



Your 2017 Prescription Drug List

Effective July 1, 2017

City of Austin Traditional Three-Tier

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers.

For additional information:



Visit myuhc.com[®] for information to help you better understand and manage your medications.

- View your current benefits
- Search for drug prices and lower-cost alternatives
- Potentially save time and money using home delivery through OptumRx[®]



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



Table of Contents

Drug tiers and cost	3	Gastrointestinal	
Programs and Limits	5	Acid Suppression.....	16
Drugs by category	8	Nausea/Vomiting	16
Anti-Infectives		Other	16
Antibiotics	8	Gout	16
Antifungals	8	Hepatitis C	17
Antivirals	8	HIV/AIDS	17
Cancer	9	Infertility	17
Cardiovascular/Heart Disease		Inflammatory Conditions: Rheumatoid Arthritis, Crohn’s Disease, Psoriasis, Ulcerative Colitis	17
Coagulation Therapy	9	Men’s Health	
High Blood Pressure	9	Prostate	17
High Cholesterol	10	Testosterone Therapy	18
Other.....	10	Miscellaneous	18
Central Nervous System		Musculoskeletal	
Attention Deficit Disorder.....	11	Muscle Spasms	18
Depression	11	Osteoporosis.....	19
Migraine	12	Pain Relief.....	19
Multiple Sclerosis.....	12	Overactive Bladder	19
Other.....	12	Respiratory	
Sedatives/Hypnotics	12	Allergies	19
Seizure Disorders	13	Asthma/COPD.....	20
Dermatology	13	Pulmonary Arterial Hypertension.....	20
Diabetes		Transplant	20
Blood Glucose Monitoring	14	Vitamins/Electrolytes	20
Insulin	14	Women’s Health	
Non-Insulin	14	Contraceptives	21
Endocrine		Hormone Replacement.....	23
Growth Hormone.....	15	Miscellaneous.....	23
Other.....	15	Prenatal Vitamins	23
Thyroid Hormone Replacement	15	Index	24
Eye Conditions			
Allergies	15		
Antibiotics	15		
Dry Eye Disease	16		
Glaucoma.....	16		

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. Medications 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 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 in 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 PDL?




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 Your lowest cost	Generics and some brands are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Your 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 Your highest cost	Mostly 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 PDL 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 different medication is required before another medication may be 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 OTC medication may be the right treatment for some conditions. Talk to your doctor about available 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 are used to treat rare or complex conditions that require additional care and support. 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 in 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 home delivery services are 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	
Ciprodex	2	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	1	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Moxifloxacin Tablet	1	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Otic Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Ofloxacin Tablet	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
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	
Oseltamivir Capsule	1	SL
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	
Imantinib 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
Targetin Capsule	1	DSP
Targetin Gel	3	SL
Tasigna	2	DSP, PA, SL, ST
Xeloda	1	DSP, SL
Zytiga	2	DSP, PA, SL
Cardiovascular/Heart Disease: Coagulation Therapy		
Brilinta	3	SL
Clopidogrel	1	
Effient	3	SL
Eliquis	3	SL
Enoxaparin Sodium	1	SL
Pradaxa	2	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine-Benazepril	1	
Amlodipine-Valsartan	1	
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	

Drug Name	Drug Tier	Requirements & Limits
Benazepril-Hydrochlorothiazide	1	
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
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	1/2T
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	1	
Metoprolol Tartrate 25, 50, 100 mg	1	
Nadolol	1	

Drug Name	Drug Tier	Requirements & Limits
Nifedipine Extended-Release	1	
Olmesartan	1	SL
Olmesartan-Hydrochlorothiazide	1	SL
Propranolol Extended-Release Capsule	1	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	1	
Telmisartan-Hydrochlorothiazide	1	
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	1	
Valsartan-Hydrochlorothiazide	1	
Verapamil	1	
Verapamil Sustained-Release	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	SL
Ezetimibe Tablet	1	SL
Fenofibrate 54, 160 mg Tablet	1	
Fluvastatin Extended-Release Tablet	1	SL, ST
Gemfibrozil	1	
Livalo	3	SL, ST

Drug Name	Drug Tier	Requirements & Limits
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 140 mg	3	DSP, PA, SL, ST
Rosuvastatin	1	SL
Simvastatin	1	1/2T
Vascepa	3	PA
Vytorin	3	SL
Welchol	2	
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
Nitroglycerin Sublingual Tablet	1	
Ranexa	2	
Sotalol	1	

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
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	PA, SL
Amphetamine Salt Combo	1	PA
Concerta	1	PA, SL
Dexmethylphenidate Immediate-Release Tablet	1	PA
Dextroamphetamine-Amphetamine Immediate-Release Capsule	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	1	PA
Guanfacine Extended-Release	1	SL
Methylphenidate Chewable Tablet	1	PA
Methylphenidate Extended-Release Capsule (generic)	1	PA, SL
Metadate CD, Ritalin LA		
Methylphenidate Extended-Release Capsule (Metadate ER)	1	PA, SL
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	
Desvenlafaxine Extended-Release Tablet (generic Pristiq)	1	SL
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	
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
Zinbryta	3	DSP, PA, SL
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	

Drug Name	Drug Tier	Requirements & Limits
Donepezil ODT, 5, 10 mg Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine	1	
Modafinil Tablet	1	PA, SL
Naloxone Vial	1	
Narcan Nasal Spray	2	SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Extended- Release Tablet	1	SL
Quetiapine Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Tolcapone	1	
Xyrem	3	PA, SL
Zelapar	3	
Ziprasidone Capsule	1	SL
Zubsolv	1	SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	1	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Tablet	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
Central Nervous System: Seizure Disorders		
Carbamazepine Extended-Release Capsule, Tablet	1	
Carbamazepine Immediate-Release Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Immediate-Release Tablet	1	
Levetiracetam Extended-Release Tablet	1	
Levetiracetam Immediate-Release Tablet	1	
Lyrica	3	SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Immediate-Release Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Aczone	3	SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	1	

Drug Name	Drug Tier	Requirements & Limits
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Calcipotriene/ Betamethasone Ointment	1	SL
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	
Desonide 0.05% Cream, Lotion, Ointment	1	SL
Desoximetasone Cream, Gel, Ointment	1	SL
Diflorasone Diacetate 0.05% Cream, Ointment	1	SL
Enstilar Foam	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

Drug Name	Drug Tier	Requirements & Limits
Metronidazole 0.75% Topical Gel	1	
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	PA, SL
Taclonex Suspension	3	SL
Tacrolimus Ointment	1	PA, SL
Tazorac	3	PA, SL
Tretinoin Cream	1	PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL
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

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Basaglar	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
Soliqua	2	PA, SL
Diabetes: Non-Insulin		
Adlyxin	3	SL
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Invokamet	2	SL
Invokamet XR	2	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
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST
Jentadueto	2	SL
Jentadueto XR	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
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	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
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: Dry Eye Disease		
Restasis Single Use Vial	3	PA, SL
Xiidra	3	PA, SL
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
Aprepitant Capsule	1	SL
Emend Suspension	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
Zurampic	3	PA, 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
Hepatitis C		
Daklinza	2	DSP, PA, SL, ST
Epclusa	2	DSP, PA, SL
Harvoni	2	DSP, PA, SL
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, PA, SL, ST
Technivie	3	DSP, PA, SL, ST
Viekira Pak	3	DSP, PA, SL, ST
Zepatier	3	DSP, PA, SL, ST
HIV/AIDS		
Abacavir-Lamivudine	1	DSP
Atripla	2	DSP
Complera	3	DSP
Descovy	3	DSP
Evotaz	2	DSP
Genvoya	3	DSP, ST
Intelence	2	DSP
Isentress	2	DSP
Kaletra Tablet	2	DSP
Lamivudine-Zidovudine	1	DSP
Lopinavir-Ritonavir Oral Solution	1	DSP
Nevirapine	1	DSP
Norvir	2	DSP
Odefsey	3	DSP
Prezcobix	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Selzentry	2	DSP, PA
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	3	DSP, PA
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
Xeljanz XR	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
Epinephrine (generic EpiPen/EpiPen-Jr.)	2	SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	1	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	

Drug Name	Drug Tier	Requirements & Limits
Lidocaine Transdermal Patch	1	PA, SL
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	SL
Renvela	2	
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	

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
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	
Forteo	2	DSP, PA
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate Sodium Tablet	1	SL
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	

Drug Name	Drug Tier	Requirements & Limits
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	
Sprix	3	
Tramadol-Acetaminophen	1	
Tramadol Immediate-Release Tablet	1	
Tramadol Sustained-Release Tablet	1	SL
Trezix	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	
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	1	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	
Promethazine Tablet	1	
Zetonna	3	SL

Drug Name	Drug Tier	Requirements & Limits
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
Bevespi Aerosphere	2	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	1	SL
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, ST
QVAR	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler	3	SL
Spiriva Respimat	3	SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Tudorza	2	SL
Ventolin HFA		SL
Xopenex HFA	1	SL

Drug Name	Drug Tier	Requirements & Limits
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
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	

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
Women's Health: Contraceptives		
Aftera	1	H
Altavera	1	H
Alyacen 7/7/7, 1/35	1	H
Amethia	1	H
Amethia Lo	1	H
Amethyst	1	H
Apri	1	H
Aranelle	1	H
Ashlyna	1	H
Aubra	1	H
Aviane	1	H
Azurette	1	H
Balziva	1	H
Bekyree	1	H
Blisovi Fe	1	H
Blisovi 24 Fe	1	H
Briellyn	1	H
Camila	1	H
Camrese	1	H
Camrese Lo	1	H
Caziant	1	H
Cesia	1	H
Chateal	1	H
Cryselle	1	H
Cyclafem 7/7/7, 1/35	1	H
Cyred	1	H
Dasetta 7/7/7, 1/35	1	H
Daysee	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel-Ethinyl Estradiol	1	H
Drospirenone/Ethinyl Estradiol	1	H
Econtra EZ	1	H
Elinest	1	H
Ella	1	H, SL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H

Drug Name	Drug Tier	Requirements & Limits
Errin	1	H
Estartylla	1	H
Fallback	1	H
Falmina	1	H
Gianvi	1	H
Gildagia	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
Juleber	1	H
Junel	1	H
Junel 24 Fe	1	H
Junel Fe	1	H
Kariva	1	H
Kimidess	1	H
Kurvelo	1	H
Kelnor 1/35	1	H
Larin	1	H
Larin 24 Fe	1	H
Larin Fe	1	H
Larissia	1	H
Leena	1	H
Lessina	1	H
Levonest	1	H
Levonorgestrel 1.5 mg	1	H
Levonorgestrel-Ethinyl Estradiol	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
Marlissa	1	H
Medroxyprogesterone Acetate	1	H

Drug Name	Drug Tier	Requirements & Limits
Microgestin	1	H
Microgestin Fe	1	H
Mono-Linyah	1	H
Mononessa	1	H
My Way	1	H
Myzilra	1	H
Natazia	1	H
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice	1	H
Nikki	1	H
Nora BE	1	H
Norethindrone 0.35 mg	1	H
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H
Norgestimate-Ethinyl Estradiol	1	H
Norlyroc	1	H
Nortrel 7/7/7, 0.5/35, 1/35	1	H
Nuvaring	2	H
Ocella	1	H
Ogestrel	1	H
Opcicon	1	H
Orsythia	1	H
Philith	1	H
Pimtrea	1	H
Pirmella 7/7/7, 1/35	1	H
Plan B One Step	1	H
Portia	1	H
Previfem	1	H
Quasense	1	H
Reclipsen	1	H
Setlakin	1	H
Sharobel	1	H

Drug Name	Drug Tier	Requirements & Limits
Solia	1	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Take Action	1	H
Tarina Fe	1	H
Tilia Fe	1	H
Tri-Estarylla	1	H
Tri-Legest Fe	1	H
Tri-Linyah	1	H
Tri-Lo-Estarylla	1	H
Tri-Lo-Marzia	1	H
Tri-Lo-Sprintec	1	H
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	1	H
Trivora-28	1	H
Velivet	1	H
Vestura	1	H
Vienna	1	H
Viorele	1	H
Vyfemla	1	H
Wera	1	H
Wymza Fe	1	H
Xulane	1	H
Yasmin 28	3	
Yaz	3	
Zarah	1	H
Zenchant	1	H
Zenchant Fe	1	H
Zovia 1/35E, 1/50E	1	H

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
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	
Vivelle-Dot	1	SL
Yuvaferm	1	

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	

Index

A

Abacavir-Lamivudine.....	17	Amitiza.....	16	Azathioprine Tablet.....	20
Acetaminophen/Butalbital/ Caffeine 325 mg/50 mg/ 40 mg	12	Amitriptyline Tablet.....	11	Azelastine 0.05% Ophthalmic Solution	15
Acetaminophen/ Codeine Tablet	19	Amlodipine	9	Azelastine 0.1% Nasal Spray ..	19
Actemra.....	17	Amlodipine-Benazepril.....	9	Azithromycin Tablet.....	8
Acyclovir Ointment.....	8	Amlodipine-Valsartan	9	Azopt.....	16
Acyclovir Tablet	8	Amoxicillin Capsule, Chewable Tablet	8	Azurette	21
Aczone.....	13	Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet.....	8		
Adcirca	20	Amphetamine Salt Combo.....	11		
Adderall XR.....	11	Ampyra.....	12		
Addyi.....	23	Anastrozole Tablet	18		
Adempas.....	20	Androderm.....	18		
Adlyxin.....	14	Anoro Ellipta.....	20		
Advair Diskus/HFA.....	20	Antipyrine/Benzocaine Otic Solution	18		
Aerospan	20	Aprepitant Capsule.....	16		
Aftera	21	Apri	21		
Akynzeo	16	Apriso	16		
Albuterol Nebs	20	Aranelle	21		
Albuterol Sulfate Tablet.....	20	Aranesp	18		
Alendronate Sodium Tablet....	19	Aripiprazole Tablet.....	12		
Alfuzosin Tablet.....	17	Armour Thyroid.....	15		
Allopurinol Tablet	16	Arnuity Ellipta	20		
Alphagan P 0.1%.....	16	Ashlyna	21		
Alprazolam Extended-Release Tablet.....	12	Asmanex.....	20		
Alprazolam Tablet.....	12	Atenolol.....	9		
Altavera	21	Atenolol-Chlorthalidone	9		
Alvesco	20	Atorvastatin.....	10		
Alyacen 7/7/7, 1/35.....	21	Atripila	17		
Amethia.....	21	Aubagio	12		
Amethia Lo.....	21	Aubra.....	21		
Amethyst.....	21	Auryxia.....	18		
Amiodarone.....	10	Aviane	21		
		Avonex.....	12		

B

Baclofen Tablet.....	18
Balziva.....	21
Basaglar	14
Bekyree.....	21
Belbuca	19
Benazepril.....	9
Benazepril- Hydrochlorothiazide.....	9
Benzonatate Capsule	18
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment.....	13
Betamethasone Dipropionate 0.05% Cream, Ointment	13
Betaseron.....	12
Bethkis	18
Bevespi Aerosphere	20
Bicalutamide.....	9
Bidil.....	9
Bisoprolol.....	9
Bisoprolol- Hydrochlorothiazide.....	9
Blisovi 24 Fe.....	21
Blisovi Fe.....	21
Bosulif	9
Brand Prenatal Vitamins	23
Breo Ellipta	20
Briellyn.....	21

Brilinta	9	Celecoxib	19	Combivent Respimat	20
Bromfed DM.....	18	Cephalexin Capsule.....	8	Complera.....	17
Budesonide Nebs	20	Cerdelga	18	Concerta.....	11
Bupropion Extended-Release Tablet.....	11	Cesia.....	21	Copaxone 20 mg	12
Bupropion Sustained-Release Tablet.....	11	Cetrotide	17	Copaxone 40 mg	12
Bupropion Tablet.....	11	Chateal	21	Corlanor	10
Buspiron Tablet.....	12	Chlorhexidine Gluconate.....	18	Cortifoam.....	16
Bydureon	14	Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution ...	18	Cosentyx.....	17
Byetta	14	Chlorthalidone	9	Creon.....	16
Bystolic	9	Ciclopirox Cream, Gel, Lotion, Solution	13	Cresemba.....	8
C		Cimzia	17	Cryselle.....	21
Calcipotriene/Betamethasone Ointment	13	Ciprodex.....	8	Cyclafem 7/7/7, 1/35.....	21
Calcitriol Capsule	15	Ciprofloxacin Tablet	8	Cyclobenzaprine	18
Camila.....	21	Citalopram Tablet.....	11	Cyclophosphamide Capsule.....	9
Camrese.....	21	Claravis.....	13	Cyclosporine Modified Capsule.....	20
Camrese Lo.....	21	Clarithromycin Tablet	8	Cyproheptadine Tablet	19
Canasa	16	Climara.....	23	Cyred.....	21
Carac	13	Climara Pro.....	23	D	
Carbamazepine Extended-Release Capsule, Tablet.....	13	Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	13	Daklinza.....	17
Carbamazepine Immediate-Release Tablet ..	13	Clindamycin Capsule	8	Dasetta 7/7/7, 1/35	21
Carbidopa-Levodopa	12	Clindamycin Gel	13	Daysee	21
Carisoprodol 350 mg Tablet ...	18	Clindamycin Lotion, Solution, Swabs	13	Deblitane	21
Cartia XT.....	9	Clobetasol Propionate Cream, Ointment, Solution.....	13	Delyla	21
Carvedilol.....	9	Clomiphene	17	Descovy	17
Cayston.....	18	Clonazepam Tablet.....	13	Desmopressin Tablet	15
Caziant	21	Clonidine Tablet.....	9	Desogestrel-Ethinyl Estradiol	21
Cefadroxil Capsule, Tablet	8	Clopidogrel.....	9	Desonide 0.05% Cream, Lotion, Ointment	13
Cefdinir Capsule	8	Clotrimazole-Betamethasone Cream.....	13	Desoximetasone Cream, Gel, Ointment.....	13
Cefixime Suspension	8	Clotrimazole-Betamethasone Lotion.....	13	Desvenlafaxine Extended- Release Tablet.....	11
Cefprozil Tablet.....	8	Combigan.....	16	Dexamethasone Tablet	15
Cefuroxime Tablet.....	8			Dexcom Continuous Glucose Monitoring System	14

Dexcom Sensor.....	14	Doxycycline Monohydrate		Estradiol Tablet	23
Dexcom Transmitter	14	50, 100 mg Capsule	8	Estradiol/Norethindrone	
Dexilant.....	16	Drospirenone/Ethinyl		Acetate Tablet.....	23
Dexmethylphenidate		Estradiol	21	Estring.....	23
Immediate-Release Tablet ...	11	Duavee.....	23	Estrogen/Methyltestosterone	
Dextroamphetamine Sulfate		Dulera.....	20	Tablet.....	23
Immediate-Release Tablet ...	11	Duloxetine Capsule	11	Eszopiclone Tablet.....	12
Dextroamphetamine-		Dutasteride Capsule	17	Etodolac Capsule.....	19
Amphetamine		Dutoprol	9	Evamist.....	23
Immediate-Release				Evotaz.....	17
Capsule	11	E		Ezetimibe Tablet	10
Diazepam Tablet	12, 13	Econazole Cream	8		
Diclofenac Tablet.....	19	Econtra EZ	21	F	
Dicyclomine Tablet	19	Edarbi.....	9	Fallback	21
Difcid	8	Edarbyclor	9	Falmina	21
Diflorasone Diacetate 0.05%		Effient	9	Famciclovir Tablet	8
Cream, Ointment	13	Elinest	21	Farxiga.....	14
Digoxin	10	Eliquis	9	Fenofibrate 54, 160 mg	
Diltiazem 24 Hour CD	9	Ella	21	Tablet.....	10
Diltiazem Sustained-Release		Emend Suspension	16	Fentanyl 12, 25, 50,	
Capsule.....	9	Emoquette	21	75, 100 mcg Patch	19
Diltiazem Sustained-Release		Enalapril.....	9	Fentanyl Citrate Lozenge	19
Tablet.....	9	Enbrel.....	17	Fetzima.....	11
Diphenoxylate-Atropine		Enjuvia	23	Finacea	13
Tablet.....	16	Enoxaparin Sodium.....	9	Finasteride Tablet	17
Divalproex Delayed-Release		Enpresse	21	Flecainide	10
Tablet.....	13	Enskyce	21	Flovent Diskus/HFA.....	20
Divalproex Extended-Release		Enstilar Foam.....	13	Fluconazole Tablet.....	8
Tablet.....	13	Entresto	10	Fluocinolone Cream, Oil,	
Divigel.....	23	Epclusa	17	Ointment, Solution.....	13
Donepezil ODT, 5, 10 mg		Epinephrine.....	18	Fluocinonide 0.05% Cream ...	13
Tablet.....	12	EpiPen/EpiPen-Jr.....	18	Fluoride	20
Doxazosin.....	9, 17	Errin.....	21	Fluoxetine Tablet, Capsule	11
Doxazosin Tablet.....	17	Erythromycin 0.5%		Fluticasone Nasal Spray.....	19
Doxepin	11	Ophthalmic Ointment.....	15	Fluvastatin Extended-Release	
Doxycycline Hyclate		Escitalopram Tablet.....	11	Tablet.....	10
50, 100 mg Capsule, Tablet ..	8	Estarylla	21	Fluvoxamine Tablet	11
		Estrace Cream	23	Folic Acid	20

Forteo	19	Hydrochlorothiazide.....	9		
Fosrenol.....	18	Hydrocodone/Acetaminophen			
Frovatriptan.....	12	5/325, 7.5/325, 10/325 mg			
Furosemide.....	9	Tablet.....	19		
G					
Gabapentin Capsule, Tablet ..	13	Hydrocodone/ Chlorpheniramine			
Gemfibrozil	10	Suspension	18		
Gentamicin Ophthalmic		Hydrocodone/Homatropine ..	18		
Ointment, Solution.....	15	Hydrocodone/Ibuprofen			
Genvoya.....	17	Tablet.....	19		
Gianvi.....	21	Hydrocortisone 2.5% Cream,			
Gildagia.....	21	Ointment	13		
Gildess.....	21	Hydromorphone Tablet	19		
Gildess 24 Fe.....	21	Hydroxychloroquine Sulfate...17			
Gildess Fe.....	21	Hydroxyurea Capsule	9		
Gilenya	12	Hydroxyzine Capsule, Tablet .19			
Glimepiride	14	Hyoscyamine Tablet	16		
Glipizide.....	14	I			
Glipizide Extended-Release ...14		Ibandronate Tablet	19		
Glucophage XR.....	15	Ibuprofen Tablet	19		
Glyburide.....	14	Imantinib Tablet.....	9		
Golytely.....	16	Imbruvica	9		
Gonal-F.....	17	Imiquimod 5% Cream	13		
Gonal-F RFF	17	Incruse Ellipta	20		
Guanfacine	9, 11	Indomethacin Capsule.....	19		
Guanfacine		Intelence	17		
Extended-Release	11	Introvale	21		
H					
Halobetasol Ointment.....	13	Invokamet.....	14		
Harvoni	17	Invokamet XR.....	14		
Heather.....	21	Invokana	15		
Humalog KwikPens	14	Ipratropium Nebs	20		
Humalog Vials	14	Ipratropium-Albuterol Nebs ..	20		
Humira	17	Irbesartan	9		
Humulin KwikPens.....	14	Isentress	17		
Humulin Vials.....	14	Isosorbide Mononitrate ER....10			
Hydralazine	9	Itraconazole Capsule.....	8		
		J			
		Janumet	15		
		Januvia	15		
		Jardiance.....	15		
		Jencycla.....	21		
		Jentadueto.....	15		
		Jentadueto XR	15		
		Jolessa	21		
		Jolivette.....	21		
		Juleber.....	21		
		Junel.....	21		
		Junel 24 Fe.....	21		
		Junel Fe.....	21		
		K			
		Kaletra Tablet	17		
		Kariva	21		
		Kazano	15		
		Kelnor 1/35.....	21		
		Ketoconazole Cream	8		
		Ketorolac Tablet.....	19		
		Kimidess.....	21		
		Klor-Con M10	20		
		Klor-Con M20	20		
		Kombiglyze XR.....	15		
		Kurvelo.....	21		
		L			
		Labetalol.....	9		
		Lamivudine-Zidovudine	17		
		Lamotrigine			
		Immediate-Release Tablet ..	13		
		Larin.....	21		
		Larin 24 Fe.....	21		
		Larin Fe.....	21		
		Larissia	21		
		Lastacaft.....	15		
		Latanoprost 0.005%			
		Ophthalmic Solution.....	16		

Latuda	12	Lorazepam Tablet.....	12	Methyltestosterone Capsule....	18
Lazanda.....	19	Loryna.....	21	Metoclopramide Tablet	16
Leena.....	21	Losartan	9	Metoprolol Succinate	
Leflunomide	17	Losartan-		50, 100, 200 mg.....	9
Lessina.....	21	Hydrochlorothiazide.....	9	Metoprolol Tartrate	
Letairis	20	Lovastatin.....	10	25, 50, 100 mg.....	9
Letrozole	18	Low-Ogestrel	21	Metronidazole 0.75% Topical	
Leucovorin Calcium Tablet	9	Lumigan.....	16	Gel.....	14
Levemir FlexTouch	14	Lutera	21	Metronidazole Tablet	8
Levemir Vials	14	Lyrica	13	Microgestin	22
Levetiracetam		Lyza.....	21	Microgestin Fe	22
Extended-Release Tablet	13			Minivelle	23
Levetiracetam Immediate-				Minocycline Capsule.....	8
Release Tablet.....	13			Mirtazapine Tablet	11
Levocetirizine Tablet.....	19			Mirvaso	14
Levofloxacin Tablet	8			Mitigare.....	16
Levonest	21			Modafinil Tablet.....	12
Levonorgestrel 1.5 mg.....	21			Mometasone Furoate Cream,	
Levonorgestrel-Ethinyl				Lotion, Ointment	14
Estradiol.....	21			Mono-Linyah.....	22
Levora-28	21			Mononessa.....	22
Levothyroxine Sodium				Montelukast.....	20
Tablet.....	15			Morphine Sulfate	
Lialda	16			Extended-Release Tablet	19
Lidocaine Transdermal				Morphine Sulfate	
Patch.....	18			Oral Solution.....	19
Linzess	16			Movantik.....	16
Liothyronine Sodium				Moviprep	16
Tablet.....	15			Moxeza.....	15
Lisinopril.....	9, 33			Moxifloxacin Tablet.....	8
Lisinopril-				Multaq.....	10
Hydrochlorothiazide.....	9			Mupirocin Ointment	14
Lithium Capsule.....	12			My Way.....	22
Livalo	10			Mycophenolate Capsule,	
Lo Loestrin Fe	21			Suspension.....	20
LoMedia 24 Fe.....	21			Mycophenolic Acid Tablet....	20
Lopinavir-Ritonavir Oral				Myzitra.....	22
Solution	17				

M

N

Nabumetone Tablet	19
Nadolol	9
Naloxone Vial.....	12
Naproxen Tablet	19
Naratriptan	12
Narcan Nasal Spray	12
Natazia	22
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	22
Nesina.....	15
Nevirapine	17
Next Choice.....	22
Niacin Extended-Release Tablet.....	10
Niaspan	10
Nifedipine Extended-Release	10
Nikki	22
Nitrofurantoin Capsule.....	8
Nitrofurantoin Macrocrystal Capsule.....	8
Nitroglycerin Sublingual Tablet.....	10
Nora BE	22
Norethindrone 0.35 mg.....	22
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	22
Norgestimate-Ethinyl Estradiol	22
Norlyroc.....	22
Nortrel 7/7/7, 0.5/35, 1/35	22
Nortriptyline Capsule.....	11
Norvir.....	17
Novolin Vials.....	14
Novolog FlexTouch	14
Novolog Vials	14

Noxafil Tablet, Suspension	8
NP Thyroid Tablet	15
Nucynta	19
Nucynta ER.....	19
Nuedexta	18
Nutropin, Nutropin AQ.....	15
Nuvaring.....	22
Nystatin Cream, Ointment.....	8

O

Obredon	18
Ocella	22
Odefsey.....	17
Ofloxacin 0.3% Ophthalmic Solution	15
Ofloxacin Otic Solution.....	8
Ofloxacin Tablet	8
Ogestrel.....	22
Olanzapine Tablet	12
Olmesartan.....	10
Olmesartan- Hydrochlorothiazide.....	10
Olopatadine 0.1% Ophthalmic Solution	15
Omeclamox-Pak	16
Omega-3-Acid Ethyl Esters Capsule	10
Omeprazole Capsule	16
Ondansetron.....	16
Ondansetron ODT.....	16
OneTouch Test Strips	14
OneTouch Ultra Mini	14
OneTouch Ultra Test Strips....	14
OneTouch Verio	14
OneTouch Verio Flex.....	14
OneTouch Verio IQ.....	14
OneTouch Verio Sync.....	14
OneTouch Verio Test Strips....	14

Onglyza	15
Opana ER	19
Opcicon	22
Opsumit	20
Oracea	8
Orencia.....	17
Orenitram.....	20
Orsythia	22
Oseltamivir Capsule	8
Oseni	15
Osphena	23
Otezla.....	17
Ovidrel	17
Oxcarbazepine Tablet.....	13
Oxsoralen-Ultra.....	14
Oxybutynin Extended-Release Tablet.....	19
Oxybutynin Tablet	19
Oxycodone Tablet.....	19
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	19

P

Pantoprazole Tablet	16
Paroxetine Tablet.....	11
Pegasys	18
Penicillin V Potassium Tablet.....	8
Perforomist.....	20
Phenazopyridine.....	18
Phenytoin Capsule, Suspension.....	13
Philith	22
Picato.....	14
Pimtreea	22
Pioglitazone	15
Pirmella 7/7/7, 1/35	22

Plan B One Step.....	22
Plegridy	12
Polyethylene Glycol 3350.....	16
Portia.....	22
Potassium Chloride	20
Potassium Citrate	20
Pradaxa.....	9
Praluent	10
Pramipexole Tablet	12
Pravastatin.....	10
Prednisone Tablet.....	15
Premarin.....	23
Premphase	23
Prempro.....	23
Prenisolone Oral Solution.....	15
Prepopik	16
Previfem	22
Prezcobix.....	17
Prezista	17
Pristiq.....	11
ProAir HFA.....	20
ProAir RespiClick.....	20
Procrit.....	18
Progesterone Micronized Capsule.....	23
Promethazine Tablet.....	19
Promethazine/Codeine.....	18
Promethazine/ Dextromethorphan.....	18
Propranolol Extended-Release Capsule.....	10
Propranolol Tablet	10
Proventil HFA.....	20
Pulmicort Flexhaler.....	20
Pulmozyme	18
Pylera.....	16

Q

Quasense	22
Quetiapine Extended-Release Tablet.....	12
Quetiapine Tablet.....	12
Quinapril.....	10
QVAR	20

R

Rabeprazole Tablet	16
Raloxifene.....	19, 23
Raloxifene Tablet.....	19
Ramipril	10
Ranexa.....	10
Ranitadine Syrup.....	16
Rapaflo	17
Rasuvo	17
Rebif.....	12
Reclipsen	22
Rectiv	18
Regranex.....	14
Relpax.....	12
Renvela	18
Repatha 140 mg.....	10
Restasis Single Use Vial	16
Revlimid.....	9
Reyataz.....	17
Rezira	18
Ribavirin Tablet.....	17
Risedronate Sodium Tablet	19
Risperidone Tablet.....	12
Ritalin LA.....	11
Rizatriptan ODT, Tablet.....	12
Ropinirole Tablet.....	12
Rosuvastatin	10

S

Savaysa	9
Selzentry.....	17

Serevent Diskus.....	20
Sertraline Tablet.....	11
Setlakin	22
Sharobel.....	22
Sildenafil Tablet.....	20
Simponi.....	17
Simvastatin	10
Sirolimus Tablet.....	20
Solia.....	22
Soliqua.....	14
Sotalol.....	10
Sovaldi.....	17
Spiriva Handihaler	20
Spiriva Respimat.....	20
Spironolactone	10
Sprintec	22
Sprix	19
Sronyx.....	22
Stelara.....	17
Strattera.....	11
Stribild.....	17
Striverdi Respimat.....	20
Suclear	16
Sucalfate Tablet.....	16
Sulfamethoxazole- Trimethoprim Tablet.....	8
Sulfasalazine Tablet	16
Sumatriptan Nasal Spray	12
Sumatriptan Succinate Tablet, Injection.....	12
Suprax Capsule, Chewable Tablet, Tablet.....	8
Suprep	16
Sustiva	17
Sutent	9
Syeda	22
Symbicort	20
Synjardy.....	15

Synthroid.....	15	Tobramycin/Dexamethasone		Truvada	17
T		0.3%-0.1% Ophthalmic		Tudorza	20
Taclonex Suspension.....	14	Suspension	15	Tybost.....	17
Tacrolimus Capsule	20	Tolcapone	12	Tyvaso	20
Tacrolimus Ointment	14	Topiramate		U	
Take Action.....	22	Immediate-Release Tablet ..	13	Uceris Foam.....	16
Taltz	17	Toviaz	19	Uceris Tablet.....	16
Tamiflu	8	Tracleer.....	20	Uloric.....	16
Tamoxifen.....	23	Tradjenta.....	15	Uptravi.....	20
Tamsulosin Capsule.....	17	Tramadol Immediate-Release		V	
Tanzeum.....	15	Tablet.....	19	Valacyclovir Tablet	8
Targretin Capsule.....	9	Tramadol Sustained-Release		Valganciclovir	8
Targretin Gel.....	9	Tablet.....	19	Valsartan.....	10
Tarina Fe	22	Tramadol-Acetaminophen.....	19	Valsartan-	
Tasigna	9	Transderm-Scop	16	Hydrochlorothiazide.....	10
Tazorac	14	Travatan Z.....	16	Varubi.....	16
Tecfidera	12	Trazodone Tablet.....	11	Vascepa.....	10
Technivie	17	Tretinoin Cream.....	14	Vectical	14
Telmisartan.....	10	Trezix	19	Velivet.....	22
Telmisartan-		Tri-Estarylla	22	Velphoro	18
Hydrochlorothiazide.....	10	Tri-Legest Fe	22	Veltassa	18
Temazepam Capsule.....	12	Tri-Linyah	22	Venlafaxine Extended-Release	
Terazosin	10, 17	Tri-Lo-Estarylla	22	Capsule.....	11
Terazosin Capsule, Tablet.....	17	Tri-Lo-Marzia.....	22	Venlafaxine Tablet	11
Terbinafine Tablet	8	Tri-Lo-Sprintec	22	Ventolin HFA.....	20
Testim.....	18	Tri-Previfem	22	Verapamil	10
Testosterone Cypionate		Tri-Sprintec	22	Verapamil Sustained-Release..	10
Injection.....	18	Triamcinolone Acetonide		Vestura.....	22
Tilia Fe	22	Cream, Lotion, Ointment ...	14	Viberzi.....	16
Timolol Maleate 0.25%, 0.5%		Triamterene-		Victoza 2-Pak.....	15
Ophthalmic Solution	16	Hydrochlorothiazide.....	10	Victoza 3-Pak.....	15
Tivicay.....	17	Triazolam Tablet	12	Viekira Pak.....	17
Tizanidine Tablet	18	Trinessa	22	Vienna.....	22
Tobi Podhaler	18	Trinessa Lo.....	22	Vigamox	15
Tobramycin Ophthalmic		Trintellix.....	11	Viibryd	11
Solution	15	Triumeq.....	17	Viorele	22
		Trivora-28.....	22	Viread.....	17
		Trulicity.....	15		

Vitekta.....	17	Xtampza ER.....	19	Ziprasidone Capsule	12	
Vivelle-Dot.....	23	Xulane	22	Zohydro ER.....	19	
Voltaren Gel	19	Xyrem	12	Zolpidem Tablet	12	
Vyfemla	22	Y			Zonisamide Capsule	13
Vytorin	10	Yasmin 28.....	22	Zovia 1/35E, 1/50E	22	
Vyvanse	11	Yaz.....	22	Zubsolv.....	12	
W			Yuvaferm.....	23	Zurampic	16
Warfarin Sodium	9	Z			Zytiga.....	9
Welchol	10	Zaleplon Capsule.....	12			
Wera	22	Zarah.....	22			
Wymza Fe	22	Zarxio.....	18			
X			Zelapar	12		
Xarelto.....	9	Zenchent	22			
Xeljanz.....	17	Zenchent Fe	22			
Xeljanz XR.....	17	Zenpep	16			
Xeloda	9	Zepatier	17			
Xiidra	16	Zetonna	19			
Xopenex HFA	20	Zinbryta	12			

“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 medication and strength	Drug tier	I take this medicine for	Directions	Doctor
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

Nondiscrimination notice and access to communication services

UnitedHealthcare® does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, Utah 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll free **1-800-368-1019**, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card TTY 711, Monday through Friday, 8 a.m. to 8 p.m.



Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ខ្ញុំណាបអរម្បណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníit'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nit'izíí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíílnih.

OGOW: Haddii aad ku hadasho **Soomali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



© 2017 United HealthCare Services, Inc. All rights reserved. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.
Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc. or their affiliates.
Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company.
UnitedHealthcare® and the dimensional U logo are registered trademarks owned by UnitedHealth Group Incorporated.

All other trademarks are the property of their respective owners.

Created May, 2017. 2017 Prescription Drug List – City of Austin Traditional Three-Tier