



# Your 2016 Prescription Drug List

effective July 1, 2016

## City of Austin Traditional Three-Tier

**Please read:** This document contains information about commonly prescribed medications.

For additional information:



Call the toll-free member phone number on your health plan ID card.



Visit **myuhc.com**<sup>®</sup>

- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.



# Your Prescription Drug List

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers. An important part of the PDL is giving you choices so you and your doctor can choose the best course of treatment for you.

## Go to [myuhc.com](http://myuhc.com)® for complete drug information

Since the PDL may change, we encourage you to visit our website, [myuhc.com](http://myuhc.com). This website is the best source for up-to-date information about the medications your pharmacy benefit covers, possible lower-cost options, and cost comparisons.

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Plan Name: Choice Plus  
Group/Acct#: 111111  
Member ID: 7891234567

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# Table of Contents

|                                     |    |                                                                                                            |    |
|-------------------------------------|----|------------------------------------------------------------------------------------------------------------|----|
| <b>Drug tiers and cost</b> .....    | 5  | <b>Gastrointestinal</b>                                                                                    |    |
| <b>Programs and Limits</b> .....    | 7  | Acid Suppression.....                                                                                      | 18 |
| <b>Drugs by category</b> .....      | 10 | Nausea/Vomiting .....                                                                                      | 18 |
| <b>Anti-Infectives</b>              |    | Other .....                                                                                                | 18 |
| Antibiotics .....                   | 10 | <b>Hepatitis C</b> .....                                                                                   | 19 |
| Antifungals .....                   | 10 | <b>HIV/AIDS</b> .....                                                                                      | 19 |
| Antivirals .....                    | 10 | <b>Infertility</b> .....                                                                                   | 19 |
| <b>Cancer</b> .....                 | 11 | <b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b> ..... | 19 |
| <b>Cardiovascular/Heart Disease</b> |    | <b>Men's Health</b>                                                                                        |    |
| Coagulation Therapy .....           | 11 | Prostate .....                                                                                             | 20 |
| High Blood Pressure .....           | 11 | Testosterone Therapy .....                                                                                 | 20 |
| High Cholesterol .....              | 12 | <b>Miscellaneous</b> .....                                                                                 | 20 |
| Other.....                          | 12 | <b>Musculoskeletal</b>                                                                                     |    |
| <b>Central Nervous System</b>       |    | Osteoporosis.....                                                                                          | 21 |
| Attention Deficit Disorder.....     | 12 | Other .....                                                                                                | 21 |
| Depression .....                    | 13 | Pain Relief .....                                                                                          | 21 |
| Migraine .....                      | 13 | <b>Overactive Bladder</b> .....                                                                            | 21 |
| Multiple Sclerosis.....             | 13 | <b>Respiratory</b>                                                                                         |    |
| Other .....                         | 14 | Allergies .....                                                                                            | 22 |
| Sedatives/Hypnotics .....           | 14 | Asthma/COPD.....                                                                                           | 22 |
| Seizure Disorders .....             | 14 | Pulmonary Arterial Hypertension.....                                                                       | 22 |
| <b>Dermatology</b> .....            | 15 | <b>Smoking Cessation</b> .....                                                                             | 22 |
| <b>Diabetes</b>                     |    | <b>Transplant</b> .....                                                                                    | 23 |
| Blood Glucose Monitoring .....      | 16 | <b>Vitamins/Electrolytes</b> .....                                                                         | 23 |
| Insulin .....                       | 16 | <b>Women's Health</b>                                                                                      |    |
| Non-Insulin .....                   | 17 | Contraceptives .....                                                                                       | 23 |
| <b>Endocrine</b>                    |    | Hormone Replacement.....                                                                                   | 24 |
| Growth Hormone.....                 | 17 | Miscellaneous.....                                                                                         | 24 |
| Other .....                         | 17 | Prenatal Vitamins .....                                                                                    | 24 |
| Thyroid Hormone Replacement .....   | 17 | <b>Index</b> .....                                                                                         | 25 |
| <b>Eye Conditions</b>               |    |                                                                                                            |    |
| Allergies .....                     | 17 |                                                                                                            |    |
| Antibiotics .....                   | 18 |                                                                                                            |    |
| Glaucoma.....                       | 18 |                                                                                                            |    |



## At UnitedHealthcare, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the Prescription Drug List.

### What is a Prescription Drug List (PDL)?

This document is a list of commonly prescribed medications. Drugs are listed by common categories or class. They are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

**Please note:** Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to **myuhc.com** or call the toll-free member phone number on your health plan ID card for more information.

### How do I use my Prescription Drug List?

When choosing a medication, you and your doctor should consult the PDL. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special programs apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed in this document, please visit **myuhc.com** or call the toll-free member phone number on your health plan ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

| \$                                                                                | Drug Tier                        | Includes                                                      | Helpful Tips                                                                                          |
|-----------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
|  | <b>Tier 1<br/>Lowest Cost</b>    | Lower-cost drugs. Some brands and generics are also included. | Use Tier 1 drugs for the lowest out-of-pocket costs.                                                  |
|  | <b>Tier 2<br/>Mid-range Cost</b> | Preferred brand medications.                                  | Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.                          |
|  | <b>Tier 3<br/>Highest Cost</b>   | Mostly higher-cost brand as well as select generic drugs.     | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |

**Please note:** If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan materials on [myuhc.com](http://myuhc.com), or call the toll-free number on your health plan ID card for more information about your benefit plan.

## When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications can be up-tiered off cycle when the therapeutically equivalent medication is placed in an equal or lower tier than up-tiered medication.
- Medications may move to a higher tier on January 1.
- Medications may be excluded from coverage on January 1 or July 1.

When a medication changes tiers, you may have to pay a different amount for that medication.

For the most up-to-date list, call customer service at the number on your ID card.

## Programs and Limits

Some medications are noted with letters next to them. The letters refer to our pharmacy benefit programs. Your benefit plan determines how these medications may be covered for you.

|             |                                                                                                                                                                                                                     |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DSP</b>  | <b>Designated Specialty Program</b> – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the number on your ID card or call 1-888-739-5820 for more information. |
| <b>H</b>    | <b>Health Care Reform Preventive</b> – This medication is part of a Health Care Reform preventive benefit and may be available at no cost to you.                                                                   |
| <b>PA</b>   | <b>Prior Authorization required*</b> – Your doctor is required to provide additional information to us to determine coverage.                                                                                       |
| <b>RS</b>   | <b>Refill and Save Program</b> – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.                                                                |
| <b>SL</b>   | <b>Supply Limit</b> – Amount of medication covered per copayment or in a specific time period.                                                                                                                      |
| <b>1/2T</b> | <b>Half Tablet Program</b> – Save up-to 50% when you split your tablet (double the strength) in half. Program eligibility may vary.                                                                                 |

\*Depending on your benefit you may have notification or medical necessity requirements for select medications.

To learn more about a pharmacy program or to find out if it applies to you, please visit [myuhc.com](http://myuhc.com) or call the toll-free member phone number on your health plan ID card.

## Should I talk to my doctor about over-the-counter (OTC) medications?

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options.

## What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

## Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, Simvastatin).

## What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans if a brand-name drug is prescribed and a generic equivalent is available, your cost share may be the copay PLUS the cost difference between the brand-name drug and generic equivalent. Visit **myuhc.com** to make sure.

## Are you taking a specialty medication?

Specialty medications are high-cost and may be used to treat rare or complex conditions. For most plans, these medications are managed through the Specialty Pharmacy Program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit **UHCSpecialtyRx.com** or call the toll-free phone number on your health plan ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on Tier 3, call the toll-free number on your health plan ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

## How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **myuhc.com** or call the toll-free member phone number on your health plan ID card for more current information.

### Log on to **myuhc.com** for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by zip code
- Your prescription history

### And, if Mail Service is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set-up e-mail reminders for refills
- Manage your account

### For more information



Call the toll-free member phone number on your health plan ID card.



Or, visit **myuhc.com**<sup>®</sup>

### Where else can I go for information?

**HealthCareLane.com** includes short videos to help you learn more about UnitedHealthcare benefits and health insurance information.

**UHCTV.com** is a fun and easy way to learn about health terms and other health-related topics.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in terms does not affect your benefit coverage.

Medications are categorized by common therapeutic conditions in this PDL for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines coverage for these medications.

| Drug Name                                                 | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| <b>Anti-Infectives: Antibiotics</b>                       |           |                       |
| Amoxicillin Capsule, Chewable Tablet                      | 1         |                       |
| Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet | 1         |                       |
| Azithromycin Tablet                                       | 1         |                       |
| Cefadroxil Capsule, Tablet                                | 1         |                       |
| Cefdinir Capsule                                          | 1         |                       |
| Cefixime Suspension                                       | 1         |                       |
| Cefprozil Tablet                                          | 1         |                       |
| Cefuroxime Tablet                                         | 1         |                       |
| Cephalexin Capsule                                        | 1         |                       |
| Ciprofloxacin Tablet                                      | 1         |                       |
| Clarithromycin Tablet                                     | 1         |                       |
| Clindamycin Capsule                                       | 1         |                       |
| <b>Difidid</b>                                            | 3         | SL                    |
| Doxycycline Hyclate 50, 100 mg Capsule, Tablet            | 1         |                       |
| Doxycycline Monohydrate 50, 100 mg Capsule                | 1         |                       |
| Levofloxacin Tablet                                       | 1         |                       |
| Metronidazole Tablet                                      | 1         |                       |
| Minocycline Capsule, Tablet                               | 1         |                       |
| Moxifloxacin Tablet                                       | 1         |                       |
| Nitrofurantoin Capsule                                    | 1         |                       |
| Nitrofurantoin Macrocrystal Capsule                       | 1         |                       |

| Drug Name                                      | Drug Tier | Requirements & Limits |
|------------------------------------------------|-----------|-----------------------|
| Ofloxacin Tablet                               | 1         |                       |
| <b>Oracea</b>                                  | 3         |                       |
| Penicillin V Potassium Tablet                  | 1         |                       |
| <b>Solodyn</b>                                 | 3         |                       |
| Sulfamethoxazole-Trimethoprim Tablet           | 1         |                       |
| <b>Suprax Capsule, Chewable Tablet, Tablet</b> | 3         |                       |
| <b>Anti-Infectives: Antifungals</b>            |           |                       |
| <b>Cresemba</b>                                | 3         | SL                    |
| Econazole Cream                                | 1         | SL                    |
| Fluconazole Tablet                             | 1         |                       |
| Itraconazole Capsule                           | 1         | SL                    |
| Ketoconazole Cream                             | 1         |                       |
| <b>Noxafil Tablet, Suspension</b>              | 2         |                       |
| Nystatin Cream, Ointment                       | 1         |                       |
| Terbinafine Tablet                             | 1         | SL                    |
| <b>Anti-Infectives: Antivirals</b>             |           |                       |
| Acyclovir Ointment                             | 1         | PA, SL                |
| Acyclovir Tablet                               | 1         |                       |
| Famciclovir Tablet                             | 1         |                       |
| <b>Tamiflu</b>                                 | 1         | SL                    |
| Valacyclovir Tablet                            | 1         | SL                    |
| Valaganciclovir                                | 1         | SL                    |

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**H** = Health Care Reform Preventive

**PA** = Prior Authorization required

**RS** = May be eligible for the Refill and Save Program

**SL** = Supply Limit

**1/2T** = May be eligible for Half Tablet

| Drug Name                                                | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| <b>Cancer</b>                                            |           |                       |
| Bicalutamide                                             | 1         |                       |
| <b>Bosulif</b>                                           | 2         | DSP, PA, SL           |
| <b>Cyclophosphamide Capsule</b>                          | 2         |                       |
| <b>Gleevec</b>                                           | 2         | DSP, PA, SL           |
| Hydroxyurea Capsule                                      | 1         |                       |
| <b>Imbruvica</b>                                         | 2         | DSP, PA, SL           |
| Leucovorin Calcium Tablet                                | 1         |                       |
| Mercaptopurine Tablet                                    | 1         |                       |
| <b>Revlimid</b>                                          | 2         | DSP, PA, SL           |
| <b>Sutent</b>                                            | 2         | DSP, PA, SL           |
| <b>Targretin Capsule</b>                                 | 1         | DSP, PA, SL           |
| <b>Targretin Gel</b>                                     | 3         | PA, SL                |
| <b>Tasigna</b>                                           | 2         | DSP, PA, SL           |
| <b>Xeloda</b>                                            | 1         | DSP, SL               |
| <b>Zytiga</b>                                            | 2         | DSP, PA, SL           |
| <b>Cardiovascular/Heart Disease: Coagulation Therapy</b> |           |                       |
| Clopidogrel                                              | 1         |                       |
| <b>Effient</b>                                           | 3         | SL                    |
| <b>Eliquis</b>                                           | 3         | SL                    |
| Enoxaparin Sodium                                        | 1         | SL                    |
| <b>Pradaxa</b>                                           | 2         | SL                    |
| <b>Savaysa</b>                                           | 3         | SL                    |
| Warfarin Sodium                                          | 1         |                       |
| <b>Xarelto</b>                                           | 2         | SL                    |
| <b>Cardiovascular/Heart Disease: High Blood Pressure</b> |           |                       |
| Amlodipine                                               | 1         |                       |
| Amlodipine-Benazepril                                    | 1         | SL                    |
| Amlodipine-Valsartan                                     | 1         | SL                    |
| Atenolol                                                 | 1         |                       |
| Atenolol-Chlorthalidone                                  | 1         |                       |
| Benazepril                                               | 1         |                       |
| Benazepril-Hydrochlorothiazide                           | 1         |                       |
| <b>Benicar</b>                                           | 2         | SL, 1/2T              |
| <b>Benicar HCT</b>                                       | 2         | SL                    |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| <b>Bidil</b>                         | 2         |                       |
| Bisoprolol                           | 1         |                       |
| Bisoprolol-Hydrochlorothiazide       | 1         |                       |
| <b>Bystolic</b>                      | 2         |                       |
| Cartia XT                            | 1         |                       |
| Carvedilol                           | 1         |                       |
| Chlorthalidone                       | 1         |                       |
| Clonidine Tablet                     | 1         |                       |
| Diltiazem 24 Hour CD                 | 1         |                       |
| Diltiazem Sustained-Release Capsule  | 1         |                       |
| Diltiazem Sustained-Release Tablet   | 1         |                       |
| Doxazosin                            | 1         |                       |
| <b>Dutoprol</b>                      | 2         | SL                    |
| <b>Edarbi</b>                        | 3         | SL                    |
| <b>Edarbyclor</b>                    | 3         | SL                    |
| Enalapril                            | 1         |                       |
| Furosemide                           | 1         |                       |
| Guanfacine                           | 1         |                       |
| Hydralazine                          | 1         |                       |
| Hydrochlorothiazide                  | 1         |                       |
| Irbesartan                           | 1         | SL                    |
| Labetalol                            | 1         |                       |
| Lisinopril                           | 1         |                       |
| Lisinopril-Hydrochlorothiazide       | 1         |                       |
| Losartan                             | 1         | 1/2T                  |
| Losartan-Hydrochlorothiazide         | 1         |                       |
| Metoprolol Succinate 50, 100, 200 mg | 1         |                       |
| Metoprolol Tartrate                  | 1         |                       |
| Nadolol                              | 1         |                       |
| Nifedipine Extended-Release          | 1         |                       |
| Propranolol Extended-Release Capsule | 1         |                       |
| Propranolol Tablet                   | 1         |                       |
| Quinapril                            | 1         |                       |

| Drug Name                                             | Drug Tier | Requirements & Limits |
|-------------------------------------------------------|-----------|-----------------------|
| Ramipril                                              | 1         |                       |
| Spironolactone                                        | 1         |                       |
| Telmisartan                                           | 1         | SL                    |
| Telmisartan-Hydrochlorothiazide                       | 1         | SL                    |
| Terazosin                                             | 1         |                       |
| Triamterene-Hydrochlorothiazide                       | 1         |                       |
| Valsartan                                             | 1         | SL                    |
| Valsartan-Hydrochlorothiazide                         | 1         | SL                    |
| Verapamil                                             | 1         |                       |
| Verapamil Sustained-Release                           | 1         |                       |
| <b>Cardiovascular/Heart Disease: High Cholesterol</b> |           |                       |
| Atorvastatin                                          | 1         | SL                    |
| <b>Crestor</b>                                        | 2         | SL, 1/2T              |
| Fenofibrate 54, 160 mg Tablet                         | 1         |                       |
| Fluvastatin Extended-Release Tablet                   | 1         | SL                    |
| Gemfibrozil                                           | 1         |                       |
| <b>Livalo</b>                                         | 3         | SL                    |
| Lovastatin                                            | 1         |                       |
| Niacin Extended-Release Tablet                        | 1         |                       |
| <b>Niaspan</b>                                        | 3         |                       |
| Omega-3-Acid Ethyl Esters Capsule                     | 1         | PA                    |
| <b>Praluent</b>                                       | 2         | DSP, PA, SL           |
| Pravastatin                                           | 1         | 1/2T                  |
| <b>Repatha</b>                                        | 3         | DSP, PA, SL           |
| <b>Simcor</b>                                         | 3         | SL                    |
| Simvastatin                                           | 1         | 1/2T                  |
| <b>Vascepa</b>                                        | 3         | PA                    |

| Drug Name                                                 | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------|-----------|-----------------------|
| <b>Vytorin</b>                                            | 3         | SL                    |
| <b>Welchol</b>                                            | 2         |                       |
| <b>Zetia</b>                                              | 3         | SL                    |
| <b>Cardiovascular/Heart Disease: Other</b>                |           |                       |
| Amiodarone                                                | 1         |                       |
| <b>Corlanor</b>                                           | 3         | PA, SL                |
| Digoxin                                                   | 1         |                       |
| <b>Entresto</b>                                           | 3         | PA, SL                |
| Flecainide                                                | 1         |                       |
| Isosorbide Mononitrate ER                                 | 1         |                       |
| <b>Nitrostat</b>                                          | 2         |                       |
| <b>Ranexa</b>                                             | 2         |                       |
| Sotalol                                                   | 1         |                       |
| <b>Central Nervous System: Attention Deficit Disorder</b> |           |                       |
| <b>Adderall XR</b>                                        | 1         | PA, SL                |
| Amphetamine Salt Combo                                    | 1         | PA                    |
| <b>Concerta</b>                                           | 1         | PA, SL                |
| Dexmethylphenidate Tablet                                 | 1         | PA                    |
| Dextroamphetamine-Amphetamine Tablet                      | 1         | PA                    |
| Dextroamphetamine Sulfate Tablet                          | 1         | PA                    |
| Guanfacine Extended-Release                               | 1         | SL                    |
| <b>Metadate CD</b>                                        | 1         | PA, SL                |
| Methylphenidate Chewable Tablet                           | 1         | PA                    |
| Methylphenidate Tablet                                    | 1         | PA                    |
| <b>Strattera</b>                                          | 3         | SL                    |
| <b>Vyvanse</b>                                            | 2         | PA, SL                |

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

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**SL** = Supply Limit

**1/2T** = May be eligible for Half Tablet

| Drug Name                                 | Drug Tier | Requirements & Limits |
|-------------------------------------------|-----------|-----------------------|
| <b>Central Nervous System: Depression</b> |           |                       |
| Amitriptyline Tablet                      | 1         |                       |
| <b>Brintellix</b>                         | 3         | SL                    |
| Bupropion Extended-Release Tablet         | 1         |                       |
| Bupropion Sustained-Release Tablet        | 1         |                       |
| Bupropion Tablet                          | 1         |                       |
| Citalopram Tablet                         | 1         |                       |
| Doxepin                                   | 1         |                       |
| Duloxetine Capsule                        | 1         | SL                    |
| Escitalopram Tablet                       | 1         |                       |
| <b>Fetzima</b>                            | 3         | SL                    |
| Fluoxetine Tablet, Capsule                | 1         |                       |
| Fluvoxamine Tablet                        | 1         |                       |
| Mirtazapine Tablet                        | 1         |                       |
| Nortriptyline Capsule                     | 1         |                       |
| Paroxetine Tablet                         | 1         |                       |
| <b>Pristiq ER</b>                         | 3         | RS, SL                |
| Sertraline Tablet                         | 1         | 1/2T                  |
| Trazodone Tablet                          | 1         |                       |
| Venlafaxine Extended-Release Capsule      | 1         |                       |
| Venlafaxine Tablet                        | 1         |                       |
| <b>Viibryd</b>                            | 3         | SL                    |

| Drug Name                                            | Drug Tier | Requirements & Limits |
|------------------------------------------------------|-----------|-----------------------|
| <b>Central Nervous System: Migraine</b>              |           |                       |
| Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg | 1         | SL                    |
| Naratriptan                                          | 1         | SL                    |
| <b>Relpax</b>                                        | 1         | SL                    |
| Rizatriptan ODT, Tablet                              | 1         | SL                    |
| Sumatriptan Nasal Spray                              | 1         | SL                    |
| Sumatriptan Succinate Tablet, Injection              | 1         | SL                    |
| <b>Sumavel DosePro</b>                               | 3         | SL                    |
| <b>Central Nervous System: Multiple Sclerosis</b>    |           |                       |
| <b>Ampyra</b>                                        | 2         | DSP, PA, SL           |
| <b>Aubagio</b>                                       | 3         | DSP, PA, SL           |
| <b>Avonex</b>                                        | 2         | DSP, PA, SL           |
| <b>Betaseron</b>                                     | 2         | DSP, PA, SL           |
| <b>Copaxone 20 mg</b>                                | 1         | DSP, PA, SL           |
| <b>Copaxone 40 mg</b>                                | 2         | DSP, PA, SL           |
| <b>Gilenya</b>                                       | 3         | DSP, PA, SL           |
| Glatopa                                              | 3         | DSP, PA, SL           |
| <b>Rebif</b>                                         | 3         | DSP, PA, SL           |
| <b>Tecfidera</b>                                     | 2         | DSP, PA, SL           |

| Drug Name                            | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| <b>Central Nervous System: Other</b> |           |                       |
| Alprazolam Extended-Release Tablet   | 1         |                       |
| Alprazolam Tablet                    | 1         |                       |
| Aripiprazole Tablet                  | 1         | SL                    |
| Buspirone Tablet                     | 1         |                       |
| Carbidopa-Levodopa                   | 1         |                       |
| Diazepam Tablet                      | 1         |                       |
| Donepezil ODT, 5, 10 mg Tablet       | 1         |                       |
| <b>Latuda</b>                        | 3         | SL                    |
| Lithium Capsule                      | 1         |                       |
| Lorazepam Tablet                     | 1         |                       |
| Memantine                            | 1         |                       |
| Modafinil Tablet                     | 1         | PA, SL                |
| Olanzapine Tablet                    | 1         | SL                    |
| Pramipexole Tablet                   | 1         |                       |
| Quetiapine Tablet                    | 1         |                       |
| Risperidone Tablet                   | 1         |                       |
| Ropinirole Tablet                    | 1         |                       |
| <b>Seroquel XR</b>                   | 3         | SL                    |
| Tolcapone                            | 1         |                       |
| <b>Xyrem</b>                         | 3         | PA, SL                |
| <b>Zelapar</b>                       | 3         |                       |
| Ziprasidone Capsule                  | 1         | SL                    |
| <b>Zubsolv</b>                       | 1         | PA, SL                |

| Drug Name                                          | Drug Tier | Requirements & Limits |
|----------------------------------------------------|-----------|-----------------------|
| <b>Central Nervous System: Sedatives/Hypnotics</b> |           |                       |
| Eszopiclone Tablet                                 | 1         | SL                    |
| Temazepam Capsule                                  | 1         |                       |
| Triazolam Tablet                                   | 1         |                       |
| Zaleplon Capsule                                   | 1         | SL                    |
| Zolpidem Tablet                                    | 1         | SL                    |
| <b>Central Nervous System: Seizure Disorders</b>   |           |                       |
| Carbamazepine Tablet                               | 1         |                       |
| Clonazepam Tablet                                  | 1         |                       |
| Diazepam Tablet                                    | 1         |                       |
| Divalproex Delayed-Release Tablet                  | 1         |                       |
| Divalproex Extended-Release Tablet                 | 1         |                       |
| Gabapentin Capsule, Tablet                         | 1         |                       |
| Lamotrigine Tablet                                 | 1         |                       |
| Levetiracetam Extended-Release Tablet              | 1         |                       |
| Levetiracetam Tablet                               | 1         |                       |
| <b>Lyrica</b>                                      | 3         | SL                    |
| Oxcarbazepine Tablet                               | 1         |                       |
| Phenytoin Capsule, Suspension                      | 1         |                       |
| Topiramate Tablet                                  | 1         |                       |
| Zonisamide Capsule                                 | 1         |                       |

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| Drug Name                                                   | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| <b>Dermatology</b>                                          |           |                       |
| <b>Aczone</b>                                               | 3         | SL                    |
| Adapalene Cream, Gel                                        | 1         | PA, SL                |
| Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment | 1         |                       |
| Betamethasone Dipropionate 0.05% Cream, Ointment            | 1         |                       |
| <b>Carac</b>                                                | 2         |                       |
| Ciclopirox Cream, Gel, Lotion, Solution                     | 1         |                       |
| Claravis                                                    | 1         | PA                    |
| Clindamycin 1.2%/Benzoyl Peroxide 5% Gel                    | 1         | SL                    |
| Clindamycin Gel                                             | 1         | SL                    |
| Clindamycin Lotion, Solution, Swabs                         | 1         |                       |
| Clobetasol Propionate Cream, Ointment, Solution             | 1         | SL                    |
| Clotrimazole-Betamethasone Cream                            | 1         | SL                    |
| Clotrimazole-Betamethasone Lotion                           | 1         |                       |
| <b>Condylox Gel</b>                                         | 3         |                       |
| Desonide 0.05% Cream, Lotion, Ointment                      | 1         | SL                    |

| Drug Name                                       | Drug Tier | Requirements & Limits |
|-------------------------------------------------|-----------|-----------------------|
| Desoximetasone Cream, Gel, Ointment             | 1         | SL                    |
| Diflorasone Diacetate 0.05% Cream, Ointment     | 1         | SL                    |
| <b>Epiduo</b>                                   | 3         | SL                    |
| <b>Finacea</b>                                  | 3         |                       |
| Fluocinonide 0.05% Cream                        | 1         |                       |
| Fluocinolone Cream, Oil, Ointment, Solution     | 1         | SL                    |
| Halobetasol Ointment                            | 1         |                       |
| Hydrocortisone 2.5% Cream, Ointment             | 1         |                       |
| Imiquimod 5% Cream                              | 1         | SL                    |
| Metronidazole 0.75% Topical Gel                 | 1         |                       |
| <b>Mirvaso</b>                                  | 3         | SL                    |
| Mometasone Furoate Cream, Lotion, Ointment      | 1         |                       |
| Mupirocin Ointment                              | 1         |                       |
| <b>Oxsoralen-UI</b>                             | 2         |                       |
| <b>Picato</b>                                   | 3         | SL                    |
| <b>Regranex</b>                                 | 2         | PA, SL                |
| Tacrolimus Ointment                             | 1         | PA, SL                |
| <b>Tazorac</b>                                  | 3         | PA, SL                |
| Tretinoin                                       | 1         | PA, SL                |
| Triamcinolone Acetonide Cream, Lotion, Ointment | 1         |                       |
| <b>Vectical</b>                                 | 3         | SL                    |

| Drug Name                                          | Drug Tier | Requirements & Limits |
|----------------------------------------------------|-----------|-----------------------|
| <b>Diabetes: Blood Glucose Monitoring</b>          |           |                       |
| <b>Dexcom Continuous Glucose Monitoring System</b> | 3         | PA, SL                |
| <b>Dexcom Sensor</b>                               | 3         | PA, SL                |
| <b>Dexcom Transmitter</b>                          | 3         | PA, SL                |
| <b>OneTouch Test Strips</b>                        | 1         | SL                    |
| <b>OneTouch Ultra Mini</b>                         | 1         |                       |
| <b>OneTouch Ultra Test Strips</b>                  | 1         | SL                    |
| <b>OneTouch Verio</b>                              | 1         |                       |
| <b>OneTouch Verio IQ</b>                           | 1         |                       |
| <b>OneTouch Verio Sync</b>                         | 1         |                       |
| <b>OneTouch Verio Test Strips</b>                  | 1         | SL                    |

| Drug Name                          | Drug Tier | Requirements & Limits |
|------------------------------------|-----------|-----------------------|
| <b>Diabetes: Insulin</b>           |           |                       |
| <b>Humalog KwikPen</b>             | 2         | SL                    |
| <b>Humalog Mix 50-50 KwikPen</b>   | 2         | SL                    |
| <b>Humalog Mix 75-25 KwikPen</b>   | 2         | SL                    |
| <b>Humalog Vials</b>               | 1         | SL                    |
| <b>Humulin 70-30 KwikPen</b>       | 2         | SL                    |
| <b>Humulin 70-30 Vials</b>         | 1         | SL                    |
| <b>Humulin N KwikPen</b>           | 2         | SL                    |
| <b>Humulin N Vials</b>             | 1         | SL                    |
| <b>Humulin R Vials</b>             | 1         | SL                    |
| <b>Lantus Solostar</b>             | 3         | SL                    |
| <b>Lantus Vials</b>                | 3         | SL                    |
| <b>Levemir FlexTouch</b>           | 1         | SL                    |
| <b>Levemir Vials</b>               | 1         | SL                    |
| <b>Novolin 70-30 Vials</b>         | 1         | SL                    |
| <b>Novolin N Vials</b>             | 1         | SL                    |
| <b>Novolin R Vials</b>             | 1         | SL                    |
| <b>Novolog FlexTouch</b>           | 1         | SL                    |
| <b>Novolog Mix 70/30 FlexTouch</b> | 1         | SL                    |
| <b>Novolog Mix 70/30 Vials</b>     | 1         | SL                    |
| <b>Novolog Vials</b>               | 1         | SL                    |

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| Drug Name                                                         | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| <b>Diabetes: Non-Insulin</b>                                      |           |                       |
| <b>Bydureon</b>                                                   | 2         | SL                    |
| <b>Byetta</b>                                                     | 2         | SL                    |
| <b>Farxiga</b>                                                    | 3         | SL                    |
| Glimepiride                                                       | 1         |                       |
| Glipizide                                                         | 1         |                       |
| Glipizide Extended-Release                                        | 1         |                       |
| Glyburide                                                         | 1         |                       |
| <b>Invokamet</b>                                                  | 2         | SL                    |
| <b>Invokana</b>                                                   | 2         | SL                    |
| <b>Janumet</b>                                                    | 3         | SL                    |
| <b>Januvia</b>                                                    | 3         | SL                    |
| <b>Jardiance</b>                                                  | 2         | SL                    |
| <b>Jentadueto</b>                                                 | 2         | SL                    |
| <b>Kazano</b>                                                     | 2         | SL                    |
| <b>Kombiglyze XR</b>                                              | 2         | SL                    |
| Metformin                                                         | 1         |                       |
| Metformin Extended-Release Tablet (generic <b>Glucophage XR</b> ) | 1         |                       |
| <b>Nesina</b>                                                     | 2         | SL                    |
| <b>Onglyza</b>                                                    | 2         | SL                    |
| <b>Oseni</b>                                                      | 2         | SL                    |
| Pioglitazone                                                      | 1         | SL                    |
| <b>Tanzeum</b>                                                    | 2         | SL                    |
| <b>Tradjenta</b>                                                  | 2         | SL                    |
| <b>Trulicity</b>                                                  | 3         | SL                    |
| <b>Victoza 2-Pak</b>                                              | 2         | SL                    |
| <b>Victoza 3-Pak</b>                                              | 3         | SL                    |

| Drug Name                                     | Drug Tier | Requirements & Limits |
|-----------------------------------------------|-----------|-----------------------|
| <b>Endocrine: Growth Hormone</b>              |           |                       |
| <b>Nutropin, Nutropin AQ</b>                  | 2         | DSP, PA, SL           |
| <b>Endocrine: Other</b>                       |           |                       |
| Calcitriol Capsule                            | 1         |                       |
| Desmopressin Tablet                           | 1         |                       |
| Dexamethasone Tablet                          | 1         |                       |
| Methylprednisolone Tablet                     | 1         |                       |
| Prenisolone Oral Solution                     | 1         |                       |
| Prednisone Tablet                             | 1         |                       |
| <b>Endocrine: Thyroid Hormone Replacement</b> |           |                       |
| <b>Armour Thyroid</b>                         | 3         |                       |
| Levothyroxine Sodium Tablet                   | 1         |                       |
| Liothyronine Sodium Tablet                    | 1         |                       |
| Methimazole Tablet                            | 1         |                       |
| NP Thyroid Tablet                             | 1         |                       |
| <b>Synthroid</b>                              | 2         |                       |
| <b>Eye Conditions: Allergies</b>              |           |                       |
| Azelastine 0.05% Ophthalmic Solution          | 1         | SL                    |
| <b>Lastacaft</b>                              | 3         | SL                    |
| Olopatadine 0.1% Ophthalmic Solution          | 1         | SL                    |

| Drug Name                                                       | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| <b>Eye Conditions: Antibiotics</b>                              |           |                       |
| Erythromycin 0.5% Ophthalmic Ointment                           | 1         |                       |
| Gentamicin Ophthalmic Ointment, Solution                        | 1         |                       |
| <b>Moxeza</b>                                                   | 3         |                       |
| Ofloxacin 0.3% Ophthalmic Solution                              | 1         |                       |
| Tobramycin/<br>Dexamethasone<br>0.3%-0.1% Ophthalmic Suspension | 1         |                       |
| Tobramycin Ophthalmic Solution                                  | 1         |                       |
| <b>Vigamox</b>                                                  | 3         |                       |
| <b>Eye Conditions: Glaucoma</b>                                 |           |                       |
| <b>Alphagan P 0.1%</b>                                          | 2         | SL                    |
| <b>Azopt</b>                                                    | 2         | SL                    |
| <b>Combigan</b>                                                 | 2         | SL                    |
| Latanoprost 0.005% Ophthalmic Solution                          | 1         |                       |
| <b>Lumigan</b>                                                  | 2         | SL                    |
| Timolol Maleate<br>0.25%, 0.5% Ophthalmic Solution              | 1         |                       |
| <b>Travatan Z</b>                                               | 2         | SL                    |

| Drug Name                                 | Drug Tier | Requirements & Limits |
|-------------------------------------------|-----------|-----------------------|
| <b>Gastrointestinal: Acid Suppression</b> |           |                       |
| <b>Dexilant</b>                           | 3         | SL                    |
| <b>Omeclamox-Pak</b>                      | 3         | SL                    |
| Omeprazole Capsule                        | 1         |                       |
| Pantoprazole Tablet                       | 1         |                       |
| <b>Pylera</b>                             | 3         | SL                    |
| Rabeprazole Tablet                        | 1         | SL                    |
| Ranitidine Syrup                          | 1         |                       |
| Sucralfate Tablet                         | 1         |                       |
| <b>Gastrointestinal: Nausea/Vomiting</b>  |           |                       |
| <b>Akynzeo</b>                            | 3         | SL                    |
| <b>Emend</b>                              | 2         | SL                    |
| Ondansetron                               | 1         |                       |
| Ondansetron ODT                           | 1         |                       |
| <b>Transderm-Scop</b>                     | 3         |                       |
| <b>Gastrointestinal: Other</b>            |           |                       |
| <b>Amitiza</b>                            | 3         | PA, SL                |
| <b>Apriso</b>                             | 2         |                       |
| <b>Canasa</b>                             | 2         |                       |
| <b>Cortifoam</b>                          | 2         |                       |
| <b>Creon</b>                              | 2         |                       |
| Diphenoxylate-Atropine Tablet             | 1         |                       |
| <b>Golytely</b>                           | 2         |                       |

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| Drug Name                   | Drug Tier | Requirements & Limits |
|-----------------------------|-----------|-----------------------|
| Hyoscyamine Tablet          | 1         |                       |
| <b>Lialda</b>               | 2         |                       |
| <b>Linzess</b>              | 2         | PA, SL                |
| Metoclopramide Tablet       | 1         |                       |
| <b>Movantik</b>             | 2         | PA, SL                |
| <b>Moviprep</b>             | 3         |                       |
| Polyethylene Glycol 3350    | 1         |                       |
| <b>Prepopik</b>             | 3         |                       |
| <b>Suclear</b>              | 3         |                       |
| Sulfasalazine Tablet        | 1         |                       |
| <b>Suprep</b>               | 3         |                       |
| <b>Uceris</b>               | 3         |                       |
| <b>Zenpep</b>               | 2         |                       |
| <b>Hepatitis C</b>          |           |                       |
| <b>Daklinza</b>             | 2         | DSP, PA, SL           |
| <b>Harvoni</b>              | 2         | DSP, PA, SL           |
| Ribavirin Tablet            | 1         | DSP                   |
| <b>Sovaldi</b>              | 2         | DSP, PA, SL           |
| <b>Technivie</b>            | 3         | DSP, PA, SL           |
| <b>Viekira Pak</b>          | 3         | DSP, PA, SL           |
| <b>HIV/AIDS</b>             |           |                       |
| <b>Atripla</b>              | 2         | DSP                   |
| <b>Complera</b>             | 2         | DSP                   |
| <b>Epzicom</b>              | 2         | DSP                   |
| <b>Evotaz</b>               | 2         | DSP                   |
| <b>Intelence</b>            | 2         | DSP                   |
| <b>Isentress</b>            | 2         | DSP                   |
| <b>Kaletra</b>              | 2         | DSP                   |
| Lamivudine-Zidovudine       | 1         | DSP                   |
| Nevirapine                  | 1         | DSP                   |
| Nevirapine Extended-Release | 1         | DSP                   |
| <b>Norvir</b>               | 2         | DSP                   |
| <b>Prezcobix</b>            | 2         | DSP                   |
| <b>Prezista</b>             | 2         | DSP                   |

| Drug Name                                                                                            | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <b>Reyataz</b>                                                                                       | 2         | DSP                   |
| <b>Stribild</b>                                                                                      | 3         | DSP                   |
| <b>Sustiva</b>                                                                                       | 2         | DSP                   |
| <b>Tivicay</b>                                                                                       | 3         | DSP                   |
| <b>Triumeq</b>                                                                                       | 2         | DSP                   |
| <b>Truvada</b>                                                                                       | 2         | DSP                   |
| <b>Tybost</b>                                                                                        | 2         | DSP                   |
| <b>Viread</b>                                                                                        | 2         | DSP                   |
| <b>Vitekta</b>                                                                                       | 2         | DSP                   |
| <b>Infertility*</b>                                                                                  |           |                       |
| <b>Cetrotide</b>                                                                                     | 2         | DSP                   |
| Clomiphene                                                                                           | 1         | DSP                   |
| <b>Gonal-F</b>                                                                                       | 2         | DSP                   |
| <b>Gonal-F RFF</b>                                                                                   | 2         | DSP                   |
| <b>Ovidrel</b>                                                                                       | 3         | DSP                   |
| *Coverage is determined by the consumer's prescription drug benefit plan.                            |           |                       |
| <b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b> |           |                       |
| <b>Actemra</b>                                                                                       | 3         | DSP, PA, SL           |
| <b>Cimzia</b>                                                                                        | 2         | DSP, PA, SL           |
| <b>Cosentyx</b>                                                                                      | 3         | DSP, PA, SL           |
| <b>Enbrel</b>                                                                                        | 3         | DSP, PA, SL           |
| <b>Humira</b>                                                                                        | 2         | DSP, PA, SL           |
| Hydroxychloroquine Sulfate                                                                           | 1         |                       |
| Leflunomide                                                                                          | 1         |                       |
| Methotrexate Tablet                                                                                  | 1         |                       |
| <b>Orencia</b>                                                                                       | 3         | DSP, PA, SL           |
| <b>Otezla</b>                                                                                        | 3         | DSP, PA, SL           |
| <b>Otrexup</b>                                                                                       | 3         | SL                    |
| <b>Rasuvo</b>                                                                                        | 3         | SL                    |
| <b>Simponi</b>                                                                                       | 2         | DSP, PA, SL           |
| <b>Stelara</b>                                                                                       | 2         | DSP, PA, SL           |
| <b>Xeljanz</b>                                                                                       | 3         | DSP, PA, SL           |

| Drug Name                                                        | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| <b>Men's Health: Prostate</b>                                    |           |                       |
| Alfuzosin Tablet                                                 | 1         |                       |
| Doxazosin Tablet                                                 | 1         |                       |
| Dutasteride Capsule                                              | 1         |                       |
| Finasteride Tablet                                               | 1         |                       |
| <b>Rapaflo</b>                                                   | 3         |                       |
| Tamsulosin Capsule                                               | 1         |                       |
| Terazosin Capsule, Tablet                                        | 1         |                       |
| <b>Men's Health: Testosterone Therapy</b>                        |           |                       |
| <b>Androderm</b>                                                 | 2         | PA, SL                |
| Methyltestosterone Capsule                                       | 1         |                       |
| <b>Testim</b>                                                    | 2         | PA, SL                |
| Testosterone Cypionate Injection                                 | 1         |                       |
| <b>Miscellaneous</b>                                             |           |                       |
| Anastrozole Tablet                                               | 1         |                       |
| Antipyrine/Benzocaine Otic Solution                              | 1         |                       |
| <b>Aranesp</b>                                                   | 2         | DSP, SL               |
| <b>Auryxia</b>                                                   | 3         |                       |
| Benzonatate Capsule                                              | 1         |                       |
| <b>Bethkis</b>                                                   | 1         | DSP, PA, SL           |
| <b>Bromfed DM</b>                                                | 3         |                       |
| <b>Cayston</b>                                                   | 2         | PA, SL                |
| <b>Cerdelga</b>                                                  | 2         | DSP, PA               |
| Chlorhexidine Gluconate                                          | 1         |                       |
| Chlorpheniramine/<br>Hydrocodone/<br>Pseudoephedrine<br>Solution | 1         | SL                    |

| Drug Name                                      | Drug Tier | Requirements & Limits |
|------------------------------------------------|-----------|-----------------------|
| <b>Ciprodex</b>                                | 2         |                       |
| <b>Epipen</b>                                  | 2         | SL                    |
| <b>Epipen-Jr</b>                               | 2         | SL                    |
| <b>Fosrenol</b>                                | 3         |                       |
| Hydrocodone/<br>Chlorpheniramine<br>Suspension | 1         | SL                    |
| Hydrocodone/<br>Homatropine                    | 1         |                       |
| Letrozole                                      | 1         |                       |
| Lidocaine Transdermal Patch                    | 1         | SL                    |
| <b>Nuedexta</b>                                | 2         |                       |
| <b>Obredon</b>                                 | 3         | SL                    |
| <b>Pegasys</b>                                 | 2         | DSP, PA, SL           |
| Phenazopyridine                                | 1         |                       |
| <b>Procrit</b>                                 | 2         | DSP, SL               |
| Promethazine/Codeine                           | 1         |                       |
| Promethazine/<br>Dextromethorphan              | 1         |                       |
| <b>Pulmozyme</b>                               | 2         | DSP, PA, SL           |
| <b>Rectiv</b>                                  | 3         | PA, SL                |
| <b>Renvela</b>                                 | 2         |                       |
| <b>Restasis</b>                                | 3         | PA, SL                |
| <b>Rezira</b>                                  | 3         |                       |
| <b>Tobi Podhaler</b>                           | 3         | DSP, PA, SL           |
| <b>Velphoro</b>                                | 2         |                       |

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|------------------------------------------------------------|-----------|-----------------------|
| <b>Musculoskeletal: Osteoporosis</b>                       |           |                       |
| Alendronate Sodium Tablet                                  | 1         | SL                    |
| <b>Forteo</b>                                              | 2         | DSP, PA               |
| Ibandronate Tablet                                         | 1         | SL                    |
| Raloxifene Tablet                                          | 1         |                       |
| Risedronate Sodium Tablet                                  | 1         | SL                    |
| <b>Musculoskeletal: Other</b>                              |           |                       |
| Allopurinol Tablet                                         | 1         |                       |
| Baclofen Tablet                                            | 1         |                       |
| Carisoprodol 350 mg Tablet                                 | 1         |                       |
| Cyclobenzaprine                                            | 1         |                       |
| Metaxalone Tablet                                          | 1         |                       |
| Methocarbamol Tablet                                       | 1         |                       |
| <b>Mitigare</b>                                            | 2         |                       |
| Tizanidine Tablet                                          | 1         |                       |
| <b>Uloric</b>                                              | 3         | SL                    |
| <b>Musculoskeletal: Pain Relief</b>                        |           |                       |
| Acetaminophen/Codeine Tablet                               | 1         | SL                    |
| Celecoxib                                                  | 1         | SL                    |
| Diclofenac Tablet                                          | 1         |                       |
| Etodolac Capsule                                           | 1         |                       |
| Fentanyl 12, 25, 50, 75, 100 mcg Patch                     | 1         | SL                    |
| Fentanyl Citrate Lozenge                                   | 1         | PA, SL                |
| Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet | 1         | SL                    |
| Hydrocodone/Ibuprofen Tablet                               | 1         |                       |

| Drug Name                                                | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| Hydromorphone Tablet                                     | 1         |                       |
| Ibuprofen Tablet                                         | 1         |                       |
| Indomethacin Capsule                                     | 1         |                       |
| Ketorolac Tablet                                         | 1         |                       |
| <b>Lazanda</b>                                           | 3         | PA, SL                |
| Meloxicam Tablet                                         | 1         |                       |
| Methadone Tablet, Oral Solution, Concentrate Solution    | 1         | SL                    |
| Morphine Sulfate Extended-Release Tablet                 | 1         | SL                    |
| Morphine Sulfate Oral Solution                           | 1         |                       |
| Nabumetone Tablet                                        | 1         |                       |
| Naproxen Tablet                                          | 1         |                       |
| <b>Nucynta</b>                                           | 3         | SL                    |
| <b>Nucynta ER</b>                                        | 3         | PA, SL                |
| <b>Opana ER</b>                                          | 2         | PA, SL                |
| Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet | 1         | SL                    |
| Oxycodone Tablet                                         | 1         |                       |
| <b>Oxycontin</b>                                         | 3         | PA, SL                |
| <b>Sprix</b>                                             | 3         |                       |
| Tramadol-Acetaminophen                                   | 1         | SL                    |
| Tramadol Sustained-Release Tablet                        | 1         | SL                    |
| Tramadol Tablet                                          | 1         |                       |
| Trezip                                                   | 1         | SL                    |
| <b>Voltaren Gel</b>                                      | 2         |                       |
| <b>Zohydro ER</b>                                        | 3         | PA, SL                |
| <b>Overactive Bladder</b>                                |           |                       |
| Dicyclomine Tablet                                       | 1         |                       |
| Oxybutynin Extended-Release Tablet                       | 1         |                       |
| Oxybutynin Tablet                                        | 1         |                       |
| <b>Toviaz</b>                                            | 3         |                       |

| Drug Name                       | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| <b>Respiratory: Allergies</b>   |           |                       |
| Azelastine 0.1% Nasal Spray     | 1         | SL                    |
| Cyproheptadine Tablet           | 1         |                       |
| Fluticasone Nasal Spray         | 1         | SL                    |
| Hydroxyzine Capsule, Tablet     | 1         |                       |
| Levocetirizine Tablet           | 1         | SL                    |
| Promethazine Tablet             | 1         |                       |
| <b>Zetonna</b>                  | 3         | SL                    |
| <b>Respiratory: Asthma/COPD</b> |           |                       |
| <b>Advair Diskus/HFA</b>        | 3         | RS, SL                |
| <b>Aerospan</b>                 | 3         | SL                    |
| Albuterol Nebs                  | 1         |                       |
| Albuterol Sulfate Tablet        | 1         |                       |
| <b>Alvesco</b>                  | 1         | SL                    |
| <b>Anoro Ellipta</b>            | 3         | SL                    |
| <b>Arnuity Ellipta</b>          | 3         | SL                    |
| <b>Asmanex</b>                  | 1         | SL                    |
| <b>Breo Ellipta</b>             | 3         | RS, SL                |
| Budesonide Nebs                 | 1         | SL                    |
| <b>Combivent Respimat</b>       | 3         | SL                    |
| <b>Dulera</b>                   | 3         | SL                    |
| <b>Flovent Diskus/HFA</b>       | 3         | SL                    |
| <b>Foradil</b>                  | 1         | SL                    |
| <b>Incruse Ellipta</b>          | 2         | SL                    |
| Ipratropium-Albuterol Nebs      | 1         |                       |
| Ipratropium Nebs                | 1         |                       |
| Montelukast                     | 1         | SL                    |
| <b>Perforomist</b>              | 3         | SL                    |
| <b>ProAir HFA</b>               | 3         | SL                    |
| <b>ProAir Respiclick</b>        | 3         | SL                    |
| <b>Proventil HFA</b>            | 3         | SL                    |
| <b>Pulmicort Flexhaler</b>      | 1         | SL                    |

| Drug Name                                           | Drug Tier | Requirements & Limits |
|-----------------------------------------------------|-----------|-----------------------|
| <b>QVAR</b>                                         | 1         | SL                    |
| <b>Seebri Neohaler</b>                              | 2         | SL                    |
| <b>Serevent Diskus</b>                              | 3         | SL                    |
| <b>Spiriva Handihaler</b>                           | 3         | SL                    |
| <b>Spiriva Respimat</b>                             | 3         | SL                    |
| <b>Striverdi Respimat</b>                           | 2         | SL                    |
| <b>Symbicort</b>                                    | 3         | RS, SL                |
| <b>Tudorza</b>                                      | 2         | SL                    |
| <b>Utibron Neohaler</b>                             | 2         | SL                    |
| <b>Ventolin HFA</b>                                 | 1         | SL                    |
| <b>Xopenex HFA</b>                                  | 1         | SL                    |
| <b>Respiratory: Pulmonary Arterial Hypertension</b> |           |                       |
| <b>Adcirca</b>                                      | 3         | DSP, PA, SL           |
| <b>Adempas</b>                                      | 2         | DSP, PA, SL           |
| <b>Letairis</b>                                     | 2         | DSP, PA, SL           |
| <b>Opsumit</b>                                      | 2         | DSP, PA, SL           |
| <b>Orenitram</b>                                    | 3         | DSP, PA, SL           |
| Sildenafil Tablet                                   | 1         | DSP, PA, SL           |
| <b>Tracleer</b>                                     | 2         | DSP, PA, SL           |
| <b>Tyvaso</b>                                       | 2         | DSP, PA               |
| <b>Smoking Cessation</b>                            |           |                       |
| Bupropion Sustained-Release Tablet                  | 1         | H, PA                 |
| <b>Chantix Tablet</b>                               | 3         | H, PA                 |
| <b>Nicoderm CQ</b>                                  | 3         | H, PA                 |
| <b>Nicorette Gum</b>                                | 3         | H, PA                 |
| <b>Nicorette Lozenge</b>                            | 3         | H, PA                 |
| <b>Nicorette Mini-Lozenge</b>                       | 3         | H, PA                 |
| Nicotine Gum                                        | 1         | H, PA                 |
| Nicotine Lozenge                                    | 1         | H, PA                 |
| Nicotine Patch                                      | 1         | H, PA                 |
| <b>Nicotrol Inhaler</b>                             | 3         | H, PA                 |
| <b>Nicotrol Nasal Spray</b>                         | 3         | H, PA                 |
| Thrive Gum                                          | 1         | H, PA                 |

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**1/2T** = May be eligible for Half Tablet

| Drug Name                             | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| <b>Transplant</b>                     |           |                       |
| Azathioprine Tablet                   | 1         |                       |
| Cyclosporine Modified Capsule         | 1         | DSP                   |
| Mycophenolate Capsule, Suspension     | 1         | DSP                   |
| Mycophenolic Acid Tablet              | 1         | DSP                   |
| Sirolimus Tablet                      | 1         | DSP                   |
| Tacrolimus Capsule                    | 1         | DSP                   |
| <b>Vitamins/Electrolytes</b>          |           |                       |
| Fluoride                              | 1         |                       |
| Folic Acid                            | 1         |                       |
| Klor-Con M10                          | 1         |                       |
| Klor-Con M20                          | 1         |                       |
| Potassium Chloride                    | 1         |                       |
| Potassium Citrate                     | 1         |                       |
| <b>Women's Health: Contraceptives</b> |           |                       |
| Alyacen                               | 1         | H                     |
| Amethyst                              | 1         | H                     |
| Apri                                  | 1         | H                     |
| Aviane                                | 1         | H                     |
| Azurette                              | 1         | H                     |
| Camilia                               | 1         | H                     |
| Cryselle                              | 1         | H                     |
| Cyclafem                              | 1         | H                     |
| Dasetta                               | 1         | H                     |
| <b>Ella</b>                           | 1         | H                     |
| Enpresse                              | 1         | H                     |
| Enskyce                               | 1         | H                     |
| Errin                                 | 1         | H                     |

| Drug Name                       | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| Estarylla                       | 1         | H                     |
| Gianvi                          | 1         | H                     |
| Gildess                         | 1         | H                     |
| Gildess 24 FE                   | 1         | H                     |
| Gildess Fe                      | 1         | H                     |
| Heather                         | 1         | H                     |
| Introvale                       | 1         | H                     |
| Jencycla                        | 1         | H                     |
| Jolessa                         | 1         | H                     |
| Jolivette                       | 1         | H                     |
| Junel                           | 1         | H                     |
| Junel Fe                        | 1         | H                     |
| Karvia                          | 1         | H                     |
| Levonest                        | 1         | H                     |
| Levora-28                       | 1         | H                     |
| <b>Lo Loestrin Fe</b>           | 3         |                       |
| LoMedia 24 FE                   | 1         | H                     |
| Loryna                          | 1         | H                     |
| Low-Ogestrel                    | 1         | H                     |
| Lutera                          | 1         | H                     |
| Lyza                            | 1         | H                     |
| Microgestin                     | 1         | H                     |
| Microgestin FE                  | 1         | H                     |
| Mono-Linyah                     | 1         | H                     |
| Mononessa                       | 1         | H                     |
| Myzilra                         | 1         | H                     |
| <b>Natazia</b>                  | 1         | H                     |
| Necon 0.5/35, 1/35, 1/50, 10/11 | 1         | H                     |
| Next Choice                     | 1         | H                     |
| Nikki                           | 1         | H                     |
| Norgestimate-Ethinyl Estradiol  | 1         | H                     |
| Nortrel 0.5/35                  | 1         | H                     |

| Drug Name               | Drug Tier | Requirements & Limits |
|-------------------------|-----------|-----------------------|
| <b>Nuvaring</b>         | 2         | H                     |
| Ocella                  | 1         | H                     |
| Orsythia                | 1         | H                     |
| <b>Ortho-Cyclen</b>     | 3         |                       |
| <b>Ortho Micronor</b>   | 3         |                       |
| <b>Ortho-Novum</b>      | 3         |                       |
| <b>Ortho Tri-Cyclen</b> | 3         |                       |
| Pimtrex                 | 1         | H                     |
| Pirmella                | 1         | H                     |
| <b>Plan B One Step</b>  | 1         | H                     |
| Quasense                | 1         | H                     |
| Reclipsen               | 1         | H                     |
| Sprintec                | 1         | H                     |
| Sronyx                  | 1         | H                     |
| Syeda                   | 1         | H                     |
| Tri-Lo-Estarylla        | 1         | H                     |
| Tri-Lo-Marzia           | 1         | H                     |
| Tri-Lo-Sprintec         | 1         | H                     |
| Tri-Previfem            | 1         | H                     |
| Tri-Sprintec            | 1         | H                     |
| Trinessa                | 1         | H                     |
| Trinessa Lo             | 1         | H                     |
| Trivora                 | 1         | H                     |
| Vectura                 | 1         | H                     |
| Viorele                 | 1         | H                     |
| Wymza FE                | 1         | H                     |
| Xulane                  | 1         | H                     |
| <b>Yasmin 28</b>        | 3         |                       |
| <b>Yaz</b>              | 3         |                       |
| Zarah                   | 1         | H                     |
| Zenchant FE             | 1         | H                     |

| Drug Name                                  | Drug Tier | Requirements & Limits |
|--------------------------------------------|-----------|-----------------------|
| <b>Women's Health: Hormone Replacement</b> |           |                       |
| <b>Climara</b>                             | 2         | SL                    |
| <b>Climara Pro</b>                         | 3         | SL                    |
| <b>Divigel</b>                             | 3         |                       |
| <b>Duavee</b>                              | 3         |                       |
| <b>Enjuvia</b>                             | 3         |                       |
| <b>Estrace Cream</b>                       | 3         |                       |
| Estradiol/Norethindrone Acetate Tablet     | 1         |                       |
| Estradiol Tablet                           | 1         |                       |
| <b>Estring</b>                             | 2         | SL                    |
| Estrogen/<br>Methyltestosterone<br>Tablet  | 1         |                       |
| <b>Evamist</b>                             | 2         |                       |
| Medroxyprogesterone                        | 1         |                       |
| <b>Minivelle</b>                           | 3         | SL                    |
| <b>Premarin</b>                            | 3         |                       |
| <b>Premphase</b>                           | 3         |                       |
| <b>Prempro</b>                             | 3         |                       |
| Progesterone<br>Micronized Capsule         | 1         |                       |
| <b>Vagifem</b>                             | 2         |                       |
| <b>Vivelle-Dot</b>                         | 1         | SL                    |
| <b>Women's Health: Miscellaneous</b>       |           |                       |
| <b>Osphena</b>                             | 3         |                       |
| Raloxifene                                 | 1         | H, PA                 |
| Tamoxifen                                  | 1         | H, PA                 |
| <b>Women's Health: Prenatal Vitamins</b>   |           |                       |
| <b>Brand Prenatal Vitamins</b>             | 3         |                       |

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# Index

## A

|                                                                    |    |
|--------------------------------------------------------------------|----|
| Acetaminophen/Butalbital/<br>Caffeine 325 mg/50 mg/<br>40 mg ..... | 13 |
| Acetaminophen/<br>Codeine Tablet .....                             | 21 |
| Actemra.....                                                       | 19 |
| Acyclovir Ointment.....                                            | 10 |
| Acyclovir Tablet .....                                             | 10 |
| Aczone.....                                                        | 15 |
| Adapalene Cream, Gel .....                                         | 15 |
| Adcirca .....                                                      | 22 |
| Adderall XR.....                                                   | 12 |
| Adempas.....                                                       | 22 |
| Advair Diskus/HFA.....                                             | 22 |
| Aerospan .....                                                     | 22 |
| Akynzeo .....                                                      | 18 |
| Albuterol Nebs .....                                               | 22 |
| Albuterol Sulfate Tablet.....                                      | 22 |
| Alendronate Sodium Tablet....                                      | 21 |
| Alfuzosin Tablet.....                                              | 20 |
| Allopurinol Tablet .....                                           | 21 |
| Alphagan P 0.1%.....                                               | 18 |
| Alprazolam Extended-Release<br>Tablet.....                         | 14 |
| Alprazolam Tablet.....                                             | 14 |
| Alvesco .....                                                      | 22 |
| Alyacen.....                                                       | 23 |
| Amethyst .....                                                     | 23 |
| Amiodarone.....                                                    | 12 |
| Amitiza.....                                                       | 18 |
| Amitriptyline Tablet.....                                          | 13 |
| Amlodipine .....                                                   | 11 |
| Amlodipine-Benazepril.....                                         | 11 |
| Amlodipine-Valsartan .....                                         | 11 |

## Amoxicillin/Potassium

|                                               |    |
|-----------------------------------------------|----|
| Clavulanate Chewable<br>Tablet, Tablet.....   | 10 |
| Amoxicillin Capsule,<br>Chewable Tablet ..... | 10 |
| Amphetamine Salt Combo....                    | 12 |
| Ampyra.....                                   | 13 |
| Anastrozole Tablet .....                      | 20 |
| Androderm.....                                | 20 |
| Anoro Ellipta.....                            | 22 |
| Antipyrine/Benzocaine<br>Otic Solution .....  | 20 |
| Apri .....                                    | 23 |
| Apriso.....                                   | 18 |
| Aranesp .....                                 | 20 |
| Aripiprazole Tablet.....                      | 14 |
| Armour Thyroid.....                           | 17 |
| Arnuity Ellipta .....                         | 22 |
| Asmanex.....                                  | 22 |
| Atenolol.....                                 | 11 |
| Atenolol-Chlorthalidone .....                 | 11 |
| Atorvastatin.....                             | 12 |
| Atripila .....                                | 19 |
| Aubagio .....                                 | 13 |
| Auryxia.....                                  | 20 |
| Aviane .....                                  | 23 |
| Avonex.....                                   | 13 |
| Azathioprine Tablet.....                      | 23 |
| Azelastine 0.05% Ophthalmic<br>Solution ..... | 17 |
| Azelastine 0.1%<br>Nasal Spray.....           | 22 |
| Azithromycin Tablet.....                      | 10 |
| Azopt.....                                    | 18 |
| Azurette .....                                | 23 |

## B

|                                                                       |        |
|-----------------------------------------------------------------------|--------|
| Baclofen Tablet.....                                                  | 21     |
| Benazepril.....                                                       | 11     |
| Benazepril-<br>Hydrochlorothiazide.....                               | 11     |
| Benicar .....                                                         | 11     |
| Benicar HCT .....                                                     | 11     |
| Benzonatate Capsule .....                                             | 20     |
| Betamethasone Diproionate<br>0.05% Augmented Lotion,<br>Ointment..... | 15     |
| Betamethasone Dipropionate<br>0.05% Cream, Ointment ....              | 15     |
| Betaseron .....                                                       | 13     |
| Bethkis .....                                                         | 20     |
| Bicalutamide.....                                                     | 11     |
| Bidil.....                                                            | 11     |
| Bisoprolol.....                                                       | 11     |
| Bisoprolol-<br>Hydrochlorothiazide.....                               | 11     |
| Bosulif .....                                                         | 11     |
| Brand Prenatal Vitamins .....                                         | 24     |
| Breo Ellipta .....                                                    | 22     |
| Brintellix.....                                                       | 13     |
| Bromfed DM.....                                                       | 20     |
| Budesonide Nebs .....                                                 | 22     |
| Bupropion Extended-Release<br>Tablet.....                             | 13     |
| Bupropion Sustained-Release<br>Tablet.....                            | 13, 22 |
| Bupropion Tablet.....                                                 | 13     |
| Buspirone Tablet.....                                                 | 14     |
| Bydureon .....                                                        | 17     |
| Byetta .....                                                          | 17     |
| Bystolic .....                                                        | 11     |

| C                                                                |    |                                                            |
|------------------------------------------------------------------|----|------------------------------------------------------------|
| Calcitriol Capsule.....                                          | 17 | Clindamycin Capsule .....10                                |
| Camilia.....                                                     | 23 | Clindamycin Gel ..... 15                                   |
| Canasa.....                                                      | 18 | Clindamycin Lotion,<br>Solution, Swabs ..... 15            |
| Carac.....                                                       | 15 | Clobetasol Propionate Cream,<br>Ointment, Solution..... 15 |
| Carbamazepine Tablet.....                                        | 14 | Clomiphene .....19                                         |
| Carbidopa-Levodopa.....                                          | 14 | Clonazepam Tablet.....14                                   |
| Carisoprodol 350 mg Tablet ..                                    | 21 | Clonidine Tablet.....11                                    |
| Cartia XT.....                                                   | 11 | Clopidogrel.....11                                         |
| Carvedilol.....                                                  | 11 | Clotrimazole-Betamethasone<br>Cream..... 15                |
| Cayston.....                                                     | 20 | Clotrimazole-Betamethasone<br>Lotion..... 15               |
| Cefadroxil Capsule, Tablet ....                                  | 10 | Combigan.....18                                            |
| Cefdinir Capsule .....10                                         |    | Combivent Respimat ..... 22                                |
| Cefixime Suspension .....10                                      |    | Complera.....19                                            |
| Cefprozil Tablet.....10                                          |    | Concerta ..... 12                                          |
| Cefuroxime Tablet.....10                                         |    | Condylox Gel ..... 15                                      |
| Celecoxib.....                                                   | 21 | Copaxone 20 mg ..... 13                                    |
| Cephalexin Capsule.....10                                        |    | Copaxone 40 mg ..... 13                                    |
| Cerdelga ..... 20                                                |    | Corlanor ..... 12                                          |
| Cetrotide .....19                                                |    | Cortifoam.....18                                           |
| Chantix Tablet..... 22                                           |    | Cosentyx.....19                                            |
| Chlorhexidine Gluconate..... 20                                  |    | Creon.....18                                               |
| Chlorpheniramine/<br>Hydrocodone/<br>Pseudoephedrine Solution .. | 20 | Cresemba.....10                                            |
| Chlorthalidone .....11                                           |    | Crestor..... 12                                            |
| Ciclopirox Cream, Gel,<br>Lotion, Solution ..... 15              |    | Cryselle..... 23                                           |
| Cimzia.....                                                      | 19 | Cyclafem ..... 23                                          |
| Ciprodex.....                                                    | 20 | Cyclobenzaprine .....21                                    |
| Ciprofloxacin Tablet .....10                                     |    | Cyclophosphamide Capsule....11                             |
| Citalopram Tablet..... 13                                        |    | Cyclosporine Modified<br>Capsule..... 23                   |
| Claravis..... 15                                                 |    | Cyproheptadine Tablet ..... 22                             |
| Clarithromycin Tablet .....10                                    |    |                                                            |
| Climara..... 24                                                  |    |                                                            |
| Climara Pro..... 24                                              |    |                                                            |
| Clindamycin 1.2%/Benzoyl<br>Peroxide 5% Gel ..... 15             |    |                                                            |
|                                                                  |    | D                                                          |
|                                                                  |    | Daklinza.....19                                            |
|                                                                  |    | Dasetta ..... 23                                           |
|                                                                  |    | Desmopressin Tablet .....17                                |
|                                                                  |    | Desonide 0.05% Cream,<br>Lotion, Ointment ..... 15         |
|                                                                  |    | Desoximetasone Cream, Gel,<br>Ointment..... 15             |
|                                                                  |    | Dexamethasone Tablet .....17                               |
|                                                                  |    | Dexcom Continuous Glucose<br>Monitoring System .....16     |
|                                                                  |    | Dexcom Sensor.....16                                       |
|                                                                  |    | Dexcom Transmitter .....16                                 |
|                                                                  |    | Dexilant.....18                                            |
|                                                                  |    | Dexmethylphenidate Tablet... 12                            |
|                                                                  |    | Dextroamphetamine-<br>Amphetamine Tablet..... 12           |
|                                                                  |    | Dextroamphetamine Sulfate<br>Tablet..... 12                |
|                                                                  |    | Diazepam Tablet .....14                                    |
|                                                                  |    | Diclofenac Tablet.....21                                   |
|                                                                  |    | Dicyclomine Tablet .....21                                 |
|                                                                  |    | Difcid .....10                                             |
|                                                                  |    | Diflorasone Diacetate 0.05%<br>Cream, Ointment ..... 15    |
|                                                                  |    | Digoxin ..... 12                                           |
|                                                                  |    | Diltiazem 24 Hour CD.....11                                |
|                                                                  |    | Diltiazem Sustained-Release<br>Capsule.....11              |
|                                                                  |    | Diltiazem Sustained-Release<br>Tablet.....11               |
|                                                                  |    | Diphenoxylate-Atropine<br>Tablet.....18                    |
|                                                                  |    | Divalproex Delayed-Release<br>Tablet.....14                |
|                                                                  |    | Divalproex Extended-Release<br>Tablet.....14               |
|                                                                  |    | Divigel..... 24                                            |
|                                                                  |    | Donepezil ODT, 5, 10 mg<br>Tablet.....14                   |
|                                                                  |    | Doxazosin..... 11, 20                                      |

|                                                           |    |
|-----------------------------------------------------------|----|
| Doxazosin Tablet.....                                     | 20 |
| Doxepin.....                                              | 13 |
| Doxycycline Hyclate<br>50, 100 mg Capsule,<br>Tablet..... | 10 |
| Doxycycline Monohydrate<br>50, 100 mg Capsule .....       | 10 |
| Duavee.....                                               | 24 |
| Dulera.....                                               | 22 |
| Duloxetine Capsule .....                                  | 13 |
| Dutasteride Capsule .....                                 | 20 |
| Dutoprol.....                                             | 11 |

## E

|                                               |    |
|-----------------------------------------------|----|
| Econazole Cream .....                         | 10 |
| Edarbi.....                                   | 11 |
| Edarbyclor .....                              | 11 |
| Effient .....                                 | 11 |
| Eliquis .....                                 | 11 |
| Ella .....                                    | 23 |
| Emend .....                                   | 18 |
| Enalapril.....                                | 11 |
| Enbrel.....                                   | 19 |
| Enjuvia .....                                 | 24 |
| Enoxaparin Sodium.....                        | 11 |
| Enpresse .....                                | 23 |
| Enskyce .....                                 | 23 |
| Entresto .....                                | 12 |
| Epiduo .....                                  | 15 |
| Epipen .....                                  | 20 |
| Epipen-Jr .....                               | 20 |
| Epzicom .....                                 | 19 |
| Errin.....                                    | 23 |
| Erythromycin 0.5%<br>Ophthalmic Ointment..... | 18 |
| Escitalopram Tablet.....                      | 13 |
| Estarylla .....                               | 23 |
| Estrace Cream .....                           | 24 |

|                                                |    |
|------------------------------------------------|----|
| Estradiol/Norethindrone<br>Acetate Tablet..... | 24 |
| Estradiol Tablet .....                         | 24 |
| Estring.....                                   | 24 |
| Estrogen/Methyltestosterone<br>Tablet.....     | 24 |
| Eszopiclone Tablet.....                        | 14 |
| Etodolac Capsule.....                          | 21 |
| Evamist.....                                   | 24 |
| Evotaz.....                                    | 19 |

## F

|                                                     |    |
|-----------------------------------------------------|----|
| Famciclovir Tablet .....                            | 10 |
| Farxiga.....                                        | 17 |
| Fenofibrate 54, 160 mg<br>Tablet.....               | 12 |
| Fentanyl 12, 25, 50,<br>75, 100 mcg Patch .....     | 21 |
| Fentanyl Citrate Lozenge .....                      | 21 |
| Fetzima.....                                        | 13 |
| Finacea .....                                       | 15 |
| Finasteride Tablet .....                            | 20 |
| Flecainide .....                                    | 12 |
| Flovent Diskus/HFA.....                             | 22 |
| Fluconazole Tablet.....                             | 10 |
| Fluocinolone Cream, Oil,<br>Ointment, Solution..... | 15 |
| Fluocinonide 0.05% Cream ..                         | 15 |
| Fluoride .....                                      | 23 |
| Fluoxetine Tablet, Capsule ....                     | 13 |
| Fluticasone Nasal Spray.....                        | 22 |
| Fluvastatin Extended-Release<br>Tablet.....         | 12 |
| Fluvoxamine Tablet .....                            | 13 |
| Folic Acid .....                                    | 23 |
| Foradil .....                                       | 22 |
| Forteo .....                                        | 21 |
| Fosrenol .....                                      | 20 |

|                 |    |
|-----------------|----|
| Furosemide..... | 11 |
|-----------------|----|

## G

|                                                  |        |
|--------------------------------------------------|--------|
| Gabapentin Capsule, Tablet ...                   | 14     |
| Gemfibrozil .....                                | 12     |
| Gentamicin Ophthalmic<br>Ointment, Solution..... | 18     |
| Gianvi.....                                      | 23     |
| Gildess.....                                     | 23     |
| Gildess 24 FE.....                               | 23     |
| Gildess Fe.....                                  | 23     |
| Gilenya .....                                    | 13     |
| Glatopa.....                                     | 13     |
| Gleevec .....                                    | 11     |
| Glimepiride .....                                | 17     |
| Glipizide.....                                   | 17     |
| Glipizide Extended-Release ...                   | 17     |
| Glyburide.....                                   | 17     |
| Golytely.....                                    | 18     |
| Gonal-F.....                                     | 19     |
| Gonal-F RFF .....                                | 19     |
| Guanfacine .....                                 | 11, 12 |
| Guanfacine<br>Extended-Release .....             | 12     |

## H

|                                   |    |
|-----------------------------------|----|
| Halobetasol Ointment.....         | 15 |
| Harvoni .....                     | 19 |
| Heather.....                      | 23 |
| Humalog KwikPen.....              | 16 |
| Humalog Mix 50-50<br>KwikPen..... | 16 |
| Humalog Mix 75-25<br>KwikPen..... | 16 |
| Humalog Vials .....               | 16 |
| Humira.....                       | 19 |
| Humulin 70-30 KwikPen.....        | 16 |
| Humulin 70-30 Vials .....         | 16 |
| Humulin N KwikPen.....            | 16 |

|                                                                       |    |
|-----------------------------------------------------------------------|----|
| Humulin N Vials.....                                                  | 16 |
| Humulin R Vials .....                                                 | 16 |
| Hydralazine .....                                                     | 11 |
| Hydrochlorothiazide.....                                              | 11 |
| Hydrocodone/Acetaminophen<br>5/325, 7.5/325, 10/325 mg<br>Tablet..... | 21 |
| Hydrocodone/<br>Chlorpheniramine<br>Suspension.....                   | 20 |
| Hydrocodone/Homatropine ..                                            | 20 |
| Hydrocodone/<br>Ibuprofen Tablet .....                                | 21 |
| Hydrocortisone 2.5% Cream,<br>Ointment.....                           | 15 |
| Hydromorphone Tablet .....                                            | 21 |
| Hydroxychloroquine Sulfate...                                         | 19 |
| Hydroxyurea Capsule .....                                             | 11 |
| Hydroxyzine Capsule, Tablet                                           | 22 |
| Hyoscyamine Tablet .....                                              | 19 |

## I

|                               |    |
|-------------------------------|----|
| Ibandronate Tablet .....      | 21 |
| Ibuprofen Tablet .....        | 21 |
| Imbruvica .....               | 11 |
| Imiquimod 5% Cream .....      | 15 |
| Incruse Ellipta .....         | 22 |
| Indomethacin Capsule.....     | 21 |
| Intelence .....               | 19 |
| Introvale .....               | 23 |
| Invokamet.....                | 17 |
| Invokana.....                 | 17 |
| Ipratropium-Albuterol Nebs .. | 22 |
| Ipratropium Nebs .....        | 22 |
| Irbesartan .....              | 11 |
| Isentress .....               | 19 |
| Isosorbide Mononitrate ER...  | 12 |
| Itraconazole Capsule.....     | 10 |

## J

|                  |    |
|------------------|----|
| Janumet .....    | 17 |
| Januvia .....    | 17 |
| Jardiance .....  | 17 |
| Jencycla.....    | 23 |
| Jentadueto ..... | 17 |
| Jolessa .....    | 23 |
| Jolivette.....   | 23 |
| Junel.....       | 23 |
| Junel Fe.....    | 23 |

## K

|                          |    |
|--------------------------|----|
| Kaletra .....            | 19 |
| Karvia.....              | 23 |
| Kazano .....             | 17 |
| Ketoconazole Cream ..... | 10 |
| Ketorolac Tablet.....    | 21 |
| Klor-Con M10 .....       | 23 |
| Klor-Con M20 .....       | 23 |
| Kombiglyze XR.....       | 17 |

## L

|                                                 |    |
|-------------------------------------------------|----|
| Labetalol.....                                  | 11 |
| Lamivudine-Zidovudine .....                     | 19 |
| Lamotrigine Tablet.....                         | 14 |
| Lantus Solostar.....                            | 16 |
| Lantus Vials .....                              | 16 |
| Lastacaft.....                                  | 17 |
| Latanoprost 0.005%<br>Ophthalmic Solution ..... | 18 |
| Latuda .....                                    | 14 |
| Lazanda .....                                   | 21 |
| Leflunomide .....                               | 19 |
| Letairis .....                                  | 22 |
| Letrozole .....                                 | 20 |
| Leucovorin Calcium Tablet ....                  | 11 |
| Levemir FlexTouch .....                         | 16 |
| Levemir Vials .....                             | 16 |

|                                                |        |
|------------------------------------------------|--------|
| Levetiracetam<br>Extended-Release Tablet ..... | 14     |
| Levetiracetam Tablet .....                     | 14     |
| Levocetirizine Tablet .....                    | 22     |
| Levofloxacin Tablet .....                      | 10     |
| Levonest .....                                 | 23     |
| Levora-28 .....                                | 23     |
| Levothyroxine Sodium<br>Tablet.....            | 17     |
| Lialda .....                                   | 19     |
| Lidocaine Transdermal<br>Patch.....            | 20     |
| Linzess .....                                  | 19     |
| Liothyronine Sodium Tablet ..                  | 17     |
| Lisinopril.....                                | 11, 34 |
| Lisinopril-<br>Hydrochlorothiazide.....        | 11     |
| Lithium Capsule.....                           | 14     |
| Livalo .....                                   | 12     |
| Lo Loestrin Fe .....                           | 23     |
| LoMedia 24 FE.....                             | 23     |
| Lorazepam Tablet.....                          | 14     |
| Loryna.....                                    | 23     |
| Losartan .....                                 | 11     |
| Losartan-<br>Hydrochlorothiazide.....          | 11     |
| Lovastatin.....                                | 12     |
| Low-Ogestrel .....                             | 23     |
| Lumigan.....                                   | 18     |
| Lutera .....                                   | 23     |
| Lyrica .....                                   | 14     |
| Lyza.....                                      | 23     |

## M

|                             |    |
|-----------------------------|----|
| Medroxyprogesterone .....   | 24 |
| Meloxicam Tablet.....       | 21 |
| Memantine .....             | 14 |
| Mercaptopurine Tablet ..... | 11 |

|                                  |                                  |                                   |
|----------------------------------|----------------------------------|-----------------------------------|
| Metadate CD ..... 12             | Morphine Sulfate                 | Nicotrol Nasal Spray..... 22      |
| Metaxalone Tablet .....21        | Extended-Release Tablet ....21   | Nifedipine                        |
| Metformin .....17                | Morphine Sulfate                 | Extended-Release .....11          |
| Metformin Extended-Release       | Oral Solution .....21            | Nikki ..... 23                    |
| Tablet (generic                  | Movantik .....19                 | Nitrofurantoin Capsule.....10     |
| Glucophage XR).....17            | Moviprep .....19                 | Nitrofurantoin Macrocrystal       |
| Methadone Tablet, Oral           | Moxeza .....18                   | Capsule .....10                   |
| Solution, Concentrate            | Moxifloxacin Tablet.....10       | Nitrostat ..... 12                |
| Solution .....21                 | Mupirocin Ointment ..... 15      | Norgestimate-Ethinyl              |
| Methimazole Tablet .....17       | Mycophenolate Capsule,           | Estradiol ..... 23                |
| Methocarbamol Tablet .....21     | Suspension ..... 23              | Nortrel 0.5/35 ..... 23           |
| Methotrexate Tablet .....19      | Mycophenolic Acid Tablet..... 23 | Nortriptyline Capsule..... 13     |
| Methylphenidate Chewable         | Myzilra ..... 23                 | Norvir .....19                    |
| Tablet..... 12                   | <b>N</b>                         | Novolin 70-30 Vials .....16       |
| Methylphenidate Tablet..... 12   | Nabumetone Tablet .....21        | Novolin N Vials .....16           |
| Methylprednisolone Tablet ....17 | Nadolol .....11                  | Novolin R Vials.....16            |
| Methyltestosterone Capsule... 20 | Naproxen Tablet .....21          | Novolog FlexTouch .....16         |
| Metoclopramide Tablet .....19    | Naratriptan ..... 13             | Novolog Mix 70/30                 |
| Metoprolol Succinate             | Natazia ..... 23                 | FlexTouch .....16                 |
| 50, 100, 200 mg.....11           | Necon 0.5/35, 1/35,              | Novolog Mix 70/30 Vials .....16   |
| Metoprolol Tartrate .....11      | 1/50, 10/11..... 23              | Novolog Vials .....16             |
| Metronidazole 0.75%              | Nesina.....17                    | Noxafil Tablet, Suspension ....10 |
| Topical Gel ..... 15             | Nevirapine .....19               | NP Thyroid Tablet .....17         |
| Metronidazole Tablet .....10     | Nevirapine                       | Nucynta .....21                   |
| Microgestin ..... 23             | Extended-Release .....19         | Nucynta ER.....21                 |
| Microgestin FE ..... 23          | Next Choice..... 23              | Nuedexta ..... 20                 |
| Minivelle ..... 24               | Niacin Extended-Release          | Nutropin, Nutropin AQ.....17      |
| Minocycline Capsule, Tablet..10  | Tablet..... 12                   | Nuvaring..... 24                  |
| Mirtazapine Tablet ..... 13      | Niaspan ..... 12                 | Nystatin Cream, Ointment.....10   |
| Mirvaso ..... 15                 | Nicoderm CQ..... 22              |                                   |
| Mitigare.....21                  | Nicorette Gum ..... 22           | <b>O</b>                          |
| Modafinil Tablet.....14          | Nicorette Lozenge ..... 22       | Obredon ..... 20                  |
| Mometasone Furoate Cream,        | Nicorette Mini-Lozenge ..... 22  | Ocella ..... 24                   |
| Lotion, Ointment ..... 15        | Nicotine Gum ..... 22            | Ofloxacin 0.3% Ophthalmic         |
| Mono-Linyah ..... 23             | Nicotine Lozenge ..... 22        | Solution .....18                  |
| Mononessa..... 23                | Nicotine Patch ..... 22          | Ofloxacin Tablet .....10          |
| Montelukast..... 22              | Nicotrol Inhaler ..... 22        | Olanzapine Tablet .....14         |

|                                                 |                                                                       |                                                |
|-------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------|
| Olopatadine 0.1%<br>Ophthalmic Solution .....17 | Oxycodone/Acetaminophen<br>5/325, 7.5/325, 10/325 mg<br>Tablet.....21 | ProAir Respiclick ..... 22                     |
| Omeclamox-Pak .....18                           | Oxycodone Tablet.....21                                               | Procrit..... 20                                |
| Omega-3-Acid Ethyl Esters<br>Capsule ..... 12   | Oxycontin.....21                                                      | Progesterone Micronized<br>Capsule..... 24     |
| Omeprazole Capsule .....18                      | <b>P</b>                                                              | Promethazine/Codeine ..... 20                  |
| Ondansetron.....18                              | Pantoprazole Tablet .....18                                           | Promethazine/<br>Dextromethorphan ..... 20     |
| Ondansetron ODT.....18                          | Paroxetine Tablet ..... 13                                            | Promethazine Tablet..... 22                    |
| OneTouch Test Strips.....16                     | Pegasys ..... 20                                                      | Propranolol Extended-Release<br>Capsule.....11 |
| OneTouch Ultra Mini .....16                     | Penicillin V Potassium<br>Tablet.....10                               | Propranolol Tablet .....11                     |
| OneTouch Ultra Test Strips....16                | Perforomist ..... 22                                                  | Proventil HFA..... 22                          |
| OneTouch Verio .....16                          | Phenazopyridine..... 20                                               | Pulmicort Flexhaler..... 22                    |
| OneTouch Verio IQ.....16                        | Phenytoin Capsule,<br>Suspension .....14                              | Pulmozyme ..... 20                             |
| OneTouch Verio Sync.....16                      | Picato..... 15                                                        | Pylera.....18                                  |
| OneTouch Verio Test Strips....16                | Pimtreea ..... 24                                                     | <b>Q</b>                                       |
| Onglyza .....17                                 | Pioglitazone .....17                                                  | Quasense ..... 24                              |
| Opana ER .....21                                | Pirmella ..... 24                                                     | Quetiapine Tablet .....14                      |
| Opsumit ..... 22                                | Plan B One Step..... 24                                               | Quinapril.....11                               |
| Oracea .....10                                  | Polyethylene Glycol 3350.....19                                       | QVAR ..... 22                                  |
| Orencia.....19                                  | Potassium Chloride ..... 23                                           | <b>R</b>                                       |
| Orenitram..... 22                               | Potassium Citrate ..... 23                                            | Rabeprazole Tablet .....18                     |
| Orsythia ..... 24                               | Pradaxa.....11                                                        | Raloxifene.....21, 24                          |
| Ortho-Cyclen..... 24                            | Praluent ..... 12                                                     | Raloxifene Tablet.....21                       |
| Ortho-Novum ..... 24                            | Pramipexole Tablet.....14                                             | Ramipril ..... 12                              |
| Ortho Micronor ..... 24                         | Pravastatin ..... 12                                                  | Ranexa..... 12                                 |
| Ortho Tri-Cyclen ..... 24                       | Prednisone Tablet.....17                                              | Ranitadine Syrup.....18                        |
| Oseni .....17                                   | Premarin..... 24                                                      | Rapaflo ..... 20                               |
| Osphena ..... 24                                | Premphase ..... 24                                                    | Rasuvo .....19                                 |
| Otezla .....19                                  | Prempro ..... 24                                                      | Rebif..... 13                                  |
| Otrexup .....19                                 | Prenisolone Oral Solution.....17                                      | Reclipsen ..... 24                             |
| Ovidrel .....19                                 | Prepopik .....19                                                      | Rectiv ..... 20                                |
| Oxcarbazepine Tablet .....14                    | Prezcobix.....19                                                      | Regranex..... 15                               |
| Oxsoralen-UI..... 15                            | Prezista .....19                                                      | Relpax..... 13                                 |
| Oxybutynin Extended-Release<br>Tablet.....21    | Pristiq ER..... 13                                                    | Renvela ..... 20                               |
| Oxybutynin Tablet .....21                       | ProAir HFA ..... 22                                                   | Repatha ..... 12                               |
|                                                 |                                                                       | Restasis..... 20                               |

|                                                |    |                                                 |        |                                                                      |    |
|------------------------------------------------|----|-------------------------------------------------|--------|----------------------------------------------------------------------|----|
| Revlimid.....                                  | 11 | Sumatriptan Nasal Spray .....                   | 13     | Timolol Maleate 0.25%, 0.5%<br>Ophthalmic Solution .....             | 18 |
| Reyataz.....                                   | 19 | Sumatriptan Succinate<br>Tablet, Injection..... | 13     | Tivicay.....                                                         | 19 |
| Rezira .....                                   | 20 | Sumavel DosePro .....                           | 13     | Tizanidine Tablet .....                                              | 21 |
| Ribavirin Tablet.....                          | 19 | Suprax Capsule, Chewable<br>Tablet, Tablet..... | 10     | Tobi Podhaler .....                                                  | 20 |
| Risedronate Sodium Tablet ....                 | 21 | Suprep .....                                    | 19     | Tobramycin/Dexamethasone<br>0.3%-0.1% Ophthalmic<br>Suspension ..... | 18 |
| Risperidone Tablet.....                        | 14 | Sustiva .....                                   | 19     | Tobramycin Ophthalmic<br>Solution .....                              | 18 |
| Rizatriptan ODT, Tablet.....                   | 13 | Sutent .....                                    | 11     | Tolcapone .....                                                      | 14 |
| Ropinirole Tablet.....                         | 14 | Syeda .....                                     | 24     | Topiramate Tablet.....                                               | 14 |
| <b>S</b>                                       |    | Symbicort .....                                 | 22     | Toviaz.....                                                          | 21 |
| Savaysa .....                                  | 11 | Synthroid.....                                  | 17     | Tracleer.....                                                        | 22 |
| Seebri Neohaler .....                          | 22 | <b>T</b>                                        |        | Tradjenta.....                                                       | 17 |
| Serevent Diskus .....                          | 22 | Tacrolimus Capsule .....                        | 23     | Tramadol-Acetaminophen.....                                          | 21 |
| Seroquel XR .....                              | 14 | Tacrolimus Ointment .....                       | 15     | Tramadol Sustained-Release<br>Tablet.....                            | 21 |
| Sertraline Tablet.....                         | 13 | Tamiflu.....                                    | 10     | Tramadol Tablet .....                                                | 21 |
| Sildenafil Tablet.....                         | 22 | Tamoxifen.....                                  | 24     | Transderm-Scop .....                                                 | 18 |
| Simcor .....                                   | 12 | Tamsulosin Capsule.....                         | 20     | Travatan Z.....                                                      | 18 |
| Simponi .....                                  | 19 | Tanzeum.....                                    | 17     | Trazodone Tablet.....                                                | 13 |
| Simvastatin .....                              | 12 | Targretin Capsule.....                          | 11     | Tretinoin.....                                                       | 15 |
| Sirolimus Tablet.....                          | 23 | Targretin Gel.....                              | 11     | Trezix .....                                                         | 21 |
| Solodyn.....                                   | 10 | Tasigna .....                                   | 11     | Tri-Lo-Estarylla .....                                               | 24 |
| Sotalol.....                                   | 12 | Tazorac .....                                   | 15     | Tri-Lo-Marzia.....                                                   | 24 |
| Sovaldi.....                                   | 19 | Tecfidera .....                                 | 13     | Tri-Lo-Sprintec .....                                                | 24 |
| Spiriva Handihaler .....                       | 22 | Technivie .....                                 | 19     | Tri-Previfem .....                                                   | 24 |
| Spiriva Respimat.....                          | 22 | Telmisartan.....                                | 12     | Tri-Sprintec .....                                                   | 24 |
| Spironolactone .....                           | 12 | Telmisartan-<br>Hydrochlorothiazide.....        | 12     | Triamcinolone Acetonide<br>Cream, Lotion, Ointment ..                | 15 |
| Sprintec .....                                 | 24 | Temazepam Capsule.....                          | 14     | Triamterene-<br>Hydrochlorothiazide.....                             | 12 |
| Sprix.....                                     | 21 | Terazosin .....                                 | 12, 20 | Triazolam Tablet .....                                               | 14 |
| Sronyx.....                                    | 24 | Terazosin Capsule, Tablet.....                  | 20     | Trinessa .....                                                       | 24 |
| Stelara.....                                   | 19 | Terbinafine Tablet .....                        | 10     | Trinessa Lo.....                                                     | 24 |
| Strattera.....                                 | 12 | Testim.....                                     | 20     | Triumeq.....                                                         | 19 |
| Stribild.....                                  | 19 | Testosterone Cypionate<br>Injection.....        | 20     | Trivora .....                                                        | 24 |
| Striverdi Respimat.....                        | 22 | Thrive Gum .....                                | 22     |                                                                      |    |
| Suclear .....                                  | 19 |                                                 |        |                                                                      |    |
| Sucalfate Tablet.....                          | 18 |                                                 |        |                                                                      |    |
| Sulfamethoxazole-<br>Trimethoprim Tablet ..... | 10 |                                                 |        |                                                                      |    |
| Sulfasalazine Tablet.....                      | 19 |                                                 |        |                                                                      |    |

|                            |    |                                   |    |                           |    |
|----------------------------|----|-----------------------------------|----|---------------------------|----|
| Trulicity.....             | 17 | Verapamil .....                   | 12 | Xopenex HFA .....         | 22 |
| Truvada .....              | 19 | Verapamil Sustained-Release. .... | 12 | Xulane .....              | 24 |
| Tudorza .....              | 22 | Vectura.....                      | 24 | Xyrem .....               | 14 |
| Tybost.....                | 19 | Victoza 2-Pak.....                | 17 | <b>Y</b>                  |    |
| Tyvaso .....               | 22 | Victoza 3-Pak.....                | 17 | Yasmin 28.....            | 24 |
| <b>U</b>                   |    | Viekira Pak.....                  | 19 | Yaz.....                  | 24 |
| Uceris.....                | 19 | Vigamox .....                     | 18 | <b>Z</b>                  |    |
| Uloric.....                | 21 | Viibryd .....                     | 13 | Zaleplon Capsule.....     | 14 |
| Utibron Neohaler.....      | 22 | Viorele .....                     | 24 | Zarah.....                | 24 |
| <b>V</b>                   |    | Viread.....                       | 19 | Zelapar .....             | 14 |
| Vagifem .....              | 24 | Vitekta.....                      | 19 | Zenchant FE .....         | 24 |
| Valacyclovir Tablet .....  | 10 | Vivelle-Dot.....                  | 24 | Zenpep .....              | 19 |
| Valaganciclovir .....      | 10 | Voltaren Gel .....                | 21 | Zetia.....                | 12 |
| Valsartan.....             | 12 | Vytorin .....                     | 12 | Zetonna .....             | 22 |
| Valsartan-                 |    | Vyvanse .....                     | 12 | Ziprasidone Capsule ..... | 14 |
| Hydrochlorothiazide.....   | 12 | <b>W</b>                          |    | Zohydro ER .....          | 21 |
| Vascepa .....              | 12 | Warfarin Sodium .....             | 11 | Zolpidem Tablet .....     | 14 |
| Vectical .....             | 15 | Welchol .....                     | 12 | Zonisamide Capsule.....   | 14 |
| Velphoro .....             | 20 | Wymza FE.....                     | 24 | Zubsolv.....              | 14 |
| Venlafaxine                |    | <b>X</b>                          |    | Zytiga.....               | 11 |
| Extended-Release Capsule . | 13 | Xarelto.....                      | 11 |                           |    |
| Venlafaxine Tablet.....    | 13 | Xeljanz.....                      | 19 |                           |    |
| Ventolin HFA.....          | 22 | Xeloda .....                      | 11 |                           |    |

## Notes

[illegible]

## “My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

| Name of Medicine and Strength | Drug Tier | I Take This Medicine For | Directions       | Doctor      |
|-------------------------------|-----------|--------------------------|------------------|-------------|
| Example: Lisinopril, 20mg     | Tier 1    | High blood pressure      | One tablet daily | Dr. Johnson |
|                               |           |                          |                  |             |
|                               |           |                          |                  |             |
|                               |           |                          |                  |             |
|                               |           |                          |                  |             |
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|                               |           |                          |                  |             |
|                               |           |                          |                  |             |
|                               |           |                          |                  |             |



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**Hello, Chrisdemo**  
My Coverage: Active 01/01/08  
Plan Name: Choice Plus  
Group/Acct#: 111111  
Member ID: 7891234567

**Plan Details**  
Account Balances  
Benefit Details

**Deductible**  
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\$3,000 family

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- Estimate Health Care Costs
- Extra Programs & Discounts
- Look Up Health Topics

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