum of 6 prescriptions per calendar month.

- Exceptions to the numerical limits on prescriptions may be granted if you have serious chronic systemic illnesses or other serious health conditions.
- Certain medications are exempt from the limit. Your pharmacist will let you know if your medications are exempt.

If you have pharmacy benefits, brand-name prescription drugs and brand-name over-the-counter drugs are \$3 for each new prescription or refill.

If you have pharmacy benefits, generic prescription drugs and generic over-the-counter drugs are \$1 for each new prescription or refill.

If your copayments between January and June or between July and December are more than \$180, UPMC *for You* will automatically refund the amount that is over \$180. Rebate checks will be mailed within 4 to 6 weeks after each 6-month period.

You cannot be denied a prescription drug if you cannot pay the copayment. Tell your pharmacist if you cannot afford to pay. Your pharmacy can still try to collect the copayment from you.

Information for members in the Adult Benefit category:

- If you have pharmacy benefits, brand-name prescription drugs and brand-name over-the-counter drugs are \$3 for each new prescription or refill.
- If you have pharmacy benefits, generic prescription drugs and generic over-the-counter drugs are \$1 for each new prescription or refill.

You do not have to pay a copayment for certain drugs: anti-hypertensives (high blood pressure drugs), anti-neoplastics (cancer drugs), anti-diabetics (diabetes drugs), anti-convulsants (epilepsy drugs), cardiovascular preparations (heart disease drugs), anti-Parkinson's agents (Parkinson's disease drugs), AIDS drugs, anti-glaucoma agents (glaucoma drugs), anti-psychotics (drugs for psychosis), and anti-depressants (drugs for depression).

Drugs, including immunizations, dispensed by a physician are excluded from copayments.

If your copayments between January and June or between July and December are more than \$90, UPMC *for You* will automatically refund the amount that is over \$90. Rebate checks will be mailed within 4 to 6 weeks after each 6-month period.

You cannot be denied a prescription drug if you cannot pay the copayment. Tell your pharmacist if you cannot afford to pay. Your pharmacy can still try to collect the copayment.

If you have questions about these copayments or which benefit you are eligible for, please call a UPMC *for You* Member Services representative at 1-866-353-4345 Monday, Tuesday, Thursday, Friday from 7 a.m. to 7 p.m., Wednesday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call toll-free at 1-800-361-2629.

Plan Exclusions

The following medications are not covered under the Medical Assistance Program:

- DESI drugs
- Drugs from manufacturers not participating in the Fee-for-Service (FFS) Medical Assistance Drug Rebate Program
- Erectile dysfunction medications
- Experimental/investigational medications
- Drugs used for cosmetic purposes
- Drugs used for fertility purposes
- Weight loss drugs

Dispensing Limitations

Prescriptions must be dispensed by a network pharmacy. Some network pharmacies can provide up to a 90-day supply of maintenance drug for one copayment. Please ask your pharmacist or call

our Member Services representatives to see if your pharmacy participates in this program. A maintenance drug is one that you take on a regular basis for a chronic or long-term condition. Antibiotics, controlled substances, and specialty medications are limited to a maximum 30-day supply per copayment. Controlled substances are drugs with high abuse potential and have a schedule II-V classification according to the Drug Enforcement Agency (DEA) and Food and Drug Administration (FDA). Specialty drugs are high-cost medications used to treat complex diseases. These medications usually require specialized handling and close monitoring by a doctor. Please ask your pharmacist or call our Member Services representatives to determine which drugs can be filled for a 90-day supply.

A medication may be refilled when 85% of the medication has been used. Authorizations for medications which are lost/misplaced, stolen, or destroyed/damaged must be reviewed by the UPMC *for You* Pharmacy Services department.

Temporary Supplies

All requests for exceptions will be responded to within 24 hours. If a decision cannot be made in 24 hours, you will receive one of the following:

- A 15-day supply of medication if your prescription qualifies as an ongoing medication.
- A 72-hour supply of medication if you have an immediate need for it.

Generic Medications

UPMC *for You* requires that generic medications be given to you when available. Generic drugs have the same active ingredients as their brand-name counterparts and are just as safe and effective. Doctors are encouraged to prescribe generic medications whenever clinically appropriate. If your doctor prescribes a drug by brand name, your pharmacist will give you a generic version of that drug. If your doctor thinks you need the brand-name version of the drug, your doctor will need to call Pharmacy Services at 1-800-979-UPMC (8762). TTY users should call toll-free at 1-800-361-2629. Representatives are available Monday through Friday from 8 a.m. to 5 p.m.

Step Therapy

Some medications listed on the UPMC *for You* formulary require specific medications to be used before you can receive the step therapy medication. The step therapy medications are automatically covered if we have a record that the required medication has been tried first. If there is no record that the required medication has been tried, your doctor is required to consult with UPMC *for You* Pharmacy Services before your pharmacy plan will cover the step therapy medication. The drugs are as follows:

Step Therapy Medications

Actos

Avandia

Celebrex

Diovan

Diovan HCT

Exforge

Exforge HCT

Januvia

Lexapro

Maxalt

Onglyza

Singulair

Symlin

Venlafaxine ER capsule

Abilify (<12 years of age)

Chlorpromazine (<12 years of age)

Clozapine (<12 years of age)

Fazaclo ODT (<12 years of age)

Fluphenazine (<12 years of age)

Geodon (<12 years of age)

Haloperidol (<12 years of age)

Loxapine (<12 years of age)

Moban (<12 years of age)

Orap (<12 years of age)

Perphenazine (<12 years of age)

Risperidone (<12 years of age)

Seroquel (<12 years of age)

Thioridazine (<12 years of age)

Thiothixene (<12 years of age)

Trifluoperazine (<12 years of age)

Zyprexa (<12 years of age)

Prior Authorization

Some medications listed on the UPMC *for You* formulary require additional information from your doctor. Your doctor is required to consult with UPMC *for You* Pharmacy Services the first time he or she prescribes these drugs for you and before your pharmacy plan will cover them. The drugs are as follows:

Prior Authorization Medications

Abilify (2 mg, 5 mg)	Galantamine/ Galantamine ER	Nuedexta	Sutent
Abstral		Nulojix	Sylatron
Actemra	Geodon (20mg)	Nuvigil	Symbyax
Acthar Gel	Gilenya	Oforta	Synagis
Adagen	Glassia	Onsolis	Synarel
Adcirca	Gleevec	Orencia	Synvisc
Afinitor	Humatrope	Orfadin	Tarceva
Aldurazyme	Humira	Pegasy	Targretin
Amevive	Hycamtin	Peg-Intron	Tasigna
Ampyra	Incivek	Procrit	Temodar
Androderm	Increlex	Prolastin	Tev-Tropin
Aralast	Infergen	Prolastin-C	Thalomid
Aranesp	Intron-A	Prolia	Tracleer
Banzel	Iressa	Promacta	Trelstar
Benlysta	Itraconazole	Protopic	Tretinoin (age 35 and older)
Berinert	IVIG (intravenous immune globulin)	Provenge	Tykerb
Botox	Kalbitor	Provigil	Tysabri
Buphenyl	Kineret	Pulmozyme	Tyvaso
Buprenorphine	Krystexxa	Rapamune	Vantas
Caprelsa	Kuvan	Reclast	Veletri
Carbaglu	Letairis	Relistor	Ventavis
Cerezyme	Lidoderm	Remicade	Viadur
Cinryze	Lucentis	Remodulin	Victrelis
Daliresp	Lumizyme	Revatio	Votrient
Donepezil	Lupron	Revlimid	VPRIV
Dysport	Lupron Depot	Risperdal Consta	Xeloda
Egrifta	Lupron Depot-Ped	Rituxan	Xenazine
Elaprase	Lyrica	Rivastigmine	Xeomin
Elidel	Lysteda	Samsca	Xgeva
Eligard	Makena	Sandostain LAR Depot	Xifaxan
Enbrel	Mozobil	Savella	Xolair
Epogen	Myobloc	Seroquel	Xyrem
Euflexxa	Myozyme	Serostim	Zavesca
Fabrazyme	Naglazyme	Somatuline Depot	Zemaira
Fanapt	Namenda	Somavert	Zoladex
Fentanyl citrate lozenge	Neulasta	Sprycel	Zolinza
Fentora	Neupogen	Stelara	Zorbtive
Firmagon	Nexavar	Suboxone	Zortress
Flolan/epoprostenol	Nplate	Sucraid	Zyprexa (2.5 mg, 5 mg)
Forteo		Supprelin LA	Zytiga

Quantity Limits

The UPMC *for You* 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 Class	Quantity Limits
Anticoagulant (blood thinner) Medications	
Effient	30 tablets per month
Enoxaparin, Fragmin, and Fondaparinux	2 month supply per year
Antiviral Medications	
famciclovir	125 mg: 21 tablets per month 250 mg: 70 tablets per month 500 mg: 21 tablets per month
Relenza	1 kit per season
Synagis PA	1 vial per month Maximum of 5 doses per season
Tamiflu	10 capsules or 2 bottles per season
valacyclovir	1000 mg: 21 tablets per month 500 mg: 42 tablets per month
Asthma	
Singular ST	30 tablets per month
ADHD and Stimulant Medications	
amphetamine salt combo	5 mg, 7.5 mg, 10 mg, 12.5 mg, 20 mg: 3 tablets per day 15 mg, 30 mg: 2 tablets per day
amphetamine salts ER	5 mg, 10 mg, 15 mg: 30 capsules per month 20 mg, 25 mg, 30 mg: 60 capsules per month
dexmethylphenidate	2 tablets per day
dextroamphetamine	4 tablets per day
dextroamphetamine SA	5 mg : 1 tablet per day 10 mg, 15 mg: 4 tablets per day
methylphenidate	2.5 mg, 5 mg, 10 mg, 20 mg: 3 tablets per day 5 mg/5 mL solution: 30 mL per day 10 mg/5 mL solution: 15 mL per day
methylphenidate ER	18 mg, 27 mg, 54 mg: 30 tablets per month 36 mg: 60 tablets per month
methylphenidate SR	3 capsules per day
Nuvigil PA	30 tablets per 30 days
Provigil PA	100 mg: 30 tablets per 30 days 200 mg: 60 tablets per 30 days
Strattera	10 mg, 40 mg, 60 mg, 80 mg, 100 mg: 30 tablets per month 18 mg: 60 tablets per month 25 mg: 90 tablets per month

Continued

PA = Prior Authorization Required

ST = Step Therapy Required

These are the standard quantity limits we cover. Depending upon diagnosis and information provided by the doctor, higher quantities may be covered after medical review on a case-by-case basis.

Medication Class	Quantity Limits
Bronchodilators	
Proair HFA	2 inhalers per month
Ventolin HFA	2 inhalers per month
Contraceptive Agents	
Medroxyprogesterone injection	1 vial/syringe per 90 days
Nuvaring	1 ring per 28 days
Oral contraceptive tablets	28 tablets per 28 days 91 tablets per 90 days for extended cycle tablets
Dermatological Agents	
Regranex	3 tubes per year
Diabetes Medications	
Byetta	1 pen per month
Symlyn ST	4 vials/pens per month
Fibromyalgia Medications	
Savella PA	60 tablets per month
Gastrointestinal Medications	
Emend	40 mg: 1 tablet per month 80 mg: 4 tablets per month 125 mg: 2 tablets per month Tri-fold: 2 packs per month 1 vial per 30 days
lansoprazole	30 capsules per month
omeprazole OTC	60 tablets per month
ondansetron	4 mg, 8 mg: 90 tablets per month 24 mg: 7 tablets per month
pantoprazole	30 tablets per month
Hormone Replacement Therapy	
estradiol transdermal patches	4 patches per month
Injectable & Biotech Medications	
Actemra PA	800 mg (40 mL) per 28 days
Acthar gel PA	3 vials per month
Adcirca PA	60 tablets per month
Amevive PA	2 treatment courses per year
Ampyra PA	60 tablets per month
Apokyn	30 syringes per month
Botox PA	Four 100 Unit vials per 84 days Two 200 Unit vials per 84 days
Cayston	84 vials per 56 days
Cinryze PA	16 vials per month
Dysport PA	Two vials per 84 days

Continued

PA = Prior Authorization Required

ST = Step Therapy Required

These are the standard quantity limits we cover. Depending upon diagnosis and information provided by the doctor, higher quantities may be covered after medical review on a case-by-case basis.

Medication Class	Quantity Limits
Eligard PA	One 7.5 mg kit per 28 days One 22.5 mg kit per 84 days One 30 mg kit per 112 days One 45 mg kit per 168 days
Enbrel PA	25 mg: 8 vials per month 50 mg: 4 vials per month
Firmagon PA	Two 120 mg vials per lifetime One 80 mg vial per 28 days
Forteo PA	1 pen per 28 days Maximum of 2 years of therapy per lifetime
Gilenya PA	30 capsules per 30 days
Humira PA	2 syringes per month Crohn's Starter Pack: 1 pack per lifetime Psoriasis Starter Pack: 1 pack per lifetime
Infergen PA	12 vials per month
Kineret PA	30 syringes per month
Krystexxa PA	2 vials per 28 days
Letairis PA	30 tablets per month
Lupron PA	2 kits per 28 days
Lupron Depot PA	One 3.75 mg kit per 28 days One 7.5 mg kit per 28 days One 11.25 mg kit per 84 days One 22.5 mg kit per 84 days One 30 mg kit per 112 days
Lupron Depot-Ped PA	1 kit per 28 days
Lysteda PA	30 tablets per 28 days
Mozobil PA	8 vials per 4 days
Myobloc PA	Four 2,500 Unit vials per 84 days Two 5,000 Unit vials per 84 days One 10,000 Unit vials per 84 days
Nuedexta PA	60 capsules per month
Pegasys PA	4 vials (1 kit) per month
Peg-Intron PA	4 kits per month
Prolia PA	2 vials per 365 days
Promacta PA	30 tablets per month
Provenge PA	1 course per lifetime
Pulmozyme PA	30 ampules per month
Reclast PA	1 infusion per year
Revatio PA	90 tablets per month
ribavirin	180 units per month
Rituxan PA	1 treatment course (two 1000mg doses given on day 1 and 15)
Samsca PA	15 mg: 30 tablets per month 30 mg: 60 tablets per month

Continued

PA = Prior Authorization Required

ST = Step Therapy Required

These are the standard quantity limits we cover. Depending upon diagnosis and information provided by the doctor, higher quantities may be covered after medical review on a case-by-case basis.

Medication Class	Quantity Limits
Sandostatin LAR Depot PA	10 mg and 30 mg: 1 kit per 28 days 20 mg: 2 kits per 28 days
Somatuline Depot PA	60 mg, 90 mg, and 120 mg: 1 syringe per 28 days
Somavert PA	15 mg: 60 vials per 30 days
Stelara PA	1 vial/syringe per 12 weeks
Supprelin LA PA	1 implant per 365 days
Synarel PA	5 bottles per 30 days
TOBI	56 vials per 56 days
Tracleer PA	60 tablets per month
Trelstar PA	3.75 mg: 1 vial every 28 days 11.25 mg: 1 vial every 84 days 22.5 mg: 1 vial every 168 days
Tysabri PA	1 vial per 28 days
Vantas PA	1 implant per 365 days
Xenazine PA	12.5 mg: 90 tablets per month 25 mg: 120 tablets per month
Xeomin PA	50 U vial: 8 vials per 84 days 100 U vial: 4 vials per 84 days
Xgeva PA	1 vial per 28 days
Xolair PA	6 vials per 28 days
Zoladex PA	One 3.6 mg implant per 28 days One 10.8 mg implant per 84 days
Migraine Medications	
sumatriptan	Injection: 4 boxes per month Nasal Spray: 6 bottles per month Tablets: 9 tablets per month
Maxalt/Maxalt MLT ST	9 tablets per month
naratriptan	9 tablets per month
Monthly Fill Limitations	
Benzodiazepines	2 fills per month
Narcotic analgesics	4 fills per month
Multiple Sclerosis Injectable Medications	
Avonex	1 package (each containing 4 vials) per month
Copaxone	1 package of 30 syringes per month
Rebif	12 pre-filled syringes per month titration pack: 1 package per lifetime
Muscle Relaxants	
carisprodol	120 tablets per year
Narcolepsy Medication	
Xyrem PA	3 bottles per month

Continued

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ST = Step Therapy Required

These are the standard quantity limits we cover. Depending upon diagnosis and information provided by the doctor, higher quantities may be covered after medical review on a case-by-case basis.

Medication Class	Quantity Limits
Non-steroidal Anti-inflammatory Medications (NSAIDs)	
Celebrex ST	60 capsules per month
ketorolac	5-day supply
Oral Antibiotic Medications	
azithromycin	250 mg: 10 tablets per month 500 mg: 4 tablets per month 600 mg: 8 tablets per month 2 gr per 60mL bottle: 1 bottle per month
ciprofloxacin ER	500 mg: 3 tablets per prescription 1000 mg: 14 tablets per prescription
Xifaxan PA	200 mg: 9 tablets per prescription 550 mg: 60 tablets per 30 days
Zyvox	56 tablets per year
Oral Antifungal Medications	
fluconazole	150 mg: 2 tablets per prescription 50 mg, 100 mg, 200 mg: 10 tablets per month
itraconazole PA	60 capsules per month
terbinafine	90 tablets per year
voriconazole	100-day supply per year
Oral Oncology Medications	
Afinitor PA	30 tablets per 30 days
Gleevec PA	100 mg: 90 tablets per 30 days 400 mg: 60 tablets per 30 days
Iressa PA	30 tablets per 30 days
Nexavar PA	120 tablets per 30 days
Revlimid PA	30 tablets per 30 days
Sprycel PA	30 tablets per 30 days
Sutent PA	30 tablets per 30 days
Tarceva PA	100 mg and 150 mg: 30 tablets per 30 days
Tasigna PA	120 tablets per 30 days
Thalomid PA	150 mg and 200 mg: 60 tablets per 30 days
Tykerb PA	180 tablets per 30 days
Votrient PA	120 tablets per 30 days
Zolinza PA	120 tablets per 30 days
Osteoarthritis of the Knee Injections	
Euflexxa PA	Twice-yearly injection course per knee
Synvisc PA	Twice-yearly injection course per knee
Pain Medications	
Combination drugs containing acetaminophen	4 grams daily
Combination drugs containing aspirin	6 grams daily

Continued

PA = Prior Authorization Required

ST = Step Therapy Required

These are the standard quantity limits we cover. Depending upon diagnosis and information provided by the doctor, higher quantities may be covered after medical review on a case-by-case basis.

Medication Class	Quantity Limits
Abstral PA	120 tablets per month
fentanyl citrate lozenge PA	120 units per month
fentanyl transdermal patch	100 mcg: 30 patches per month 12 mcg, 25 mcg, 50 mcg, 75 mcg: 10 patches per month
Fentora PA	120 tablets 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
Onsolis PA	120 units per month
Opana ER/oxymorphone ER	60 tablets per month
oxycodone/ibuprofen	28 tablets per month
tramadol	240 tablets per month
tramadol/acetaminophen	40 tablets per month
Psychiatric Medications	
Abilify PA	1 tablet per day Solution: 900 mL per 30 days
buprenorphine PA	2 mg: 120 tablets/film strips per 30 days 8 mg: 90 tablets/film strips per 30 days
bupropion XL, bupropion XL 24 hour	150 mg: 1 tablet per day
Fanapt PA	2 tablets per day Titration pack: 1 pack per year
Fazaclo ODT	12.5 mg: 1 tablet per day 25 mg: 3 tablets per day 100 mg: 9 tablets per day 150 mg: 6 tablets per day 200 mg: 4 tablets per day
Geodon PA	2 capsules per day
lamotrigine	100 mg, 200 mg: 2 tablets per day 5 mg, 25 mg, 150 mg: 3 tablets per day
Lexapro ST	10 mg: 1.5 tablets per day 5 mg, 20 mg: 1 tablet per day
paroxetine CR	1 tablet per day
Risperdal Consta PA	2 kits per 28 days
risperidone	2 tablets per day
Seroquel PA	3 tablets per day
Suboxone PA	2/0.5 mg: 120 tablets/film strips per 30 days 8/2 mg: 90 tablets/film strips per 30 days
Symbyax PA	1 capsule per day
Venlafaxine XR ST	150 mg : 2 capsules per day 37.5 mg: 1 capsule per day 75 mg: 3 capsules per day

Continued

PA = Prior Authorization Required

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These are the standard quantity limits we cover. Depending upon diagnosis and information provided by the doctor, higher quantities may be covered after medical review on a case-by-case basis.

Medication Class	Quantity Limits
Zyprexa	15 mg, 20 mg: 2 tablets per day 2.5 mg, 5 mg, 7.5 mg, 10 mg: 1 tablet per day
Seizure Medications	
Lyrica PA	25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg: 90 capsules per month 225 mg, 300 mg: 60 capsules per month
topiramate	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
Smoking cessation products will be limited to 2 quit attempts per 365 day period	

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. This is easier since you only need to remember to take your medication once a day instead of several times a day. For these drugs, UPMC *for You* covers only one larger dose per day for up to 30 days at a time.

Here is an example. Your doctor writes a prescription for you to take two 20 milligram (mg) doses of medicine each day, in the morning and evening. If the 40 mg strength of medication exists, your pharmacist will substitute one 40 mg dose per day instead of the two 20 mg doses per day. If a medical reason prevents you from taking your medication once daily in the larger dose, your doctor may call Pharmacy Services at 1-800-979-UPMC (8762) to request a medical exception. TTY users should call toll-free at 1-800-361-2629. Representatives are available Monday through Friday from 8 a.m. to 5 p.m.

Pharmacies for Prescriptions

UPMC *for You* has many participating pharmacies that can fill your prescription. You have pharmacy benefits coverage if the Department of Public Welfare has determined that you are eligible for this coverage. You can call a UPMC *for You* Member Services representative at 1-866-353-4345 and select the number for “pharmacy” to find a participating pharmacy close to you. Member Services representatives are available to you Monday, Tuesday, Thursday, Friday from 7 a.m. to 7 p.m., Wednesday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 pm. TTY users should call toll-free at 1-800-361-2629. You can also go online at www.upmchealthplan.com to look up a pharmacy address closest to you.

Complaints, Grievances, and Fair Hearings

You have the right to appeal any denial made by UPMC *for You* and the right to file a complaint about the administration of the drug formulary, by using the complaints and grievances process described in the UPMC *for You* "Member Handbook." To request this handbook, or for information on the Complaint and Grievance Process, call a UPMC *for You* Member Services representative at 1-866-353-4345. TTY users should call toll-free at 1-800-361-2629. You can also go online at www.upmchealthplan.com to see an online copy of this handbook.

Pharmacy Benefit Questions

If you have a question about your pharmacy benefit, please call our UPMC *for You* Member Services representatives at 1-866-353-4345 Monday, Tuesday, Thursday, Friday from 7 a.m. to 7 p.m., Wednesday from 7 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 pm. TTY users should call toll-free at 1-800-361-2629.

UPMC *for You* Prescription Drug Formulary

DRUG NAME	CODE
ABILIFY	PA (2 mg, 5 mg), QL, ST (<12 years of age)
ABSTRAL	PA, QL, QL (fills/month)
acarbose	
acebutolol	
acetazolamide	
acetic acid	
acetic acid/aluminum acetate	
acetylcysteine	
ACTEMRA	PA, QL
ACTHAR GEL	PA, QL
ACTOPLUS MET	
ACTOS	ST
acyclovir	
ADAGEN	PA
ADCIRCA	PA, QL
ADVAIR	
AFINITOR	PA, QL
AGENERASE	
albuterol	
ALDURAZYME	PA

DRUG NAME	CODE
alendronate	
alesse	
ALIMTA	
ALKERAN	
allopurinol	
ALOMIDE	
alprazolam	QL (fills/month)
amantadine	
amcinonide	
AMEVIVE	PA, QL
amiloride	
amiloride/hydrochlorothiazide	
amiodarone	
amitriptyline	
amlodipine	
amlodipine/benazepril	
amnestem	
amoxicillin	
amoxicillin/clavulanate	
amphetamine salts	QL
amphetamine salts ER	QL

KEY

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 ST = Step Therapy Required
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Lowercase = generic

UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
ampicillin	
AMPYRA	PA, QL
anagrelide	
anastrozole	
ANDRODERM	PA
APOKYN	QL
apri	
APTIVUS	
ARALAST NP	PA
aranelle	
ARANESP	PA
ASACOL	
ASACOL HD	
aspirin	
atenolol	
atenolol/chlorthalidone	
ATRIPLA	
atropine sulfate	
AVANDAMET	
AVANDARYL	
AVANDIA	ST
aviane	
AVODART	
AVONEX	QL
azathioprine	
azelastine	
azithromycin	QL
bacitracin	
baclofen	
balsalazide	
BANZEL	PA
BARACLUDE	
BAYER BLOOD GLUCOSE PRODUCTS (Ascensia)	
benazepril	
benazepril/hydrochlorothiazide	
BENLYSTA	PA

DRUG NAME	CODE
benzocaine/antipyrine	
benzonatate	
benzoyl peroxide	
benztropine	
BERINERT	PA
betamethasone	
betaxolol	
BETOPTIC S	
bicalutamide	
bisoprolol	
bisoprolol/hydrochlorothiazide	
BOTOX	PA, QL
brevicon	
bromocriptine	
brompheniramine/pseudoephedrine	
budeprion XL	QL
budesonide EC	
budesonide RESPULES (8 years old and younger)	
bumetanide	
BUPHENYL	PA
buprenorphine	PA, QL
buproban	QL
bupropion	
bupropion SR	
bupropion XL	QL
butalbital/acetaminophen	QL
butalbital/acetaminophen/caffeine	QL
butalbital/aspirin/caffeine	QL
BYETTA	QL
calcipotriene	
calcitriol	
calcium acetate	
camila	
CANASA	
CAPRELSA	PA

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
captopril	
captopril/hydrochlorothiazide	
CARBAGLU	PA
carbamazepine	
carbamazepine ER	
carbamide peroxide	
carbidopa/levodopa	
carisoprodol	QL
carteolol	
carvedilol	
CAYSTON	QL
cefaclor	
cefadroxil	
cefdinir	
cefpodoxime	
cefuroxime	
CELEBREX	ST, QL
cephalexin	
CEREZYME	PA
cetirizine OTC	
chlorhexidine	
chloroquine	
chlorpheniramine/ pseudoephedrine	
chlorpromazine	ST (<12 years of age)
chlorthalidone	
chlorzoxazone	
cholestyramine	
choline magnesium trisalicylate	
cilostazol	
cimetidine	
CINRYZE	PA, QL
ciprofloxacin	
ciprofloxacin ER	QL
citalopram	
claravis	
clarithromycin	
clindamycin	

DRUG NAME	CODE
clobetasol	
clomipramine	
clonazepam	QL (fills/month)
clonidine	
clotrimazole	
clotrimazole/betamethasone	
clozapine	ST (<12 years of age)
codeine	QL (fills/month)
codeine/acetaminophen	QL, QL (fills/month)
codeine/aspirin	QL, QL (fills/month)
colchicine	
colestipol	
COMBIVENT	
COMBIVIR	
COMTAN	
COPAXONE	QL
cortisone acetate	
CREON	
CRIXIVAN	
cromolyn	
cryselle	
CUPRIMINE	
cyanocobalamin	
cyclobenzaprine	
CYCLOGYL	
cyclophosphamide	
cyclosporine	
DALIRESP	PA
danazol	
dantrolene	
dapsone	
DENAVIR	
desipramine	
desmopressin	
desonide	
desoximetasone	
dexamethasone	
dexmethylphenidate	QL

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
dextroamphetamine	QL
dextroamphetamine SA	QL
diazepam	QL (fills/month)
diazepam rectal	
diclofenac	
dicloxacillin	
dicyclomine	
diflorasone	
digoxin	
dihydroergotamine	
DILATRATE-SR	
diltiazem	
DIOVAN	ST
DIOVAN HCT	ST
diphenhydramine	
diphenoxylate/atropine	
dipyridamole	
disopyramide	
disulfiram	
DIURIL	
divalproex	
divalproex DR	
divalproex ER	
donepezil	PA
dorzolamide	
dorzolamide/timolol	
doxazosin	
doxepin	
doxycycline	
DUETACT	
dyphylline-gg	
DYSPORT	PA, QL
econazole	
EDURANT	
EFFIENT	QL
EGRIFTA	PA
ELAPRASE	PA

DRUG NAME	CODE
ELIDEL	PA
ELIGARD	PA, QL
EMCYT	
EMEND	QL
EMTRIVA	
enalapril	
enalapril/hydrochlorothiazide	
ENBREL	PA, QL
enoxaparin	QL
enpresse	
epinastine	
epinephrine	
EPIVIR	
eplerenone	
EPOGEN	PA
epoprostenol	PA
EPZICOM	
ergocalciferol	
ergotamine	
erythromycin	
estradiol	
estradiol transdermal	QL
estradiol/norethindrone	
estropipate	
ethambutol	
ethosuximide	
etodolac	
etoposide	
EUFLEXXA	PA, QL
EURAX	
EVISTA	
exemestane	
EXFORGE	ST
EXFORGE HCT	ST
FABRAZYME	PA
famciclovir	QL
famotidine	
FANAPT	PA, QL
FARESTON	

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
FAZACLO ODT	QL (ST<12 years of age)
FELBATOL	
fenofibrate	
fenoprofen	
fentanyl citrate lozenge	PA, QL, QL (fills/month)
fentanyl patch	QL, QL (fills/month)
FENTORA	PA, QL, QL (fills/month)
fexofenadine OTC	
finasteride	
FIRMAGON	PA, QL
FLOLAN	PA
FLOVENT	
fluconazole	QL
fludrocortisone	
flunisolide	
fluocinolone	
fluocinonide	
fluorometholone	
fluorouracil	
fluoxetine	
fluphenazine	ST (<12 years of age)
flurazepam	QL (fills/month)
flutamide	
fluticasone	
fluvoxamine	
folic acid	
fondaparinux	QL
FORTEO	PA, QL
FORTOVASE	
fosinopril	
fosinopril/ hydrochlorothiazide	
FRAGMIN	QL
furosemide	
FUZEON	
gabapentin	

DRUG NAME	CODE
GABITRIL	
galantamine	PA
galantamine er	PA
GALZIN	
ganciclovir	
gemfibrozil	
gentamicin	
GEODON	PA (20 mg), QL, ST (<12 years of age)
GILENYA	PA, QL
GLASSIA	PA
GLEEVEC	PA, QL
glimepiride	
glipizide	
glipizide ER	
GLUCAGON	
glyburide	
glycopyrrolate	
griseofulvin	
guaifenisin/codeine	QL (fills/month)
guaifensin/ dextromethorphan	
guanabenz	
guanfacine	
haloperidol	ST (<12 years of age)
HUMALOG	
HUMATROPE	PA
HUMIRA	PA, QL
HUMULIN	
HYCAMTIN	PA
hydralazine	
hydrochlorothiazide	
hydrocodone/ acetaminophen	QL, QL (fills/month)
hydrocodone/homatropine	QL (fills/month)
hydrocodone/ibuprofen	QL, QL (fills/month)
hydrocortisone	
hydroxychloroquine	
hydroxyurea	

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
hydroxyzine	
hylira	
hyoscyamine	
ibuprofen	
imipramine	
INCIVEK	PA
INCRELEX	PA
indapamide	
indomethacin	
INFERGEN	PA, QL
INTELENCE	
INTRON-A	PA
INVIRASE	
IOPIDINE	
ipratropium	
IRESSA	PA, QL
ISENTRESS	
isoniazid	
ISOPTO CARBACHOL	
ISOPTO HYOSCINE	
isosorbide dinitrate	
isosorbide mononitrate	
isradipine	
itraconazole	PA, QL
IVIG (intravenous immune globulin)	PA
JANUMET	
JANUVIA	ST
jolessa	
jolivette	
junel	
junel FE	
KALBITOR	PA
KALETRA	
kariva	
ketoconazole	
ketoprofen	
ketorolac	QL
ketorolac tromethamine	

DRUG NAME	CODE
ketotifen	
KINERET	PA, QL
KOMBIGLYZE XR	
K-PHOS	
KRYSTEXXA	PA, QL
KUVAN	PA
labetolol	
lactulose	
lamotrigine	QL
lansoprazole	QL
LANTUS	
latanoprost	
leena	
leflunomide	
lessina	
LETAIRIS	PA, QL
letrozole	
LEUKERAN	
levetiracetam	
levlite	
levobunolol	
levofloxacin	
levora	
levothyroxine	
LEXAPRO	ST, QL
LEXIVA	
lidocaine	
lidocaine/prilocaine	
LIDODERM	PA, QL
LIFESCAN BLOOD GLUCOSE PRODUCTS (One Touch)	
liothyronine	
lisinopril	
lisinopril/hydrochlorothiazide	
lithium carbonate	
loperamide	
loratadine OTC	
loratadine/pseudoephedrine OTC	

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
lorazepam	QL (fills/month)
lovastatin	
low-ogestrel	
loxapine	ST (<12 years of age)
LUCENTIS	PA
LUMIZYME	PA
LUPRON	PA, QL
LUPRON DEPOT	PA, QL
LUPRON DEPOT-PED	PA, QL
LYRICA	PA, QL
LYSTEDA	PA, QL
MAKENA	PA
malathion	
MATULANE	
MAXALT	ST, QL
MAXALT MLT	ST, QL
mebendazole	
meclizine	
medroxyprogesterone	
medroxyprogesterone injection	QL
mefloquine	
megestrol acetate	
meloxicam	
mepidine	QL (fills/month)
MEPHYTON	
MEPRON	
mercaptopurine	
mesalamine	
metformin	
metformin ER	
methadone	
methazolamide	
methenamine	
methimazole	
methocarbamol	
methotrexate	
methyl dopa	

DRUG NAME	CODE
methylergonovine	
methylphenidate	QL
methylphenidate ER	QL
methylphenidate SR	QL
methylprednisolone	
metoclopramide	
metolazone	
metoprolol	
metronidazole	
mexiletine	
miconazole	
midodrine	
minocycline	
minoxidil	
mirtazapine	
misoprostol	
MOBAN	ST (<12 years of age)
mometasone	
mononessa	
morphine sulfate	QL (fills/month)
morphine sulfate sustained release	QL, QL (fills/month)
MOZOBIL	PA, QL
MULTAQ	
multivitamin/fluoride/iron	
mupirocin	
mycophenolate	
MYOBLOC	PA, QL
MYOZYME	PA
nadolol	
NAGLAZYME	PA
naltrexone	
NAMENDA	PA
naproxen	
naratriptan	QL
nateglinide	
necon	
nefazodone	

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
neomycin sulfate	
neomycin/polymixin b/ bacitracin	
neomycin/polymixin B/ hydrocortisone	
NEULASTA	PA
NEUPOGEN	PA
NEXAVAR	PA, QL
niacin	
nicotine gum, lozenges, patches	QL
NICOTROL inhaler	QL
NICOTROL nasal spray	QL
nifedipine	
nimodipine	
nisoldipine	
nitrofurantoin macrocrystals	
nitroglycerin	
nizatidine	
NIZORAL A-D	
nora-BE	
norethindrone	
nor-QD	
nortriptyline	
NORVIR	
NPLATE	PA
NUEDEXTA	PA, QL
NULOJIX	PA
NUVARING	QL
NUVIGIL	PA, QL
nystatin	
nystatin/triamcinolone	
ocella	
ofloxacin	
OFORTA	PA
omeprazole OTC	QL
ondansetron	QL
ONGLYZA	ST

DRUG NAME	CODE
ONSOLIS	PA, QL, QL (fills/ month)
OPANA ER	QL, QL (fills/month)
ORAP	ST (<12 years of age)
ORENCIA	PA
ORFADIN	PA
ortho-est	
oxazepam	QL (fills/month)
OXSORALEN	
oxybutynin	
oxybutynin ER	
oxycodone	QL (fills/month)
oxycodone/acetaminophen	QL, QL (fills/month)
oxycodone/aspirin	QL, QL (fills/month)
oxycodone/ibuprofen	QL, QL (fills/month)
oxymetazoline	
oxymorphone	QL (fills/month)
oxymorphone ER	QL, QL (fills/month)
pantoprazole	QL
papain/urea	
paromomycin	
paroxetine	
paroxetine CR	QL
peg 3350/electrolytes	
peg 3350/sodium bicarbonate/sodium chloride/ potassium chloride	
PEGASYS	PA, QL
PEG-INTRON	PA, QL
penicillin VK	
pentoxifylline	
permethrin	
perphenazine	ST (<12 years of age)
phenazopyridine	
phenobarbital	
phenylephrine	
phenytoin	
pilocarpine	

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
pindolol	
piroxicam	
PLAVIX	
podofilox	
polymixin B/bacitracin	
portia	
potassium bicarbonate/ citrate	
potassium chloride	
potassium citrate	
PRADAXA	
pramipexole	
pramox	
PRANDIN	
pravastatin	
prazosin	
prednisolone	
prednisone	
PREMARIN	
PREMARIN CREAM	
PREMPHASE	
PREMPRO	
PREZISTA	
primaquine	
primidone	
PROAIR HFA	QL
probenecid	
procainamide	
prochlorperazine	
PROCRIT	PA
PROLASTIN	PA
PROLASTIN-C	PA
PROLIA	PA, QL
PROMACTA	PA, QL
promethazine	
promethazine/codeine	QL (fills/month)
propafenone	
propranolol	

DRUG NAME	CODE
propranolol/ hydrochlorothiazide	
propylthiouracil	
PROTOPIC	PA
PROVENGE	PA, QL
PROVIGIL	PA, QL
PULMOZYME	PA, QL
pyrazinamide	
pyrethrins/piperonyl butoxide	
pyridostigmine	
quinapril	
quinapril/hydrochlorothiazide	
quinidine	
QVAR	
ramipril	
RANEXA	
ranitidine	
RAPAMUNE	PA
REBIF	QL
RECLAST	PA, QL
REGRANEX	QL
RELENZA	QL
RELISTOR	PA
REMICADE	PA
REMODULIN	PA
RENAGEL	
REVELA	
RESCRIPTOR	
REVATIO	PA, QL
REVLIMID	PA, QL
REYATAZ	
ribavirin	QL
RIDAURA	
rifampin	
rimantadine	
RISPERDAL CONSTA	PA, QL
risperidone	QL (ST<12 years of age)

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
RITUXAN	PA, QL
rivastigmine	PA
ropinirole	
salsalate	
SAMSCA	PA, QL
SANDOSTATIN LAR DEPOT	PA, QL
SANTYL	
SAVELLA	PA, QL
selegiline	
selenium sulfide	
SELZENTRY	
SEREVENT DISKUS	
SEROQUEL	PA, QL (ST<12 years of age)
SEROSTIM	PA
sertraline	
silver sulfadiazine	
simvastatin	
SINGULAIR	ST, QL
sodium fluoride	
sodium polystyrene sulfonate	
SOMATULINE DEPOT	PA, QL
SOMAVERT	PA, QL
SORIATANE CK	
sotalol	
SPIRIVA	
spironolactone	
spironolactone/hydrochlorothiazide	
sprintec	
SPRYCEL	PA, QL
stavudine	
STELARA	PA, QL
STRATTERA	QL
SUBOXONE	PA, QL
SUCRAID	PA
sucalfate	
sulfacetamide	

DRUG NAME	CODE
sulfamethoxazole/trimethoprim	
sulfasalazine	
sulfisoxazole	
sulindac	
sumatriptan	QL
SUPPRELIN LA	PA, QL
SUSTIVA	
SUTENT	PA, QL
SYLATRON	PA
SYMBICORT	
SYMBYAX	PA, QL
SYMLIN	ST, QL
SYNAGIS	PA, QL
SYNAREL	PA, QL
SYNVISC	PA, QL
tacrine	
tacrolimus	
TAMIFLU	QL
tamoxifen	
tamsulosin	
TARCEVA	PA, QL
TARGETIN	PA
TASIGNA	PA, QL
temazepam	QL (fills/month)
TEMODAR	PA
terazosin	
terbinafine	QL
terbutaline	
terconazole	
tetracycline	
TEV-TROPIN	PA
THALOMID	PA, QL
theophylline	
thiethylperazine	
thioguanine	
thioridazine	ST (<12 years of age)
thiothixene	ST (<12 years of age)

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
thyroid	
THYROLAR	
ticlopidine	
timolol	
tizanidine	
TOBI	QL
tobramycin	
tolnaftate	
topiramate	QL
toremide	
TRACLEER	PA, QL
tramadol	QL
tramadol/acetaminophen	QL
trandolapril	
trazodone	
TRELSTAR	PA, QL
tretinoin	PA (age 35 and older)
TREXALL	
trexix	
triamcinolone	
triamterene/ hydrochlorothiazide	
triazolam	QL (fills/month)
trifluoperazine	ST (<12 years of age)
trifluridine	
trihexyphenidyl	
trimethoprim	
trinessa	
tri-previfem	
tri-sprintec	
trivora	
TRIZIVIR	
tropium	
TRUVADA	
trypsin/balsalm/castor oil	
TYKERB	PA, QL
TYSABRI	PA, QL
TYVASO	PA

DRUG NAME	CODE
ursodiol	
valacyclovir	QL
VALCYTE	
valproic acid	
VANCOGIN	
VANTAS	PA, QL
VELETRI	PA
velivet	
venlafaxine	
venlafaxine ER capsule	ST, QL
VENTAVIS	PA
VENTOLIN HFA	QL
verapamil	
VIADUR	PA
VICTRELIS	PA
VIDEX	
VIRACEPT	
VIRAMUNE	
VIRAMUNE XR	
VIREAD	
vitamin A,D,C/fluoride/iron	
vitamin B complex,C/folic acid	
voriconazole	QL
VOTRIENT	PA, QL
VPRIV	PA
warfarin	
XELODA	PA
XENAZINE	PA, QL
XEOMIN	PA, QL
XGEVA	PA, QL
XIFAXAN	PA, QL
XOLAIR	PA, QL
XYREM	PA, QL
zaleplon	
ZAVESCA	PA
ZEMAIRA	PA
ZETIA	

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UPMC for You Prescription Drug Formulary (continued)

DRUG NAME	CODE
ZIAGEN	
zidovudine	
ZOLADEX	PA, QL
ZOLINZA	PA, QL
zolpidem	
ZORBTIVE	PA

DRUG NAME	CODE
ZORTRESS	PA
zovia	
ZYPREXA	PA (2.5 mg, 5 mg), QL ST (<12 years of age)
ZYTIGA	PA
ZYVOX	QL

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UPMC for You Over-the-Counter Formulary

The following is a listing of some of the most commonly used over-the-counter (OTC) medications that are available in all forms (e.g., tablets, liquids, ointments, creams, lotions) and strengths (e.g., adult, pediatric). Generic OTC medications are covered by UPMC for You with a prescription from your doctor. If generic is not available, an OTC brand-name drug will be covered by UPMC for You. The brand names listed are for reference only.

Category	Generic	Brand Name Example
Acne	benzoyl peroxide	Panoxyl, Benoxyl
Analgesics	acetaminophen and combinations	Tylenol, Feverall, Little Fevers
	aspirin and combinations	Ecotrin, Bayer
	ibuprofen and combinations	Motrin, Advil
	naproxen	Aleve
Antacids	aluminum hydroxide	Alternagel, Alu-cap, Alu-tab
	aluminum/magnesium	Mylanta, Maalox Advanced, Gaviscon
	calcium carbonate	Tums, Maalox
	calcium carbonate/magnesium hydroxide	Mylanta Supreme, Rolaids
	cimetidine	Tagamet
	famotidine	Pepcid
	ranitidine	Zantac
	nizatidine	Axid
	omeprazole OTC	Prilosec OTC
	lansoprazole	Prevacid 24 hour
Antidiarrheals	bismuth subsalicylate	Kaopectate, Pepto-Bismol
	loperamide	Imodium A-D
Antiflatulents	simethicone	Gas-X, Phazyme, Mylicon
Antihistamines	chlorpheniramine	Chlor-trimeton, Aller-chlor
	diphenhydramine	Benadryl
	loratadine	Claritin, Alavert, Tavist-ND
	cetirizine	Zyrtec
	fexofenadine	Allegra
Decongestants	pseudoephedrine	Sudafed
	phenylephrine	Sudafed-PE
Antihistamine/ Decongestant Combinations	loratadine/pseudoephedrine	Claritin-D, Alavert-D
	cetirizine/pseudoephedrine	Zyrtec-D

UPMC for You Over-the-Counter Formulary (continued)

Category	Generic	Brand Name Example
Antinauseants	bismuth subsalicylate	Kaopectate, Pepto-Bismol
	dimenhydrinate	Dramamine, Draminate
	meclizine	Dramamine Less Drowsy, Bonine
	sugar/orthophosphoric acid	Emetrol
Cough/Cold Preparations	guaifenesin	Mucinex
	guaifenesin/dextromethorphan	Robitussin DM, Mucinex-D
Diabetes	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	
	insulin	Humulin R, Humulin N, Humulin 70/30 (vials)
	insulin syringes	BD Syringes
	alcohol swabs	BD Alcohol Swabs
Laxatives/Stool Softeners	magnesium hydroxide	Milk of Magnesia
	bisacodyl	Dulcolax
	docusate and combinations	Colace, DocuSoft, Peri-colace
	laxative enemas	Fleets
	psyllium	Metamucil, Fiberall
	polyethylene glycol	Miralax, Dulcolax Balance
	senna	Senokot, Ex-lax
Nasal Preparations	oxymetazoline	Afrin, Neo-Synephrine 12 hour
	saline	Ocean Nasal Spray, Ayr, Simply Saline
	phenylephrine	Neo-Synephrine, Vick's Sinex
Obstetrics/Gynecology	clotrimazole	Gyne-Lotrimin-3, Gyne Lotrimin-7
	miconazole	Monistat
	tioconazole	Vagistat-1
	condoms, male	Trojan, Durex
	condoms, female	Trojan, FC
	contraceptive devices	Today Sponge, Diaphragms (Ortho, Koro-Flex, Koromex Coil, Wide Seal), Cervical Caps

UPMC for You Over-the-Counter Formulary (continued)

Category	Generic	Brand Name Example
	contraceptive foam	Delfen
Ophthalmic Preparations	cellulose derivatives	Refresh, GenTeal, Systane
	phenylephrine	OcuNefrin
	polyvinyl alcohol	Hypotears
	sodium chloride	Muro-128
Smoking Cessation Aids	nicotine gum	Nicorette
	nicotine lozenge	Commit
	nicotine patch	Nicoderm CQ
Antibacterials	bacitracin	Baciguent
	triple antibiotic	Neosporin
	providone-iodine	Betadine
Anesthetics	benzocaine	Orajel, Anbesol
	dibucaine	Nupercainal
Anti-inflammatory	hydrocortisone	Cortaid, Cortizone-10
Dermatologic Baths	colloidal oatmeal	Aveeno
Fungicides	clotrimazole	Lotrimin AF
	miconazole	Micatin, Zeasorb-AF
	tolnaftate	Tinactin, Ting
	terbinafine	Lamisil-AT
	salicylic acid	Duofilm, Compound W
Rectal Preparations	hydrocortisone	Preparation H, Anusol
	zinc oxide	Desitin, Balmex
Wet Dressing	aluminum/calcium acetate	Domeboro
Scabicides/ Pediculicides	permethrin	Nix, Rid Spray
	piperonyl butoxide	Pronto, Rid Shampoo

UPMC for You Over-the-Counter Formulary (continued)

Category	Generic	Brand Name Example
Vitamins/Minerals	vitamins (ie B-complex, cyanocobalamin, thiamine)	
	calcium and combinations	Oscal, Oscal-D, Caltrate, Citracal
	folic acid	
	iron supplements	Fer-in-sol, Feosol, Slow FE
	multivitamins	Centrum, One-A-Day, Poly-Vi-Sol
	prenatal vitamins	Stuarnatal
	niacin	Slo-niacin
	electrolyte solution	Pedialyte

Brand/Generic Reference Guide

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

This managed care plan may not cover all your health care expenses. If you have questions, please call a UPMC for You Member Services representative at 1-866-353-4345. TTY users should call toll-free at 1-800-361-2629.

Brand	Generic
Accupril	quinapril
Accuretic	quinapril/HCTZ
Accutane	claravis, amnesteem
Adderall/Adderall XR	amphetamine salt combo
Aldactone	spironolactone
Alesse-28	aviane
Allegra	fexofenadine
Amaryl	glimepiride
Ambien	zolpidem
Amoxil	amoxicillin
Antivert	meclizine
Arava	leflunomide
Aricept	donepezil
Arixtra	fondaparinux
Aromasin	exemestane
Astelin	azelastine
Atarax	hydroxyzine
Ativan	lorazepam
Augmentin	amoxicillin/clavulanate
Bactrim	sulfamethoxazole/ trimethoprim
Bactroban	mupirocin
Benadryl	diphenhydramine
Bentyl	dicyclomine
Betapace	sotalol
Biaxin	clarithromycin
Capoten	captopril
Carafate	sucralfate
Cardura	doxazosin
Casodex	bicalutamide
Ceftin	cefuroxime
Celexa	citalopram
Cellcept	mycophenolate
Cipro	ciprofloxacin
Claritin	loratadine

Brand	Generic
Claritin-D	loratadine/pseudoephedrine
Cleocin	clindamycin phosphate
Clinoril	sulindac
Catapres	clonidine
Clozaril	clozapine
Colestid	colestipol
Compazine	prochlorperazine
Concerta	methylphenidate ER
Cordarone	amiodarone
Coreg	carvedilol
Coumadin	warfarin
Deltasone	prednisone
Depakote DR/ Depakote ER	divalproex sodium
Desyrel	trazodone
Dexedrine	dextroamphetamine sulfate
Diabeta	glyburide
Diflucan	fluconazole
Diprolene	betamethasone dipropionate
Ditropan	oxybutynin
Ditropan XL	oxybutynin ER
Duragesic	fentanyl patch
Duricef	cefadroxil
Effexor	venlafaxine
Effexor XR	venlafaxine ER
Elavil	amitriptyline
Elocon	mometasone furoate
Ery-tab	erythromycin
Eskalith	lithium carbonate
Feldene	piroxicam
Femara	letrozole
Flagyl	metronidazole
Flexeril	cyclobenzaprine
Flonase	fluticasone propionate
Fosamax	alendronate

Brand/Generic Reference Guide (continued)

Brand	Generic
Glucophage	metformin
Glucotrol	glipizide
Halcion	triazolam
Haldol	haloperidol
Hytone	hydrocortisone
Hytrin	terazosin
Imdur	isosorbide mononitrate
Imitrex	sumatriptan
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
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	ketconazole
Nolvadex	tamoxifen
Nordette	portia
Norvasc	amlodipine
Opana	oxymorphone
Ortho Tri-Cyclen	tri-sprintec, trinessa
Ortho-Cyclen	sprintec

Brand	Generic
Oxy IR	oxycodone
Pamelor	nortriptyline
Paxil	paroxetine
Pepcid	famotidine
Percocet	oxycodone/acetaminophen
Peridex	chlorhexidine gluconate
Plaquenil	hydroxychloroquine
Pravachol	pravastatin
Precose	acarbose
Prilosec OTC	omeprazole OTC
Principen	ampicillin
Prinivil	lisinopril
Prinzide	lisinopril/HCTZ
Procardia	nifedipine
Prograf	tacrolimus
Proscar	finasteride
Prozac	fluoxetine
Questran/Questran Light	cholestyramine
Reglan	metoclopramide
Remeron	mirtazapine
Requip	ropinirole
Restoril	temazepam
Retin-A	tretinoin
Risperdal	risperidone
Ritalin	methylphenidate
Soma	carisoprodol
Sporanox	itraconazole
Sumycin	tetracycline
Synthroid	levothyroxine
Tagamet	cimetidine
Tegretol	carbamazepine
Tenex	guanfacine
Tenoretic	atenolol/chlorthalidone
Tenormin	atenolol
Topamax	topiramate
Tylenol #3	acetaminophen with codeine
Ultram	tramadol
Valium	diazepam
Vaseretic	enalapril/HCTZ
Vasotec	enalapril
Veetids	penicillin V potassium

Brand/Generic Reference Guide (continued)

Brand	Generic
Vfend	voriconazole
Vibramycin	doxycycline hyclate
Vicodin	hydrocodone/acetaminophen
Voltaren	diclofenac
Wellbutrin	bupropion
Xalatan	latanoprost
Xanax	alprazolam

Brand	Generic
Zantac	ranitidine
Zithromax	azithromycin
Zocor	simvastatin
Zofran	ondansetron
Zoloft	sertraline
Zovirax	acyclovir
Zyloprim	allopurinol

UPMC *for You*

Affiliate of UPMC Health Plan

One Chatham Center
112 Washington Place
Pittsburgh, PA 15219

www.upmchealthplan.com

If you have any questions, call UPMC *for You* Member Services at 1-866-353-4345 for Lehigh Capital (Lehigh Valley and Capital Region) Monday, Tuesday, Thursday, and Friday from 7 a.m. to 7 p.m., Wednesday from 7 a.m. to 8 p.m., and Saturday from 8 a.m. to 3 pm. TTY users should call toll-free at 1-800-361-2629.