

UnitedHealthcare Services Company of the River Valley, Inc.
90 DAY SUPPLY LIST
1 JANUARY 2010

The following drugs may be dispensed in quantities up to, but not more than, a 90-day supply. The list excludes injectables, nebulizer solutions and topical dosage forms except for transdermal patches and ophthalmics. Prior approval may be required for selected drugs. This list is subject to periodic review and update. Consult plan documents to determine how copays are applied.

Acarbose	Bromocriptine	Divalproex Sodium (ER)	*Glucotrol
Acebutolol	Bupropion HCL (SR) (XL)	Doxazosin	*Glucotrol XL
Aceon	Byetta	Duetact	*Glucovance
Acetazolamide	Bystolic	*Dyazide	Glyburide
Activella	*Calan (SR)	Dyrenium	Glyburide/Metformin
Actonel	*Capoten	*Eldepryl	*Glynase
Actonel with Calcium	Captopril	Enalapril (HCT)	HCTZ/Triamterene
Actoplus Met	Carbamazepine (XR)	Enjuvia	Hydralazine
Actos	Carbatrol	Entocort EC	Hydrochlorothiazide
*Adalat (CC)	Carbidopa/Levodopa	Epitol	*HydroDiuril
Advicor	*Cardizem (CD)(SR)	Esclim	*Hygroton
Akineton	*Cartia XT	*Estrace	*Hytrin
*Aldactone	*Cataflam	Estraderm	Hyzaar
*Aldomet	*Catapres	Estradiol	Ibuprofen
Alendronate	Celontin	Estradiol/Norethindrone	*Imdur
*Allegra	Cenestin	Estratest (HS)	Indapamide
Allopurinol	Chlorthalidone	Estring	*Inderal
Alphagan P	Cholestyramine	Estrogens, Conjugated	*Indocin
Altace (*capsules)	Citalopram	Estrogens, Esterified	Indomethacin
Altoprev	Clemastine	Estrogens, Esterified/ methyltestosterone	Insulin (Novo)
Amantadine	*Climara	Estropipate	Insulin Syringes
*Amaryl	*Clinoril	Ethmozine	*Intal (Inhaler only)
Amiodarone	Clonidine	Ethosuximide	Ipratropium
Amlodipine	*Cogentin	Etodolac	*Ismo
Amlodipine/benazepril	Colazal	Evista	*Isoptin (SR)
Antara	Colestid	Felbatol	*Isopto Carpine
*Apresoline	Colestipol	*Feldene	*Isordil
*Artane	Combigan	Fenofibrate (generic)	Isosorbide Dinitrate
Asacol (not HD)	Comtan	Fenoglide	Isosorbide Mononitrate
Asmanex	*Cordarone	Fexofenadine	Janumet
Atenolol	*Corgard	Finasteride	Januvia
Atrovent (*Nasal)	Cozaar	Flecainide	*K-Dur
Avandamet	Creon	*Flonase	Kemadrin
Avandaryl	Crestor	Flunisolide nasal	*Keppra
Avandia	Cromolyn	Fluoxetine	Ketoprofen
Azilect	Cytomel	Fluticasone nasal (generic)	*K-Lyte
Azor	*Daypro	Fluvoxamine	*K-Tab
*Azulfidine	*Deltasone	Foradil	Labetalol
Banzel	*Depakene	Fortical	*Lamictal
*Benemid	*Depakote (ER) (Sprinkle)	Fosamax (*Tablet)	Lamotrigine
Benicar (HCT)	Dexchlorpheniramine	Fosinopril	Lanoxin
Benzotropine Mesylate	*Diamox	Furosemide	Lantus
*Betagan	Diclofenac	Gabapentin	*Lasix
*Betapace	Digoxin	Gabitril	Levemir
*Betapace AF	Dilantin	Gemfibrozil	Levetiracetam
Betoptic S	Diltiazem (SR/CD)	Glimepiride	Levobunolol
Birth Control Pills†	Dipivefrin	Glipizide	Levothyroxine
Bisoprolol (HCT)	Dipyridamole	Glipizide/Metformin	Lipitor
Boniva	*Disalcid	*Glucophage	Lipofen
Brimonidide	Disopyramide		Lisinopril (HCT)

UnitedHealthcare Services Company of the River Valley, Inc.

90 DAY SUPPLY LIST

1 JANUARY 2010

*Lodine (XL)	*Neurontin	Procambid	*Tavist
Lodosyn	Niacin	*Pronestyl (SR)	Tegretol
*Loniten	Niaspan	Propafenone	*Tenormin
*Lopid	Nifedipine (SR)	*Propine	Terazosin
*Lopressor	*Nitrobid	Propranolol	*Theo-Dur
*Lotrel	*NitroDur	Propylthiouracil	Theophylline
Lovastatin	Nitroglycerin	*Proscar	Thyroid Supplements
*Lozol	*NitroStat	*Provera	*Tiazac
Lumigan	*Nolvadex	Pulmicort (Inhaler only)	Tikosyn
*Maxzide	*Normodyne	*Questran	Tilade
Medroxyprogesterone	*Norpac (CR)	*Quinaglute	Timolol
*Megace	*Norvasc	Quinapril (HCT)	*Timoptic
Megestrol	Novolog	*Quinidex	Tolazamide
Meloxicam	Novolin	Quinidine Gluconate	*Tolinase
*Metaglip	Nuvaring	Quinidine Sulfate	Tonocard
Metformin	*Ogen	Qvar	*Topamax
Methazolamide	Oral Contraceptives†	Ramipril	Topiramate
Methimazole	*Orudis	*Relafen	Trandolapril
Methyl dopa	Ortho Prefest	*Requip	Travatan/Travatan Z
Metolazone	*Oruvail	Reserpine	Triamterene
Metoprolol / XL	Oxaprozin	Ropinirole	Tricor
*Mevacor	Oxcarbazepine	*Rythmol (SR)	Triglide
Mexiletine	Pacerone	Salsalate	Trihexyphenidyl
*Mexitil	*Parlodol	*Sectral	*Trileptal
*Miacalcin	Paroxetine HCl	Selegiline	Trusopt
Micardis (HCT)	Peganone	*Serpasil	Vagifem
*Micronase	*Persantine	Sertraline	Valproate Sodium
*Minipress	Phenytek	Simcor	Valproic Acid
Minoxidil	Phenytoin (ER)	Simvastatin	*Vasotec
Mirapex	Pilocarpine HCl	*Sinemet (CR)	Venlafaxine (not ER)
Mirtazapine	Piroxicam	*Slow-K	Verapamil (SR)
Moexipril (HCT)	*Polaramine	Sotalol	*Verelan
*Monoket	Potassium Supplements	Spiriva	Vimpat
*Monopril	Prandin	Spiroinolactone	Vivelle
*Motrin	Pravastatin	Stalevo	*Voltaren (XR)
Multaq	Prazosin	Sulfasalazine	Vytorin
*Mysoline	*Precose	Sulindac	*Zarontin
Nabumetone	Prednisone	*Symmetrel	*Zaroxolyn
Nadolol	Prenatal Vitamins	Synthroid	*Zebeta
*Naprosyn	Primidone	*Tambocor	Zelapar
Naproxen	*Prinivil	Tamoxifen	*Ziac
Nasonex	Probenecid	*Tapazole	*Zocor
*Neptazane	Procainamide	Tasmar	*Zonegran
			Zonisamide
			*Zyloprim

*Brand Name of Drug with Generic Equivalent

†Drug Rider Must Include Coverage for Oral Contraceptives

(Tier 2 brand and all generic contraceptive products are available in three month supplies only to members with contraceptive coverage).