

The Preferred Drug List identifies those Prescription Drug Products which are preferred by us for dispensing to Covered Persons when appropriate. This list is subject to our periodic (at least quarterly) review and modification.

Preferred Drug List Consumer Reference Guide

Pharmacy customer

UnitedHealthcare recognizes that choice is important to you. This booklet is a tool to assist you and your physician in selecting cost-effective medications for your care. We are committed to providing you with access to the medications you need at an acceptable cost. This booklet outlines your prescription drug benefit and contains an abbreviated version of the UnitedHealthcare Preferred Drug List (PDL) for 2003. The abbreviated PDL includes commonly prescribed generic and brand-name medications.

As you talk with your physician, you can use this information to help maximize your prescription drug program. Please keep in mind that not all drugs on the PDL may be covered under your pharmacy benefit plan. Also note that not all preferred drugs are listed in this booklet. Benefit coverage is defined in your pharmacy rider or other benefit document. For a complete listing of preferred drugs, please visit our web site at www.myuhc.com/pharmacy.

Your plan encourages the use of generic and preferred brandname drugs, as described below.

Generic drugs

Most generic drugs are included on the PDL. A generic drug is defined as a prescription drug product that: (1) is chemically equivalent to a Brand-name drug; or (2) that we identify as a generic product. The classification of a prescription drug product as a generic is determined by us and not by the manufacturer or pharmacy. We classify a prescription drug product as a generic based on available data resources, such as First DataBank, that classify drugs as either brand or generic based on a number of factors. You should know that all products identified as a "generic" by the manufacturer, pharmacy or your physician may not be classified as a generic by us. Also, the classification of a drug as brand or generic may change from time to time.

Preferred brand-name drugs

There are many brand-name drugs on the UnitedHealthcare PDL. Our National Pharmacy and Therapeutics Committee reviews new and existing medications at least quarterly and recommends changes to be sure the PDL meets your needs and those of your physician. Throughout the year, drugs may be added or removed from the PDL without notice, unless otherwise restricted by law. You can access the most recent version of the PDL at www.myuhc.com/pharmacy.

Non-preferred brand-name drugs

These brand-name drugs generally cost you the most.

If you are currently taking a non-preferred brand-name drug, ask your doctor if changing to a preferred brand-name or generic drug might be appropriate.

Other important information

Check the PDL for drugs noted with N or QL. The definitions for these symbols are listed on each page of the listed drugs. In addition, for a small number of drugs, we request that you use higher strength tablets that are scored and break the tablets in half. If for any reason you, your pharmacist, or your physician want you to have the lower strength tablet, please call or have your physician call the 1-800 number on your ID card to request the lower strength.

key things to remember

Your doctor can help you save money by prescribing generic and preferred drugs. Here are some practical suggestions for getting the most out of your pharmacy benefit.

- Bring this booklet with you to every doctor visit.
- 2 Ask your doctor to refer to the PDL when prescribing medications. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective use of your prescription drug benefit.
- 3 Inquire about the availability of a generic drug. Generics have the same therapeutic effects as their brand-name equivalents but are less expensive. As a result, nearly all generic drugs are available to you for the lowest payment.
- 4 Ask your doctor if there is an over-the-counter drug available to treat your condition.
- 5 Always refer to your benefit plan materials to determine your coverage for medications and your copayment. Some drugs listed may not be covered under your benefits.
- 6 If you would like to view a comprehensive version of the PDL, please visit us on-line at www.myuhc.com/pharmacy.
- 7 If you have questions about your prescription drug benefit, please call the customer service telephone number on your ID card. Representatives are available to serve you 24 hours a day, except Thanksgiving and Christmas.

You and your physician always make the decisions regarding your treatment.

This booklet lists the most commonly prescribed drugs for certain conditions in two ways. The first list is organized by treatment category (e.g., antibiotics); the second list is organized alphabetically by drug name. When a generic drug is available for a brand-name drug, this booklet lists the generic drug only.

By Therapeutic Class

Infection Medications

Antibiotics

- + amoxicillin
- + ampicillin
- Augmentin, ES, XR Biaxin^{QL}, XL^{QL}
- + cefaclor
- + cefadroxil
- Cefzil
- + cephalexin + cephradine
- Cipro
- Cleocin 75, 100mg + clindamycin
- + dicloxacillin
- + doxycycline
- + erythromycin
- + erythromycin w/sulfisoxazole
- Floxin⁰∟
- Gantrisin
- Levaquino
- Macrobid
- Macrodantin 25mg
- + metronidazole
- + minocycline
- + nitrofurantoin macrocrystal 50mg, 100 mg
- + penicillin VK
- Priloprim 200mg
- + tetracycline + trimethoprim
- + trimethoprim/sulfamethoxazole . Velosef 500mg Zithromax^{QL}

Central Nervous System

- Insomnia
 - + flurazepam
 - + temazepam
 - + trazodone
 - + triazolam

ADHD/ Stimulants

- Adderall XR^{QL}
- + dextroamphetamine
- + dextroamphetamine/amphetamine
- + methylphenidate, SR

Anxiety

- + alprazolam
- + buspirone
- + diazepam
- + lorazepam

Depression

+ amitriptyline

- + bupropion^{QL}
- Celexa^{QL} (20 & 40mg tabs scored for 1/2 tab use)
- + desipramine
- + doxepin
- Effexor^{QL}, XR^{QL}
- + fluoxetine^{QL}
- + imipramine
- + nortriptyline
- Paxil^{QL} (20mg tab scored for 1/2 tab use)
- Paxil CR
- Remeron SolTabou
- Serzone
- Surmontil
- + trazodone
- Wellbutrin SR^{QL, N} Zoloft^{QL} (50 & 100mg tabs scored for 1/2 tab use)

Seizures

+ clonazepam Depakote, ER Dilantin Neurontin Tegretol, XR Topamax

Some drugs are noted with N, QL, or DS. The definitions for these symbols are listed below. Your benefit plan determines how these drugs may be covered for you.

N = Notification. There are a few drugs that your physician must notify us of to make sure their use is covered within your benefit

QL = Quantity Level. Some drugs have a limited amount that can be covered at one time or in one month.

DS = Diabetic Supplies. Diabetic supplies may be covered by your benefit plan.

By Therapeutic Class

Central Nervous System – (continued)

Migraine

- Axert^{QL} Frova^{QL} Imitrex^{QL} Maxalt^{QL}
- Zomig^{o⊥}

Pain Medications

Non-narcotic Pain Medications

- + diclofenac sodium
- + etodolac
- + ibuprofen
- + indomethacin
- + ketoprofen
- + nabumetone
- + naproxen
- + oxaprozin

Other

+ propoxyphene w/acetaminophen

Heart Medications

Blood Pressure and Heart Failure

- Accupril Altace
- + atenolol
- Benicar⁰∟
- + bisoprolol
- + bisoprolol w/hydrochlorothiazide
- + captopril
- + captopril with hydrochlorothiazide Cardizem CD 360mg Cardizem LA
- Catapres-TTS^{QL}
- + clonidine
- Coreq
- Cozaar
- + diltiazem long-acting
- Diovan^{QL}, HCT^{QL}
- + doxazosin
- + enalapril
- Hyzaar⁰∟
- labetolol

Heart Medications – (continued)

- Blood Pressure and Heart Failure
 - Lanoxin
 - + lisinopril
 - +lisinopril with hydrochlorothiazide
 - + methyldopa
 - +metoprolol
 - + nifedipine extended-release
 - Norvasc
 - + propranolol
 - + terazosin
 - Toprol XL
 - + verapamil long-acting

Cholesterol

- + cholestyramine
- + gemfibrozil
- Lipitor⁰∟
- + lovastatin^{or}
- Niaspan
- Pravachol⁰ Questran Light
- Tricor
- WelChol
- Zocor

Ear, Nose and Throat Medications Nose

Beconase^{al} AQ^{al} Flonase^{al} Nasonex^{al} Rhinocort^{al}

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By Therapeutic Class

Endocrine Medications

Diabetes, Insulin Humalog Humulin lletin Lantus Novolin Novolog Novolog Mix Velosulin **Diabetes, Oral Medications** Actos Amaryl Avandia + glipizide Glucophage XR Glucotrol XL Glucovance + glyburide + metformin Prandin⁰⊥ Precose **Diabetes**, Supplies Accu-Chek Chemstrip BG^{DS} One Touch Profile Surestep^{DS} Tracer Thyroid Synthroid

Stomach and Digestive System Medications

Ulcer and Reflux/Heartburn

- + cimetidine
- + famotidine
- Nexium^{QL}
- Prilosec
- + ranitidine

Bone, Muscle and Joint Medications

Osteoporosis

Actonel^a Actonel Weekly^a (35mg) Evista Fosamax^a Miacalcin Nasal^a

Women's Health

Contraceptives Alesse Cyclessa Estrostep FE Loestrin, FE Lo Ovral Micronor Mircette Modicon Nuva Ring Ortho-Cyclen Ortho-Evra Ortho-Novum Ortho-Cept Ortho Tri-Cyclen Ovrette Tri-Cyclen Lo Triphasil Yasmin Menopause Climara⁰∟ Esclima Estraderm Estratest, HS Estring + estropipate Femhrt + medroxyprogesterone Ortho-Prefest Premarin Premphase Prempro Prometrium Vivelle^{QL}, Dot^{QL}

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By Therapeutic Class

Eye Medications

Allergy Alocril Alomide Patanol

Respiratory Tract Medications

Asthma

Advair Diskus^{QL} + albuterol^{QL} Alupent Inhaler^{QL} Atrovent Azmacort^{QL} Flovent^{QL} Foradil Intal Inhaler^{QL} Proventil Repetabs Pulmicort Turbuhaler^{QL}, Respules^{QL} Serevent^{QL} Singular^{QL} Tilade^{QL} Vanceril^{QL}, DS^{QL}

Allergy

Astelin^{QL} Clarinex^{QL} Zyrtec^{QL} Zyrtec D^{QL}

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⁺ Generic Available. Selecting generics may save you money.

Commonly Prescribed Drugs

A-E

Accu-Chek^{DS} Accupril Actonel^{QL} Actonel Weekly^{QL} 35mg Actos Adderall XR^{QL} Advair Diskus^{QL} + albuterol^{QL} Alesse Alocril Alomide + alprazolam Altace Alupent Inhaler^{QL} Amaryl + amitriptyline + amoxicillin + ampicillin Astelin + atenolol Atrovent Augmentin, ES, XR Avandia Axert Azmacort Beconase^{QL} AQ^{QL} Benicar Biaxin^{QL}, XL^{QL} + bisoprolol + bisoprolol w/hydrochlorothiazide + bupropion^{QL} + buspirone + captopril + captopril with hydrochlorothiazide

- Cardizem CD 360 mg Cardizem LA
- Catapres-TTS^{□L}
- + cefaclor

- + cefadroxil
 - Cefzil
 - Celexa^{QL} (20 & 40mg tabs scored for 1/2 tab use)
- + cephalexin
- + cephradine
- Chemstrip BG^{DS}
- + cholestyramine
- + cimetidine
- Cipro
- Cleocin 75, 100mg
- Clarinex
- Climara⁰∟
- + clindamycin + clonazepam
- + clonidine
- Coreg
- Cozaar
- Cyclessa
- , Depakote, ER
- + desipramine
- + dextroamphetamine
- + dextroamphetamine/amphetamine
- + diazepam
- + diclofenac sodium
- + dicloxacillin
- Dilantin
- + diltiazem long-acting
- Diovan^{⁰⊥}, HCT^{⁰⊥}
- + doxazosin
- + doxepin
- + doxycycline
- Effexor^{QL}, XR^{QL}
- + enalapril
- + erythromycin
- + erythromycin w/sulfisoxazole Esclim^{QL} Estraderm^{QL}

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Commonly Prescribed Drugs

E-O

Estratest, HS Estring + estropipate Estrostep FE + etodolac Evista + famotidine Femhrt Flonase Flovent Floxin^{QL} + fluoxetine + flurazepam Foradil Fosamax Frova Gantrisin + gemfibrozil + glipizide Glucophage XR Glucotrol XL Glucovance + glyburide Humalog Humulin Hyzaar^{QL} + ibuprofen

- lletin + imipramine
- lmitrexº⊥ + indomethacin
- Intal Inhaler^{ol} + ketoprofen
- labetolol Lanoxin
- Lantus
- Levaquin^{QL}
- Lipitor

- +lisinopril
- + lisinopril with hydrochlorothiazide
- Lo Ovral
- Loestrin, FE
- + lorazepam
- + lovastatin
- Macrobid
 - Macrodantin 25 mg
- Maxalt
- + medroxyprogesterone
- + metformin + methyldopa
- + methylphenidate, SR
- + metoprolol
- + metronidazole
- Miacalcin Nasal^{oL}
- + minocycline
- Mircette
- Modicon
- + nabumetone
- + naproxen Nasonex^{QL}
- Neurontin
- Nexium^{QL}
- Niaspan
- + nifedipine extended-release
- + nitrofurantoin macrocrystal 50mg, 100 mg
- + nortriptyline Norvasc Novolin Novolog Novolog Mix Nuva Ring One Touch^{DS} Ortho Tri-Cyclen Ortho-Cept Ortho-Cyclen

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Commonly Prescribed Drugs

0-Z

+ terazosin + tetracycline Tilade^{QL}

Ortho-Evra Ortho-Novum Ortho-Prefest Ovrette + oxaprozin Patanol $\mathsf{Paxil}^{\scriptscriptstyle \mathsf{QL}}$ (20mg tab scored for 1/2 tab use) Paxil CR + penicillin VK Prandin Pravachol Precose Premarin Premphase Prempro Priloprim 200mg . Prilosec^{QL} Profile Prometrium + propoxyphene w/acetaminophen + propranolol Proventil Repetabs Pulmicort Turbuhaler^{QL}, Respules^{QL} Questran Light + ranitidine Remeron SolTab^{QL} Rhinocort Serevent^{QL} Serzone Singular Surestep Surmontil Synthroid Tegretol, XR + temazepam

Topamax . Toprol XL Tracer + trazodone + triazolam Tri-Cyclen Lo Tricor + trimethoprim + trimethoprim/sulfamethoxazole Triphasil $\mathsf{Vanceril}^{\scriptscriptstyle \mathsf{QL}},\,\mathsf{DS}^{\scriptscriptstyle \mathsf{QL}}$ Velosef 500mg Velosulin + verapamil long-acting Vivelle^{QL}, Dot^{QL} WelChol Wellbutrin $SR^{QL, N}$ Yasmin Zithromax^{QL} Zocor Zoloft^{\tiny QL} (50 &100mg tabs scored for 1/2 tab use) Zomig Zyrtec Zyrtec D^{QL}

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Getting more information

Visit our web site at www.myuhc.com/pharmacy This site is updated regularly to reflect any changes made by the National Pharmacy & Therapeutics Committee.

You can request a copy of the Preferred Drug List and have it mailed directly to you by calling the Customer Service number on your ID card.

