



Your 2017 Prescription Drug List

effective January 1, 2017

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**[®]

- 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® for complete drug information

Since the PDL may change, we encourage you to visit our website, 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.

The screenshot displays the myuhc.com website. At the top, the myuhc.com logo is on the left, and the UnitedHealthcare logo is on the right. Below the logos is a navigation bar with links: Home, Claims & Accounts, Physicians & Facilities, **Pharmacies & Prescriptions** (highlighted with a blue arrow), Benefits & Coverage, Personal Health Record, and Health & Wellness. Above the navigation bar are links for Message Center, Account Settings, Print, Help, Contact Us, Feedback, and Sign Out.

The main content area is divided into several sections:

- 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**: \$1,000 individual, \$3,000 family.
- Out-of-Pocket Max**: \$3,000 individual, \$9,000 family.
- myClaims Manager**: Managing your claims just got easier – now with online bill payment. Includes a pie chart showing 'Your Responsibility' (\$1,249.00) and 'You Owe' (\$1,101.00).
- What would you like to do today?**: Manage My Claims, Look up My Benefits, Find a Doctor, Manage My Prescriptions, View Online Statement, View Account Balances, Print an ID Card, Health Assessment, Estimate Health Care Costs, Extra Programs & Discounts, Look Up Health Topics.
- Information Center**: Important Information About Appeal Rights, Possible delay in processing of FSA, HRA and Dependent Care Claims, Important Notice on Payment of Out-of-Network Benefits, Michelle's Law, Grants Available for Children's Medical Expenses.
- Related Web Sites**: African American Health, Source4Women, Other Languages (Español, 中文, 한국어, Tiếng Việt).
- Ask a Nurse**: Emergency? Dial 911. Registered nurses are available 24/7 to answer your health questions. Chat: Online now. Call: 1-888-842-4224.

Table of Contents

Drug tiers and cost	5	Gastrointestinal	
Programs and Limits	7	Acid Suppression.....	18
Drugs by category	10	Nausea/Vomiting	18
Anti-Infectives		Other	18
Antibiotics	10	Gout	18
Antifungals	10	Hepatitis C	19
Antivirals	10	HIV/AIDS	19
Cancer	11	Infertility	19
Cardiovascular/Heart Disease		Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis	19
Coagulation Therapy	11	Men's Health	
High Blood Pressure	11	Prostate	19
High Cholesterol	12	Testosterone Therapy	20
Other	13	Miscellaneous	20
Central Nervous System		Musculoskeletal	
Attention Deficit Disorder.....	13	Muscle Spasms	20
Depression	13	Osteoporosis.....	20
Migraine	14	Pain Relief	21
Multiple Sclerosis.....	14	Overactive Bladder	21
Other	14	Respiratory	
Sedatives/Hypnotics	15	Allergies	21
Seizure Disorders	15	Asthma/COPD.....	21
Dermatology	15	Pulmonary Arterial Hypertension.....	22
Diabetes		Smoking Cessation	22
Blood Glucose Monitoring	16	Transplant	22
Insulin	16	Vitamins/Electrolytes	22
Non-Insulin	17	Women's Health	
Endocrine		Contraceptives	23
Growth Hormone.....	17	Hormone Replacement.....	24
Other	17	Miscellaneous.....	24
Thyroid Hormone Replacement	17	Prenatal Vitamins	24
Eye Conditions		Index	25
Allergies	17		
Antibiotics	17		
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
	Tier 1 Lowest Cost	Lower-cost drugs. Generics and some brands are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Mainly preferred brand drugs.	Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand 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, 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.

DSP	Designated Specialty Program – 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.
H	Health Care Reform Preventive – This medication is part of a Health Care Reform preventive benefit and may be available at no cost to you.
PA	Prior Authorization required* – Your doctor is required to provide additional information to us to determine coverage.
RS	Refill and Save Program – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SL	Supply Limit – Amount of medication covered per copayment or in a specific time period.
ST	Step Therapy – Trial of a lower cost medication is required before a higher cost medication is covered.
1/2T	Half Tablet Program – 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 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, **Invokana**) and generic drugs in plain type (for example, Metformin).

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 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**[®]

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
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	
Dificid	3	SL
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	
Ofloxacin Tablet	1	
Oracea	3	

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

ST = Step Therapy

1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bicalutamide	1	
Bosulif	2	DSP, PA, SL, ST
Cyclophosphamide Capsule	2	
Hydroxyurea Capsule	1	
Imatinib Tablet	1	DSP, PA, SL
Imbruvica	2	DSP, PA, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, PA, SL
Sutent	2	DSP, PA, SL
Targretin Capsule	1	DSP
Targretin Gel	3	SL
Tasigna	2	DSP, PA, SL, ST
Xeloda	1	DSP, SL
Zytiga	2	DSP, PA, SL
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Effient	3	SL
Eliquis	3	SL
Enoxaparin Sodium	1	SL
Pradaxa	2	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine-Benazepril	1	SL
Amlodipine-Valsartan	1	SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL, 1/2T
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	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	
Dutoprol	2	SL
Edarbi	3	SL

Drug Name	Drug Tier	Requirements & Limits
Edarbyclor	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 50, 100 mg	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Extended-Release Capsule	1	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	1	SL
Telmisartan-Hydrochlorothiazide	1	SL
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
Valsartan	1	SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	SL
Fenofibrate 54, 160 mg Tablet	1	
Fluvastatin Extended-Release Tablet	1	SL, ST
Gemfibrozil	1	
Livalo	3	SL, ST
Lovastatin	1	
Niacin Extended-Release Tablet	1	
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	PA
Praluent	2	DSP, PA, SL, ST
Pravastatin	1	1/2T
Repatha	3	DSP, PA, SL, ST
Rosuvastatin	1	SL
Simvastatin	1	1/2T
Vascepa	3	PA
Vytorin	3	SL
Welchol	2	
Zetia	3	SL

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

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Depression		
Amitriptyline Tablet	1	
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	
Fetzima	3	SL, ST
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	RS, SL
Sertraline Tablet	1	1/2T
Trazodone Tablet	1	
Trintellix	3	SL, ST
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	3	SL

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

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Other		
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	
Latuda	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	
Seroquel XR	3	SL
Tolcapone	1	
Xyrem	3	PA, SL
Zelapar	3	
Ziprasidone Capsule	1	SL
Zubsolv	1	PA, SL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	1	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Tablet	1	SL
Central Nervous System: Seizure Disorders		
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	
Lyrica	3	SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	

Drug Name	Drug Tier	Requirements & Limits
Dermatology		
Aczone	3	SL
Adapalene Cream, Gel	1	PA, SL
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Carac	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	
Condylox Gel	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
Epiduo	3	SL
Finacea	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	
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Oxsoralen-UI	2	
Picato	3	SL
Regranex	2	PA, SL
Tacrolimus Ointment	1	PA, SL
Tazorac	3	PA, SL
Tretinoin	1	PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Dexcom Continuous Glucose Monitoring System	3	PA, SL
Dexcom Sensor	3	PA, SL
Dexcom Transmitter	3	PA, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio Flex	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL
Diabetes: Insulin		
Basaglar as of 4/1/17	1	SL
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL
Levemir FlexTouch	1	SL
Levemir Vials	1	SL
Novolin Vials (all formulations)	1	SL, ST
Novolog FlexTouch (all formulations)	1	SL, ST
Novolog Vials (all formulations)	1	SL, ST

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Invokamet	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Synjardy	2	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL, ST
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, PA, SL
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacft	3	SL
Olopatadine 0.1% Ophthalmic Solution	1	SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Tobramycin Ophthalmic Solution	1	
Vigamox	3	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	1	SL
Ranitadine Syrup	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Emend Capsule	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	
Varubi	2	SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	3	PA, SL, ST
Apriso	2	
Canasa	2	
Cortifoam	2	
Creon	2	
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	PA, SL
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	1	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	3	
Viberzi	3	PA, SL
Zenpep	2	
Gout		
Allopurinol Tablet	1	
Mitigare	2	
Uloric	3	SL, ST

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Drug Name	Drug Tier	Requirements & Limits
Hepatitis C		
Daklinza	2	DSP, PA, SL, ST
Harvoni	2	DSP, PA, SL
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, PA, SL, ST
Technivie	3	DSP, PA, SL
Viekira Pak	3	DSP, PA, SL, ST
Zepatier	3	DSP, PA, SL, ST
HIV/AIDS		
Atripla	2	DSP
Complera	3	DSP
Descovy	3	DSP
Epzicom	2	DSP
Evotaz	2	DSP
Genvoya	3	DSP, ST
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Norvir	2	DSP
Odefsey	3	DSP
Prezcobix	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	3	DSP
Tybost	2	DSP
Viread	2	DSP
Vitekta	2	DSP

Drug Name	Drug Tier	Requirements & Limits
Infertility*		
Cetrotide	2	DSP
Clomiphene	1	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, PA, SL, ST
Cimzia	2	DSP, PA, SL
Cosentyx	3	DSP, PA, SL, ST
Enbrel	3	DSP, PA, SL, ST
Humira	2	DSP, PA, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	DSP, PA, SL, ST
Otezla	3	DSP, PA, SL, ST
Rasuvo	3	SL, ST
Simponi	2	DSP, PA, SL
Stelara	2	DSP, PA, SL
Taltz	3	DSP, PA, SL, ST
Xeljanz	3	DSP, PA, SL, ST
Men's Health: Prostate		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Dutasteride Capsule	1	PA
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Methyltestosterone Capsule	1	
Testim	2	PA, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auryxia	3	
Benzonatate Capsule	1	
Bethkis	1	DSP, PA, SL
Bromfed DM	3	
Cayston	2	PA, SL
Cerdelga	2	DSP, PA
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	1	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	1	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	1	SL

Drug Name	Drug Tier	Requirements & Limits
Nuedexta	2	
Obredon	3	SL, ST
Pegasys	2	DSP, PA, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, PA, SL
Rectiv	3	PA, SL
Renvela	2	
Restasis	3	PA, SL
Rezira	3	
Tobi Podhaler	3	DSP, PA, SL
Velphoro	2	
Veltassa	3	PA, SL
Zarxio	2	DSP
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	1	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, PA
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate Sodium Tablet	1	SL

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Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	SL
Belbuca	3	PA, SL, ST
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	
Hydromorphone Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	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	
Nucynta	3	SL
Nucynta ER	3	PA, SL
Opana ER	2	PA, SL
Oxycodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Sprix	3	
Tramadol- Acetaminophen	1	SL
Tramadol Sustained- Release Tablet	1	SL
Tramadol Tablet	1	
Trezip	1	SL
Voltaren Gel	2	
Xtampza ER	3	PA, SL
Zohydro ER	3	PA, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended- Release Tablet	1	
Oxybutynin Tablet	1	
Toviaz	3	
Respiratory: Allergies		
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	
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Aerospan	3	SL
Albuterol Nebs	1	
Albuterol Sulfate Tablet	1	
Alvesco	1	SL
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex	1	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	1	SL

Drug Name	Drug Tier	Requirements & Limits
Combivent Respimat	3	SL
Dulera	3	SL, ST
Flovent Diskus/HFA	3	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Montelukast	1	
Perforomist	3	SL
ProAir HFA	3	SL
ProAir Respiclick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	1	SL
QVAR	1	SL
Seebri Neohaler	2	SL
Serevent Diskus	3	SL
Spiriva Handihaler	3	SL
Spiriva Respimat	3	SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Tudorza	2	SL
Uptravi	3	DSP, PA, SL
Utibron Neohaler	2	SL
Ventolin HFA	1	SL
Xopenex HFA	1	SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, PA, SL
Adempas	2	DSP, PA, SL
Letairis	2	DSP, PA, SL
Opsumit	2	DSP, PA, SL
Orenitram	3	DSP, PA, SL
Sildenafil Tablet	1	DSP, PA, SL
Tracleer	2	DSP, PA, SL
Tyvaso	2	DSP, PA
Uptravi	3	DSP, PA, SL

Drug Name	Drug Tier	Requirements & Limits
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	
Chantix Tablet	1	
Nicoderm CQ	1	
Nicorette Gum	1	
Nicorette Lozenge	1	
Nicorette Mini-Lozenge	1	
Nicotine Gum	1	
Nicotine Lozenge	1	
Nicotine Patch	1	
Thrive Gum	1	
Transplant		
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
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	

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Drug Name	Drug Tier	Requirements & Limits
Women's Health: Contraceptives		
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
Ella	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estartylla	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
Lo Loestrin Fe	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

Drug Name	Drug Tier	Requirements & Limits
Natazia	1	H
Necon	1	H
Next Choice	1	H
Nikki	1	H
Norgestimate-Ethinyl Estradiol	1	H
Nortrel	1	H
Nuvaring	2	H
Ocella	1	H
Orsythia	1	H
Ortho-Cyclen	3	
Ortho Micronor	3	
Ortho-Novum	3	
Ortho Tri-Cyclen	3	
Pimtrea	1	H
Pirmella	1	H
Plan B One Step	1	H
Quasense	1	H
Reclipsen	1	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Tri-Lo-Estartylla	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
Yasmin 28	3	
Yaz	3	
Zarah	1	H
Zenchant FE	1	H

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Climara	2	SL
Climara Pro	3	SL
Divigel	3	
Duavee	3	
Enjuvia	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	1	
Estradiol Tablet	1	
Estring	2	SL
Estrogen/ Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	1	
Vagifem	2	
Vivelle-Dot	1	SL

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Miscellaneous		
Addyi	3	PA, SL
Osphena	3	
Raloxifene	1	H, PA
Tamoxifen	1	H, PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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Index

A

Acetaminophen/Butalbital/
Caffeine 325 mg/
50 mg/40 mg14

Acetaminophen/Codeine
Tablet.....21

Actemra.....19

Acyclovir Ointment.....10

Acyclovir Tablet10

Aczone..... 15

Adapalene Cream, Gel 15

Adcirca 22

Adderall XR 13

Addyi..... 24

Adempas..... 22

Advair Diskus/HFA.....21

Aerospan21

Akynzeo18

Albuterol Nebs21

Albuterol Sulfate Tablet.....21

Alendronate Sodium Tablet... 20

Alfuzosin Tablet.....19

Allopurinol Tablet18

Alphagan P 0.1%18

Alprazolam Extended-Release
Tablet.....14

Alprazolam Tablet.....14

Alvesco21

Alyacen..... 23

Amethyst 23

Amiodarone..... 13

Amitiza.....18

Amitriptyline Tablet..... 13

Amlodipine11

Amlodipine-Benazepril.....11

Amlodipine-Valsartan11

Amoxicillin/Potassium
Clavulanate Chewable
Tablet, Tablet.....10

Amoxicillin Capsule,
Chewable Tablet10

Amphetamine Salt Combo.... 13

Ampyra.....14

Anastrozole Tablet 20

Androderm..... 20

Anoro Ellipta.....21

Antipyrine/Benzocaine
Otic Solution 20

Apri 23

Apriso18

Aranesp 20

Aripiprazole Tablet.....14

Armour Thyroid.....17

Arnuity Ellipta21

Asmanex.....21

Atenolol.....11

Atenolol-Chlorthalidone11

Atorvastatin..... 12

Atripila19

Aubagio14

Auryxia..... 20

Aviane 23

Avonex.....14

Azathioprine Tablet..... 22

Azelastine 0.05% Ophthalmic
Solution17

Azelastine 0.1% Nasal Spray ..21

Azithromycin Tablet.....10

Azopt.....18

Azurette 23

B

Baclofen Tablet..... 20

Basaglar16

Belbuca21

Benazepril.....11

Benazepril-
Hydrochlorothiazide.....11

Benicar11

Benicar HCT11

Benzonatate Capsule 20

Betamethasone Diproionate
0.05% Augmented Lotion,
Ointment..... 15

Betamethasone Dipropionate
0.05% Cream, Ointment 15

Betaseron14

Bethkis 20

Bicalutamide.....11

Bidil.....11

Bisoprolol.....11

Bisoprolol-
Hydrochlorothiazide.....11

Bosulif11

Brand Prenatal Vitamins 24

Breo Ellipta21

Bromfed DM..... 20

Budesonide Nebs21

Bupropion Extended-Release
Tablet..... 13

Bupropion Sustained-Release
Tablet.....13, 22

Bupropion Tablet..... 13

Buspirone Tablet.....14

Bydureon17

Byetta17

Bystolic11

C

Calcitriol Capsule17

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

D

Doxepin.....	13
Doxycycline Monohydrate 50, 100 mg Capsule	10
Duavee.....	24
Dulera.....	22
Duloxetine Capsule	13
Dutasteride Capsule	19
Dutoprol	11

E

Econazole Cream	10
Edarbi.....	11
Edarbyclor	12
Effient	11
Eliquis	11
Ella	23
Emend Capsule	18
Enalapril.....	12
Enbrel.....	19
Enjuvia	24
Enoxaparin Sodium.....	11
Enpresse	23
Enskyce	23
Entresto.....	13
Epiduo	16
Epipen	20
Epipen-Jr	20
Epzicom	19
Errin.....	23
Erythromycin 0.5% Ophthalmic Ointment.....	17
Escitalopram Tablet.....	13
Estarylla	23
Estrace Cream	24
Estradiol/Norethindrone Acetate Tablet.....	24
Estradiol Tablet	24
Estring.....	24

Estrogen/Methyltestosterone Tablet.....	24
Eszopiclone Tablet.....	15
Etodolac Capsule.....	21
Evamist.....	24
Evotaz.....	19

F

Famciclovir Tablet	10
Farxiga.....	17
Fenofibrate 54, 160 mg Tablet.....	12
Fentanyl 12, 25, 50, 75, 100 mcg Patch	21
Fentanyl Citrate Lozenge	21
Fetzima.....	13
Finacea	16
Finasteride Tablet.....	19
Flecainide	13
Flovent Diskus/HFA.....	22
Fluconazole Tablet.....	10
Fluocinolone Cream, Oil, Ointment, Solution.....	16
Fluocinonide 0.05% Cream	16
Fluoride	22
Fluoxetine Tablet, Capsule	13
Fluticasone Nasal Spray.....	21
Fluvastatin Extended-Release Tablet.....	12
Fluvoxamine Tablet	13
Folic Acid	22
Forteo	20
Fosrenol	20
Frovatriptan.....	14
Furosemide	12

G

Gabapentin Capsule, Tablet ..	15
Gemfibrozil	12

Gentamicin Ophthalmic Ointment, Solution.....	17
Genvoya.....	19
Gianvi.....	23
Gildess.....	23
Gildess 24 FE.....	23
Gildess Fe.....	23
Gilenya	14
Glimepiride	17
Glipizide.....	17
Glipizide Extended-Release ...	17
Glyburide.....	17
Golytely	18
Gonal-F.....	19
Gonal-F RFF	19
Guanfacine	12, 13
Guanfacine Extended-Release	13

H

Halobetasol Ointment	16
Harvoni	19
Heather.....	23
Humalog KwikPens	16
Humalog Vials	16
Humira	19
Humulin KwikPens.....	16
Humulin Vials).....	16
Hydralazine	12
Hydrochlorothiazide.....	12
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	21
Hydrocodone/ Chlorpheniramine Suspension.....	20
Hydrocodone/Homatropine ..	20

Hydrocodone/ Ibuprofen Tablet21	Junel Fe..... 23	LinzeSS18
Hydrocortisone 2.5% Cream, Ointment.....16	K	Liothyronine Sodium Tablet ..17
Hydromorphone Tablet21	Kaletra19	Lisinopril 12, 34
Hydroxychloroquine Sulfate...19	Karvia..... 23	Lisinopril- Hydrochlorothiazide..... 12
Hydroxyurea Capsule11	Kazano17	Lithium Capsule.....14
Hydroxyzine Capsule, Tablet.....21	Ketoconazole Cream10	Livalo 12
Hyoscyamine Tablet18	Ketorolac Tablet.....21	Lo Loestrin Fe 23
I	Klor-Con M10 22	LoMedia 24 FE..... 23
Ibandronate Tablet 20	Klor-Con M20 22	Lorazepam Tablet.....14
Ibuprofen Tablet21	Kombiglyze XR.....17	Loryna..... 23
Imantinib Tablet.....11	L	Losartan 12
Imbruvica11	Labetalol..... 12	Losartan- Hydrochlorothiazide..... 12
Imiquimod 5% Cream16	Lamivudine-Zidovudine19	Lovastatin..... 12
Incruse Ellipta 22	Lamotrigine Tablet..... 15	Low-Ogestrel 23
Indomethacin Capsule.....21	Lastacaft.....17	Lumigan.....18
Intelence19	Latanoprost 0.005% Ophthalmic Solution18	Lutera 23
Introvale 23	Latuda14	Lyrica 15
Invokamet.....17	Lazanda21	Lyza..... 23
Invokana.....17	Leflunomide19	M
Ipratropium-Albuterol Nebs .. 22	Letairis 22	Medroxyprogesterone 24
Ipratropium Nebs 22	Letrozole 20	Meloxicam Tablet21
Irbesartan 12	Leucovorin Calcium Tablet11	Memantine14
Isentress.....19	Levemir FlexTouch16	Mercaptopurine Tablet11
Isosorbide Mononitrate ER... 13	Levemir Vials16	Metadate CD 13
Itraconazole Capsule.....10	Levetiracetam Extended-Release Tablet 15	Metaxalone Tablet..... 20
J	Levetiracetam Tablet 15	Metformin.....17
Janumet17	Levocetirizine Tablet21	Metformin Extended-Release Tablet (generic Glucophage XR).....17
Januvia17	Levofloxacin Tablet10	Methadone Tablet, Oral Solution, Concentrate Solution21
Jardiance17	Levonest 23	Methimazole Tablet17
Jencycla..... 23	Levora-28 23	Methocarbamol Tablet 20
Jentaduo17	Levothyroxine Sodium Tablet.....17	Methotrexate Tablet19
Jolessa 23	Lialda18	
Jolivet 23	Lidocaine Transdermal Patch..... 20	
Junel..... 23		

Methylphenidate Chewable Tablet.....	13	Mycophenolic Acid Tablet.....	22	Noxafil Tablet, Suspension	10	
Methylphenidate Tablet.....	13	Myzilra	23	NP Thyroid Tablet	17	
Methylprednisolone Tablet.....	17	N			Nucynta	21
Methyltestosterone Capsule...	20	Nabumetone Tablet	21	Nucynta ER.....	21	
Metoclopramide Tablet	18	Nadolol	12	Nuedexta	20	
Metoprolol Succinate 50, 100, 200 mg.....	12	Naproxen Tablet	21	Nutropin, Nutropin AQ.....	17	
Metoprolol Tartrate 50, 100 mg 12		Naratriptan	14	Nuvaring.....	23	
Metronidazole 0.75% Topical Gel.....	16	Natazia	23	Nystatin Cream, Ointment.....	10	
Metronidazole Tablet	10	Necon	23	O		
Microgestin	23	Nesina.....	17	Obredon	20	
Microgestin FE	23	Nevirapine	19	Ocella	23	
Minivelle	24	Next Choice.....	23	Odefsey.....	19	
Minocycline Capsule, Tablet ..	10	Niacin Extended-Release Tablet.....	12	Ofloxacin 0.3% Ophthalmic Solution	17	
Mirtazapine Tablet	13	Niaspan	12	Ofloxacin Tablet	10	
Mirvaso	16	Nicoderm CQ.....	22	Olanzapine Tablet	14	
Mitigare.....	18	Nicorette Gum	22	Olopatadine 0.1% Ophthalmic Solution	17	
Modafinil Tablet.....	14	Nicorette Lozenge	22	Omeclamox-Pak.....	18	
Mometasone Furoate Cream, Lotion, Ointment	16	Nicorette Mini-Lozenge	22	Omega-3-Acid Ethyl Esters Capsule.....	12	
Mono-Linyah	23	Nicotine Gum	22	Omeprazole Capsule	18	
Mononessa.....	23	Nicotine Lozenge	22	Ondansetron.....	18	
Montelukast.....	22	Nicotine Patch	22	Ondansetron ODT.....	18	
Morphine Sulfate Extended-Release Tablet	21	Nifedipine Extended-Release	12	OneTouch Test Strips	16	
Morphine Sulfate Oral Solution.....	21	Nikki	23	OneTouch Ultra Mini	16	
Movantik.....	18	Nitrofurantoin Capsule.....	10	OneTouch Ultra Test Strips....	16	
Moviprep	18	Nitrofurantoin Macrocrystal Capsule	10	OneTouch Verio	16	
Moxeza.....	17	Nitrostat	13	OneTouch Verio Flex.....	16	
Moxifloxacin Tablet.....	10	Norgestimate-Ethinyl Estradiol	23	OneTouch Verio IQ.....	16	
Multaq.....	13	Nortrel.....	23	OneTouch Verio Sync.....	16	
Mupirocin Ointment	16	Nortriptyline Capsule.....	13	OneTouch Verio Test Strips....	16	
Mycophenolate Capsule, Suspension	22	Norvir.....	19	Onglyza	17	
		Novolin Vials.....	16	Opana ER	21	
		Novolog FlexTouch	16	Opsumit	22	
		Novolog Vials	16	Oracea	10	
				Orencia.....	19	

Orenitram.....	22	Potassium Citrate	22	Raloxifene.....	20, 24
Orsythia	23	Pradaxa.....	11	Raloxifene Tablet.....	20
Ortho-Cyclen.....	23	Praluent	12	Ramipril	12
Ortho-Novum	23	Pramipexole Tablet.....	14	Ranexa.....	13
Ortho Micronor	23	Pravastatin	12	Ranitadine Syrup.....	18
Ortho Tri-Cyclen	23	Prednisone Tablet.....	17	Rapaflo	19
Oseni.....	17	Premarin.....	24	Rasuvo	19
Osphena	24	Premphase	24	Rebif.....	14
Otezla.....	19	Prempro	24	Reclipsen	23
Ovidrel	19	Prenisolone Oral Solution.....	17	Rectiv	20
Oxcarbazepine Tablet.....	15	Prepopik	18	Regranex.....	16
Oxsoralen-UI.....	16	Prezcobix.....	19	Relpax.....	14
Oxybutynin Extended-Release Tablet.....	21	Prezista	19	Renvela	20
Oxybutynin Tablet	21	Pristiq ER.....	13	Repatha	12
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	21	ProAir HFA	22	Restasis.....	20
Oxycodone Tablet.....	21	ProAir Respiclick	22	Revlimid.....	11
P		Procrit.....	20	Reyataz	19
Pantoprazole Tablet	18	Progesterone Micronized Capsule	24	Rezira	20
Paroxetine Tablet.....	13	Promethazine/Codeine.....	20	Ribavirin Tablet.....	19
Pegasys	20	Promethazine/ Dextromethorphan.....	20	Risedronate Sodium Tablet ...	20
Penicillin V Potassium Tablet.....	10	Promethazine Tablet.....	21	Risperidone Tablet.....	14
Perforomist.....	22	Propranolol Extended-Release Capsule	12	Rizatriptan ODT, Tablet.....	14
Phenazopyridine.....	20	Propranolol Tablet	12	Ropinirole Tablet.....	14
Phenytoin Capsule, Suspension.....	15	Proventil HFA.....	22	Rosuvastatin	12
Picato.....	16	Pulmicort Flexhaler.....	22	S	
Pimtrex	23	Pulmozyme	20	Savaysa	11
Pioglitazone	17	Pylera.....	18	Seebri Neohaler	22
Pirmella	23	Q		Serevent Diskus.....	22
Plan B One Step.....	23	Quasense	23	Seroquel XR	14
Plegridy	14	Quetiapine Tablet.....	14	Sertraline Tablet	13
Polyethylene Glycol 3350.....	18	Quinapril.....	12	Sildenafil Tablet.....	22
Potassium Chloride	22	QVAR	22	Simponi	19
		R		Simvastatin	12
		Rabeprazole Tablet	18	Sirolimus Tablet.....	22
				Solodyn.....	10
				Sotalol.....	13
				Sovaldi.....	19

Spiriva Handihaler	22	Tasigna	11	Trezix	21
Spiriva Respimat.....	22	Tazorac	16	Tri-Lo-Estarylla	23
Spironolactone	12	Tecfidera	14	Tri-Lo-Marzia.....	23
Sprintec	23	Technivie	19	Tri-Lo-Sprintec	23
Sprix	21	Telmisartan.....	12	Tri-Previfem	23
Sronyx.....	23	Telmisartan- Hydrochlorothiazide.....	12	Tri-Sprintec	23
Stelara.....	19	Temazepam Capsule.....	15	Triamcinolone Acetonide Cream, Lotion, Ointment ...	16
Strattera.....	13	Terazosin	12, 19	Triamterene- Hydrochlorothiazide.....	12
Stribild.....	19	Terazosin Capsule, Tablet.....	19	Triazolam Tablet	15
Striverdi Respimat.....	22	Terbinafine Tablet	10	Trinessa	23
Suclear	18	Testim.....	20	Trinessa Lo.....	23
Sucralfate Tablet.....	18	Testosterone Cypionate Injection.....	20	Trintellix.....	13
Sulfamethoxazole- Trimethoprim Tablet	10	Thrive Gum	22	Triumeq.....	19
Sulfasalazine Tablet	18	Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	18	Trivora	23
Sumatriptan Nasal Spray	14	Tivicay	19	Trulicity.....	17
Sumatriptan Succinate Tablet, Injection.....	14	Tizanidine Tablet	20	Truvada	19
Suprax Capsule, Chewable Tablet, Tablet.....	10	Tobi Podhaler	20	Tudorza	22
Suprep	18	Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	17	Tybost.....	19
Sustiva	19	Tobramycin Ophthalmic Solution	17	Tyvaso	22
Sutent	11	Tolcapone	14	U	
Syeda	23	Topiramate Tablet.....	15	Uceris Foam.....	18
Symbicort	22	Toviaz	21	Uceris Tablet.....	18
Synjardy.....	17	Tracleer.....	22	Uloric.....	18
Synthroid.....	17	Tradjenta.....	17	Uptravi.....	22
T		Tramadol-Acetaminophen.....	21	Utibron Neohaler.....	22
Tacrolimus Capsule	22	Tramadol Sustained-Release Tablet.....	21	V	
Tacrolimus Ointment	16	Tramadol Tablet	21	Vagifem	24
Taltz	19	Transderm-Scop	18	Valacyclovir Tablet	10
Tamiflu.....	10	Travatan Z.....	18	Valaganciclovir	10
Tamoxifen.....	24	Trazodone Tablet.....	13	Valsartan.....	12
Tamsulosin Capsule.....	19	Tretinoin.....	16	Valsartan- Hydrochlorothiazide.....	12
Tanzeum.....	17			Varubi.....	18
Targretin Capsule.....	11			Vascepa.....	12
Targretin Gel.....	11			Vectical	16

Velphoro	20	W	Zenchant FE	23	
Veltassa	20	Warfarin Sodium	11	Zenpep	18
Venlafaxine Extended-Release Capsule	13	Welchol	12	Zepatier	19
Venlafaxine Tablet	13	Wymza FE	23	Zetia	12
Ventolin HFA	22	X	Zetonna	21	
Verapamil	12	Xarelto	11	Ziprasidone Capsule	14
Verapamil Sustained-Release	12	Xeljanz	19	Zohydro ER	21
Vectura	23	Xeloda	11	Zolpidem Tablet	15
Viberzi	18	Xopenex HFA	22	Zonisamide Capsule	15
Victoza 2-Pak	17	Xtampza ER	21	Zubsolv	14
Victoza 3-Pak	17	Xulane	23	Zytiga	11
Viekira Pak	19	Xyrem	14		
Vigamox	17	Y			
Viibryd	13	Yasmin 28	23		
Viorele	23	Yaz	23		
Viread	19	Z			
Vitekta	19	Zaleplon Capsule	15		
Vivelle-Dot	24	Zarah	23		
Voltaren Gel	21	Zarxio	20		
Vytorin	12	Zelapar	14		
Vyvanse	13				

Notes

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

Plan Details
Account Balances
Benefit Details

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