



# *Value Choice*

## Pharmacy Benefit Guide

Effective July 1, 2012

UPMC HEALTH PLAN

[www.upmchealthplan.com/pharmacy](http://www.upmchealthplan.com/pharmacy)



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# ***Value Choice Overview***

UPMC Health Plan's *Value Choice* pharmacy program provides good value by offering a variety of high-quality, cost-effective generic and select brand-name prescription drugs.

When you need a prescription medication, you and your doctor can select from a wide range of generic drugs. In addition, when generic drugs are not available, you can choose from certain brand-name medications. Specialty medications are also available through this plan. *Value Choice* allows you to take full advantage of the savings offered by generic drugs over their higher-priced brand-name alternatives.

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## ***Value Choice Contact Numbers***

### **Current Members:**

UPMC Health Plan Pharmacy Services: **1-800-396-4139**

UPMC Health Plan Health Care Concierge team:

**1-888-876-2756**

TTY Services: **1-800-361-2629**

### **Prospective Members:**

Prospective members should direct their questions to their company's benefits administrator or to the UPMC Health Plan Member Services Department at **1-888-876-2756**.

Online information is available at

**[www.upmchealthplan.com/pharmacy](http://www.upmchealthplan.com/pharmacy)**

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# Formulary Management Terms

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## Formulary

A formulary is a list of Food and Drug Administration (FDA) approved medications that the UPMC Health Plan Pharmacy and Therapeutics (P&T) Committee determines will be covered. The P&T Committee, made up of physicians and pharmacists from communities throughout the UPMC Health Plan service area, decides which medications to include in the *Value Choice* program based on a drug's safety, effectiveness, and cost. The P&T Committee's job is to make sure that the *Value Choice* Pharmacy program provides you with high-quality, cost-effective prescription medications. The P&T Committee reviews and updates the *Value Choice* formulary regularly throughout the year.

All of the brand-name and specialty medications covered by *Value Choice* are listed in the formulary section of this booklet. This list also includes the most commonly prescribed generic drugs. Please note that there are other generic drugs that *Value Choice* covers in addition to the ones listed in the table. For the latest information on the *Value Choice* drug table and other pharmacy benefits, visit our website at [www.upmchealthplan.com/pharmacy](http://www.upmchealthplan.com/pharmacy). Select "*Value Choice*" to access the searchable drug list. Or you may call our Health Care Concierge team at the number listed on the back of your UPMC Health Plan member ID card. Another option is to use the Express Scripts online price check feature to look for the specific member and exact medication in question.

If you need a generic prescription drug that is not listed in the table, you will pay the lowest copayment for the medication. If you require a brand-name drug that is not listed on the table, you will pay 100% of the contracted rate for that drug. Benefit exclusions are listed in the "Medications Not Covered by *Value Choice*" table at the end of this booklet.

## Prior Authorization

If a drug requires prior authorization, your doctor must consult with UPMC Health Plan before prescribing it. Prior authorizations are set on a drug-by-drug basis and require specific criteria for approval based upon FDA and manufacturer guidelines, medical literature, safety concerns, and appropriate use. Drugs that require prior authorization may be newer drugs for which UPMC Health Plan 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 Health Plan wants to monitor for patient safety. **The UPMC Health**

**Plan Pharmacy Services Department must authorize the use of these drugs before Value Choice will begin to cover them.**

These drugs are designated with the symbol **PA** on the formulary tables in this booklet. In addition, new drugs recently approved by the FDA may require prior authorization until their placement on the formulary has been determined. Also, all compounded medications require prior authorization. The only exceptions are compounded hormone replacement therapies and compounded narcotic analgesics, which are not covered by the *Value Choice* benefit. All prior authorization criteria are reviewed by the UPMC Health Plan P&T Committee.

## Step Therapy

Step therapy is the practice of using specific medications first when beginning drug therapy for a medical condition. The preferred first course of treatment may be drugs that are more cost-effective or considered the standard first-line treatment. The rules for each step therapy medication are built into the computer files of UPMC Health Plan's prescription claims processing system. Medications that require step therapy are automatically approved if there is a record that you have already tried the preferred medication(s). If there is no record of the preferred medication(s) in your medication history, the physician must submit clinical information to the Health Plan. Once that information is received, the Health Plan will make a decision on payment for the requested medication. Medications affected by this process are designated with the symbol **ST** on the formulary tables in this booklet.

## Quantity Limits

Quantity limits are drug-specific and limit the amounts of certain drugs that can be dispensed during a specific period of time. For these drugs, the P&T Committee follows FDA guidelines and other clinical literature to limit how much of the drug you may receive in a certain period of time or how long you may stay on the drug.

Quantity limits promote appropriate use of the drug, prevent waste, and control costs. Drugs that have quantity limits are designated with the symbol **QL** on the formulary tables in this booklet.

**Prescriptions for controlled substances are limited to a 30-day supply.**

For some drugs, the manufacturer's dosing guidelines may recommend that patients take the medication one time a day in a larger dose instead of several times a day in smaller doses. For these drugs, *Value Choice* follows the guidelines and covers one larger dose per day. If there is a medical reason that prevents you from taking the medication once per day in a larger dose, your doctor can call the UPMC Health Plan Pharmacy Services Department at 1-800-979-UPMC (8762) to request a medical exception for you.

### Brands/Generics

Generic drugs are cost-effective alternatives that offer the same level of safety and quality as their brand-name equivalents. Generic drugs have the same active ingredients as brand-name medications, but inactive ingredients can vary, such as dyes used to color generic medications or powders used to shape the tablets. These differences do not affect how generic medications work in the body. Generic drugs deliver the same amount of active ingredients in the same amount of time as their brand-name equivalents.

Not all drugs have a generic equivalent. Generally, new drugs are given patent protection for 20 years from the date of submission of the patent. Once the patent expires, other pharmaceutical companies can produce the same drug in a generic formulation.

The FDA regulates generic drug manufacturers just as it regulates the makers of brand-name medications. Prior to selling generic medications in the United States, a company must meet certain criteria. To gain FDA approval, the maker of a generic drug must prove that the drug's active ingredients, strength, and dosage form are identical to those of the corresponding brand-name drug. The generic drug must also pass strict FDA measurements to ensure that it delivers the same amount of active ingredient in the same time frame as its brand-name counterpart. Finally, the manufacturer of the generic drug must prove that its product is produced under the same strict guidelines as the brand-name drug.

The manufacturer can produce the generic medicine only after these requirements are met. After approval, the FDA continues to regularly inspect all manufacturing facilities of both brand and generic products to ensure that only high-quality medications are sold in the United States.

Generic drugs have the same active ingredients as their brand-name equivalents, but cost significantly less. Before the FDA allows a brand-name drug to be sold in the

United States, scientists spend years testing the medication to establish its safety and efficacy in treating an illness or condition. Once a brand-name drug is approved, the company that developed it spends millions of dollars to promote the drug through advertising and educational programs.

Companies that make generic drugs do not have to invest large amounts of money in research, since the brand-name drug manufacturers have already done this. In addition, generic companies do not market their drugs. As a result, generic drug manufacturers spend significantly less money on magazine and television advertisements than brand-name manufacturers do for their products. Companies that make generic drugs pass these savings on to you.

**The *Value Choice* program requires you to use a generic version of the drug if one is available.** This means that if you receive a brand-name drug when a generic is available, you must pay 100% of the contracted rate for the drug.

### Network Pharmacy Providers

#### Retail

UPMC Health Plan's network of retail pharmacies includes hundreds of locations — independent pharmacies as well as multi-store chains — throughout the region. You can take your prescription to any pharmacy in the network and the pharmacist will confirm your eligibility for benefits, fill your prescription, accept your copayment, and process your claim. Seventy-five percent of your medication must be used before you can get a refill. For specific pharmacy names, locations, and telephone numbers, look in the provider directory sent to you during open enrollment or on the Health Plan website at [www.upmchealthplan.com/pharmacy](http://www.upmchealthplan.com/pharmacy). You may also call our Health Care Concierge team at the phone number listed on the back of your member ID card or on page 1 of this booklet.

#### Mail Order

UPMC Health Plan has a contract with a mail-order pharmacy fulfillment center to offer you cost-savings and the convenience of having prescriptions for maintenance drugs sent directly to your home. Maintenance drugs are drugs that you take on a regular, long-term basis. They include medications that treat high blood pressure, asthma, diabetes, arthritis, high cholesterol, and other chronic conditions.

## Formulary Management Terms (continued)

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With this convenient mail-order service:

- **You receive a 90-day supply of most drugs**, plus refills, as prescribed by your doctor.
- You usually pay a lower out-of-pocket cost for a 90-day supply than you would pay at a retail pharmacy.
- You enjoy strict quality and safety controls for every prescription filled.

Refer to your UPMC Health Plan prescription drug schedule of benefits or your UPMC Health Plan member ID card for your actual prescription copayments.

For a first-time prescription or a new medication, UPMC Health Plan recommends that you try a 30-day supply of the drug from a retail pharmacy before requesting a 90-day supply through the mail-order program. This approach reduces wasted medication and unnecessary copayments by giving your doctor a chance to make sure that the medication is the right dose for you and that it does not cause you any side effects.

To use the mail-order program, ask your doctor to write a prescription for a 90-day supply of each maintenance drug that you need (plus refills if appropriate). If your prescription is for a new medication, or if you need to start your medication immediately, have your doctor write two prescriptions:

- One for your initial 30-day supply that you can fill immediately at a retail pharmacy to determine whether the medication works for you, and
- A second one for your longer 90-day maintenance supply that you can send to UPMC Health Plan's contracted mail-order pharmacy.

You can request a mail-order form from UPMC Health Plan by calling our Health Care Concierge team or requesting the form on the UPMC Health Plan website at [www.upmchealthplan.com/pharmacy](http://www.upmchealthplan.com/pharmacy). On the mail-order form, fill out the patient information section (name, member ID number, date of birth, relationship to subscriber, gender, doctor, and doctor's phone number) for each new prescription you send. New prescription slip(s) must list the patient's full name, date of birth, and address, as well as the doctor's name and phone number.

To avoid running out of your mail-order prescription, reorder your medication while you still have an adequate supply remaining, allowing a few weeks for processing and delivery. To request refills, you may order over the

telephone or the Internet. Refer to UPMC Health Plan's mail-order prescription program description included in your Welcome Kit or to the Health Plan website for the latest contact information, telephone numbers, and website addresses regarding mail-order prescription services. When you mail a request for a new prescription or a refill, please 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 ordering refills by phone or online, you must pay by credit card.

Typically, mail-order prescriptions are written for a 90-day supply. If the physician writes for a 30-day supply with two refills and you send it to the mail-order facility, they may consolidate the prescription to make one 90-day supply. If you do not intend to receive a 90-day supply from the mail-order facility, please indicate this on the mail-order form.

Your prescription drug order will be processed promptly and shipped to you along with instructions for future orders. Using mail order promotes the convenience of home delivery plus cost savings.

### Specialty Medications

Specialty medications are a category of drugs created because of advancements in drug development. This category includes high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhaled).

These 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. Some specialty medications may require prior authorization and/or have quantity limits. These medications require the third-tier copayment but are included in a separate specialty tier.

Most specialty medications must be obtained through our designated specialty provider, which provides convenient mail-order delivery. By using a specialty provider, you have improved access to drugs, as many retail pharmacies do not carry these types of medications. In addition, specialty providers improve care by providing education for our members and expanded access to health care professionals trained in the proper use of these specialty medications. A specialty provider offers cost-effective health care and medication management and compliance programs.

**Specialty medications are limited to a 30-day supply.**



### Other Supplies of Medication

#### Vacation Supply

UPMC Health Plan uses a nationwide pharmacy benefits company to help manage the Value Choice pharmacy program. Your prescription needs are covered even when you travel outside of the western Pennsylvania area. Thousands of pharmacies across the country will honor your UPMC Health Plan member ID card.

To fill a prescription outside of the UPMC Health Plan service area, simply present your Health Plan member ID card at a pharmacy that participates in our pharmacy benefits manager's nationwide network. To locate a participating pharmacy or to be put in contact with the national pharmacy benefits management company, please contact our Health Care Concierge team at the phone number listed on the back of your member ID card or on page 1 of this booklet.

When you receive your prescription, some pharmacies may ask you to pay the full price of the medication rather than your normal copayment. If this should happen, you can submit a Direct Reimbursement Claim to UPMC Health Plan and ask to be reimbursed. The form is available on the website at [www.upmchealthplan.com/pharmacy](http://www.upmchealthplan.com/pharmacy). Select

"Download our Prescription Drug Claim Reimbursement Form" at the top of the screen and then select "Pharmacy Program Direct Reimbursement Claim Form." Or you may call our Health Care Concierge team to request the form. If your claim is approved, you will be reimbursed the amount that you paid for the medication, less the appropriate copayment.

If you will be gone for an extended period of time, or if you will be traveling outside of the country, you may consider using our mail-order system so that you receive a 90-day supply prior to traveling with no interruptions in use.

### Medication Supplies Not Covered by UPMC Health Plan

- No authorizations will be provided for medications that are reported by the member, provider, or pharmacy to be lost, misplaced, stolen, destroyed, or damaged.
- Medications received at no charge to the member (workers' compensation, medications purchased with a manufacturer's coupon, etc.) will not be covered.
- Prescriptions that are written more than a year ago will not be covered. A new prescription should be written by the physician.

# Formulary Overview

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Value Choice prescription drugs are organized into three tiers:

1. The first tier is for **generic drugs**, which have the lowest copayment. Generic drugs are cost-effective alternatives that offer the same level of safety and quality as their brand-name equivalents.
2. The second tier is for **preferred-brand drugs**, which have the middle-level copayment. UPMC Health Plan classifies these drugs as “preferred” because of their value and effectiveness.
3. The third tier is for **specialty drugs** which are high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhalant). See the “Specialty Medications” section of this booklet for a more detailed discussion of these agents. These drugs have the highest copayment.

If you need a generic drug that is not listed in the table, you will pay the lowest copayment for the medication. If you require a brand-name drug that is not listed in the table, you will pay 100% of the contracted rate for that drug.

*If you are a current UPMC Health Plan member, please refer to your Schedule of Benefits for your copayment amounts. If you did not receive a Schedule of Benefits in your Welcome Kit, please contact our Health Care Concierge team at the number on the back of your member ID card. Your member ID card should also list your copayment amounts.*

*If you are thinking about joining UPMC Health Plan and would like information about copayment amounts, review the Schedule of Benefits, which you may have received from your company's Benefits Administrator or Human Resources Department. If you did not receive a Schedule of Benefits, contact your Benefits Administrator or the UPMC Health Plan Member Services Department listed on page 1 of this booklet.*

Effective July 1, 2012

Drug Name	Generic	Preferred-Brand	Specialty
acarbose	1		
acebutolol	1		
acetaminophen/caffeine/ dihydrocodeine QL	1		
acetaminophen/codeine QL	1		
acetazolamide ER capsule	1		
acetic acid	1		
acetic acid/hydrocortisone	1		
Actemra PA, QL			3
Acthar gel PA, QL			3
Actimmune PA			3
ActoPlus Met		2	
ActoPlus Met XR		2	
Actos		2	
acyclovir	1		
Adagen PA			3
adapalene (PA >35 years of age)	1		
Adcirca PA, QL			3
Advair		2	
Afinitor PA, QL			3
alagesic	1		
albuterol QL	1		
alclometasone dipropionate	1		
Aldurazyme PA			3
alendronate	1		
alfuzosin er	1		
Alinia		2	
allopurinol	1		
alprazolam	1		
alprazolam ODT	1		
altavera	1		
amantadine	1		
amcinonide	1		
Amethia	1		
Amethia Lo	1		
Amethyst	1		
Amevive PA, QL			3
amiodarone	1		
amitriptyline	1		

Drug Name	Generic	Preferred-Brand	Specialty
amlodipine besylate	1		
amlodipine besylate/atorvastatin	1		
amlodipine besylate/benazepril	1		
ammonium lactate	1		
Amnesteem	1		
amoxicillin	1		
amoxicillin/clavulanate	1		
amoxicillin/clavulanate ER	1		
amphetamine/dextroamphetamine ER QL	1		
amphetamine salts QL	1		
Ampyra PA, QL			3
anastrozole	1		
antibiotics (generic oral)	1		
Apokyn QL			3
apraclonidine	1		
Apri	1		
Apriso ER		2	
Aptivus		2	
Aralast NP PA			3
Aranelle	1		
Aranesp PA			3
arbinoxa	1		
Arcalyst PA, QL			3
Asacol		2	
Asacol HD		2	
Ascensia Blood Glucose Test Strips (QL >18 years of age)		2	
Ascensia Lancets		2	
atenolol	1		
atenolol/chlorthalidone	1		
atorvastatin	1		
Atripla		2	
aurodex	1		
auroguard	1		
Aviane	1		
Avodart		2	
Avonex QL			3
azathioprine	1		

KEY	COPAYMENT TIER
QL = Quantity Limits PA = Prior Authorization required ST = Step Therapy required *Age restrictions apply to some medications	1 = Generic Medications 2 = Preferred-Brand Medications 3 = Specialty Medications

Effective July 1, 2012

Drug Name	Generic	Preferred-Brand	Specialty
azelastine	1		
azithromycin QL	1		
baclofen	1		
balsalazide disodium	1		
Baraclude			3
beflex	1		
benazepril	1		
benazepril/HCTZ	1		
Benlysta PA			3
benprox	1		
benzoyl peroxide	1		
benztropine	1		
Berinert PA			3
betamethasone	1		
Betaseron ST, QL			3
betaxolol	1		
bicalutamide	1		
bisoprolol	1		
bisoprolol/HCTZ	1		
Botox PA, QL			3
bp 10-1 wash	1		
BPO gel	1		
Briellyn	1		
brimonidine tartrate	1		
bromfenac ophthalmic solution	1		
budeprion XL QL	1		
budesonide EC	1		
budesonide respules	1		
Buphenyl PA			3
buprenorphine PA, QL	1		
bupropion	1		
bupropion SA	1		
buspirone	1		
butorphanol nasal spray QL	1		
Byetta QL		2	
calcipotriene	1		
calcitriol	1		
calcium acetate	1		

Drug Name	Generic	Preferred-Brand	Specialty
Camila	1		
Campral		2	
Camrese	1		
Camrese Lo	1		
Caprelsa PA, QL			3
captopril	1		
captopril/ HCTZ	1		
carbamazepine ER	1		
carbidopa/levodopa	1		
carbidopa/levodopa/entacapone	1		
carboptic 3%	1		
carisoprodol	1		
carteolol	1		
cartia XT	1		
carvedilol	1		
Cayston QL			3
cefaclor	1		
cefadroxil	1		
cefdinir	1		
cefpodoxime	1		
cefprozil	1		
ceftazidime	1		
cefuroxime	1		
Celebrex ST, QL		2	
cephalexin	1		
Cerezyme PA			3
chlordiazepoxide	1		
chlorpropamide	1		
chlorpromazine (ST <12 years of age)	1		
chlorthalidone	1		
chlorzoxazone	1		
cholestyramine	1		
ciclopirox	1		
cilostazol	1		
cimetidine	1		
Cimzia PA, ST, QL			3
Cinryze PA, QL			3
Cipro HC		2	

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Effective July 1, 2012

Drug Name	Generic	Preferred-Brand	Specialty
Ciprodex		2	
ciprofloxacin	1		
ciprofloxacin ER QL	1		
citalopram QL	1		
Claravis	1		
clarithromycin	1		
clarithromycin ER	1		
clindamycin	1		
clobetasol	1		
clonazepam	1		
clonidine	1		
clopidogrel	1		
clorazepate dipotassium	1		
clotrimazole	1		
clozapine (ST <12 years of age)	1		
Coartem		2	
codeine sulfate	1		
Colcrys		2	
colestipol	1		
Complera		2	
Copaxone QL			3
Copegus QL			3
cortamox	1		
Creon		2	
Crixivan		2	
Cryselle	1		
Cyclafem	1		
cyclobenzaprine	1		
cyclosporine	1		
cyclosporine modified	1		
Cymbalta ST, QL		2	
dantrolene	1		
Dapsone		2	
Demser PA			3
desonide	1		
desoximetasone	1		
dexmethylphenidate QL	1		
dextroamphetamine QL	1		
diazepam	1		

Drug Name	Generic	Preferred-Brand	Specialty
Dibenzylidine PA			3
diclofenac	1		
diclofenac ophthalmic solution	1		
dicloxacillin	1		
didanosine	1		
Dificid ST, QL			3
diflorasone	1		
digoxin	1		
diltiazem	1		
diltiazem ER	1		
Diovan		2	
Diovan HCT		2	
dipyridamole	1		
disulfuram	1		
divalproex sodium	1		
divalproex sodium ER	1		
donepezil PA	1		
dorzolamide	1		
dorzolamide/timolol	1		
doxazosin	1		
doxycycline	1		
dronabinol	1		
Duetact		2	
Dulera		2	
dyphylline gg	1		
Elaprase PA			3
Eligard PA, QL			3
eliphos	1		
Elmiron		2	
Emcyt PA			3
Emend QL		2	
Emoquette	1		
Emtriva		2	
enalapril	1		
Enbrel PA, QL			3
enoxaparin QL	1		
Enpresse	1		
epiklor	1		
epinastine ophthalmic solution	1		

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Effective July 1, 2012

Drug Name	Generic	Preferred-Brand	Specialty
EpiPen		2	
Epivir-HBV		2	
<b>eplerenone</b>	1		
Epogen PA			3
Epoprostenol PA			3
<b>eprosartan</b>	1		
Epzicom		2	
<b>ergotamine/caffeine</b>	1		
Erivedge PA, QL			3
<b>Errin</b>	1		
<b>erythromycin</b>	1		
<b>erythromycin/benzoyl peroxide gel</b>	1		
<b>escitalopram ST, QL</b>	1		
<b>estradiol</b>	1		
<b>estradiol patch QL</b>	1		
<b>estradiol/norethindrone</b>	1		
<b>estropipate</b>	1		
<b>etidronate</b>	1		
<b>etodolac</b>	1		
Euflexxa PA, QL			3
Evista		2	
<b>exemestane</b>	1		
Exforge		2	
Exforge HCT		2	
Eylea PA			3
Fabrazyme PA			3
<b>famciclovir QL</b>	1		
<b>famotidine</b>	1		
Fareston PA			3
<b>felodipine</b>	1		
<b>fenofibrate</b>	1		
<b>fenoprofen</b>	1		
<b>fentanyl citrate PA, QL</b>	1		
<b>fentanyl transdermal QL</b>	1		
Ferriprox PA			3
<b>finasteride</b>	1		
Firazyr PA, QL			3
Firmagon PA, QL			3
Flebogamma PA			3

Drug Name	Generic	Preferred-Brand	Specialty
Flolan PA			3
Flovent HFA		2	
<b>fluconazole QL</b>	1		
<b>flunisolide</b>	1		
<b>fluocinolone</b>	1		
<b>fluocinonide</b>	1		
<b>fluorometholone</b>	1		
<b>fluoxetine</b>	1		
<b>fluoxetine DR QL</b>	1		
<b>fluphenazine (ST &lt;12 years of age)</b>	1		
<b>flurbiprofen</b>	1		
<b>fluticasone</b>	1		
<b>fluvastatin</b>	1		
<b>fluvoxamine</b>	1		
<b>fondaparinux QL</b>	1		
Foradil		2	
Forteo ST, QL			3
<b>fosinopril</b>	1		
<b>fosinopril/HCTZ</b>	1		
<b>furosemide</b>	1		
Fuzeon			3
<b>gabapentin</b>	1		
<b>galantamine PA</b>	1		
<b>galantamine ER PA</b>	1		
Gammaked PA			3
Gammaplex PA			3
Gamunex PA			3
Gamunex-C PA			3
<b>ganciclovir</b>	1		
<b>gavilyte-g</b>	1		
<b>gemfibrozil</b>	1		
<b>Gianvi</b>	1		
Gilenya PA, QL			3
Glassia PA			3
Gleevec PA, QL			3
<b>glimepiride</b>	1		
<b>glipizide</b>	1		
<b>glipizide ER</b>	1		
<b>glipizide/metformin</b>	1		

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Effective July 1, 2012

Drug Name	Generic	Preferred-Brand	Specialty
Glucagon		2	
glyburide micronized	1		
glyburide/metformin	1		
granisetron ST, QL	1		
granisol ST, QL	1		
halobetasol	1		
haloperidol (ST <12 years of age)	1		
HCTZ	1		
Heather	1		
Hepsera			3
Hexalen			3
Hizentra PA			3
Humalog		2	
Humalog 50/50		2	
Humalog 75/25		2	
Humatrope PA			3
Humira PA, QL			3
Humulin 50/50		2	
Humulin 70/30		2	
Humulin N		2	
Humulin R		2	
Hycamtin PA			3
hydrocodone/acetaminophen QL	1		
hydrocodone/ibuprofen	1		
hydrocort/pramoxine cream	1		
hydrocortisone	1		
hydromorphone	1		
hydroxychloroquine	1		
hydroxyurea	1		
hydroxyzine	1		
hyoscyamine	1		
ibandronate QL	1		
ibuprofen	1		
Ilaris PA, QL			3
imiquimod	1		
Incivek PA, QL			3
Increlex PA			3
indomethacin	1		
Infergen PA, QL			3

Drug Name	Generic	Preferred-Brand	Specialty
Inlyta PA, QL			3
Intelligence PA		2	
Intron A PA			3
introvale	1		
Invega Sustenna PA, QL (ST < 12 years of age)			3
Invirase		2	
ipratropium	1		
ipratropium/albuterol solution	1		
irbesartan	1		
irbesartan/HCTZ	1		
Iressa PA, QL			3
Isentress		2	
isoditrate	1		
isradipine	1		
itraconazole capsule PA, QL	1		
Jakafi PA, QL			3
Jalyn		2	
Janumet		2	
Janumet XR		2	
Januvia		2	
Jentadueto		2	
Jinteli	1		
Jolessa	1		
Jolivette	1		
Junel	1		
Junel FE	1		
Juvisync		2	
Kalbitor PA			3
Kaletra		2	
Kalydeco PA, QL			3
Kariva	1		
ketoconazole	1		
ketoprofen	1		
ketorolac QL	1		
ketorolac ophthalmic solution	1		
Kineret PA, QL			3
Krystexxa PA, QL			3
Kuvan PA			3

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Drug Name	Generic	Preferred-Brand	Specialty
<b>lactulose</b>	1		
<b>lamivudine</b>	1		
<b>lamivudine/zidovudine</b>	1		
<b>lamotrigine QL</b>	1		
<b>lansoprazole QL</b>	1		
Lantus		2	
<b>latanoprost</b>	1		
<b>Leena</b>	1		
<b>leflunomide</b>	1		
<b>Lessina</b>	1		
Letairis PA, QL			3
<b>letrozole</b>	1		
Leukine			3
leuprolide PA			3
Levemir		2	
<b>levetiracetam</b>	1		
<b>levetiracetam ER QL</b>	1		
<b>Levlite</b>	1		
<b>levobunolol</b>	1		
<b>levofloxacin</b>	1		
<b>levofloxacin ophthalmic</b>	1		
<b>levonorgestrel</b>	1		
<b>Levora</b>	1		
<b>levothyroxine</b>	1		
Lexiva		2	
<b>lidocaine-hc gel</b>	1		
Lifescan Blood Glucose Test Strips (QL >18 years of age)		2	
Lifescan Lancets		2	
<b>liothyronine</b>	1		
<b>lisinopril</b>	1		
<b>lisinopril/HCTZ</b>	1		
<b>lorazepam</b>	1		
<b>Loryna</b>	1		
<b>losartan</b>	1		
<b>losartan/HCTZ</b>	1		
Lotronex			3
<b>Lotrozole</b>	1		
<b>lovastatin</b>	1		

Drug Name	Generic	Preferred-Brand	Specialty
<b>Low-ogestrel</b>	1		
<b>loxapine (ST &lt;12 years of age)</b>	1		
Lucentis PA			3
Lumizyme PA			3
Lupron PA, QL			3
Makena PA			3
<b>malathion</b>	1		
Matulane			3
<b>matzim LA</b>	1		
<b>meclizine</b>	1		
<b>medroxyprogesterone acetate injection QL</b>	1		
<b>mefenamic acid</b>	1		
<b>meloxicam</b>	1		
<b>meperidine tablet</b>	1		
Mepron suspension		2	
<b>mesalamine</b>	1		
<b>metaxalone</b>	1		
<b>metformin</b>	1		
<b>metformin ER</b>	1		
<b>Methadose</b>	1		
<b>methamphetamine QL</b>	1		
<b>methazolamide</b>	1		
<b>methocarbamol</b>	1		
<b>methotrexate</b>	1		
<b>methylin QL</b>	1		
<b>methylin ER QL</b>	1		
<b>methylphenidate QL</b>	1		
<b>methylphenidate ER QL</b>	1		
<b>methylprednisolone</b>	1		
<b>metipranolol</b>	1		
<b>metoclopramide</b>	1		
<b>metoprolol</b>	1		
<b>metoprolol/HCTZ</b>	1		
<b>metoprolol ER</b>	1		
<b>metronidazole</b>	1		
<b>Microgestin</b>	1		
<b>Microgestin FE</b>	1		
<b>midazolam syrup</b>	1		

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Drug Name	Generic	Preferred-Brand	Specialty
Migergot	1		
migragesic IDA	1		
Mimvey	1		
minocycline	1		
mirtazapine	1		
modafinil PA, QL	1		
moexipril	1		
moexipril/HCTZ	1		
mometasone	1		
Mononessa	1		
montelukast sodium QL	1		
morphine sulfate IR	1		
morphine sulfate ER tablets QL	1		
Mozobil PA, QL			3
Multaq		2	
mupirocin	1		
mycophenolate mofetil	1		
Myozyme PA			3
nabumetone	1		
nadolol	1		
nadolol/bendroflumethiazide	1		
Naglazyme PA			3
Namenda PA		2	
naproxen	1		
naratriptan QL	1		
nateglinide	1		
Nebupent		2	
Necon	1		
Neulasta PA			3
Neumega			3
Neupogen PA			3
nevirapine	1		
Nexavar PA, QL			3
Next Choice	1		
nifediac CC	1		
nifedipine	1		
nifedipine ER	1		
Nilandron PA			3
nimodipine	1		

Drug Name	Generic	Preferred-Brand	Specialty
nisoldipine	1		
nisoldipine ER	1		
nitrofurantoin	1		
nizatidine	1		
nodolor	1		
Nora-BE	1		
Norditropin PA			3
Nortrel	1		
Norvir		2	
Nplate PA			3
Nuedexta PA, QL			3
Nulojix PA			3
Ocella	1		
octreotide			3
ofloxacin	1		
Oforta PA			3
Ogestrel	1		
olanzapine QL (ST <12 years of age)	1		
olanzapine ODT QL (ST <12 years of age)	1		
olanzapine vial	1		
omeprazole	1		
ondansetron QL	1		
Orap (ST <12 years of age)		2	
Orencia PA, QL			3
Orfadin PA			3
Orsythia	1		
oxaprozin	1		
oxazepam	1		
oxcarbazepine	1		
oxybutynin	1		
oxybutynin ER	1		
oxycodone IR	1		
oxycodone ER PA, QL	1		
oxycodone/acetaminophen QL	1		
oxycodone/aspirin QL	1		
oxycodone/ibuprofen QL	1		
oxymorphone	1		
oxymorphone ER QL	1		

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Drug Name	Generic	Preferred-Brand	Specialty
<b>pantoprazole</b>	1		
<b>paroxetine</b>	1		
<b>paroxetine CR QL</b>	1		
<b>peg-3350</b>	1		
Pegasys <b>PA, QL</b>			3
Peg-Intron <b>PA, QL</b>			3
<b>pemoline</b>	1		
<b>penicillin</b>	1		
<b>pentazocine/acetaminophen QL</b>	1		
<b>pentazocine/naloxone</b>	1		
<b>perindopril</b>	1		
<b>permethrin cream</b>	1		
<b>perphenazine (ST &lt;12 years of age)</b>	1		
<b>phenelzine</b>	1		
<b>phenobarbital</b>	1		
<b>phenytoin</b>	1		
<b>pilocarpine</b>	1		
<b>pindolol</b>	1		
<b>piroxicam</b>	1		
<b>podofilox</b>	1		
<b>Portia</b>	1		
<b>potassium chloride</b>	1		
Pradaxa		2	
<b>pramipexole</b>	1		
<b>pravastatin</b>	1		
<b>prazosin</b>	1		
<b>prednicarbate</b>	1		
<b>prednisone</b>	1		
<b>prednisolone</b>	1		
Premarin Vaginal cream		2	
Prezista		2	
<b>primidone</b>	1		
Privigen <b>PA</b>			3
Procrit <b>PA</b>			3
<b>proctozone-hc cream</b>	1		
<b>Prolastin PA</b>			3
<b>Prolastin-C PA</b>			3
Proleukin			3
<b>Prolia PA, QL</b>			3

Drug Name	Generic	Preferred-Brand	Specialty
Promacta <b>PA, QL</b>			3
<b>propafenone ER</b>	1		
<b>propranolol</b>	1		
<b>propranolol/HCTZ</b>	1		
<b>propranolol SA</b>	1		
Protopic <b>PA</b>		2	
<b>protriptyline</b>	1		
<b>pruvate 21-7</b>	1		
Pulmozyme <b>PA, QL</b>			3
<b>Quasense</b>	1		
<b>quetiapine PA, QL (ST &lt;12 years of age)</b>	1		
<b>quinapril</b>	1		
<b>quinapril/HCTZ</b>	1		
QVAR		2	
<b>ramipril</b>	1		
<b>ranitidine</b>	1		
Rapamune <b>PA</b>		2	
Rebif <b>QL</b>			3
Reclast <b>PA, QL</b>			3
Regranex <b>QL</b>		2	
Relistor <b>PA</b>			3
Remicade <b>PA</b>			3
Remodulin <b>PA</b>			3
<b>renalpren</b>	1		
<b>reprexain</b>	1		
Rescriptor		2	
Revatio <b>PA, QL</b>			3
Revlimid <b>PA, QL</b>			3
Reyataz		2	
Ribapak <b>QL</b>			3
Ribasphere <b>QL</b>			3
ribavirin <b>QL</b>			3
Rilutek			3
Risperdal Consta <b>PA, QL (ST &lt;12 years of age)</b>			3
<b>risperidone QL (ST &lt;12 years of age)</b>	1		
<b>risperidone ODT QL (ST &lt;12 years of age)</b>	1		
Rituxan <b>PA, QL</b>			3

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Drug Name	Generic	Preferred-Brand	Specialty
rivastigmine PA	1		
ropinirole	1		
ropinirole ER	1		
Sabril PA, QL			3
salicylic acid	1		
Samsca PA, QL			3
Sandostatin LAR PA, QL			3
selegiline	1		
selenium sulfide shampoo	1		
Selzentry PA		2	
Sensipar		2	
Serevent		2	
Serostim PA			3
sertraline	1		
Simponi PA, ST, QL			3
simvastatin	1		
SMZ-TMP	1		
sodium sulfacetamide/sulfur/urea	1		
Soliris PA			3
Somatuline PA, QL			3
Somavert PA, QL			3
Soriatane			3
Spiriva		2	
spironolactone	1		
spironolactone/HCTZ	1		
Sprintec	1		
Sprycel PA, QL			3
stavudine	1		
Stelara PA, QL			3
Strattera QL		2	
Suboxone film PA, QL		2	
Sucraid PA			3
sulfacetamide sodium	1		
sulfamethoxazole/trimethoprim	1		
sulfasalazine	1		
sulfasalazine EC	1		
sulfisoxazole	1		
sulindac	1		
sumatriptan QL	1		

Drug Name	Generic	Preferred-Brand	Specialty
Supprelin LA PA, QL			3
Sustiva		2	
Sutent PA, QL			3
Syeda	1		
Sylatron PA			3
Symlin ST, QL		2	
Synagis PA, QL			3
Synarel PA, QL			3
Synvisc PA, QL			3
Synvisc One PA, QL			3
tacrolimus	1		
Tamiflu QL		2	
tamsulosin	1		
Tarceva PA, QL			3
Targretin PA			3
Tasigna PA, QL			3
taztia XT	1		
temazepam	1		
Temodar PA			3
terazosin	1		
terbinafine QL	1		
testosterone PA	1		
tetracaine ophthalmic	1		
tetracycline	1		
Thalomid PA, QL			3
theophylline	1		
theophylline ER	1		
thioridazine (ST <12 years of age)	1		
thiothixene (ST <12 years of age)	1		
Thyrogen			3
tiagabine	1		
ticlopidine	1		
Tilia FE	1		
timolol maleate	1		
tizanidine tablets	1		
TOBI QL			3
tobramycin	1		
tobramycin/dexamethasone	1		
tolazamide	1		

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Drug Name	Generic	Preferred-Brand	Specialty
tolbutamide	1		
tolmetin	1		
topiragen QL	1		
topiramate QL	1		
topisulf	1		
Toviaz		2	
Tracleer PA, ST, QL			3
Tradjenta		2	
tramadol QL	1		
tramadol ER QL	1		
tramadol/acetaminophen QL	1		
trandolapril	1		
trandolapril/verapamil	1		
tranylcypromine	1		
trazodone	1		
Trelstar PA, QL			3
tretinoin oral			3
tretinoin topical	1		
Trezix	1		
triamcinolone	1		
triamcinolone acetonide ST	1		
trifluoperazine (ST <12 years of age)	1		
Tri-legest FE	1		
Trinessa	1		
Tri-previfem	1		
Tri-sprintec	1		
Trivora	1		
Trizivir		2	
tropium	1		
Truvada		2	
Tykerb PA, QL			3
Tysabri PA, QL			3
Tyvaso PA			3
Tyzeka			3
urea	1		
ursodiol	1		
valacyclovir QL	1		
valproate	1		
vancomycin capsules	1		

Drug Name	Generic	Preferred-Brand	Specialty
Vantas PA, QL			3
Veletri PA			3
Velivet	1		
venlafaxine	1		
venlafaxine ER capsules QL	1		
Ventavis PA			3
Ventolin HFA QL		2	
Veramyst		2	
verapamil	1		
verapamil ER PM	1		
verapamil extended release	1		
verapamil SR	1		
Vestura	1		
Viadur PA			3
Victoza ST		2	
Victrelis PA, QL			3
Videx solution		2	
Viracept		2	
Viramune XR		2	
Viread		2	
visqid a/a	1		
vistra	1		
vitamins (generic pediatric)	1		
vitamins (generic prenatal)	1		
voriconazole QL	1		
Votrient PA, QL			3
VPRIV PA			3
warfarin	1		
Xalkori PA, QL			3
Xarelto QL		2	
Xeloda PA			3
Xenazine PA, QL			3
Xgeva PA, QL			3
Xifaxan PA, QL		2	
Xolair PA, QL			3
Xyrem PA, QL			3
zafirlukast	1		
zaleplon	1		
Zarah	1		

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Drug Name	Generic	Preferred-Brand	Specialty
Zavesca <b>PA</b>			<b>3</b>
Zelboraf <b>PA, QL</b>			<b>3</b>
Zemaira <b>PA</b>			<b>3</b>
<b>zenieva</b>	1		
<b>Zeosa</b>	1		
Zetia		2	
Ziagen		2	
<b>ziprasidone QL (ST &lt;12 years of age)</b>	1		
Zirgan		2	
Zoladex <b>PA, QL</b>			<b>3</b>
Zolinza <b>PA, QL</b>			<b>3</b>
<b>zolpidem</b>	1		
Zometa			<b>3</b>
<b>zonisamide</b>	1		
Zorbitive <b>PA</b>			<b>3</b>
Zortress <b>PA</b>		2	
<b>Zovia</b>	1		
Zovirax topical		2	
<b>Zyprexa Relprevv PA, QL (ST &lt;12 years of age)</b>			<b>3</b>
<b>Zytiga PA, QL</b>			<b>3</b>
<b>Zyvox QL</b>		2	

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# Medications Not Covered by *Value Choice*

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The following medications are benefit exclusions and will not be covered under the pharmacy benefit:

Anabolic steroids

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Antimalarial agents

---

Antiobesity medications, including, but not limited to, appetite suppressants and lipase inhibitors

---

Blood or blood plasma products\*

---

Drugs labeled for investigational use

---

Drugs used for cosmetic purposes or hair growth

---

Fertility agents

---

Impotency drugs (examples are Viagra, Levitra, Cialis, Muse, Caverject)

---

Legend vitamins (other than prenatal, fluoride, and certain therapeutic vitamins)

---

Most over-the-counter medications

---

Needles/syringes (other than insulin)\*

---

Nutrition and dietary supplements\*

---

Ostomy supplies\*

---

Smoking deterrents

---

Therapeutic devices/appliances\*

---

Urine strips (Because our doctors feel blood glucose strips are more accurate than urine test strips in measuring blood glucose, urine strips are not a covered benefit.)

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\*Please note that, under certain circumstances, your medical benefits may cover the items marked with an asterisk (\*). For information on these items, you can contact our Health Care Concierge team at the number listed on the back of your member ID card. If you have not yet received an ID card, call the Health Care Concierge team number listed on page 2 of this booklet.

# Value Choice Brand/Generic Reference Guide

Brand	Generic
Accolate	Zafirlukast
Accupril	Quinapril
Aceon	Perindopril
Actiq	Fentanyl Citrate
Activella	Estradiol-Norethindrone, Mimvey
Acular	Ketorolac
Adderall XR	Amphetamine-dextroamphetamine ER
Aldactazide	Spirolactone-HCTZ
Aldactone	Spirolactone
Aldara	Imiquimod
Allegra	Fexofenadine
Allegra D	Fexofenadine-Pseudoephedrine
Alphagan	Brimonidine
Altace	Ramipril
Amaryl	Glimepiride
Amerge	Naratriptan
Ambien	Zolpidem Tartrate
Amoxil	Amoxicillin
Analpram HC cream	Hydrocort-Pramoxine cream
Antabuse	Disulfuram
Aricept	Donepezil
Arimidex	Anastrozole
Arixtra	Fondaparinux
Aromasin	Exemestane
Astelin	Azelastine
Ativan	Lorazepam
Augmentin	Amoxicillin/Clavulanate
Avalide	Irbesartan/HCTZ
Avapro	Irbesartan
Bactrim	Sulfamethoxazole/Trimethoprim
Bactroban Ointment	Mupirocin Ointment
Biaxin	Clarithromycin
Bleph-10	Sulfacetamide Sodium
Boniva 150mg	Ibandronate
Buspar	Buspirone
Caduet	Amlodipine/Atorvastatin
Calan	Verapamil
Cardizem CD	Diltiazem ER
Cardizem LA	Diltiazem ER
Casodex	Bicalutamide
Catapres	Clonidine
Ceftin	Cefuroxime

Brand	Generic
Celexa	Citalopram
Cellcept	Mycophenolate Mofetil
Cipro	Ciprofloxacin
Claritin OTC	Loratadine OTC
Cleocin	Clindamycin
Climara	Estradiol Patch
Clobex	Clobetasol
Cogentin	Benzotropine
Colazal	Balsalazide Disodium
Combivir	Lamivudine/Zidovudine
Concerta	Methylphenidate ER
Coreg	Carvedilol
Cosopt	Dorzolamide-Timolol
Coumadin	Warfarin
Cozaar	Losartan
Cutivate (topical), Flonase (nasal spray)	Fluticasone
Cyclocort	Amcinonide
Cytomel	Liothyronine
Depakote, Depakote ER	Divalproex sodium, Divalproex sodium ER
Derma-Smoothe/FS	Fluocinolone
Desoxyn	Methamphetamine
Desyrel	Trazodone
Diabeta, Micronase	Glyburide
Diamox sequels	Acetazolamide ER
Differin	Adapalene
Diflucan	Fluconazole
Dovonex	Calcipotriene
Duoneb	Ipratropium/Albuterol Solution
Duragesic	Fentanyl
Duricef	Cefadroxil Hydrate
Effexor	Venlafaxine
Effexor XR	Venlafaxine ER Capsules
Elavil	Amitriptyline
Elestat	Epinastine
Elocon	Mometasone
Entocort EC	Budesonide EC
Epivir	Lamivudine
Exelon	Rivastigmine
Feldene	Piroxicam
Femara	Letrozole
Femcon Fe	Zeosa
Femhrt 1/5	Jinteli
Flagyl	Metronidazole

**Value Choice Brand/Generic Reference Guide (continued)**

<b>Brand</b>	<b>Generic</b>
Flexeril	Cyclobenzaprine
Flomax	Tamsulosin
Fortamet	Metformin ER
Fortaz	Ceftazidime
Fosamax	Alendronate
Gengraf	Cyclosporine modified
Geodon	Ziprasidone
Glucophage	Metformin
Glucotrol	Glipizide
Golytely	Gavilyte-G
Hyzaar	Losartan/HCTZ
Ilotycin	Erythromycin
Imitrex	Sumatriptan
Inderal	Propranolol
Indocin	Indomethacin
Inspra	Eplerenone
Iopidine	Apraclonidine
Keflex	Cephalexin
Kenalog (topical)	Triamcinolone
Keppra	Levetiracetam
Keppra XR	Levetiracetam ER
Klonopin	Clonazepam
Kytril	Granisetron
Lamictal	Lamotrigine
Lasix	Furosemide
Lescol	Fluvastatin
Levaquin	Levofloxacin
Lexapro	Escitalopram
Lipitor	Atorvastatin
Lodine	Etodolac
Lofibra	Fenofibrate
Lopid	Gemfibrozil
Lopressor	Metoprolol
LoSeasonique	Amethia Lo, Camrese Lo
Lotrel	Amlodipine Besylate/ Benazepril
Lovenox	Enoxaparin
Lybrel	Amethyst
Macrochantin	Nitrofurantoin
Malathion	Ovide Lotion
Marinol	Dronabinol
Metadate CD	Methylphenidate ER
Metadate ER	Methylphenidate ER
Mevacor	Lovastatin
Minocin	Minocycline
Mirapex	Pramipexole

<b>Brand</b>	<b>Generic</b>
Mobic	Meloxicam
Motrin	Ibuprofen
MS Contin	Morphine Sulfate ER
Naprosyn	Naproxen
Nasacort AQ	Triamcinolone-Acetonide
Neoral	Cyclosporine modified
Neurontin	Gabapentin
Nizoral	Ketoconazole
Norvasc	Amlodipine Besylate
Nulytely	Peg-3350
Omnicef	Cefdinir
Omnipred 1% drops	Prednisolone Acetate 1% drops
Opana	Oxymorphone
Opana ER	Oxymorphone ER
Optivar	Azelastine
Palgic	Arbinoxia
Parcopa	Carbidopa/Levodopa
Paxil	Paroxetine
Paxil CR	Paroxetine ER
Pepcid	Famotidine
Percocet	Oxycodone/Acetaminophen
PhosLo	Calcium Acetate
Plan B	Levonorgestrel, Next Choice
Plavix	Clopidogrel
Plendil	Felodipine
Ponstel	Mefenamic acid
Pravachol	Pravastatin
Precose	Acarbose
Prevacid	Lansoprazole
Prilosec	Omeprazole
Prinivil, Zestril	Lisinopril
Prinzide, Zestoretic	Lisinopril/HCTZ
Procardia	Nifedipine
Prograf	Tacrolimus
Protonix	Pantoprazole
Provigil	Modafinil
Prozac	Fluoxetine
Prozac Weekly	Fluoxetine DR
Pulmicort respules	Budesonide respules
Quixin	Levofloxacin
Razadyne	Galantamine
Reglan	Metoclopramide
Remeron	Mirtazapine
Repliva 21-7	Pruvate 21-7
Requip	Ropinirole



**Value Choice Brand/Generic Reference Guide (continued)**

<b>Brand</b>	<b>Generic</b>
Requip XL	Ropinirole XL
Restoril	Temazepam
Retin A	Tretinoin
Risperdal	Risperidone
Ritalin	Methylphenidate
Ritalin LA	Methylphenidate ER
Rosula	Sodium Sulfacetamide/Sulfur/ Urea
Rowasa	Mesalamine
Rythmol SR	Propafenone ER
Sanctura	Trospium
Sandimmune	Cyclosporine
Seasonique	Amethia, Camrese
Seroquel	Quetiapine
Singulair	Montelukast Sodium
Skelaxin	Metaxalone
Soma	Carisoprodol
Sonata	Zaleplon
Stalevo	Carbidopa/Levodopa/ Entacapone
Starlix	Nateglinide
Subutex	Buprenorphine
Sular	Nisoldipine ER
Tarka	Trandolapril/Verapamil
Tegretol XR	Carbamazepine ER
Temovate	Clobetasol
Tenormin	Atenolol
Teveten	Eprosartan
Tobradex	Tobramycin-Dexamethasone
Topamax	Topiramate, Topiragen
Topicort	Desoximetasone
Toprol XL	Metoprolol ER
Trexall	Methotrexate
Tridesilon	Desonide
Trileptal	Oxcarbazepine
Trusopt	Dorzolamide
Tylenol # 3	Acetaminophen/Codeine
Ultram	Tramadol
Uroxatral	Alfuzosin ER
Urso	Ursodiol
Valium	Diazepam
Valtrex	Valacyclovir
Vancocin	Vancomycin
Vasotec	Enalapril
Veetids	Penicillin
Vfend	Voriconazole

<b>Brand</b>	<b>Generic</b>
Vibramycin	Doxycycline
Vicodin, Vicodin ES	Hydrocodone/ Acetaminophen
Videx EC	Didanosine
Viramune	Nevirapine
Vivactil	Protriptyline
Voltaren	Diclofenac
Wellbutrin	Bupropion
Wellbutrin XL	Budeprion XL
Xalatan	Latanoprost
Xanax	Alprazolam
Xibrom	Bromfenac
Xyzal	Levocetirizine
Yasmin	Ocella, Syeda, Zarah
Yaz	Gianvi, Loryna, Vestura
Zantac	Ranitidine
Zerit	Stavudine
Zithromax	Azithromycin
Zocor	Simvastatin
Zofran	Ondansetron
Zoloft	Sertraline
Zonegran	Zonisamide
Zovirax	Acyclovir
Zyloprim	Allopurinol
Zyprexa	Olanzapine





# UPMC HEALTH PLAN

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*In this document, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Network, Inc., as well as those plans offered by UPMC Health Plan, Inc.*

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

*This Pharmacy Benefit Guide is current as of July 1, 2012. For the latest information on the Value Choice drug table and other pharmacy benefits, visit [www.upmchealthplan.com/pharmacy](http://www.upmchealthplan.com/pharmacy). Select "Value Choice" to access the searchable drug list. Or you may call our Health Care Concierge team at the number listed on the back of your UPMC Health Plan ID card.*