



Your Prescription
Drug Program
2010

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 1-800-286-4242/TTY 1-800-361-2629.

请致电UPMC for You (电话: 1-800-286-4242), 可提供翻译服务。

ការជំរក់ប្រតិបត្តិការផ្តល់ជូន ដោយទូរស័ព្ទទៅ UPMC for You តាមលេខ 1-800-286-4242 ។

Вы можете воспользоваться услугами переводчика, позвонив в службу «UPMC для Вас» по телефону 1-800-286-4242.

Servicios de traducción UPMC *para Usted* están disponibles llamando al 1-800-286-4242.

Có dịch vụ thông dịch bằng cách liên lạc với UPMC *for You* tại số 1-800-286-4242.

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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 on pages 25-27 for a listing of covered products.

If you have any questions, call UPMC *for You* Member Services at 1-800-286-4242 Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call toll-free at 1-800-361-2629.

Pharmacy Copayments

Pharmacy copayments do not apply to pregnant women, 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:

- 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 four (4) to six (6) weeks after each six-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.

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 four (4) to six (6) weeks after each six-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 Member Services toll-free at 1-800-286-4242. TTY users should call toll-free at 1-800-361-2629. Member Services is available Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m.

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 a maintenance drug for one copayment. Please ask your pharmacist or call Member Services 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 Member Services 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

Byetta	Celebrex	Effexor XR	Lexapro
Prevacid	Singulair	Symlyn	Venlafaxine ER
Diovan	Micardis	Abilify (<12 years of age)	Seroquel/Seroquel XR (<12 years of age)
Zyprexa (<12 years of age)	Geodon (<12 years of age)	Risperidone (<12 years of age)	Clozapine (<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	IVIG (intravenous immune globulin)
Amevive	Kineret
Aranesp	Kuvan
Aricept	Letairis
Banzel	Lidoderm
Botox	Lucentis
Cerezyme	Lupron
Cimzia	Lyrica
Cinryze	Mozobil
Elidel	Myobloc
Eligard	Namenda
Enbrel	Neulasta
Epogen	Neupogen
Flolan/epoprostenol	Nexavar
Forteo	Norditropin
Gleevec	Nplate
Humatrope	Nuvigil
Humira	Orencia
Hycamtin	Pegasy
Increlex	Peg-Intron
Infergen	Procrit
Intron-A	Promacta
Iressa	Protopic
Itraconazole	Provigil

Prior Authorization Medications continued

Relistor	Tarceva
Remicade	Targretin
Remodulin	Tasigna
Revatio	Temodar
Revlimid	Testosterone products
Rituxan	Trelstar
Roferon-A	Tretinoin (age 35 and older)
Samsca	Tykerb
Savella	Tysabri
Seroquel/Seroquel XR (200mg and less)	Vantas
Serostim	Ventavis
Simponi	Viadur
Sprycel	Xeloda
Suboxone	Xenazine
Subutex	Xolair
Sucraid	Xyrem
Supartz	Zoladex
Supprelin LA	Zolinza
Sutent	Zorbtive
Symbyax	
Synagis	
Synvisc	

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) Injectable Medications	
Lovenox, Fragmin, and Arixtra	2 month supply per year
Antiviral Medications	
famciclovir 125mg	21 tablets per month
famciclovir 250mg	70 tablets per month
famciclovir 500mg	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 50 mL per season
Valcyte	180 day supply per year
Valtrex 500mg	42 tablets per month
Valtrex 1000mg	21 tablets per month
Asthma	
Singulair ST	30 tablets per month
Attention-Deficit/Hyperactivity Disorder Medications	
amphetamine salts ER 5mg, 10mg, 12.5mg	30 capsules per month
amphetamine salts ER 15mg, 20mg, 30mg	60 capsules per month
amphetamine salt combo 5mg	360 tablets per month
amphetamine salt combo 7.5mg	240 tablets per month
amphetamine salt combo 10mg	180 tablets per month
amphetamine salt combo 12.5mg	150 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
amphetamine salt combo 15mg	120 tablets per month
amphetamine salt combo 20mg	90 tablets per month
amphetamine salt combo 30mg	60 tablets per month
Concerta 18mg, 27mg, 54mg	30 tablets per month
Concerta 36mg	60 tablets per month
dextroamphetamine 5mg; ages 6-12	240 tablets per month
dextroamphetamine 10mg; ages 6-12	120 tablets per month
dextroamphetamine 5mg; over age 12	360 tablets per month
dextroamphetamine 10mg; over age 12	180 tablets per month
dextroamphetamine SA 5mg; ages 6-12	270 tablets per month
dextroamphetamine SA 10mg; ages 6-12	135 tablets per month
dextroamphetamine SA 15mg; ages 6-12	90 tablets per month
dextroamphetamine SA 5mg; over age 12	360 tablets per month
dextroamphetamine SA 10mg; over age 12	180 tablets per month
dextroamphetamine SA 15mg; over age 12	120 tablets per month
dexmethylphenidate 2.5mg	240 tablets per month
dexmethylphenidate 5mg	120 tablets per month
dexmethylphenidate 10mg	60 tablets per month
methylphenidate 2.5 mg	1200 tablets per month
methylphenidate 5mg	600 tablets per month
methylphenidate 10mg	300 tablets per month
methylphenidate 20mg	150 tablets per month
methylphenidate 5mg/5mL solution	3000mL per month
methylphenidate 10mg/5mL solution	1500mL per month
methylphenidate SR 10mg	180 tablets per month

continued

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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
methylphenidate SR 20mg	90 tablets per month
Strattera 10mg, 40mg, 60mg, 80mg, 100mg	30 tablets per month
Strattera 18mg	60 tablets per month
Strattera 25mg	90 tablets per month
Bronchodilators	
Ventolin HFA	2 inhalers per month
Dermatological Agents	
Elidel PA	6 months per year
Protopic PA	6 months per year
Regranex	3 tubes per year
Diabetes Medications	
Byetta ST	1 pen per month
Symlin ST	4 vials per month
Fibromyalgia Medications	
Savella PA	60 tablets per month
Gastrointestinal Medications	
Emend 80mg	4 tablets per month
Emend 125mg	2 tablets per month
ondansetron 4mg, 8mg	90 tablets per month
ondansetron 24mg	7 tablets per month
Prevacid ST	30 capsules per month
Hormone Replacement Therapy	
estradiol transdermal patches	4 patches per month
Injectable & Biotech Medications	
Amevive PA	2 treatment courses per year
Apokyn	30 syringes per month

continued

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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
Cimzia PA	2 vials per month
Cinryze PA	16 vials per month
Enbrel 25mg PA	8 vials per month
Enbrel 50mg PA	4 vials per month
Humira PA	2 syringes per month
Humira Crohn's Starter Pack PA	1 pack per lifetime
Humira Psoriasis Starter Pack PA	1 pack per lifetime
Infergen PA	12 vials per month
Kineret PA	30 syringes per month
Mozobil PA	8 vials per 4 days
Pegasys PA	4 vials (1 kit) per month
Peg-Intron PA	4 kits per month
Promacta 25mg PA	90 tablets per month
Promacta 50mg PA	30 tablets per month
ribavirin	180 units per month
Rituxan PA	1 treatment course (two 1000mg doses given on days 1 and 15)
Samsca 15mg PA	30 tablets per month
Samsca 30mg PA	60 tablets per month
Simponi PA	1 injection per month
Xenazine 12.5mg PA	90 tablets per month
Xenazine 25mg PA	120 tablets per month
Migraine Medications	
Maxalt tablets	9 tablets per month
sumatriptan injection	4 boxes per month
sumatriptan nasal spray	6 bottles per month
sumatriptan tablets	9 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
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 32 vials per month
Rebif	12 pre-filled syringes per month
Narcolepsy Medication	
Xyrem PA	3 bottles per month
Non-steroidal Anti-inflammatory Medications (NSAIDs)	
Celebrex PA	60 capsules per month
ketorolac	5-day supply
Oral Antibiotic Medications	
azithromycin 250mg	10 tablets per month
azithromycin 500mg	3 tablets per month
azithromycin 600mg	8 tablets per month
azithromycin 2gr per 60mL bottle	1 bottle per month
ciprofloxacin ER 500mg	3 tablets per prescription
ciprofloxacin ER 1000mg	14 tablets per prescription
Zyvox	56 tablets per year
Oral Antifungal Medications	
fluconazole 150mg	2 tablets per prescription
fluconazole 50mg, 100mg, 200mg	10 tablets per month
terbinafine	90 tablets per year
Vfend	100-day supply per year

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
Osteoarthritis of the Knee Injections	
Supartz 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
fentanyl transdermal patch 100mcg	30 patches per month
fentanyl transdermal patch 12.5mcg, 25mcg, 50mcg, 75mcg	10 patches per month
hydrocodone/ibuprofen	50 tablets per 10 days
Lidoderm PA	3 patches per day
morphine sulfate sustained release	90 tablets per month
Narcotic analgesics	30-day supply
Opana ER	60 tablets per month
oxycodone/ibuprofen	28 tablets per month
tramadol	240 tablets per month
tramadol/acetaminophen	40 tablets per month
Psychiatric Medications	
Abilify PA	1 tablet per day
bupropion XL 24 hour	1 tablet per day
Effexor XR 150mg ST	2 capsules per day
Effexor XR 37.5mg ST	1 capsule per day
Effexor XR 75mg ST	3 capsules per day
Geodon	2 capsules per day
lamotrigine 100mg, 200mg	2 tablets per day
lamotrigine 5mg, 25mg, 150mg	3 tablets per day
Lexapro 10mg ST	1.5 tablets per day

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
Lexapro 5mg, 20mg ST	1 tablet per day
risperidone	2 tablets per day
Seroquel PA	3 tablets per day
Seroquel XR 150mg, 200mg PA	1 tablet per day
Seroquel XR 50mg, 300mg, 400mg PA (<200mg)	2 tablets per day
Suboxone 2/0.5mg PA	6 tablets per day
Suboxone 8/2mg PA	4 tablets per day
Subutex 2mg PA	6 tablets per day
Subutex 8mg PA	4 tablets per day
Symbyax PA	1 capsule per day
Venlafaxine ER 150mg ST	2 tablets per day
Venlafaxine ER 75mg, 37.5mg, 225mg ST	1 tablet per day
Zyprexa 2.5mg, 5mg, 7.5mg, 10mg	1 tablet per day
Zyprexa 15mg, 20mg	2 tablets per day
Seizure Medications	
Diastat	1 box per prescription
Lyrica 25mg, 50mg, 75mg, 100mg, 150mg, 200mg PA	90 capsules per month
Lyrica 225mg, 300mg PA	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

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.

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 40mg strength of medication exists, your pharmacist will substitute one 40mg dose per day instead of the two 20mg 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 Member Services at 1-800-286-4242 and select the number for “pharmacy” to find a participating pharmacy close to you. You can also go online at www.upmchealthplan.com to look up the pharmacy address closest to you. TTY users should call toll-free at 1-800-361-2629.

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. You also have the right to ask for a Fair Hearing. You can find information on this process in your Member Handbook. Refer to the Complaints, Grievances, and Fair Hearings section of the handbook, starting on page 73. To request this handbook, or for more information, call Member Services at 1-800-286-4242. TTY users should call toll-free at 1-800-361-2629. You can also go to 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 UPMC *for You* Member Services at 1-800-286-4242 Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call toll-free at 1-800-361-2629.

UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
ABILIFY	PA, QL (ST<12 years of age)	amnestem	
acarbose		amoxicillin	
acebutolol		amoxicillin/clavulanate	
acetazolamide		amphetamine salts	QL
acetic acid		amphetamine salts ER	QL
acetic acid/aluminum acetate		ampicillin	
acetylcysteine		anagrelide	
ACTOPLUS MET		ANDRODERM	PA
ACTOS		ANDROGEL	PA
ACULAR		ANDROID	PA
ACULAR LS		ANTABUSE	
acyclovir		APOKYN	QL
ADVAIR		apri	
AGENERASE		APTIVUS	
albuterol		aranelle	
ALDARA		ARANESP	PA
alendronate	QL	ARICEPT	PA
alesse		ARIMIDEX	
ALIMTA		ARIXTRA	QL
ALKERAN		AROMASIN	
allopurinol		ASACOL	
ALOMIDE		ASACOL HD	
ALPHAGAN P		aspirin	
alprazolam	QL (fills/month)	ASTELIN	
amantadine		atenolol	
amcinonide		atenolol/chlorthalidone	
AMEVIVE	PA, QL	ATRIPLA	
amiloride		atropine sulfate	
amiloride/hydrochlorothiazide		AVANDAMET	
amiodarone		AVANDARYL	
amitriptyline		AVANDIA	
amlodipine		AVELOX	
amlodipine/benazepril		aviane	

continued

KEY

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

QL = Quantity Limits

 Lowercase = generic

UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
AVODART		butalbital/acetaminophen	QL
AVONEX	QL	butalbital/acetaminophen/ caffeine	QL
azathioprine		butalbital/aspirin/caffeine	QL
AZILECT		BYETTA	ST, QL
azithromycin	QL	calcipotriene	
bacitracin		calcitriol	
baclofen		calcium acetate	
balsalazide		camila	
BANZEL	PA	CANASA	
BARACLUDE		captopril	
BAYER BLOOD GLUCOSE PRODUCTS (Ascensia)		captopril/hydrochlorothiazide	
benazepril		carbamazepine	
benazepril/hydrochlorothiazide		carbamazepine ER	
benzocaine/antipyrine		carbamide peroxide	
benzonatate		carbidopa/levodopa	
benzoyl peroxide		carisoprodol	
benztropine		carteolol	
betamethasone		carvedilol	
betaxolol		cefaclor	
BETOPTIC S		cefadroxil	
bicalutamide		cefdinir	
bisoprolol		cefpodoxime	
bisoprolol/hydrochlorothiazide		cefuroxime	
BOTOX	PA	CELEBREX	ST, QL
brevicon		cephalexin	
bromocriptine		CEREZYME	PA
brompheniramine/pseu- doephedrine		cetirizine OTC	
budeprion XL	QL	chlorhexidine	
bumetanide		chloroquine	
buproban	QL	chlorpheniramine/pseudoephed- rine	
bupropion		chlorthalidone	
bupropion SR		chlorzoxazone	
bupropion XL	QL		

continued

KEY	
PA = Prior Authorization Required	QL = Quantity Limits
ST = Step Therapy Required	Lowercase = generic
Uppercase = brand name	

UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
cholestyramine		cyanocobalamin	
choline magnesium trisalicylate		cyclobenzaprine	
cilostazol		CYCLOGYL	
cimetidine		cyclophosphamide	
CIMZIA	PA, QL	cyclosporine	
CINRYZE	PA, QL	danazol	
ciprofloxacin		dantrolene	
ciprofloxacin ER	QL	dapsone	
citalopram		DELATESTRYL	PA
claravis		DENAVIR	
clarithromycin		DEPO-TESTOSTERONE	PA
clindamycin		desipramine	
clobetasol		desmopressin	
clomipramine		desonide	
clonazepam	QL (fills/month)	desoximetasone	
clonidine		DETROL	
clotrimazole		DETROL LA	
clotrimazole/betamethasone		dexamethasone	
clozapine	(ST<12 years of age)	dexmethylphenidate	QL
codeine	QL (fills/month)	dextroamphetamine	QL
codeine/acetaminophen	QL, QL (fills/month)	dextroamphetamine SA	QL
codeine/aspirin	QL, QL (fills/month)	DIASTAT	QL
colchicine		diazepam	QL (fills/month)
colestipol		diclofenac	
COMBIVENT		dicloxacillin	
COMBIVIR		dicyclomine	
COMTAN		diflorasone	
CONCERTA	QL	digoxin	
COPAXONE	QL	dihydroergotamine	
cortisone acetate		DILATRATE-SR	
CRIVAN		diltiazem	
cromolyn		DIOVAN	ST
cryselle		DIOVAN HCT	ST
CUPRIMINE			

continued

KEY

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

QL = Quantity Limits
 Lowercase = generic

UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
diphenhydramine		erythromycin	
diphenoxylate/atropine		estradiol	
dipyridamole		estradiol transdermal	QL
disopyramide		estradiol/norethindrone	
DIURIL		estropipate	
divalproex		ethambutol	
divalproex DR		ETHMOZINE	
divalproex ER		ethosuximide	
dorzolamide		etodolac	
dorzolamide/timolol		etoposide	
doxazosin		EURAX	
doxepin		EVISTA	
doxycycline		EXFORGE	
DUETACT		famciclovir	QL
dyphylline-gg		famotidine	
econazole		FARESTON	
EFFEXOR XR	ST, QL	FELBATOL	
ELIDEL	PA, QL	FEMARA	
ELIGARD	PA	fenofibrate	
EMCYT		fenoprofen	
EMEND	QL	fentanyl patch	QL, QL (fills/month)
EMTRIVA		fexofenadine	
enalapril		finasteride	
enalapril/hydrochlorothiazide		FLOLAN	PA
ENBREL	PA, QL	FLOVENT	
enpresse		fluconazole	QL
epinephrine		fludrocortisone	
EPIVIR		flunisolide	
eplerenone		fluocinolone	
EPOGEN	PA	fluocinonide	
epoprostenol	PA	fluorometholone	
EPZICOM		fluorouracil	
ergocalciferol		fluoxetine	
ergotamine			

continued

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UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
flurazepam	QL (fills/month)	HIVID	
flutamide		HUMALOG	
fluticasone		HUMATROPE	PA
fluvoxamine	QL	HUMIRA	PA, QL
folic acid		HUMULIN	
FORTEO	PA	HYCANTIN	PA
FORTOVASE		hydralazine	
fosinopril		hydrochlorothiazide	
fosinopril/hydrochlorothiazide		hydrocodone/acetaminophen	QL, QL (fills/month)
FRAGMIN	QL	hydrocodone/homatropine	QL (fills/month)
furosemide		hydrocodone/ibuprofen	QL, QL (fills/month)
FUZEON		hydrocortisone	
gabapentin		hydroxychloroquine	
GABITRIL		hydroxyurea	
GALZIN		hydroxyzine	
ganciclovir		hylira	
gemfibrozil		hyoscyamine	
gentamicin		ibuprofen	
GEODON	QL (ST<12 years of age)	imipramine	
GLEEVEC	PA	INCRELEX	PA
glimepiride		indapamide	
glipizide		indomethacin	
glipizide ER		INFERGEN	PA, QL
GLUCAGON		INTELENCE	
glyburide		INTRON-A	PA
glycopyrrolate		INVIRASE	
griseofulvin		IOPIDINE	
guaifenesin/codeine	QL (fills/month)	ipratropium	
guaifenesin/dextromethorphan		IRESSA	PA
guanabenz		ISENTRESS	
guanfacine		isoniazid	
haloperidol		ISOPTO CARBACHOL	
HELIDAC		ISOPTO HYOSCINE	

continued

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UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
isosorbide dinitrate		levothyroxine	
isosorbide mononitrate		LEXAPRO	ST, QL
isradipine		LEXIVA	
itraconazole	PA	lidocaine	
IVIG (intravenous immune globulin)	PA	lidocaine/prilocaine	
JANUMET		LIDODERM	PA, QL
JANUVIA		LIFESCAN BLOOD GLUCOSE PRODUCTS (One Touch)	
jolessa		liothyronine	
jolivette		lisinopril	
junel		lisinopril/hydrochlorothiazide	
junel FE		lithium carbonate	
KALETRA		loperamide	
kariva		loratadine OTC	
ketoconazole		loratadine/pseudoephedrine OTC	
ketoprofen		lorazepam	QL (fills/month)
ketorolac	QL	lovastatin	
ketotifen		LOVENOX	QL
KINERET	PA	low-ogestrel	
K-PHOS		LUCENTIS	PA
KUVAN	PA	LUMIGAN	
labetolol		LUPRON	PA
lactulose		LYRICA	PA, QL
lamotrigine	QL	malathion	
LANTUS		MATULANE	
leena		MAXALT	QL
leflunomide		MAXALT MLT	QL
lessina		mebendazole	
LETAIRIS	PA	meclizine	
LEUKERAN		medroxyprogesterone	
levetiracetam		mefloquine	
levlite		megestrol acetate	
levobunolol		mexlocicam	
levora			

continued

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UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
meperidine	QL (fills/month)	mononessa	
MEPHYTON		morphine sulfate	QL (fills/month)
MEPRON		morphine sulfate sustained release	QL, QL (fills/month)
mercaptopurine		MOZOBIL	PA, QL
mesalamine		multivitamin/fluoride/iron	
metformin		mupirocin	
metformin ER		MYCOBUTIN	
methadone		mycophenolate	
methazolamide		MYOBLOC	PA
methenamine		nadolol	
METHERGINE		naltrexone	
methimazole		NAMENDA	PA
METHITEST	PA	naproxen	
methocarbamol		necon	
methotrexate		nefazodone	
methylidopa		neomycin sulfate	
methylphenidate	QL	neomycin/polymixin b/bacitracin	
methylphenidate SR	QL	neomycin/polymixin B/hydro-cortisone	
methylprednisolone		NEULASTA	PA
metoclopramide		NEUPOGEN	PA
metolazone		NEXAVAR	PA
metoprolol		niacin	
metronidazole		NIASPAN	
mexiletine		nicotine gum, lozenges, patches	QL
MICARDIS	ST	NICOTROL inhaler	QL
MICARDIS HCT	ST	NICOTROL nasal spray	QL
miconazole		nifedipine	
midodrine		nimodipine	
minocycline		nisoldipine	
minoxidil		nitrofurantoin macrocrystals	
MIRAPEX		nitroglycerin	
mirtazapine		nizatidine	
misoprostol			
mometasone			

continued

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UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
NIZORAL A-D		peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride	
nora-BE		PEGASYS	PA, QL
NORDITROPIN	PA	PEG-INTRON	PA, QL
norethindrone		penicillin VK	
nor-QD		pentoxifylline	
nortriptyline		permethrin	
NORVIR		perphenazine	
NPLATE	PA	phenazopyridine	
NUVARING		phenobarbital	
NUVIGIL	PA	phenylephrine	
nystatin		phenytoin	
nystatin/triamcinolone		PHISOHEX	
ocella		pilocarpine	
ofloxacin		pindolol	
omeprazole OTC	QL	piroxicam	
ondansetron	QL	PLAVIX	
OPANA	QL (fills/month)	podofilox	
OPANA ER	QL, QL (fills/month)	polymixin B/bacitracin	
ORENCIA	PA	portia	
ortho-est		potassium bicarbonate/citrate	
oxazepam	QL (fills/month)	potassium chloride	
OXSORALEN		potassium citrate	
oxybutynin		pramox	
oxybutynin ER		PRANDIN	
oxycodone	QL (fills/month)	pravastatin	
oxycodone/acetaminophen	QL, QL (fills/month)	prazosin	
oxycodone/aspirin	QL, QL (fills/month)	prednisolone	
oxycodone/ibuprofen	QL, QL (fills/month)	prednisone	
oxymetazoline		PREMARIN	
pancrelipase		PREMARIN CREAM	
papain/urea		PREMPHASE	
paromomycin		PREMPRO	
paroxetine			
peg 3350/electrolytes			

continued

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UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
PREVACID	ST, QL	REGRANEX	QL
PREZISTA		RELENZA	QL
primaquine		RELISTOR	PA
primidone		REMICADE	PA
probenecid		REMODULIN	PA
procainamide		RENAGEL	
PROCANBID		RENEVELA	
prochlorperazine		RESCRIPTOR	
PROCRIT	PA	RESTASIS	
PROMACTA	PA, QL	REVIATIO	PA
promethazine		REVLIMID	PA
promethazine/codeine	QL (fills/month)	REYATAZ	
propafenone		ribavirin	QL
propoxyphene	QL (fills/month)	RIDAURA	
propoxyphene/acetaminophen	QL, QL (fills/month)	rifampin	
propranolol		rimantadine	
propranolol/hydrochlorothiazide		RISPERDAL CONSTA	
propylthiouracil		risperidone	QL (ST<12 years of age)
PROTOPIC	PA, QL	RITUXAN	PA, QL
PROVIGIL	PA	ropinirole	
PULMICORT RESPULES (8 years old and younger)		salsalate	
PULMOZYME		SAMSCA	PA, QL
pyrazinamide		SANTYL	
pyrethrins/piperonyl butoxide		SAVELLA	PA, QL
pyridostigmine		selegiline	
quinapril		selenium sulfide	
quinapril/hydrochlorothiazide		SELZENTRY	
quinidine		SEREVENT DISKUS	
QVAR		SEROQUEL	PA (200mg and less), QL (ST<12 years of age)
ramipril		SEROQUEL XR	PA (200mg and less), QL (ST<12 years of age)
RANEXA			
ranitidine			
RAPAMUNE			
REBIF	QL		

continued

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UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
SEROSTIM	PA	SYNAGIS	PA, QL
sertraline		SYNVISC	PA, QL
silver sulfadiazine		SYPRINE	
SIMPONI	PA, QL	tacrine	
simvastatin		tacrolimus	
SINGULAIR	ST, QL	TAMIFLU	QL
sodium fluoride		tamoxifen	
sodium polystyrene sulfonate		TARCEVA	PA
SOMATULINE		TARGRETIN	PA
SORIATANE CK		TASIGNA	PA
sotalol		temazepam	QL (fills/month)
SPIRIVA		TEMODAR	PA
spironolactone		terazosin	
spironolactone/hydrochloro- thiazide		terbinafine	QL
sprintec		terbutaline	
SPRYCEL	PA	terconazole	
stavudine		TESTIM	PA
STRATTERA	QL	TESTODERM	PA
SUBOXONE	PA, QL	TESTOPEL	PA
SUBUTEX	PA, QL	TESTRED	PA
SUCRAID	PA	tetracycline	
sucralfate		theophylline	
sulfacetamide		thiethylperazine	
sulfamethoxazole/trimethoprim		thioguanine	
sulfasalazine		thyroid	
sulfisoxazole		THYROLAR	
sulindac		ticlopidine	
sumatriptan	QL	timolol	
SUPARTZ	PA, QL	tizanidine	
SUPPRELIN LA	PA	tobramycin	
SUSTIVA		tolnaftate	
SUTENT	PA	topiramate	QL
SYMBYAX	PA, QL	torsemede	
SYMLIN	ST, QL		

continued

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UPMC for You Prescription Drug Formulary

Drug Name	Code	Drug Name	Code
TRACLEER	PA	VENTOLIN HFA	QL
tramadol	QL	verapamil	
tramadol/acetaminophen	QL	VESICARE	
trandolapril		VFEND	QL
trazodone		VIADUR	PA
TRELSTAR	PA	VIDEX	
tretinoin	PA (age 35 and older)	VIRACEPT	
TREXALL		VIRAMUNE	
trezix		VIREAD	
triamcinolone		vitamin A,D,C/fluoride/iron	
triamterene/hydrochlorothiazide		vitamin B complex,C/folic acid	
triazolam	QL (fills/month)	warfarin	
trifluridine		WELCHOL	
trihexyphenidyl		XALATAN	
trimethoprim		XELODA	PA
trinessa		XENAZINE	PA, QL
tri-previfem		XOLAIR	PA
tri-sprintec		XYREM	PA, QL
trivora		zaleplon	
TRIZIVIR		ZETIA	
TRUVADA		ZIAGEN	
trypsin/balsalm/castor oil		zidovudine	
TYKERB	PA	ZOLADEX	PA
TYSABRI	PA	ZOLINZA	PA
ursodiol		zolpidem	
VALCYTE	QL	ZORBTIVE	PA
valproic acid		zovia	
VALTREX	QL	ZOVIRAX	
VANCOCIN		ZYPREXA	QL (ST<12 years of age)
VANTAS	PA	ZYVOX	QL
velivet			
venlafaxine			
VENLAFAXINE ER	ST, QL		
VENTAVIS	PA		

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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, creams, lotions) and strengths (e.g., adult, pediatric). Generic OTC medications are covered by UPMC for You with a prescription from your doctor. If a generic is not available, an OTC brand-name drug will be covered by UPMC for You. The brand names listed below are for reference only.

Category	Generic	Brand Name Example
Acne	benzoyl peroxide	Panoxyl
Analgesics	acetaminophen and combinations	Tylenol
	aspirin and combinations	Ecotrin, Bayer
	ibuprofen and combinations	Motrin, Advil
	naproxen	Aleve
Antacids	aluminum hydroxide	Alternagel
	aluminum/magnesium hydroxide	Mylanta, Maalox
	calcium carbonate	Tums, Rolaids
	cimetidine	Tagamet
	famotidine	Pepcid
	ranitidine	Zantac
	nizatidine	Axid
	omeprazole OTC	Prilosec OTC
Antidiarrheals	bismuth subsalicylate	Kaopectate, Pepto-Bismol
	loperamide	Imodium A-D
Antiflatulents	simethicone	Gas-X, Phazyme, Mylicon
Antihistamines	chlorpheniramine	Chlor-trimeton
	diphenhydramine	Benadryl
	loratadine	Claritin, Alavert
	cetirizine	Zyrtec
Decongestants	pseudoephedrine	Sudafed
	phenylephrine	Sudafed-PE
Antihistamine/Decongestant Combinations	loratadine/pseudoephedrine	Claritin-D
	cetirizine/pseudoephedrine	Zyrtec-D
Antinauseants	bismuth subsalicylate	Kaopectate, Peptobismol
	dimenhydrinate	Dramamine
	meclizine	Dramamine Less Drowsy, Bonine
	sugar/orthophosphoric acid	Emetrol
Bronchodilators	epinephrine	Primatene
Cough/Cold Preparations	guaifenesin	Robitussin
	guaifenesin/dextromethorphan	Robitussin DM

continued

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

Category	Generic	Brand Name Example
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	BD 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, Pericolace
	laxative enemas	Fleets
	psyllium	Metamucil
	polyethylene glycol	Miralax
Nasal Preparations	oxymetazoline	Afrin, Neo-Synephrine
	saline	Ocean Nasal Spray
	phenylephrine	Neo-Synephrine, Vick's Sinex
Obstetrics/Gynecology	clotrimazole	Gyne-Lotrimin
	miconazole	Monistat-3, Monistat-7
	tioconazole	Monistat-1
	condoms, male	Trojan, Durex
	condoms, female	Trojan, FC
	contraceptive devices	Today Sponge, Diaphragms (Ortho, Koro-Flex, Koromex Coil, Wide Seal), Cervical Caps
	contraceptive foam	Delfen
Ophthalmic Preparations	cellulose derivatives	Refresh, TheraTears
	phenylephrine	Altafrin
	polyvinyl alcohol	Hypotears
	sodium chloride	Muro-128
Smoking Cessation Aids	nicotine gum	Nicorette
	nicotine lozenge	Commit
	nicotine patch	Nicoderm
Antibacterials	bacitracin	
	triple antibiotic	Neosporin
	providone-iodine	Betadine

continued

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

Category	Generic	Brand Name Example
Anesthetics	benzocaine	Oragel, Anbesol
	dibucaine	Nupercainal
	tetracaine	Viractin, Pontocaine
Anti-inflammatory	hydrocortisone	Cortaid
Dermatologic Baths	colloidal oatmeal	Aveeno
Fungicides	clotrimazole	Lotrimin AF
	miconazole	Micatin
	tolnaftate	Tinactin
	terbinafine	Lamisil
	salicylic acid	Duofilm, Compound W
Rectal Preparations	hydrocortisone	Preparation H, Anusol
	zinc oxide	Desitin
Wet Dressing	aluminum acetate	Domeboro Packets
Scabicides/Pediculicides	permethrin	Nix
	piperonyl butoxide	Rid, Pronto
Vitamins/Minerals	vitamins (i.e., B-complex, cyanocobalamin, thiamine)	
	calcium and combinations	Oscal, Oscal-D
	folic acid	
	iron supplements	Fer-in-sol, Fergon
	multivitamins	Centrum, Theragran, Poly-Vi-Sol
	prenatal vitamins	Stuartnatal
	niacin	Slo-niacin
electrolyte solution	Pedialyte	

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.

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

Brand	Generic
Darvocet	propoxyphene/acetaminophen
Deltasone	prednisone
Depakote DR	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
Elavil	amitriptyline
Elocon	mometasone furoate
Ery-tab	erythromycin
Eskalith	lithium carbonate
Feldene	piroxicam
Flagyl	metronidazole
Flexeril	cyclobenzaprine
Flonase	fluticasone propionate
Glucophage	metformin
Glucotrol	glipizide
Halcion	triazolam
Haldol	haloperidol
Hytone	hydrocortisone
Hytrin	terazosin
Imdur	isosorbide mononitrate
Imuran	azathioprine
Inderal	propranolol
Indocin	indomethacin
Keflex	cephalexin
Kenalog	triamcinolone acetonide
Klonopin	clonazepam

continued

Brand/Generic Reference Guide (continued)

Brand	Generic
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	ketokonazole
Nolvadex	tamoxifen
Nordette	portia
Norvasc	amlodipine
Ortho Tri-Cyclen	tri-sprintec, trinessa
Ortho-Cyclen	sprintec
Oxy IR	oxycodone
Pamelor	nortriptyline
Paxil	paroxetine
Pepcid	famotidine
Percocet	oxycodone/acetaminophen
Peridex	chlorhexidine gluconate
Plaquenil	hydroxychloroquine
Pravachol	pravastatin
Prilosec OTC	omeprazole OTC
Principen	ampicillin
Prinivil	lisinopril

Brand	Generic
Prinzide	lisinopril/HCTZ
Procardia	nifedipine
Proscar	finasteride
Prozac	fluoxetine
Reglan	metoclopramide
Remeron	mirtazapine
Restoril	temazepam
Retin-A	tretinoin
Risperdal	risperidone
Ritalin	methylphenidate
Soma	carisoprodol
Sporanox	itraconazole
Sumycin	tetracycline
Synthroid	levothyroxine
Tegretol	carbamazepine
Tenex	guanfacine
Tenoretic	atenolol/chlorthalidone
Tenormin	atenolol
Tessalon Perles	benzonatate
Topicort	desoximetasone
Tylenol #3	acetaminophen with codeine
Ultram	tramadol
Valium	diazepam
Vaseretic	enalapril/HCTZ
Vasotec	enalapril
Veetids	penicillin V potassium
Vibramycin	doxycycline hyclate
Vicodin	hydrocodone/acetaminophen
Voltaren	diclofenac
Wellbutrin	bupropion
Xanax	alprazolam
Zantac	ranitidine
Zithromax	azithromycin
Zocor	simvastatin
Zofran	ondansetron
Zoloft	sertraline
Zovirax	acyclovir
Zyloprim	allopurinol

UPMC *for You*

Affiliate of UPMC Health Plan

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**This managed care plan may not cover all your health care expenses.
If you have questions, please call UPMC *for You* Member Services at 1-800-286-4242.
TTY users should call toll-free at 1-800-361-2629.**

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