

PLEASE NOTE:

- This drug list is not a guarantee of coverage for all conditions or on all benefit plans. Refer to your benefit plan for specific details.
- Some medications require prior authorization or have quantity limits. Medications requiring prior authorization are identified by a PA indicator placed after the brand name.
- This drug list should not be deemed a recommendation to providers for any specific patient or condition. Independent judgment must be exercised by providers overseeing patient care.

All brands of Glucose Test Strips are preferred.

Single-source oral HIV and oncology brands are preferred.



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Preferred Drug List Condensed

This is a condensed version of the UHA Preferred Drug List (PDL), which lists the preferred brand medications.

UHA encourages the use of generic medications whenever possible and all generics are covered unless they are in a specifically excluded category of drugs.

When a generic is not available, a preferred brand may be the next most effective way to control costs.

Effective May 1, 2011

A

ABILIFY
 ACTONEL
 ACTOPLUS MET
 ACTOS
 ACZONE
 ADVAIR
 AFINITOR (PA)
 ALDARA
 ALKERAN
 ALPHAGAN P 0.1%
 ALREX
 ALTABAX
 ANDRODERM (PA)
 ANDROGEL (PA)
 ANDROXY (PA)
 ANTABUSE
 APIDRA
 AQUASOL A
 ARICEPT
 ARIMIDEX
 AROMASIN
 ARTHROTEC
 ASACOL
 ASMANEX
 ATRIPLA
 ATROVENT HFA
 AVALIDE
 AVAPRO
 AVELOX
 AVODART
 AXERT
 AZASITE
 AZILECT

B

BACTROBAN CREAM
 BARACLUDE
 BENICAR
 BENICAR HCT
 BETOPTIC-S
 BILTRICIDE
 BLEPHAMIDE
 BONIVA 150 MG TAB
 BYETTA

C

CEENU

CEFACLOR ER
 CELEBREX
 CHANTIX
 CILOXAN OPHTH OINT
 CIPRO HC
 CIPRODEX
 CLOBEX
 COLCRYS
 COMBIGAN
 COMBIVENT
 COMBIVIR
 COMTAN
 CONCERTA
 CONDYLOX
 COREG CR
 CORTIFOAM
 CREON
 CRESTOR
 CRIXIVAN
 CYMBALTA (PA)

D

DETROL LA
 DIBENZYLINE
 DIFFERIN LOTION 0.1%
 DIFFERIN GEL 0.3%
 DIPENTUM
 DRITHOCREME
 DUETACT

E

EFFIENT
 ELIDEL
 EMCYT
 EMEND
 EMTRIVA
 ENTOCORT EC
 EPIFOAM
 EPIVIR
 ERY-TAB
 ESTRADERM
 EVISTA
 EXELON PATCH, SOLN
 EXJADE (PA)

F

FARESTON
 FEMARA

FLOVENT
 FML FORTE
 FML S.O.P.
 FORADIL

G

GEODON
 GLEEVEC (PA)
 GLUCAGON EMER KIT
 GLUCOSE TEST STRIPS
 GRIS-PEG

H

HALOG
 HEPSERA
 HEXALEN
 HUMALOG
 HUMULIN
 HYCAMTIN CAPS

I

INTELENCE
 INVEGA
 INVIRASE
 ISENTRESS
 ISOPTO CARBACHOL

J

JANUMET
 JANUVIA

K

KALETRA

L

LANTUS
 LEUKERAN
 LEXAPRO
 LEXIVA
 LIPITOR
 LOTEMAX
 LUMIGAN
 LUXIQ
 LYSODREN

M

MALARONE
 MATULANE
 MAXAIR AUTOHALER
 METADATE CD
 METROGEL
 MYLERAN

N

NAMENDA
 NASACORT AQ
 NATACYN
 NEXAVAR (PA)
 NIASPAN
 NIFEREX-150 FORTE
 NILANDRON
 NITRO-BID
 NITROLINGUAL SPRAY
 NORVIR
 NOVOLIN
 NOVOLOG

O

ONGLYZA
 OXYCONTIN (PA)

P

PANCREAZE
 PATADAY
 PATANOL
 PENTASA
 PLAVIX
 PRANDIN
 PRED MILD
 PRED-G SOP
 PREMARIN
 PREMPHASE
 PREMPRO
 PREVPAC
 PREZISTA
 PROAIR HFA
 PROCTOCREAM-HC
 PROCTOFOAM-HC
 PROMACTA (PA)
 PROMETRIUM
 PYLERA

Q

QVAR

R

RELENZA
 RELPAX
 RESCRIPTOR
 RESTASIS
 REVLIMID (PA)
 REYATAZ
 RHEUMATREX
 RONDEC-DM
 ROZEREM

S

SAVELLA
 SELZENTRY
 SEREVENT
 SEROQUEL
 SEROQUEL XR
 SINGULAIR
 SPIRIVA
 SPRYCEL
 STALEVO
 STROMECTOL
 SUSTIVA
 SUTENT (PA)
 SYMBICORT
 SYMLIN

T

TAMIFLU
 TARCEVA
 TARGRETIN CAPS
 TASIGNA (PA)
 TAZORAC
 TEMODAR
 TESLAC
 TESTIM (PA)
 THALOMID (PA)
 THEO-24
 TINDAMAX
 TOBRADEX OINT
 TRAVATAN
 TRIZIVIR
 TRUVADA
 TYKERB (PA)

U

ULORIC (PA)
 UROXATRAL

V

VENTOLIN HFA
 VERDESO
 VESICARE
 VEXOL
 VICTOZA
 VIDEX SOLN
 VIGAMOX
 VIMPAT
 VIR-A
 VIRACEPT
 VIRAMUNE
 VIREAD

W

WELLCOVERIN

X

XALATAN
 XELODA

Y

YODOXIN

Z

ZENPEP
 ZETIA
 ZIRGAN
 ZOLINZA
 ZYMAR
 ZYPREXA