



Your 2015 Prescription Drug List

effective January 1, 2015

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 the back of 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 shows the myuhc.com website interface. At the top left is the myuhc.com logo, and at the top right is the UnitedHealthcare logo. Below the logos is a navigation bar with the following items: Home, Claims & Accounts, Physicians & Facilities, **Pharmacies & Prescriptions** (circled 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.....	19
Antibiotics	10	HIV/AIDS	19
Antifungals	10	Infertility	19
Antivirals	10	Inflammatory Conditions: Rheumatoid Arthritis, Crohn’s Disease, Psoriasis, Ulcerative Colitis	20
Cancer	10	Men’s Health	
Cardiovascular/Heart Disease		Prostate	20
Coagulation Therapy	11	Testosterone Therapy	20
High Blood Pressure	11	Miscellaneous	21
High Cholesterol	12	Musculoskeletal	
Other.....	12	Osteoporosis.....	21
Central Nervous System		Other	21
Attention Deficit Disorder.....	12	Pain Relief.....	22
Depression	13	Overactive Bladder	22
Migraine	13	Respiratory	
Multiple Sclerosis.....	13	Allergies	23
Other.....	14	Asthma/COPD.....	23
Sedatives/Hypnotics	14	Pulmonary Arterial Hypertension.....	23
Seizure Disorders	14	Transplant	23
Dermatology	15	Vitamins/Electrolytes	23
Diabetes/Endocrine		Women’s Health	
Blood Glucose Monitoring	16	Contraceptives	24
Insulin	16	Hormone Replacement.....	25
Non-Insulin	17	Prenatal Vitamins	25
Endocrine		Brand Only Exclusions	26
Growth Hormone.....	17	Index	28
Other.....	17		
Thyroid Hormone Replacement	17		
Eye Conditions			
Allergies	17		
Antibiotics	18		
Glaucoma.....	18		
Other.....	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 the back of 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 the back of 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. Some brands and generics are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Preferred brand medications.	Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	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: Some plans may have two or four tiers, while others may not have any. 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 the back of 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 the back of 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.
N	Notification or 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.
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 prior authorization 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 the back of your health plan ID card.

Why are some medications excluded from coverage?

Medications may be excluded from coverage under your pharmacy benefit when it works the same or similar as another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

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. 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 the back of 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 the back of 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 the back of 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 the back of your health plan ID card.



Or, visit **myuhc.com**[®]

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.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefdinir Capsule	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	
Doxycycline Hyclate Capsule, Tablet	1	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule, Tablet	1	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Fluconazole Tablet	1	
Itraconazole Capsule	1	
Ketoconazole Cream	1	
Nystatin Cream, Ointment	1	
Oxistat Cream	3	N
Terbinafine Tablet	1	
Anti-Infectives: Antivirals		
Acyclovir Ointment	1	N
Acyclovir Tablet	1	
Baraclude	2	DSP
Olyso	2	DSP, N
Ribavirin Tablet	1	DSP
Tamiflu	1	
Valacyclovir Tablet	1	
Cancer		
Bosulif	2	DSP, N
Capecitabine Tablet	1	DSP
Gleevec	2	DSP, N
Hydroxyurea Capsule	1	
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Sutent	2	DSP, N
Tasigna	2	DSP, N
Xeloda	2	DSP
Zytiga	2	DSP, N

Bold type = Brand name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

N = Notification or Prior Authorization required

RS = May be eligible for the Refill and Save Program

1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Coumadin	2	
Effient	3	
Eliquis	3	
Enoxaparin Sodium	1	
Pradaxa	2	
Warfarin Sodium	1	
Xarelto	2	
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine Besylate-Benazepril	1	
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	1/2T
Benicar HCT	2	
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	
Diovan	1	1/2T
Doxazosin	1	
Dutoprol	2	
Edarbi	3	
Edarbyclor	3	
Enalapril	1	
Enalapril-Hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
Epaned	3	N
Exforge	3	
Exforge HCT	3	
Felodipine	1	
Fosinopril Sodium	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Indapamide	1	
Irbesartan	1	1/2T
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 Tablet	1	
Quinapril	1	
Ramipril	1	
Spiro lactone	1	
Telmisartan	1	
Telmisartan-Hydrochlorothiazide	1	
Terazosin	1	
Torsemide	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	1	
Valsartan-Hydrochlorothiazide	1	
Verapamil	1	
Verapamil Sustained-Release	1	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol		
Altprev	3	
Atorvastatin	1	1/2T
Crestor	2	1/2T
Fenofibrate 54, 160 mg Tablet	1	
Gemfibrozil	1	
Lipitor	2	1/2T
Liptruzet	3	
Livalo	3	
Lovastatin	1	
Niacin Extended-Release Tablet	1	
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	N
Pravastatin	1	1/2T
Simcor	3	
Simvastatin	1	1/2T
Vascepa	3	N
Vytorin	3	
Welchol	2	
Zetia	3	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	2	
Nitroglycerin Sublingual Spray	1	
Ranexa	2	
Sotalol	1	

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	N
Amphetamine Salt Combo	1	N
Clonidine Extended-Release Tablet	1	
Concerta	1	N
Daytrana	3	N
Dexmethylphenidate Extended-Release Capsule	1	N
Dexmethylphenidate Tablet	1	N
Dextroamphetamine Sulfate Tablet	1	N
Dextroamphetamine-Amphetamine Tablet	1	N
Focalin XR	3	N
Intuniv	3	
Kapvay	3	
Metadate CD	1	N
Methylphenidate	1	N
Methylphenidate Extended-Release Capsule	3	N
Methylphenidate Extended-Release Tablet	3	N
Quillivant XR	3	N
Ritalin LA	3	N
Strattera	3	
Vyvanse	2	N
Zenzedi	3	N

Bold type = Brand name drug

[Plain type = Generic drug]

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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	
Escitalopram Tablet	1	1/2T
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Imipramine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Olepto	3	
Paroxetine Tablet	1	
Pristiq ER	3	RS
Sertraline Tablet	1	1/2T
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	3	

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	
Acetaminophen/Butalbital/Caffeine/Codeine 325 mg/50 mg/40 mg/30 mg	1	
Frova	1	
Maxalt	1	
Maxalt MLT	1	
Relpax	1	
Rizatriptan Orally Disintegrating Tablet	1	
Rizatriptan Tablet	1	
Sumatriptan Nasal Spray	1	
Sumatriptan Succinate Tablet, Injection	1	
Sumavel DosePro	3	
Zomig	1	
Zomig ZMT	1	
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, N
Aubagio	3	DSP, N
Avonex	2	DSP, N
Betaseron	2	DSP, N
Copaxone	2	DSP, N
Gilenya	3	DSP, N
Rebif	3	DSP, N
Tecfidera	2	DSP, N

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Other		
Abilify	3	1/2T
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg Tablet	1	
Latuda	3	
Lithium Capsule	1	
Lorazepam Tablet	1	
Namenda XR	3	
Nuvigil	3	N
Olanzapine Tablet	1	
Pramipexole Tablet	1	
Quetiapine Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	3	
Suboxone Film	3	N
Tasmar	2	
Xyrem	3	N
Zelapar	3	
Ziprasidone Capsule	1	
Zubsolv	1	N
Central Nervous System: Sedatives/Hypnotics		
Ambien CR	3	
Eszopiclone Tablet	1	
Temazepam Capsule	1	
Zaleplon Capsule	1	
Zolpidem Extended-Release Tablet	1	
Zolpidem Tablet	1	
Zolpimist	3	

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Seizure Disorders		
Carbamazepine Tablet	1	
Clonazepam Tablet	1	
Depakote	3	N
Depakote ER	3	N
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Keppra	3	N
Keppra XR	3	N
Lamictal	3	N
Lamictal XR	3	N
Lamotrigine Tablet	1	
Levetiracetam Extended-Release Tablet	1	
Levetiracetam Tablet	1	
Lyrica	3	
Neurontin	3	N
Oxcarbazepine Tablet	1	
Oxtellar XR	3	N
Phenytoin Capsule, Suspension	1	
Topamax	3	N
Topiramate Tablet	1	
Trileptal	3	N
Trokendi XR	3	N
Zonegran	3	N
Zonisamide Capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
Dermatology		
Aczone	3	
Adapalene 0.1% Cream, Gel	1	N
Azelex	3	
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Betamethasone/Calcipotriene Ointment	1	
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	N
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	1	
Clindamycin Gel	1	
Clindamycin Lotion, Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment, Solution	1	
Clocortolone Cream	1	
Clotrimazole-Betamethasone Cream	1	
Clotrimazole-Betamethasone Lotion	1	
Condylox Gel	3	
Desonide 0.05% Cream, Lotion, Ointment	1	

Drug Name	Drug Tier	Requirements & Limits
Desoximetasone Cream, Gel, Ointment	1	
Differin	3	N
Diflorasone Diacetate 0.05% Cream, Ointment	1	
Epiduo	3	
Finacea	3	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	1	
Hydrocortisone 2.5% Cream, Ointment	1	
Luxiq	3	
Metrogel 1%	3	
Metronidazole Gel 0.75%	1	
Mirvaso	3	
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Oxsoralen-UI	2	
Picato	3	
Protopic	2	N
Sodium Sulfacetamide-Sulfur	1	
Tretinoin	1	N
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Urea 40%	1	
Vanos	3	
Vectical	3	
Verdeso	3	

Drug Name	Drug Requirements Tier & Limits
Diabetes: Blood Glucose Monitoring	
Accu-Chek Active Test Strips	1
Accu-Chek Aviva Plus	1
Accu-Chek Aviva Plus Test Strips	1
Accu-Chek Comfort Curve Test Strips	1
Accu-Chek Compact Test Strips	1
Accu-Chek Nano SmartView	1
Accu-Chek Nano SmartView Test Strips	1
Contour Test Strips	3
Fast Take	1
Freestyle Control Solution	1
Freestyle Flash System	1
Freestyle Lite Strips	1
Freestyle SideKick II	1
Freestyle System	1
Freestyle Test Strips	1
One Touch Test Strips	1
One Touch Ultra Mini	1
One Touch Ultra Test Strips	1
One Touch Verio IQ	1

Drug Name	Drug Requirements Tier & Limits
One Touch Verio IQ Test Strips	1
One Touch Verio Sync	1
Precision	1
Precision PCS Plux	1
Precision PCX	1
Precision Point of Care	1
Precision Q-I-D	1
Precision Xtra	1
Diabetes: Insulin	
Humalog KwikPen	2
Humalog Mix 75-25 KwikPen	2
Humalog Vials	1
Humulin 70-30 Vials	1
Humulin KwikPen	2
Humulin N KwikPen	2
Humulin N Vials	1
Humulin R Vials	1
Lantus Solostar	3
Lantus Vials	3
Levemir Flexpen	1
Levemir Vials	1
Novolin R	1
Novolog	1
Novolog Flexpen	3
Novolog Mix 70-30	1

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Bydureon	3	
Byetta	2	
Farxiga	3	
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glumetza	3	N
Glyburide	1	
Glyburide-Metformin	1	
Invokamet	2	
Invokana	2	
Janumet	3	
Januvia	3	
Jentaduetto	2	
Kazano	2	
Kombiglyze XR	2	
Metformin	1	
Metformin Extended-Release Osmotic Tablet	1	N
Metformin Extended-Release Tablet	1	
Nesina	2	
Onglyza	2	
Oseni	2	
Pioglitazone	1	
Pioglitazone-Metformin	1	
Prandimet	3	
Prandin	3	
Repaglinide	1	
Tanzeum	2	
Tradjenta	2	
Victoza	3	

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Growth Hormone		
Nutropin AQ NuSpin	2	DSP, N
Saizen	2	DSP, N
Tev-Tropin	2	DSP, N
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prednisolone Solution, Syrup	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Levoxyl	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Tirosint	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	
Bepreve	3	
Lastacft	3	
Optivar	3	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	
Azopt	2	
Combigan	2	
Dorzolamide-Timolol 2%-0.5% Ophthalmic Solution	1	
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	
Simbrinza	3	
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Other		
Bromday	3	
Ilevro	3	
Lotemax Gel	3	
Lotemax Solution	3	
Prolensa	3	
Gastrointestinal: Acid Suppression		
Dexilant	3	
Nexium Suspension Packet	3	N
Omeclamox-Pak	3	
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Prevacid Solutab	3	N
Protonix Suspension	1	
Pylera	3	
Rabeprazole Tablet	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Ondansetron	1	
Ondansetron ODT	1	

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Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	3	N
Apriso	2	
Canasa	2	
Cortifoam	2	
Creon	2	
Giazo	3	
Golytely	2	
Halflytely	3	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	N
Metoclopramide Tablet	1	
Moviprep	3	
Pertzye	3	
Polyethylene Glycol 3350	1	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Ultresa	3	
Ursodiol Capsule, Tablet	1	
Viokace	3	
Zenpep	2	

Drug Name	Drug Tier	Requirements & Limits
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Norvir	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, N
Sustiva	2	DSP
Truvada	2	DSP, N
Viread	2	DSP
Infertility*		
Cetrotide	2	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP

*Coverage is determined by the consumer's prescription drug benefit plan.

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, N
Cimzia	2	DSP, N
Enbrel	3	DSP, N
Humira	2	DSP, N
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
Orencia	3	DSP, N
Otezla	3	DSP, N
Simponi	2	DSP, N
Stelara	2	DSP, N
Xeljanz	3	DSP, N
Men's Health: Prostate		
Alfuzosin Tablet	1	
Avodart	3	N
Doxazosin Tablet	1	
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	N
Android	2	
Axiron	3	N
Depo-Testosterone	3	
Fortesta	3	N
Testim	2	N
Testosterone Cypionate Injection	1	
Testosterone Enanthate Injection	1	
Testred	2	

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Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP
Benzonatate Capsule	1	
Bethkis	1	DSP, N
Bromfed DM	3	
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	1	
Ciprodex	2	
Epipen	2	
Epipen-Jr	2	
Exemestane Tablet	1	
Fosrenol	2	
Hydrocodone/ Chlorpheniramine Suspension	1	
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	1	
Nuedexta	2	
Pegasys	2	DSP, N
Procrit	2	DSP
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, N

Drug Name	Drug Tier	Requirements & Limits
Rectiv	3	N
Restasis	3	N
Rezira	3	
Sevelamer Carbonate	1	
Tamoxifen	1	
Tobi Podhaler	3	DSP, N
Musculoskeletal: Osteoporosis		
Actonel	3	
Alendronate Sodium Tablet	1	
Atelvia	3	
Forteo	2	DSP, N
Ibandronate Tablet	1	
Raloxifene Tablet	1	
Risedronate 150 mg Tablet	1	
Musculoskeletal: Other		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	2	
Cyclobenzaprine	1	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Uloric	3	

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	
Celebrex	3	
Diclofenac Sodium Tablet	1	
Etodolac Capsule	1	
Exalgo	3	N
Fentanyl Patches	1	
Fentora	3	N
Hydrocodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Extended-Release Tablet	1	N
Hydromorphone Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	N
Meloxicam Tablet	1	
Methadone Tablet	1	
Morphine Sulfate Extended-Release 30, 45, 60, 75, 90, 120 mg Capsule	1	N
Morphine Sulfate Extended-Release Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	3	
Nucynta ER	3	N
Onsolis	3	N
Opana ER	2	N
Oxycodone Tablet	1	
Oxycodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	
Oxycontin	2	N
Oxymorphone Extended-Release Tablet	1	N
Sprix	3	
Subsys	3	N
Tramadol Sustained- Release Tablet	1	
Tramadol Tablet	1	
Voltaren Gel	2	
Zohydro ER	3	N
Zolvit	3	
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended- Release Tablet	1	
Oxybutynin Tablet	1	
Toviaz	3	

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Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	1	
Cyproheptadine Tablet	1	
Flunisolide Nasal Spray	1	
Fluticasone Nasal Spray	1	
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	
Nasonex	3	
Omnaris	3	
Promethazine Tablet	1	
Qnasl	3	
Zetonna	3	
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS
Aerospan	3	
Albuterol Sulfate Tablet	1	
Alvesco	1	
Asmanex	1	
Breo Ellipta	3	RS
Budesonide Nebs	1	
Combivent Respimat	3	
Dulera	3	RS
Flovent Diskus/HFA	3	
Foradil	1	
Ipratropium Nebs	1	
Montelukast	1	
Perforomist	3	
Proair HFA	3	
Proventil HFA	3	
Pulmicort Flexhaler	1	
QVAR	1	
Spiriva	2	
Symbicort	3	
Tudorza	2	
Ventolin HFA	1	
Xopenex HFA	1	

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, N
Letairis	2	DSP, N
Sildenafil Tablet	1	DSP, N
Tracleer	2	DSP, N
Tyvaso	2	DSP, N
Transplant		
Azathioprine Tablet	1	
Cellcept	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule	1	DSP
Mycophenolic Acid Tablet	1	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	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	

Drug Name	Drug Requirements Tier & Limits
Women's Health: Contraceptives	
Altavera	1
Amethia	1
Apri	1
Aviane	1
Azurette	1
Camrese	1
Cryselle	1
Cyclafem	1
Emoquette	1
Enpresse	1
Gianvi	1
Gildess Fe	1
Jolessa	1
Jolivette	1
Junel	1
Junel Fe	1
Kariva	1
Levora-28	1
Lo Loestrin Fe	3
Lo Minastrin 24 FE	3
Loryna	1
Low-Ogestrel	1
Lutera	1
Microgestin	1
Microgestin FE	1
Minastrin 24 FE	3
Mononessa	1
Natazia	1
Necon 0.5/35, 1/35, 1/50, 10/11	1

Drug Name	Drug Requirements Tier & Limits
Norgestimate-Ethinyl Estradiol	1
Nortrel 0.5/35	1
Nuvaring	2
Orsythia	1
Ortho Micronor	3
Ortho Tri-Cyclen	3
Ortho Tri-Cyclen Lo	3
Ortho-Cyclen	3
Ortho-Novum	3
Portia	1
Previfem	1
Quasense	1
Reclipsen	1
Sprintec	1
Syeda	1
Tri-Previfem	1
Tri-Sprintec	1
Trinessa	1
Trivora-28	1
Viorele	1
Xulane	1
Yasmin 28	3
Yaz	3
Zovia 1-35E	1

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

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	
Prenatal Plus	1	

Common Brand medications excluded from coverage under many benefit plans	Lower-cost option(s)
Actiq	Fentanyl Lozenge (generic Actiq)
Actos	Pioglitazone (generic Actos)
Adderall	Amphetamine/Dextroamphetamine Immediate-Release (generic Adderall)
Adoxa Tablet	Doxycycline Hyclate (generic Vibra-Tab), Doxycycline Monohydrate Tablet (generic Adoxa Tablet)
Ambien	Zolpidem (generic Ambien)
Arimidex	Anastrozole (generic Arimidex)
Astelin	Azelastine Nasal Spray (generic Astelin)
Ativan	Lorazepam (generic Ativan)
Avelox Tablet	Moxifloxacin Tablet (generic Avelox)
Avinza	Morphine Sulfate Extended-Release Tablet (generic MS Contin), Morphine Sulfate Extended-Release Capsule (generic Avinza)
Celexa	Citalopram (generic Celexa)
Cipro Suspension	Ciprofloxacin Oral Suspension (generic Cipro Suspension)
Cloderm Cream	Clocortolone 0.1% Cream (generic Cloderm), Mometasone Furoate Cream 0.1 % (generic Elocon)
Diovan HCT	Valsartan/Hydrochlorothiazide (generic Diovan HCT)
Duragesic	Fentanyl Transdermal Patch (generic Duragesic)
Effexor XR	Venlafaxine Extended-Release Capsule (generic Effexor XR)
Entocort EC	Budesonide (generic Entocort EC)
Evista	Raloxifene (generic Evista)
Femara	Letrozole (generic Femara)
Fioricet with Codeine 50 mg/325 mg/40 mg/30 mg	Butalbital/Acetaminophen/Caffeine/Codeine Phosphate 50 mg/325 mg/40 mg/30 mg (generic Fioricet with Codeine)
Flomax	Tamsulosin (generic Flomax)
Geodon	Ziprasidone (generic Geodon)
Imitrex Injection & Tablets	Sumatriptan Injection, Tablet (generic Imitrex)
Lexapro	Escitalopram (generic Lexapro)
Lofibra 54, 160 mg	Fenofibrate 54, 160 mg (generic Lofibra)
Lovaza	Omega-3-Acid Ethyl Esters (generic Lovaza)
Lunesta	Eszopiclone (generic Lunesta), Zaleplon (generic Sonata), Zolpidem (generic Ambien)
Mepron Suspension	Atovaquone Suspension (generic Mepron)
Micardis	Losartan (generic Cozaar), Telmisartan (generic Micardis)
Micardis HCT	Losartan/Hydrochlorothiazide (generic Hyzaar), Telmisartan/Hydrochlorothiazide (generic Micardis HCT)
Monodox	Doxycycline Hyclate (generic Vibramycin), Doxycycline Monohydrate (generic Monodox)

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Common Brand medications excluded from coverage under many benefit plans	Lower-cost option(s)
Natroba	Malathion (generic Ovide), Permethrin (generic Elimite), Spinosad (generic Natroba)
Ortho Evra	Norelgestromin/Ethinyl Estradiol Topical Patch, Xulane (generic Ortho Evra)
Percocet	Acetaminophen/Oxycodone (generic Percocet)
Plavix	Clopidogrel (generic Plavix)
Prilosec	Omeprazole (generic Prilosec)
Prozac	Fluoxetine (generic Prozac)
Revatio	Sildenafil (generic Revatio)
Risperdal	Risperidone (generic Risperdal)
Seroquel	Quetiapine (generic Seroquel)
Singulair Chewable Tablet	Montelukast Chewable Tablet (generic Singulair)
Singulair Tablet	Montelukast (generic Singulair)
Skelaxin	Metaxalone (generic Skelaxin)
Taclonex Ointment	Betamethasone/Calcipotriene Ointment (generic Taclonex)
Valium	Diazepam (generic Valium)
Valtrex	Valacyclovir (generic Valtrex)
Viramune XR 400 mg	Nevirapine Extended-Release (generic Viramune XR)
Wellbutrin SR	Bupropion Extended-Release (generic Wellbutrin SR)
Wellbutrin XL	Bupropion Extended-Release (generic Wellbutrin XL)
Xanax	Alprazolam (generic Xanax)
Xanax XR	Alprazolam Extended-Release (generic Xanax XR)
Zoloft	Sertraline (generic Zoloft)
Zutripro	Chlorpheniramine/Hydrocodone/Pseudoephedrine (generic Zutripro)
Zyprexa	Olanzapine (generic Zyprexa)
Zyprexa Zydis	Olanzapine (generic Zyprexa), Olanzapine Orally Disintegrating Tablet (generic Zyprexa Zydis)

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Index

A

Abilify.....	14
Accu-Chek Active Test Strips.....	16
Accu-Chek Aviva Plus.....	16
Accu-Chek Aviva Plus Test Strips...	16
Accu-Chek Comfort Curve Test Strips.....	16
Accu-Chek Compact Test Strips.....	16
Accu-Chek Nano SmartView.....	16
Accu-Chek Nano SmartView Test Strips.....	16
Acetaminophen/Butalbital/ Caffeine/Codeine 325 mg/ 50 mg/40 mg/30 mg.....	13
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg.....	13
Acetaminophen/Codeine Tablet.....	22
Acetaminophen/Oxycodone.....	27
Actemra.....	20
Actiq.....	26
Actonel.....	21
Actos.....	26
Acyclovir Ointment.....	10
Acyclovir Tablet.....	10
Azone.....	15
Adapalene 0.1% Cream, Gel.....	15
Adcirca.....	23
Adderall.....	12, 26
Adderall XR.....	12
Adoxa Tablet.....	26
Advair Diskus/HFA.....	23
Aerospan.....	23
Albuterol Sulfate Tablet.....	23
Alendronate Sodium Tablet.....	21
Alfuzosin Tablet.....	20
Allopurinol Tablet.....	21
Alphagan P 0.1%.....	18
Alprazolam.....	14, 27
Alprazolam Extended-Release...	14, 27
Alprazolam Extended-Release Tablet.....	14
Alprazolam Tablet.....	14
Altavera.....	24
Altoprev.....	12
Alvesco.....	23
Ambien.....	14, 26
Ambien CR.....	14
Amethia.....	24
Amiodarone.....	12

Amitiza.....	19
Amitriptyline Tablet.....	13
Amlodipine.....	11
Amlodipine Besylate-Benazepril.....	11
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet.....	10
Amoxicillin Capsule, Chewable Tablet.....	10
Amphetamine/Dextroamphetamine Immediate-Release.....	26
Amphetamine Salt Combo.....	12
Ampyra.....	13
Anastrozole.....	21, 26
Anastrozole Tablet.....	21
Androderm.....	20
Android.....	20
Antipyrine/Benzocaine Otic Solution.....	21
Apri.....	24
Apriso.....	19
Aranesp.....	21
Arimidex.....	26
Armour Thyroid.....	17
Asmanex.....	23
Astelin.....	26
Atelvia.....	21
Atenolol.....	11
Atenolol-Chlorthalidone.....	11
Ativan.....	26
Atorvastatin.....	12
Atovaquone Suspension.....	26
Atripla.....	19
Aubagio.....	13
Avelox.....	26
Avelox Tablet.....	26
Aviane.....	24
Avinza.....	26
Avodart.....	20
Avonex.....	13
Axiron.....	20
Azathioprine Tablet.....	23
Azelastine 0.05% Ophthalmic Solution.....	17
Azelastine 0.1% Nasal Spray.....	23
Azelastine Nasal Spray.....	26
Azelex.....	15
Azithromycin Tablet.....	10
Azopt.....	18
Azurette.....	24

B

Baclofen Tablet.....	21
Baraclude.....	10
Benazepril.....	11
Benazepril-Hydrochlorothiazide.....	11
Benicar.....	11
Benicar HCT.....	11
Benzonatate Capsule.....	21
Bepreve.....	17
Betamethasone/Calcipotriene Ointment.....	15, 27
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment.....	15
Betamethasone Dipropionate 0.05% Cream, Ointment.....	15
Betaseron.....	13
Bethkis.....	21
Bidil.....	11
Bisoprolol.....	11
Bisoprolol-Hydrochlorothiazide.....	11
Bosulif.....	10
Brand Prenatal Vitamins.....	25
Breo Ellipta.....	23
Bromday.....	18
Bromfed DM.....	21
Budesonide.....	23, 26
Budesonide Nebs.....	23
Bupropion Extended-Release...	13, 27
Bupropion Extended-Release Tablet.....	13
Bupropion Sustained-Release Tablet.....	13
Bupropion Tablet.....	13
Buspiron Tablet.....	14
Butalbital/Acetaminophen/ Caffeine/Codeine Phosphate 50 mg/325 mg/40 mg/30 mg.....	26
Bydureon.....	17
Byetta.....	17
Bystolic.....	11

C

Calcitriol Capsule.....	17
Camrese.....	24
Canasa.....	19
Capecitabine Tablet.....	10
Carac.....	15
Carbamazepine Tablet.....	14

Carbidopa-Levodopa	14	Combivent Respiamat.....	23	Diovan HCT.....	26	
Carisoprodol 350 mg Tablet.....	21	Complera.....	19	Divalproex Delayed-Release		
Cartia XT.....	11	Concerta.....	12	Tablet.....	14	
Carvedilol.....	11	Condylox Gel.....	15	Divalproex Extended-Release		
Cefdinir Capsule.....	10	Contour Test Strips.....	16	Tablet.....	14	
Cefuroxime Tablet.....	10	Copaxone.....	13	Divigel.....	25	
Celebrex.....	22	Cortifoam.....	19	Donepezil 5, 10 mg Tablet.....	14	
Celexa.....	26	Coumadin.....	11	Dorzolamide-Timolol 2%-0.5%		
Cellcept.....	23	Cozaar.....	26	Ophthalmic Solution.....	18	
Cephalexin Capsule.....	10	Cream, Ointment.....	10, 15	Doxazosin.....	11, 20	
Cetrotide.....	19	Creon.....	19	Doxazosin Tablet.....	20	
Chlorhexidine Gluconate.....	21	Crestor.....	8, 12	Doxepin.....	13	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine.....	21, 27	Cryselles.....	24	Doxycycline Hyclate.....	10, 26	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution.....	21	Cyclafem.....	24	Doxycycline Hyclate Capsule, Tablet.....	10	
Chlorthalidone.....	11	Cyclobenzaprine.....	21	Doxycycline Monohydrate.....	10, 26	
Ciclopirox Cream, Gel, Lotion, Solution.....	15	Cyclosporine Modified Capsule.....	23	Doxycycline Monohydrate 50, 100 mg Capsule.....	10	
Cimzia.....	20	Cyproheptadine Tablet.....	23	Doxycycline Monohydrate Tablet....	26	
Cipro Suspension.....	26	D			Dulera.....	23
Ciprodex.....	21	Daytrana.....	12	Duloxetine Capsule.....	13	
Ciprofloxacin Oral Suspension.....	26	Depakote.....	14	Duragesic.....	26	
Ciprofloxacin Tablet.....	10	Depakote ER.....	14	Dutoprol.....	11	
Citalopram.....	13, 26	Depo-Testosterone.....	20	E		
Citalopram Tablet.....	13	Desmopressin Tablet.....	17	Edarbi.....	11	
Claravis.....	15	Desonide 0.05% Cream, Lotion, Ointment.....	15	Edarbyclor.....	11	
Clarithromycin Tablet.....	10	Desoximetasone Cream, Gel, Ointment.....	15	Effexor XR.....	26	
Climara.....	25	Dexamethasone Tablet.....	17	Effient.....	11	
Climara Pro.....	25	Dexilant.....	18	Elimite.....	27	
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel.....	15	Dexmethylphenidate Extended-Release Capsule.....	12	Eliquis.....	11	
Clindamycin Capsule.....	10	Dexmethylphenidate Tablet.....	12	Elocon.....	26	
Clindamycin Gel.....	15	Dextroamphetamine-Amphetamine Tablet.....	12	Emoquette.....	24	
Clindamycin Lotion, Solution, Swabs.....	15	Dextroamphetamine Sulfate Tablet.....	12	Enalapril.....	11	
Clobetasol Propionate Cream, Ointment, Solution.....	15	Diazepam.....	14, 27	Enalapril-Hydrochlorothiazide.....	11	
Clocortolone 0.1% Cream.....	26	Diazepam Tablet.....	14	Enbrel.....	20	
Clocortolone Cream.....	15	Diclofenac Sodium Tablet.....	22	Enjuvia.....	25	
Cloderm.....	26	Dicyclomine Tablet.....	22	Enoxaparin Sodium.....	11	
Cloderm Cream.....	26	Differin.....	15	Enpresse.....	24	
Clonazepam Tablet.....	14	Difcid.....	10	Entocort EC.....	26	
Clonidine Extended-Release Tablet.....	12	Diflorasone Diacetate 0.05% Cream, Ointment.....	15	Epaned.....	11	
Clonidine Tablet.....	11	Digoxin.....	12	Epiduo.....	15	
Clopidogrel.....	11, 27	Diltiazem 24 Hour CD.....	11	Epipen.....	21	
Clotrimazole-Betamethasone Cream.....	15	Diltiazem Sustained-Release Capsule.....	11	Epipen-Jr.....	21	
Clotrimazole-Betamethasone Lotion.....	15	Diltiazem Sustained-Release Tablet.....	11	Epzicom.....	19	
Colcrys.....	21	Diovan.....	11, 26	Erythromycin 0.5% Ophthalmic Ointment.....	18	
Combigan.....	18			Escitalopram.....	13, 26	
				Escitalopram Tablet.....	13	
				Estrace Cream.....	25	
				Estradiol/Norethindrone Acetate Tablet.....	25	

Estradiol Tablet.....	25	Freestyle Lite Strips	16	Hydroxyurea Capsule.....	10
Estring	25	Freestyle SideKick II.....	16	Hydroxyzine Capsule, Tablet.....	23
Estrogen/Methyltestosterone		Freestyle System.....	16	Hyoscyamine Tablet.....	19
Tablet.....	25	Freestyle Test Strips	16	Hyzaar.....	26
Eszopiclone	14, 26	Frova.....	13		
Eszopiclone Tablet.....	14	Furosemide.....	11		
Etodolac Capsule	22			I	
Evamist	25			Ibandronate Tablet.....	21
Evista.....	26			Ibuprofen Tablet.....	22
Exalgo	22	G		Ilevro	18
Exemestane Tablet.....	21	Gabapentin Capsule, Tablet.....	14	Imipramine Tablet	13
Exforge.....	11	Gemfibrozil	12	Imitrex.....	26
Exforge HCT.....	11	Geodon	26	Imitrex Injection & Tablets.....	26
		Gianvi.....	24	Indapamide	11
F		Giazio.....	19	Indomethacin Capsule	22
Farxiga	17	Gildess Fe.....	24	Intelence	19
Fast Take	16	Gilenya	13	Intuniv.....	12
Felodipine.....	11	Gleevec.....	10	Invokamet	17
Femara.....	26	Glimepiride	17	Invokana.....	17
Fenofibrate 54, 160 mg.....	12, 26	Glipizide.....	17	Ipratropium Nebs	23
Fenofibrate 54, 160 mg Tablet	12	Glipizide Extended-Release.....	17	Irbesartan	11
Fentanyl Lozenge.....	26	Glumetza.....	17	Isentress.....	19
Fentanyl Patches.....	22	Glyburide	17	Isosorbide Mononitrate ER.....	12
Fentanyl Transdermal Patch	26	Glyburide-Metformin	17	Itraconazole Capsule	10
Fentora	22	Golytely.....	19		
Finacea	15	Gonal-F.....	19	J	
Finasteride Tablet.....	20	Gonal-F RFF	19	Janumet	17
Fioricet with Codeine	26	Guanfacine.....	11	Januvia.....	17
Fioricet with Codeine				Jentadueto.....	17
50 mg/325 mg/40 mg/30 mg.....	26	H		Jolessa	24
Flecainide.....	12	Halflytely	19	Jolivetate	24
Flomax	26	Humalog KwikPen	16	Junel	24
Flovent Diskus/HFA	23	Humalog Mix 75-25 KwikPen	16	Junel Fe.....	24
Fluconazole Tablet.....	10	Humalog Vials	16		
Flunisolide Nasal Spray	23	Humira.....	20	K	
Fluocinolone Cream, Oil,		Humulin 70-30 Vials.....	16	Kaletra.....	19
Ointment, Solution.....	15	Humulin KwikPen.....	16	Kapvay.....	12
Fluocinonide 0.05% Cream.....	15	Humulin N KwikPen.....	16	Kariva.....	24
Fluoride	23	Humulin N Vials	16	Kazano	17
Fluoxetine.....	13, 27	Humulin R Vials.....	16	Kepra.....	14
Fluoxetine Tablet, Capsule.....	13	Hydralazine.....	11	Kepra XR	14
Fluticasone Nasal Spray	23	Hydrochlorothiazide	11, 26	Ketoconazole Cream	10
Fluvoxamine Tablet.....	13	Hydrocodone/Acetaminophen		Ketorolac Tablet	22
Focalin XR.....	12	5/325 mg, 7.5/325 mg,		Klor-Con M10	23
Folic Acid.....	23	10/325 mg Tablet.....	22	Klor-Con M20.....	23
Foradil.....	23	Hydrocodone/Chlorpheniramine		Kombiglyze XR.....	17
Forteo.....	21	Suspension	21		
Fortesta.....	20	Hydrocodone/Homatropine	21	L	
Fosinopril Sodium.....	11	Hydrocodone/Ibuprofen Tablet	22	Labetalol	11
Fosrenol.....	21	Hydrocortisone 2.5%	15	Lamictal.....	14
Freestyle Control Solution	16	Hydromorphone Extended-Release		Lamictal XR	14
Freestyle Flash System.....	16	Tablet.....	22	Lamotrigine Tablet	14
		Hydromorphone Tablet.....	22	Lantus Solostar	16
		Hydroxychloroquine Sulfate	20		

Lantus Vials.....	16
Lastacaft.....	17
Latanoprost 0.005% Ophthalmic Solution.....	18
Latuda.....	14
Lazanda.....	22
Leflunomide.....	20
Letairis.....	23
Letrozole.....	21, 26
Leucovorin Calcium Tablet.....	10
Levemir Flexpen.....	16
Levemir Vials.....	16
Levetiracetam Extended-Release Tablet.....	14
Levetiracetam Tablet.....	14
Levocetirizine Tablet.....	23
Levofloxacin Tablet.....	10
Levora-28.....	24
Levothyroxine Sodium Tablet.....	17
Levoxyl.....	17
Lexapro.....	26
Lialda.....	19
Lidocaine Transdermal Patch.....	21
Linzess.....	19
Liothyronine Sodium Tablet.....	17
Lipitor.....	12
Liptruzet.....	12
Lisinopril.....	11, 35
Lisinopril-Hydrochlorothiazide.....	11
Lithium Capsule.....	14
Livalo.....	12
Lo Loestrin Fe.....	24
Lo Minastrin 24 FE.....	24
Lofibra.....	26
Lofibra 54, 160 mg.....	26
Lorazepam.....	14, 26
Lorazepam Tablet.....	14
Loryna.....	24
Losartan.....	11, 26
Losartan-Hydrochlorothiazide.....	11
Losartan/Hydrochlorothiazide.....	26
Lotemax Gel.....	18
Lotemax Solution.....	18
Lovastatin.....	12
Lovaza.....	26
Low-Ogestrel.....	24
Lumigan.....	18
Lunesta.....	26
Lutera.....	24
Luxiq.....	15
Lyrica.....	14

M

Malathion.....	27
Maxalt.....	13
Maxalt MLT.....	13
Medroxyprogesterone.....	25
Meloxicam Tablet.....	22
Mepron.....	26
Mepron Suspension.....	26
Mercaptopurine Tablet.....	10
Metadate CD.....	12
Metaxalone.....	27
Metformin.....	17
Metformin Extended-Release Osmotic Tablet.....	17
Metformin Extended-Release Tablet.....	17
Methadone Tablet.....	22
Methimazole Tablet.....	17
Methocarbamol Tablet.....	21
Methotrexate.....	20
Methylphenidate.....	12
Methylphenidate Extended-Release Capsule.....	12
Methylphenidate Extended-Release Tablet.....	12
Methylprednisolone Tablet.....	17
Metoclopramide Tablet.....	19
Metoprolol Succinate 50, 100, 200 mg.....	11
Metoprolol Tartrate.....	11
Metrogel 1%.....	15
Metronidazole Gel 0.75%.....	15
Metronidazole Tablet.....	10
Micardis.....	26
Micardis HCT.....	26
Microgestin.....	24
Microgestin FE.....	24
Minastrin 24 FE.....	24
Minivelle.....	25
Minocycline Capsule, Tablet.....	10
Mirtazapine Tablet.....	13
Mirvaso.....	15
Mometasone Furoate Cream 0.1 %.....	26
Mometasone Furoate Cream, Lotion, Ointment.....	15
Monodox.....	26
Mononessa.....	24
Montelukast.....	23, 27
Montelukast Chewable Tablet.....	27

Morphine Sulfate Extended-Release 30, 45, 60, 75, 90, 120 mg Capsule.....	22
Morphine Sulfate Extended-Release Capsule.....	26
Morphine Sulfate Extended-Release Tablet.....	22, 26
Moviprep.....	19
Moxifloxacin Tablet.....	26
MS Contin.....	26
Multaq.....	12
Mupirocin Ointment.....	15
Mycophenolate Capsule.....	23
Mycophenolic Acid Tablet.....	23
Myfortic.....	23

N

Nabumetone Tablet.....	22
Nadolol.....	11
Namenda XR.....	14
Naproxen Tablet.....	22
Nasonex.....	23
Natazia.....	24
Natroba.....	27
Necon 0.5/35, 1/35, 1/50, 10/11.....	24
Neoral.....	23
Nesina.....	17
Neurontin.....	14
Nevirapine Extended-Release.....	27
Nexium Suspension Packet.....	18
Niacin Extended-Release Tablet.....	12
Niaspan.....	12
Nifedipine Extended-Release.....	11
Nitrofurantoin Capsule.....	10
Nitrofurantoin Macrocrystal Capsule.....	10
Nitroglycerin Sublingual Spray.....	12
Norelgestromin/Ethinyl Estradiol Topical Patch.....	27
Norgestimate-Ethinyl Estradiol.....	24
Nortrel 0.5/35.....	24
Nortriptyline Capsule.....	13
Norvir.....	19
Novolin R.....	16
Novolog.....	16
Novolog Flexpen.....	16
Novolog Mix 70-30.....	16
NP Thyroid Tablet.....	17
Nucynta.....	22
Nucynta ER.....	22
Nuedexta.....	21
Nutropin AQ NuSpin.....	17

Nuvaring	24
Nuvigil	14
Nystatin Cream, Ointment.....	10

O

Ofloxacin 0.3% Ophthalmic Solution.....	18
Olanzapine	14, 27
Olanzapine Orally Disintegrating Tablet.....	27
Olanzapine Tablet.....	14
Oleptro	13
Olysio	10
Omeclamox-Pak.....	18
Omega-3-Acid Ethyl Esters.....	12, 26
Omega-3-Acid Ethyl Esters Capsule	12
Omeprazole.....	18, 27
Omeprazole Capsule.....	18
Omnisar	23
Ondansetron	18
Ondansetron ODT	18
One Touch Test Strips	16
One Touch Ultra Mini.....	16
One Touch Ultra Test Strips.....	16
One Touch Verio IQ.....	16
One Touch Verio IQ Test Strips.....	16
One Touch Verio Sync	16
Onglyza	17
Onsolis	22
Opana ER	22
Optivar	17
Oracea	10
Orencia.....	20
Orsythia	24
Ortho-Cyclen.....	24
Ortho-Novum.....	24
Ortho Evra.....	27
Ortho Micronor	24
Ortho Tri-Cyclen.....	24
Ortho Tri-Cyclen Lo	24
Oseni.....	17
Otezla.....	20
Ovide.....	27
Ovidrel	19
Oxcarbazepine Tablet	14
Oxistat Cream.....	10
Oxsoralen-UL.....	15
Oxtellar XR	14
Oxybutynin Extended-Release Tablet.....	22
Oxybutynin Tablet.....	22

Oxycodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet.....	22
Oxycodone Tablet	22
Oxycontin	22
Oxymorphone Extended-Release Tablet.....	22

P

Pantoprazole Tablet.....	18
Paroxetine Tablet	13
Pegasys	21
Penicillin V Potassium Tablet.....	10
Percocet	27
Perforomist.....	23
Permethrin	27
Pertzye.....	19
Phenytoin Capsule, Suspension	14
Picato.....	15
Pioglitazone.....	17, 26
Pioglitazone-Metformin	17
Plavix.....	27
Polyethylene Glycol 3350.....	19
Portia.....	24
Potassium Chloride.....	23
Potassium Citrate	23
Pradaxa.....	11
Pramipexole Tablet.....	14
Prandimet.....	17
Prandin.....	17
Pravastatin.....	12
Precision.....	16
Precision PCS Flux	16
Precision PCX.....	16
Precision Point of Care	16
Precision Q-I-D	16
Precision Xtra.....	16
Prednisolone Solution, Syrup.....	17
Prednisone Tablet.....	17
Premarin.....	25
Prempro.....	25
Prenatal Plus	25
Prepopik.....	19
Prevacid Solutab.....	18
Previfem	24
Prezista.....	19
Prilosec.....	27
Pristiq ER	13
Proair HFA.....	23
Procrit	21
Progesterone Micronized Capsule	25
Prograf	23

Prolensa	18
Promethazine/Codeine	21
Promethazine/Dextromethorphan ..	21
Promethazine Tablet	23
Propranolol Tablet.....	11
Protonix Suspension.....	18
Protopic	15
Proventil HFA	23
Prozac.....	27
Pulmicort Flexhaler	23
Pulmozyme	21
Pylera.....	18

Q

Qnasl.....	23
Quasense	24
Quetiapine.....	14, 27
Quetiapine Tablet.....	14
Quillivant XR	12
Quinapril.....	11
QVAR	23

R

Rabeprazole Tablet.....	18
Raloxifene	21, 26
Raloxifene Tablet	21
Ramipril.....	11
Ranexa.....	12
Rapaflor	20
Rapamune	23
Rebif.....	13
Reclipsen	24
Rectiv	21
Relpax	13
Repaglinide	17
Restasis.....	21
Revatio	27
Reyataz.....	19
Rezira	21
Ribavirin Tablet	10
Risedronate 150 mg Tablet	21
Risperdal	27
Risperidone	14, 27
Risperidone Tablet	14
Ritalin LA.....	12
Rizatriptan Orally Disintegrating Tablet.....	13
Rizatriptan Tablet	13
Ropinirole Tablet	14

S

Saizen.....	17
-------------	----

Seroquel.....	14, 27
Seroquel XR.....	14
Sertraline.....	13, 27
Sertraline Tablet.....	13
Sevelamer Carbonate	21
Sildenafil	23, 27
Sildenafil Tablet	23
Simbrinza	18
Simcor	12
Simponi.....	20
Simvastatin.....	8, 12
Singulair.....	27
Singulair Chewable Tablet.....	27
Singulair Tablet.....	27
Sirolimus Tablet	23
Skelaxin.....	27
Sodium Sulfacetamide-Sulfur	15
Solodyn	10
Sonata.....	26
Sotalol	12
Spinosad	27
Spiriva	23
Spironolactone.....	11
Sprintec	24
Sprix.....	22
Stelara.....	20
Strattera.....	12
Stribild	19
Suboxone Film	14
Subsys.....	22
Suclear.....	19
Sucalfate Tablet	18
Sulfamethoxazole-Trimethoprim Tablet.....	10
Sulfasalazine Tablet	19
Sumatriptan Injection, Tablet	26
Sumatriptan Nasal Spray	13
Sumatriptan Succinate Tablet, Injection.....	13
Sumavel DosePro	13
Suprep	19
Sustiva.....	19
Sutent	10
Syeda	24
Symbicort	23
Synthroid.....	17

T

Taclonex	27
Taclonex Ointment	27
Tacrolimus Capsule.....	23
Tamiflu.....	10

Tamoxifen	21
Tamsulosin	20, 26
Tamsulosin Capsule	20
Tanzeum	17
Tasigna	10
Tasmar.....	14
Tecfidera.....	13
Telmisartan	11, 26
Telmisartan-Hydrochlorothiazide ...	11
Telmisartan/Hydrochlorothiazide ...	26
Temazepam Capsule	14
Terazosin	11, 20
Terazosin Capsule, Tablet.....	20
Terbinafine Tablet.....	10
Testim	20
Testosterone Cypionate Injection.....	20
Testosterone Enanthate Injection ...	20
Testred.....	20
Tev-Tropin.....	17
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution.....	18
Tirosint	17
Tizanidine Tablet.....	21
Tobi Podhaler.....	21
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension.....	18
Topamax.....	14
Topiramate Tablet	14
Torse mide.....	11
Toviaz.....	22
Tracleer	23
Tradjenta	17
Tramadol Sustained-Release Tablet.....	22
Tramadol Tablet.....	22
Travatan Z.....	18
Trazodone Tablet	13
Tretinoin	15
Tri-Previfem.....	24
Tri-Sprintec.....	24
Triamcinolone Acetonide Cream, Lotion, Ointment.....	15
Triamterene-Hydrochlorothiazide...	11
Trileptal.....	14
Trinessa	24
Trivora-28.....	24
Trokendi XR.....	14
Truvada	19
Tudorza	23
Tyvaso	23

U

Uceris	19
Uloric	21
Ultresa	19
Urea 40%.....	15
Ursodiol Capsule, Tablet.....	19

V

Vagifem	25
Valacyclovir	10, 27
Valacyclovir Tablet.....	10
Valium.....	27
Valsartan	11, 26
Valsartan-Hydrochlorothiazide	11
Valsartan/Hydrochlorothiazide	26
Valtrex	27
Vanos.....	15
Vascepa.....	12
Vectical.....	15
Venlafaxine Extended-Release Capsule.....	13, 26
Venlafaxine Tablet	13
Ventolin HFA	23
Verapamil.....	11
Verapamil Sustained-Release	11
Verdeso.....	15
Vibra-Tab	26
Vibramycin.....	26
Victoza	17
Viibryd	13
Viokace.....	19
Viorele.....	24
Viramune XR.....	27
Viramune XR 400 mg.....	27
Viread.....	19
Vivelle-Dot	25
Voltaren Gel.....	22
Vytorin	12
Vyvanse	12

W

Warfarin Sodium	11
Welchol	12
Wellbutrin SR.....	27
Wellbutrin XL	27

X

Xanax	27
Xanax XR.....	27
Xarelto.....	11
Xeljanz.....	20
Xeloda	10

Xopenex HFA.....	23	Zetia.....	12	Zonisamide Capsule	14
Xulane	24, 27	Zetonna.....	23	Zovia 1-35E	24
Xyrem.....	14	Ziprasidone	14, 26	Zubsolv.....	14
Y					
Yasmin 28.....	24	Ziprasidone Capsule.....	14	Zutripro.....	27
Yaz.....	24	Zohydro ER.....	22	Zyprexa	27
Z					
Zaleplon	14, 26	Zoloft	27	Zyprexa Zydys	27
Zaleplon Capsule	14	Zolpidem.....	14, 26	Zytiga.....	10
Zelapar	14	Zolpidem Extended-Release Tablet.	14		
Zenpep	19	Zolpidem Tablet.....	14		
Zenzedi	12	Zolpimist.....	14		
		Zolvit.....	22		
		Zomig.....	13		
		Zomig ZMT	13		
		Zonegran.....	14		

“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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My Coverage: Active 01/01/08
More Details

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

Plan Details

Account Balances

Benefit Details

Deductible
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