



# Your 2015 Prescription Drug List

effective July 1, 2015

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

For additional information:



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



Visit **myuhc.com**<sup>®</sup>

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



# Your Prescription Drug List

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

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

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

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 and pointed to by a blue arrow from above), Benefits & Coverage, Personal Health Record, and Health & Wellness. To the right of 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. On the left, there is a 'Hello, Chrisdemo' section with 'My Coverage: Active 01/01/08' and 'Plan Name: Choice Plus'. Below this is a 'Plan Details' section with 'Account Balances' and 'Benefit Details' buttons. The 'Deductible' section shows '\$1,000 Individual' and '\$3,000 family'. The 'Out-of-Pocket Max' section shows '\$3,000 Individual' and '\$9,000 family'. The central 'myClaims Manager' section features a pie chart and a table showing 'Your Responsibility' of \$1,249.00, broken down into '\$138.00 - HRA paid to provider' and '\$1,111.00 - Paid via this website'. Below this, it shows 'You Owe \$1,101.00' and a 'Make Payment' button. To the right of the 'myClaims Manager' section is a 'What would you like to do today?' section with several buttons: 'Manage My Claims', 'Look up My Benefits', 'Find a Doctor', and 'Manage My Prescriptions'. Below these are buttons for 'View Online Statement', 'View Account Balances', 'Print an ID Card', 'Health Assessment', 'Estimate Health Care Costs', 'Extra Programs & Discounts', and 'Look Up Health Topics'. At the bottom of the page, there are three sections: 'Information Center' with a list of links and a 'View All' button; 'Related Web Sites' with links for 'African American Health', 'Source4Women', and 'Other Languages' in Spanish, Chinese, Korean, and Vietnamese; and 'Ask a Nurse' with a photo of a nurse, a 'Chat Online now' button, and a 'Call 1-888-842-4224' button.

# Table of Contents

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



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

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

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

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

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

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




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

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

## What are tiers?

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

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

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

**Please note:** 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](http://myuhc.com), or call the toll-free number on your health plan ID card for more information about your benefit plan.

## When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often 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 are covered and may differ than what is noted in the PDL. Call the number for Member Services listed on your ID card if you have any questions about your prescription drug coverage.

<b>DSP</b>	<b>Designated Specialty Program</b> – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the number on your ID card or call 1-888-739-5820 for more information.
<b>E</b>	<b>May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s).</b> <sup>+</sup> Lower-cost options are available and covered.
<b>MC</b>	<b>Multiple Copay</b> – More than one month's worth of medication included in package so additional copay applies.
<b>N</b>	<b>Notification or Prior Authorization required*</b> – Your doctor is required to provide additional information to us to determine coverage.
<b>RS</b>	<b>Refill and Save Program</b> – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SDP</b>	<b>Select Designated Pharmacy</b> – Must use a lower cost medication at retail or transfer the impacted medication to the mail service pharmacy for network coverage.
<b>SL</b>	<b>Supply Limit</b> – Amount of medication covered per copayment or in a specific time period.
<b>ST</b>	<b>Step Therapy</b> <sup>+</sup> – Trial of a lower cost medication is required before a higher cost medication is covered.

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

<sup>+</sup>For New Jersey fully insured members this program is referred to as First Start.

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

## 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](http://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](http://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.



## What is Mail Service Member Select?

Your plan may include a home delivery program called Mail Service Member Select, which encourages you to use the OptumRx® Mail Service Pharmacy for medication you take regularly. Choosing home delivery can help you better manage the medication you take on a regular basis, and may save you time and money.

You can either confirm enrollment in the OptumRx Mail Service Pharmacy or you can disenroll from mail service and continue to fill your maintenance medications at a retail pharmacy. You can get up to two fills at a retail pharmacy before you have to decide. However, please be aware that you must make a decision about whether or not to enroll in Mail Service Member Select.

If you do nothing and continue to fill your medications at a retail pharmacy, you may pay up to 100% of your drug cost until you make a decision and take action. You must confirm your decision every year. To learn more, you may log on to **myuhc.com** or call the toll-free member phone number on your health plan ID card for more information.

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

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

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

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

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

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

## For more information



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



Or, visit **myuhc.com**®

## Where else can I go for information?

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Anti-Infectives: Antibiotics</b>		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	2	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
<b>Dificid</b>	3	SL
<b>Doryx</b>	3	E
Doxycycline Hyclate Capsule, Tablet	2	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	3	
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Tablet	1	
<b>Oracea</b>	3	
Penicillin V Potassium Tablet	1	
<b>Solodyn</b>	3	

Drug Name	Drug Tier	Requirements & Limits
Sulfamethoxazole-Trimethoprim Tablet	1	
<b>Suprax Capsule, Suspension, Tablet</b>	3	
<b>Anti-Infectives: Antifungals</b>		
Econazole Cream	1	
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Ointment	3	N, SL, ST
Acyclovir Tablet	1	
Famciclovir Tablet	1	
<b>Tamiflu</b>	3	SL
Valacyclovir Tablet	2	SL
<b>Zovirax Cream</b>	3	E, SL
<b>Cancer</b>		
Bicalutamide	1	
<b>Bosulif</b>	2	DSP, N, SL, ST
Capecitabine Tablet	1	DSP, SL
<b>Cyclophosphamide Capsule</b>	3	
<b>Gleevec</b>	2	DSP, N, SL
Hydroxyurea Capsule	1	
<b>Imbruvica</b>	2	DSP, N, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
<b>Revlimid</b>	2	DSP, N, SL
<b>Sutent</b>	2	DSP, N, SL
<b>Tasigna</b>	2	DSP, N, SL
<b>Zytiga</b>	2	DSP, N, SL

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
<b>Cardiovascular/Heart Disease: Coagulation Therapy</b>		
Clopidogrel	1	
<b>Effient</b>	3	SL
<b>Eliquis</b>	3	SL
Enoxaparin Sodium	2	SL
<b>Pradaxa</b>	2	SL
Warfarin Sodium	1	
<b>Xarelto</b>	2	SL
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Amlodipine	1	
Amlodipine Besylate-Benazepril	2	SL
Amlodipine-Valsartan	3	E, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
<b>Azor</b>	3	E, SL
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
<b>Benicar</b>	2	SL
<b>Benicar HCT</b>	2	SL
<b>Bidil</b>	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
<b>Bystolic</b>	2	
Cartia XT	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	2	
Diltiazem Sustained-Release Capsule	2	
Diltiazem Sustained-Release Tablet	2	
<b>Diovan</b>	3	E, SL
Doxazosin	1	
<b>Dutoprol</b>	2	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Edarbi</b>	3	SL
<b>Edarbyclor</b>	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	SL
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	2	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Extended-Release Capsule	2	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	2	SL
Telmisartan-Hydrochlorothiazide	2	SL
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	2	SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	3	

Drug Name	Drug Tier	Requirements & Limits
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	SL
Choline Fenofibrate	3	E
<b>Crestor</b>	2	SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	3	E
Fenofibrate 48, 145 mg Tablet	3	E
Fenofibrate 54, 160 mg Tablet	2	
<b>Fenoglide</b>	3	E
Gemfibrozil	1	
<b>Lipitor</b>	3	E, SL
<b>Lipofen</b>	3	E
<b>Livalo</b>	3	SL
Lovastatin	1	
Niacin Extended-Release Tablet	3	
<b>Niaspan</b>	2	
Omega-3-Acid Ethyl Esters Capsule	3	N
Pravastatin	1	
<b>Simcor</b>	3	SL
Simvastatin	1	
<b>Tricor 48, 145 mg</b>	3	E
<b>Trilipix</b>	3	E
<b>Vascepa</b>	3	N
<b>Vytorin</b>	3	SL
<b>Welchol</b>	2	
<b>Zetia</b>	3	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Nitrostat</b>	2	
<b>Ranexa</b>	2	
Sotalol	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR</b>	2	N, SL
Amphetamine Salt Combo	1	N
<b>Concerta</b>	2	N, SL
<b>Daytrana</b>	3	E, N, SL
Dexmethylphenidate Extended-Release Capsule	3	E, N, SL
Dexmethylphenidate Tablet	1	N
Dextroamphetamine-Amphetamine Extended-Release	3	E, N, SL
Dextroamphetamine-Amphetamine Tablet	1	N
Dextroamphetamine Sulfate Tablet	3	N
<b>Focalin XR</b>	3	E, N, SL
Guanfacine Extended-Release	3	E, SL

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
<b>Intuniv</b>	3	E, SL
<b>Metadate CD</b>	2	N, SL
Methylphenidate	1	N
Methylphenidate Extended-Release Capsule	3	E, N, SL
Methylphenidate Extended-Release Tablet	3	E, N, SL
<b>Strattera</b>	3	SL
<b>Vyvanse</b>	2	N, SL
<b>Central Nervous System: Depression</b>		
Amitriptyline Tablet	1	
<b>Brintellix</b>	3	SL, ST
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
<b>Cymbalta</b>	3	E, SL
Doxepin	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
<b>Fetzima</b>	3	SL, ST
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
<b>Lexapro</b>	3	E
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
<b>Pristiq ER</b>	3	RS, SL

Drug Name	Drug Tier	Requirements & Limits
Sertraline Tablet	1	
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
<b>Viibryd</b>	3	SL
<b>Wellbutrin XL</b>	3	E
<b>Central Nervous System: Migraine</b>		
Acetaminophen/ Butalbital/Caffeine 325 mg/50 mg/40mg	1	SL
Naratriptan	1	SL
<b>Relpax</b>	2	SL
Rizatriptan Tablet	2	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
<b>Sumavel DosePro</b>	3	SL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	DSP, N, SL
<b>Aubagio</b>	3	DSP, N, SL, ST
<b>Avonex</b>	2	DSP, N, SL
<b>Betaseron</b>	2	DSP, N, SL
<b>Copaxone</b>	2	DSP, N, SL
<b>Extavia</b>	3	DSP, E, N, SL, ST
<b>Gilenya</b>	3	DSP, N, SL, ST
<b>Rebif</b>	3	DSP, N, SL, ST
<b>Tecfidera</b>	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Other</b>		
<b>Abilify</b>	3	SL
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Buprenorphine/Naloxone Tablet	3	E, N, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
<b>Latuda</b>	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Modafinil Tablet	3	E, N, SL
<b>Namenda XR</b>	3	
<b>Nuvigil</b>	3	N, SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Tablet	1	SL
Risperidone Tablet	1	
Ropinirole Tablet	1	
<b>Seroquel XR</b>	3	SL
<b>Suboxone Film</b>	3	E, N, SL
<b>Tasmar</b>	2	
<b>Xyrem</b>	3	N, SL
<b>Zelapar</b>	3	
Ziprasidone Capsule	2	SL
<b>Zubsolv</b>	2	N, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Sedatives/Hypnotics</b>		
Eszopiclone Tablet	3	SL
<b>Lunesta</b>	3	E, SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Extended-Release Tablet	3	E, SL
Zolpidem Tablet	1	SL
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Tablet	1	
Levetiracetam Extended-Release Tablet	2	
Levetiracetam Tablet	1	
<b>Lyrica</b>	3	SDP, SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
<b>Dermatology</b>		
<b>Absorica</b>	3	E, N
<b>Aczone</b>	3	SL
Adapalene 0.1% Cream, Gel	3	N, SL
Adapalene 0.3% Gel	3	N, SL
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
<b>Carac</b>	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	N
Clindamycin 1%/Benzoyl Peroxide 5% Gel	3	E, SL
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	3	SL
Clindamycin Gel	3	SL
Clindamycin Lotion	3	
Clindamycin Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment, Solution	1	
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
<b>Condylox Gel</b>	3	
Desonide 0.05% Cream, Lotion, Ointment	3	SL

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

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes: Blood Glucose Monitoring</b>		
<b>Accu-Chek Active Test Strips</b>	1	SL
<b>Accu-Chek Aviva Plus</b>	1	
<b>Accu-Chek Aviva Plus Test Strips</b>	1	SL
<b>Accu-Chek Comfort Curve Test Strips</b>	1	SL
<b>Accu-Chek Compact Test Strips</b>	1	SL
<b>Accu-Chek Nano SmartView</b>	1	
<b>Accu-Chek Nano SmartView Test Strips</b>	1	SL
<b>Contour Test Strips</b>	3	SDP, SL
<b>Freestyle Test Strips</b>	3	SDP, SL
<b>One Touch Test Strips</b>	1	SL
<b>One Touch Ultra Meter</b>	1	
<b>One Touch Ultra Mini</b>	1	
<b>One Touch Ultra Test Strips</b>	1	SL
<b>One Touch Verio</b>	1	
<b>One Touch Verio IQ</b>	1	
<b>One Touch Verio IQ Test Strips</b>	1	SL
<b>One Touch Verio Sync</b>	1	

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

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy



Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes: Non-Insulin</b>		
<b>Bydureon</b>	2	SL
<b>Byetta</b>	2	SL
<b>Farxiga</b>	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
<b>Invokamet</b>	2	SL
<b>Invokana</b>	2	SL, ST
<b>Janumet</b>	3	SL, ST
<b>Januvia</b>	3	SL, ST
<b>Jardiance</b>	2	SL, ST
<b>Jentadueto</b>	2	SL
<b>Kazano</b>	2	SL
<b>Kombiglyze XR</b>	2	SL
Metformin	1	
Metformin Extended-Release Tablet	1	
<b>Nesina</b>	2	SL
<b>Onglyza</b>	2	SL
<b>Oseni</b>	2	SL
Pioglitazone	1	SL
<b>Tanzeum</b>	2	SL
<b>Tradjenta</b>	2	SL
<b>Trulicity</b>	3	SL, ST
<b>Victoza 2-Pak</b>	2	SL
<b>Victoza 3-Pak</b>	3	SL
<b>Endocrine: Growth Hormone</b>		
<b>Genotropin</b>	3	DSP, E, N, SL
<b>Humatrope</b>	3	DSP, E, N, SL
<b>Norditropin</b>	3	DSP, E, N, SL
<b>Nutropin, Nutropin AQ</b>	2	DSP, N, SL
<b>Omnitrope</b>	3	DSP, E, N, SL
<b>Saizen</b>	3	DSP, E, N, SL
<b>Tev-Tropin</b>	3	DSP, E, N, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Endocrine: Other</b>		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
<b>Synthroid</b>	2	
<b>Tirosint</b>	2	
<b>Eye Conditions: Allergies</b>		
Azelastine 0.05% Ophthalmic Solution	2	SL
<b>Lastacaft</b>	3	SL
<b>Patanol</b>	3	E, SL
<b>Eye Conditions: Antibiotics</b>		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
<b>Moxeza</b>	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
<b>Vigamox</b>	3	

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

Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	3	N, SL, ST
<b>Apriso</b>	2	
<b>Asacol HD Tablet</b>	3	E
<b>Canasa</b>	2	
<b>Cortifoam</b>	2	
<b>Creon</b>	2	
<b>Delzicol</b>	3	E
Diphenoxylate-Atropine Tablet	1	
<b>Golytely</b>	2	
Hyoscyamine Tablet	1	
<b>Lialda</b>	2	
<b>Linzess</b>	2	N, SL
Metoclopramide Tablet	1	
<b>Moviprep</b>	3	
Polyethylene Glycol 3350	2	
<b>Prepopik</b>	3	
<b>Suclear</b>	3	
Sulfasalazine Tablet	1	
<b>Suprep</b>	3	
<b>Uceris</b>	3	
<b>Zenpep</b>	2	
<b>Hepatitis C</b>		
<b>Harvoni</b>	2	DSP, N, SL
<b>Olysio</b>	3	DSP, N, SL, ST
Ribapak	3	DSP, E
Ribavirin Tablet	1	DSP
<b>Sovaldi</b>	2	DSP, N, SL, ST
<b>Viekira Pak</b>	3	DSP, N, SL, ST

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
<b>HIV/AIDS</b>		
<b>Atripla</b>	2	DSP
<b>Complera</b>	2	DSP
<b>Epzicom</b>	2	DSP
<b>Intelence</b>	2	DSP
<b>Isentress</b>	2	DSP
<b>Kaletra</b>	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	1	DSP
<b>Norvir</b>	2	DSP
<b>Prezista</b>	2	DSP
<b>Reyataz</b>	2	DSP
<b>Stribild</b>	3	DSP, ST
<b>Sustiva</b>	2	DSP
<b>Tivicay</b>	3	DSP
<b>Triumeq</b>	2	DSP
<b>Truvada</b>	2	DSP
<b>Viread</b>	2	DSP
<b>Infertility*</b>		
<b>Cetrotide</b>	2	DSP
Clomiphene	1	DSP
<b>Gonal-F</b>	2	DSP
<b>Gonal-F RFF</b>	2	DSP
<b>Ovidrel</b>	3	DSP

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

Drug Name	Drug Tier	Requirements & Limits
<b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b>		
<b>Actemra</b>	3	DSP, N, SL, ST
<b>Cimzia</b>	2	DSP, N, SL
<b>Enbrel</b>	3	DSP, N, SL, ST
<b>Humira</b>	2	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
<b>Orencia</b>	3	DSP, N, SL, ST
<b>Otezla</b>	3	DSP, N, SL, ST
<b>Otrexup</b>	3	E, SL, ST
<b>Rasuvo</b>	3	SL, ST
<b>Simponi</b>	2	DSP, N, SL
<b>Stelara</b>	2	DSP, N, SL
<b>Xeljanz</b>	3	DSP, N, SL, ST
<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	3	SL
<b>Levitra</b>	3	SL
<b>Stendra</b>	3	SL
<b>Viagra</b>	3	SL
<b>Men's Health: Prostate</b>		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Finasteride Tablet	1	
<b>Rapaflo</b>	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	N, SL
<b>Androgel</b>	3	E, N, SL
<b>Android</b>	2	
<b>Testim</b>	2	N, SL
Testosterone Cypionate Injection	1	
<b>Miscellaneous</b>		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
<b>Aranesp</b>	2	DSP, SL
Benzonatate Capsule	1	
<b>Bethkis</b>	2	DSP, N, SL
<b>Bromfed DM</b>	3	
<b>Cayston</b>	2	N, SL
<b>Cerdelga</b>	2	DSP, N
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	2	SL
<b>Ciprodex</b>	2	
<b>Epipen</b>	2	SL
<b>Epipen-Jr</b>	2	SL
<b>Fosrenol</b>	2	
Hydrocodone/ Chlorpheniramine Suspension	3	SL

Drug Name	Drug Tier	Requirements & Limits
Hydrocodone/ Homatropine	1	
Letrozole Tablet	1	
Lidocaine Transdermal Patch	2	SL
<b>Nuedexta</b>	2	
<b>Pegasys</b>	2	DSP, N, SL
Phenazopyridine	1	
<b>Procrit</b>	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
<b>Pulmozyme</b>	2	DSP, N, SL
<b>Rectiv</b>	3	N, SL
<b>Renvela</b>	2	
<b>Restasis</b>	3	N, SL
<b>Rezira</b>	3	
Tamoxifen Tablet	1	
<b>Tobi Podhaler</b>	3	DSP, N, SL
Tobramycin Nebulized Solution	3	DSP, E, N, SL
<b>Velphoro</b>	2	
<b>Musculoskeletal: Osteoporosis</b>		
<b>Actonel</b>	3	SL
Alendronate Sodium Tablet	1	SL
<b>Forteo</b>	2	DSP, N
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
<b>Musculoskeletal: Other</b>		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
<b>Colcrys</b>	2	
Cyclobenzaprine	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
<b>Uloric</b>	3	SL
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen/Codeine Tablet	1	SL
Celecoxib	3	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	
Fentanyl Patches	2	SL
Hydrocodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
<b>Lazanda</b>	3	N, SL
Meloxicam Tablet	1	
Methadone Tablet	1	
Morphine Sulfate Extended-Release Tablet	1	SL

Drug Name	Drug Tier	Requirements & Limits
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
<b>Nucynta</b>	3	SL
<b>Nucynta ER</b>	3	N, SL
<b>Opana ER</b>	2	N, SL
Oxycodone Tablet	1	
Oxycodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
<b>Oxycontin</b>	3	N, SL, ST
<b>Sprix</b>	3	
<b>Subsys</b>	3	N, SL
Tramadol-Acetaminophen	1	SL
Tramadol Sustained-Release Tablet	2	SL
Tramadol Tablet	1	
Vicodin 5/300 mg, 7.5/300 mg, 10/300 mg Tablet	3	E, SL
<b>Voltaren Gel</b>	2	
<b>Zohydro ER</b>	3	N, SL, ST
<b>Overactive Bladder</b>		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended-Release Tablet	3	E
Tolterodine Tablet	3	E
<b>Toviaz</b>	3	
<b>Vesicare</b>	3	E

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory: Allergies</b>		
Azelastine 0.1% Nasal Spray	3	SL
<b>Clarinet</b>	3	E, SL
<b>Clarinet-D</b>	3	E, SL
Cyproheptadine Tablet	1	
<b>Dymista</b>	3	E, SL
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
<b>Nasonex</b>	3	E, SL
Promethazine Tablet	1	
<b>Qnasl</b>	3	E, SL
Triamcinolone Nasal Spray	3	E, SL
<b>Zetonna</b>	3	SL
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus/HFA</b>	3	RS, SL
<b>Aerospan</b>	3	SL
Albuterol Nebs	1	
Albuterol Sulfate Tablet	1	
<b>Alvesco</b>	1	SL
<b>Asmanex</b>	1	SL
<b>Breo Ellipta</b>	3	RS, SL
Budesonide Nebs	2	SL
<b>Combivent Respimat</b>	3	SL
<b>Dulera</b>	3	RS, SL
<b>Flovent Diskus/HFA</b>	3	SL
<b>Foradil</b>	2	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Incruse Ellipta</b>	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	3	E, SL
Montelukast Chewable Tablet, Tablet	1	SL
Montelukast Granules	2	SL
<b>Perforomist</b>	3	SL
<b>Proair HFA</b>	3	SL
<b>Proventil HFA</b>	3	SL
<b>Pulmicort Flexhaler</b>	3	SDP, SL
<b>QVAR</b>	1	SL
<b>Spiriva Handihaler</b>	3	SL
<b>Spiriva Respimat</b>	3	SL
<b>Symbicort</b>	3	E, SL
<b>Tudorza</b>	2	SL
<b>Ventolin HFA</b>	1	SL
<b>Xopenex HFA</b>	3	SL
<b>Xopenex Nebs</b>	3	E, SL
<b>Respiratory: Pulmonary Arterial Hypertension</b>		
<b>Adcirca</b>	3	DSP, N, SL
<b>Adempas</b>	2	DSP, N, SL
<b>Letairis</b>	2	DSP, N, SL
<b>Opsumit</b>	2	DSP, N, SL
Sildenafil Tablet	1	DSP, N, SL
<b>Tracleer</b>	2	DSP, N, SL
<b>Tyvaso</b>	2	DSP, N

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
<b>Transplant</b>		
Azathioprine Tablet	1	
<b>Cellcept</b>	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	2	DSP
<b>Myfortic</b>	3	DSP
<b>Neoral</b>	3	DSP
<b>Prograf</b>	3	DSP
<b>Rapamune</b>	3	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	1	DSP
<b>Vitamins/Electrolytes</b>		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
<b>Women's Health: Contraceptives</b>		
Apri	1	
Aviane	1	
Azurette	2	
Cryselle	1	
Cyclafem	1	
Enskyce	1	
Gildess	2	
Gildess Fe	1	
Junel	2	

Drug Name	Drug Tier	Requirements & Limits
Junel Fe	1	
Levora-28	1	
<b>Lo Loestrin Fe</b>	3	
Loryna	3	
Low-Ogestrel	1	
Lutera	1	
Microgestin	2	
Microgestin FE	1	
<b>Minastrin 24 FE</b>	3	E
Mononessa	3	
<b>Natazia</b>	1	
Necon 0.5/35, 1/35, 1/50, 10/11	1	
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	
<b>Nuvaring</b>	2	
Orsythia	1	
<b>Ortho-Cyclen</b>	1	
<b>Ortho Micronor</b>	1	
<b>Ortho-Novum</b>	3	
<b>Ortho-Novum 7/7/7</b>	1	
<b>Ortho Tri-Cyclen</b>	1	
<b>Ortho Tri-Cyclen Lo</b>	3	
Reclipsen	1	
Sprintec	3	
Sronyx	1	
Tri-Previfem	3	
Tri-Sprintec	3	
Trinessa	3	
Vestura	3	
Viorele	2	
Xulane	3	
<b>Yasmin 28</b>	1	
<b>Yaz</b>	2	

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

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

**Bold type = Brand name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**MC** = Multiple Copay

**N** = Notification or Prior Authorization required

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

**SDP** = Select Designated Pharmacy

**SL** = Supply Limit

**ST** = Step Therapy



# Index

## A

Abilify .....	14	Alprazolam Extended-Release Tablet.....	14	Azelastine 0.05% Ophthalmic Solution .....	17
Absorica.....	15	Alprazolam Tablet.....	14	Azelastine 0.1% Nasal Spray.....	22
Accu-Chek Active Test Strips.....	16	Alvesco .....	22	Azithromycin Tablet.....	10
Accu-Chek Aviva Plus.....	16	Amiodarone.....	12	Azopt.....	18
Accu-Chek Aviva Plus Test Strips.....	16	Amitiza.....	18	Azor .....	11
Accu-Chek Comfort Curve Test Strips.....	16	Amitriptyline Tablet.....	13	Azurette .....	23
Accu-Chek Compact Test Strips.....	16	Amlodipine .....	11		
Accu-Chek Nano SmartView.....	16	Amlodipine-Valsartan .....	11	<b>B</b>	
Accu-Chek Nano SmartView Test Strips.....	16	Amlodipine Besylate- Benazepril.....	11	Baclofen Tablet.....	21
Acetaminophen/Butalbital/ Caffeine 325 mg/ 50 mg/40mg .....	13	Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet.....	10	Benazepril.....	11
Acetaminophen/Codeine Tablet.....	21	Amoxicillin Capsule, Chewable Tablet .....	10	Benazepril- Hydrochlorothiazide.....	11
Actemra.....	19	Amphetamine Salt Combo....	12	Benicar .....	11
Actonel .....	20	Ampyra.....	13	Benicar HCT .....	11
Acyclovir Ointment.....	10	Anastrozole Tablet .....	20	Benzonatate Capsule .....	20
Acyclovir Tablet .....	10	Androderm.....	20	Betamethasone Diproionate 0.05% Augmented Lotion, Ointment.....	15
Aczone.....	15	Androgel.....	20	Betamethasone Dipropionate 0.05% Cream, Ointment ....	15
Adapalene 0.1% Cream, Gel..	15	Android .....	20	Betaseron .....	13
Adapalene 0.3% Gel.....	15	Antipyrine/Benzocaine Otic Solution .....	20	Bethkis .....	20
Adcirca .....	22	Apri .....	23	Bicalutamide.....	10
Adderall XR.....	12	Apriso.....	18	Bidil.....	11
Adempas.....	22	Aranesp .....	20	Bisoprolol.....	11
Advair Diskus/HFA.....	22	Armour Thyroid.....	17	Bisoprolol- Hydrochlorothiazide.....	11
Aerospan .....	22	Asacol HD Tablet .....	18	Bosulif.....	10
Albuterol Nebs .....	22	Asmanex.....	22	Brand Prenatal Vitamins .....	24
Albuterol Sulfate Tablet.....	22	Atenolol .....	11	Breo Ellipta .....	22
Alendronate Sodium Tablet...	20	Atenolol-Chlorthalidone .....	11	Brintellix.....	13
Alfuzosin Tablet.....	19	Atorvastatin.....	12	Bromfed DM.....	20
Allopurinol Tablet .....	21	Atripila .....	19	Budesonide Nebs .....	22
Alphagan P 0.1%.....	18	Aubagio .....	13	Buprenorphine/Naloxone Tablet.....	14
		Aviane .....	23	Bupropion Extended-Release Tablet.....	13
		Avonex.....	13		
		Azathioprine Tablet.....	23		

Bupropion Sustained-Release Tablet.....	13
Bupropion Tablet.....	13
Buspiron Tablet.....	14
Bydureon .....	17
Byetta .....	17
Bystolic .....	11

## C

Calcitriol Capsule.....	17
Canasa.....	18
Capecitabine Tablet.....	10
Carac.....	15
Carbamazepine Tablet.....	14
Carbidopa-Levodopa.....	14
Carisoprodol 350 mg Tablet ..	21
Cartia XT.....	11
Carvedilol.....	11
Cayston.....	20
Cefadroxil Capsule, Tablet ....	10
Cefdinir Capsule .....	10
Cefprozil Tablet.....	10
Cefuroxime Tablet.....	10
Celecoxib .....	21
Cellcept .....	23
Cenestin .....	24
Cephalexin Capsule.....	10
Cerdelga .....	20
Cetrotide .....	19
Chlorhexidine Gluconate.....	20
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution ..	20
Chlorthalidone .....	11
Choline Fenofibrate .....	12
Cialis .....	19
Ciclopirox Cream, Gel, Lotion, Solution .....	15
Cimzia.....	19
Ciprodex.....	20
Ciprofloxacin Tablet .....	10

Citalopram Tablet.....	13
Claravis.....	15
Clarinet.....	22
Clarinet-D .....	22
Clarithromycin Tablet .....	10
Climara.....	24
Climara Pro.....	24
Clindamycin 1%/Benzoyl Peroxide 5% Gel .....	15
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel .....	15
Clindamycin Capsule .....	10
Clindamycin Gel.....	15
Clindamycin Lotion .....	15
Clindamycin Solution, Swabs	15
Clobetasol Propionate Cream, Ointment, Solution.....	15
Clomiphene .....	19
Clonazepam Tablet.....	14
Clonidine Tablet.....	11
Clopidogrel.....	11
Clotrimazole-Betamethasone Cream.....	15
Clotrimazole-Betamethasone Lotion.....	15
Colcrys .....	21
Combigan.....	18
Combivent Respimat .....	22
Complera.....	19
Concerta.....	12
Condylox Gel .....	15
Contour Test Strips .....	16
Copaxone.....	13
Cortifoam.....	18
Creon.....	18
Crestor.....	12
Cryselle.....	23
Cyclafem .....	23
Cyclobenzaprine .....	21
Cyclophosphamide Capsule...	10

Cyclosporine Modified Capsule.....	23
Cymbalta .....	13
Cyproheptadine Tablet .....	22

## D

Daytrana.....	12
Delzicol .....	18
Desmopressin Tablet .....	17
Desonide 0.05% Cream, Lotion, Ointment .....	15
Desoximetasone Gel, Ointment.....	15
Dexamethasone Tablet .....	17
Dexilant.....	18
Dexmethylphenidate Extended-Release Capsule.....	12
Dexmethylphenidate Tablet...	12
Dextroamphetamine- Amphetamine Extended-Release .....	12
Dextroamphetamine- Amphetamine Tablet.....	12
Dextroamphetamine Sulfate Tablet.....	12
Diazepam Tablet .....	14
Diclofenac Tablet.....	21
Dicyclomine Tablet .....	21
Differin 1%.....	15
Dificid .....	10
Diflorasone Diacetate 0.05% Cream, Ointment .....	15
Digoxin .....	12
Diltiazem 24 Hour CD.....	11
Diltiazem Sustained-Release Capsule.....	11
Diltiazem Sustained-Release Tablet.....	11
Diovan.....	11

Diphenoxylate-Atropine	
Tablet.....	18
Divalproex Delayed-Release	
Tablet.....	14
Divalproex Extended-Release	
Tablet.....	14
Divigel.....	24
Donepezil 5, 10 mg ODT,	
Tablet.....	14
Doryx .....	10
Doxazosin.....	11, 19
Doxazosin Tablet.....	19
Doxepin.....	13
Doxycycline Hyclate Capsule,	
Tablet.....	10
Doxycycline Monohydrate	
50, 100 mg Capsule .....	10
Duavee.....	24
Dulera.....	22
Duloxetine Capsule .....	13
Dutoprol.....	11
Dymista.....	22

## E

Econazole Cream .....	10
Edarbi.....	11
Edarbyclor .....	11
Effient .....	11
Eliquis .....	11
Enalapril.....	11
Enbrel.....	19
Enjuvia .....	24
Enoxaparin Sodium.....	11
Enskyce .....	23
Epiduo.....	15
Epipen .....	20
Epipen-Jr.....	20
Epzicom .....	19
Erythromycin 0.5%	
Ophthalmic Ointment.....	17
Escitalopram Tablet.....	13

Esomeprazole Capsule.....	18
Estrace Cream .....	24
Estradiol/Norethindrone	
Acetate Tablet.....	24
Estradiol Tablet .....	24
Estradiol Twice-Weekly	
Transdermal Patch.....	24
Estring.....	24
Estrogen/Methyltestosterone	
Tablet.....	24
Eszopiclone Tablet.....	14
Etodolac Capsule.....	21
Evamist.....	24
Extavia.....	13

## F

Famciclovir Tablet .....	10
Farxiga.....	17
Fenofibrate 43, 50 , 67, 130,	
134, 150, 200 mg Capsule ..	12
Fenofibrate 48, 145 mg	
Tablet.....	12
Fenofibrate 54, 160 mg	
Tablet.....	12
Fenoglide .....	12
Fentanyl Patches .....	21
Fetzima.....	13
Finacea .....	15
Finasteride Tablet .....	19
Flecainide .....	12
Flovent Diskus/HFA.....	22
Fluconazole Tablet.....	10
Fluocinolone Cream, Oil,	
Ointment, Solution.....	15
Fluocinonide 0.05% Cream ...	15
Fluoride .....	23
Fluoxetine Tablet, Capsule ...	13
Fluticasone Nasal Spray.....	22
Fluvoxamine Tablet .....	13
Focalin XR.....	12
Folic Acid .....	23

Foradil .....	22
Forteo .....	20
Fosrenol .....	20
Freestyle Test Strips.....	16
Furosemide.....	11

## G

Gabapentin Capsule, Tablet ..	14
Gemfibrozil .....	12
Genotropin .....	17
Gentamicin Ophthalmic	
Ointment, Solution.....	17
Gildess.....	23
Gildess Fe.....	23
Gilenya .....	13
Gleevec .....	10
Glimepiride .....	17
Glipizide.....	17
Glipizide Extended-Release ..	17
Glyburide.....	17
Golytely .....	18
Gonal-F.....	19
Gonal-F RFF .....	19
Guanfacine .....	11, 12
Guanfacine	
Extended-Release .....	12

## H

Harvoni .....	18
Humalog KwikPen.....	16
Humalog Mix 50-50	
KwikPen.....	16
Humalog Mix 75-25	
KwikPen.....	16
Humalog Vials .....	16
Humatrope .....	17
Humira.....	19
Humulin 70-30 KwikPen.....	16
Humulin 70-30 Vials .....	16
Humulin N KwikPen .....	16
Humulin N Vials.....	16
Humulin R Vials .....	16

Hydralazine .....	11	Jentaducto .....	17	Lialda .....	18	
Hydrochlorothiazide.....	11	Junel.....	23	Lidocaine Transdermal Patch.....	20	
Hydrocodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet.....	21	Junel Fe.....	23	Linzess .....	18	
Hydrocodone/ Chlorpheniramine Suspension .....	20	<b>K</b>			Liothyronine Sodium Tablet.....	17
Hydrocodone/Homatropine ..	20	Kaletra .....	19	Lipitor.....	12	
Hydrocodone/Ibuprofen Tablet.....	21	Kazano .....	17	Lipofen .....	12	
Hydrocortisone 2.5% Cream, Ointment .....	15	Ketoconazole Cream .....	10	Lisinopril.....	11, 33	
Hydromorphone Tablet .....	21	Ketorolac Tablet.....	21	Lisinopril- Hydrochlorothiazide.....	11	
Hydroxychloroquine Sulfate..	19	Klor-Con M10 .....	23	Lithium Capsule.....	14	
Hydroxyurea Capsule .....	10	Klor-Con M20 .....	23	Livalo .....	12	
Hydroxyzine Capsule, Tablet.....	22	Kombiglyze XR.....	17	Lo Loestrin Fe .....	23	
Hyoscyamine Tablet .....	18	<b>L</b>			Lorazepam Tablet.....	14
<b>I</b>		Labetalol.....	11	Loryna.....	23	
Ibandronate Tablet .....	20	Lamivudine-Zidovudine .....	19	Losartan .....	11	
Ibuprofen Tablet .....	21	Lamotrigine Tablet.....	14	Losartan- Hydrochlorothiazide.....	11	
Imbruvica .....	10	Lansoprazole Capsules .....	18	Lovastatin.....	12	
Imiquimod 5% Cream .....	15	Lantus Solostar.....	16	Low-Ogestrel .....	23	
Incruse Ellipta .....	22	Lantus Vials .....	16	Lumigan.....	18	
Indomethacin Capsule.....	21	Lastacaft.....	17	Lunesta.....	14	
Intelence .....	19	Latanoprost 0.005% Ophthalmic Solution .....	18	Lutera .....	23	
Intuniv.....	13	Latuda .....	14	Lyrica .....	14	
Invokamet.....	17	Lazanda.....	21	<b>M</b>		
Invokana .....	17	Leflunomide .....	19	Medroxyprogesterone .....	24	
Ipratropium-Albuterol Nebs ..	22	Letairis .....	22	Meloxicam Tablet.....	21	
Ipratropium Nebs .....	22	Letrozole Tablet .....	20	Mercaptopurine Tablet .....	10	
Irbesartan .....	11	Leucovorin Calcium Tablet ..	10	Metadate CD .....	13	
Isentress.....	19	Levalbuterol Nebs.....	22	Metaxalone Tablet.....	21	
Isosorbide Mononitrate ER ...	12	Levemir FlexTouch .....	16	Metformin.....	17	
Itraconazole Capsule.....	10	Levemir Vials .....	16	Metformin Extended-Release Tablet.....	17	
<b>J</b>		Levetiracetam Extended-Release Tablet ....	14	Methadone Tablet .....	21	
Janumet .....	17	Levetiracetam Tablet .....	14	Methimazole Tablet .....	17	
Januvia .....	17	Levitra .....	19	Methocarbamol Tablet .....	21	
Jardiance .....	17	Levocetirizine Tablet.....	22	Methotrexate Tablet .....	19	
		Levofloxacin Tablet .....	10	Methylphenidate.....	13	
		Levora-28 .....	23			
		Levothyroxine Sodium Tablet.....	17			
		Lexapro.....	13			

Methylphenidate	
Extended-Release	
Capsule .....	13
Methylphenidate	
Extended-Release Tablet ....	13
Methylprednisolone Tablet ....	17
Metoclopramide Tablet .....	18
Metoprolol Succinate 50, 100,	
200 mg .....	11
Metoprolol Tartrate .....	11
Metronidazole Gel 0.75%.....	15
Metronidazole Tablet .....	10
Microgestin .....	23
Microgestin FE .....	23
Minastrin 24 FE .....	23
Minivelle .....	24
Minocycline Capsule .....	10
Minocycline Tablet.....	10
Mirtazapine Tablet .....	13
Mirvaso .....	15
Modafinil Tablet.....	14
Mometasone Furoate Cream,	
Lotion, Ointment .....	15
Mononessa.....	23
Montelukast Chewable Tablet,	
Tablet.....	22
Montelukast Granules .....	22
Morphine Sulfate	
Extended-Release Tablet ....	21
Morphine Sulfate Oral	
Solution .....	21
Moviprep .....	18
Moxeza .....	17
Moxifloxacin Tablet.....	10
Mupirocin Ointment .....	15
Mycophenolate Capsule,	
Suspension .....	23
Mycophenolic Acid Tablet.....	23
Myfortic .....	23

## N

Nabumetone Tablet .....	21
Nadolol .....	11
Namenda XR.....	14
Naproxen Tablet .....	21
Naratriptan .....	13
Nasonex .....	22
Natazia .....	23
Necon 0.5/35, 1/35, 1/50,	
10/11 .....	23
Neoral.....	23
Nesina.....	17
Nevirapine .....	19
Nevirapine	
Extended-Release .....	19
Nexium Capsule .....	18
Niacin Extended-Release	
Tablet.....	12
Niaspan .....	12
Nifedipine Extended-Release	11
Nitrofurantoin Capsule.....	10
Nitrofurantoin Macrocrystal	
Capsule .....	10
Nitrostat .....	12
Norditropin.....	17
Norgestimate-Ethinyl	
Estradiol .....	23
Nortrel 0.5/35 .....	23
Nortriptyline Capsule.....	13
Norvir .....	19
Novolin 70-30 Vials .....	16
Novolin N Vials .....	16
Novolin R Vials.....	16
Novolog Flexpen .....	16
Novolog Mix 70/30	
Flexpen.....	16
Novolog Mix 70/30 Vials .....	16
Novolog Vials .....	16
NP Thyroid Tablet .....	17
Nucynta .....	21
Nucynta ER.....	21

Nuedexta .....	20
Nutropin, Nutropin AQ.....	17
Nuvaring.....	23
Nuvigil.....	14
Nystatin-Triamcinolone	
Acetonide Cream,	
Ointment.....	15
Nystatin Cream, Ointment....	10

## O

Ofloxacin 0.3% Ophthalmic	
Solution .....	17
Ofloxacin Tablet .....	10
Olanzapine Tablet .....	14
Olysio .....	18
Omeclamox-Pak .....	18
Omega-3-Acid Ethyl Esters	
Capsule .....	12
Omeprazole Capsule .....	18
Omnitrope.....	17
Ondansetron.....	18
Ondansetron ODT.....	18
One Touch Test Strips.....	16
One Touch Ultra Meter.....	16
One Touch Ultra Mini .....	16
One Touch Ultra Test Strips .	16
One Touch Verio .....	16
One Touch Verio IQ.....	16
One Touch Verio IQ	
Test Strips.....	16
One Touch Verio Sync.....	16
Onglyza .....	17
Opana ER .....	21
Opsumit .....	22
Oracea .....	10
Orencia.....	19
Orsythia .....	23
Ortho-Cyclen.....	23
Ortho-Novum .....	23
Ortho-Novum 7/7/7 .....	23
Ortho Micronor .....	23



Ortho Tri-Cyclen .....	23	Prenisolone Oral Solution.....	17	Restasis .....	20
Ortho Tri-Cyclen Lo.....	23	Prepopik .....	18	Revlimid.....	10
Oseni .....	17	Prezista .....	19	Reyataz .....	19
Otezla .....	19	Pristiq ER.....	13	Rezira .....	20
Otrexup .....	19	Proair HFA .....	22	Ribapak .....	18
Ovidrel .....	19	Procrit.....	20	Ribavirin Tablet.....	18
Oxcarbazepine Tablet .....	14	Progesterone Micronized		Risperidone Tablet.....	14
Oxsoralen-U1.....	15	Capsule .....	24	Rizatriptan Tablet.....	13
Oxybutynin Extended-Release		Prograf.....	23	Ropinirole Tablet.....	14
Tablet.....	21	Promethazine/Codeine.....	20		
Oxybutynin Tablet .....	21	Promethazine/		<b>S</b>	
Oxycodone/Acetaminophen		Dextromethorphan.....	20	Saizen .....	17
5/325 mg, 7.5/325 mg,		Promethazine Tablet.....	22	Seroquel XR .....	14
10/325 mg Tablet.....	21	Propranolol Extended-Release		Sertraline Tablet.....	13
Oxycodone Tablet.....	21	Capsule .....	11	Sildenafil Tablet.....	22
Oxycontin.....	21	Propranolol Tablet .....	11	Simcor .....	12
		Proventil HFA.....	22	Simponi .....	19
		Pulmicort Flexhaler.....	22	Simvastatin .....	12
		Pulmozyme .....	20	Sirolimus Tablet.....	23
		Pylera.....	18	Sodium Sulfacetamide-Sulfur15	
				Solodyn.....	10
<b>P</b>				Sotalol.....	12
Pantoprazole Tablet .....	18			Sovaldi.....	18
Paroxetine Tablet.....	13	<b>Q</b>		Spiriva Handihaler .....	22
Patanol.....	17	Qnasl .....	22	Spiriva Respimat.....	22
Pegasys .....	20	Quetiapine Tablet .....	14	Spirolactone .....	11
Penicillin V Potassium		Quinapril.....	11	Sprintec .....	23
Tablet.....	10	QVAR .....	22	Sprix .....	21
Perforomist.....	22			Sronyx.....	23
Phenazopyridine.....	20			Stelara.....	19
Phenytoin Capsule,		<b>R</b>		Stendra .....	19
Suspension.....	14	Rabeprazole Tablet .....	18	Strattera.....	13
Picato.....	15	Raloxifene Tablet.....	20	Stribild.....	19
Pioglitazone .....	17	Ramipril .....	11	Suboxone Film .....	14
Polyethylene Glycol 3350.....	18	Ranexa.....	12	Subsys.....	21
Potassium Chloride .....	23	Ranitadine Syrup.....	18	Suclear .....	18
Potassium Citrate .....	23	Rapaflo .....	19	Sucralfate Tablet.....	18
Pradaxa.....	11	Rapamune .....	23	Sulfamethoxazole-	
Pramipexole Tablet .....	14	Rasuvo .....	19	Trimethoprim Tablet.....	10
Pravastatin .....	12	Rebif.....	13	Sulfasalazine Tablet .....	18
Prednisone Tablet.....	17	Reclipsen .....	23	Sumatriptan Nasal Spray .....	13
Premarin.....	24	Rectiv .....	20		
Premphase .....	24	Regranex.....	15		
Prempro.....	24	Relpax.....	13		
Prenatal Plus.....	24	Renvela .....	20		

Sumatriptan Succinate Tablet, Injection.....	13
Sumavel DosePro .....	13
Suprax Capsule, Suspension, Tablet.....	10
Suprep .....	18
Sustiva .....	19
Sutent .....	10
Symbicort .....	22
Synthroid.....	17

## T

Tacrolimus Capsule .....	23
Tacrolimus Ointment .....	15
Tamiflu.....	10
Tamoxifen Tablet.....	20
Tamsulosin Capsule.....	19
Tanzeum.....	17
Tasigna .....	10
Tasmar.....	14
Tazorac .....	15
Tecfidera .....	13
Telmisartan.....	11
Telmisartan- Hydrochlorothiazide.....	11
Temazepam Capsule.....	14
Terazosin .....	11, 19
Terazosin Capsule, Tablet.....	19
Terbinafine Tablet .....	10
Testim.....	20
Testosterone Cypionate Injection.....	20
Tev-Tropin.....	17
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution .....	18
Tirosint.....	17
Tivicay.....	19
Tizanidine Tablet .....	21
Tobi Podhaler .....	20

Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension .....	17
Tobramycin Nebulized Solution .....	20
Tobramycin Ophthalmic Solution .....	17
Tolterodine Extended-Release Tablet.....	21
Tolterodine Tablet .....	21
Topiramate Tablet.....	14
Toviaz.....	21
Tracleer.....	22
Tradjenta.....	17
Tramadol-Acetaminophen.....	21
Tramadol Sustained-Release Tablet.....	21
Tramadol Tablet .....	21
Transderm-Scop .....	18
Travatan Z.....	18
Trazodone Tablet.....	13
Tretinoin.....	15
Tretinoin Microspheres .....	15
Tri-Previfem .....	23
Tri-Sprintec .....	23
Triamcinolone Acetonide Cream, Lotion, Ointment ..	15
Triamcinolone Nasal Spray....	22
Triamterene- Hydrochlorothiazide.....	11
Triazolam Tablet .....	14
Tricor 48, 145 mg .....	12
Trilipix.....	12
Trinessa .....	23
Triumeq.....	19
Trulicity.....	17
Truvada .....	19
Tudorza .....	22
Tyvaso .....	22

## U

Uceris.....	18
Uloric.....	21

## V

Vagifem .....	24
Valacyclovir Tablet .....	10
Valsartan.....	11
Valsartan- Hydrochlorothiazide.....	11
Vascepa.....	12
Vectical.....	15
Velphoro .....	20
Venlafaxine Extended-Release Capsule.....	13
Venlafaxine Tablet.....	13
Ventolin HFA.....	22
Verapamil .....	11
Verapamil Sustained-Release.	11
Vesicare.....	21
Vectura.....	23
Viagra.....	19
Vicodin 5/300 mg, 7.5/300 mg, 10/300 mg Tablet.....	21
Victoza 2-Pak.....	17
Victoza 3-Pak.....	17
Viekira Pak.....	18
Vigamox .....	17
Viibryd .....	13
Viorele .....	23
Viread.....	19
Vivelle-Dot.....	24
Voltaren Gel .....	21
Vytorin .....	12
Vyvanse .....	13

## W

Warfarin Sodium .....	11
Welchol .....	12
Wellbutrin XL.....	13

**X**

Xarelto.....	11
Xeljanz.....	19
Xopenex HFA.....	22
Xopenex Nebs.....	22
Xulane.....	23
Xyrem.....	14

**Y**

Yasmin 28.....	23
Yaz.....	23

**Z**

Zaleplon Capsule.....	14
Zelapar.....	14
Zenpep.....	18
Zetia.....	12
Zetonna.....	22
Ziprasidone Capsule.....	14
Zohydro ER.....	21
Zolpidem Extended-Release Tablet.....	14
Zolpidem Tablet.....	14
Zonisamide Capsule.....	14
Zovirax Cream.....	10
Zubsolv.....	14
Zytiga.....	10



# “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

**Notes**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



## For more information



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



Or, visit [myuhc.com](http://myuhc.com)<sup>®</sup>

## Where else can I go for information?

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

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

The screenshot displays the myuhc.com website. At the top, the myuhc.com logo is on the left and the UnitedHealthcare logo is on the right. A navigation bar contains links for Home, Claims & Accounts, Physicians & Facilities, **Pharmacies & Prescriptions** (highlighted with a blue arrow), Benefits & Coverage, Personal Health Record, and Health & Wellness. Below the navigation bar, there are several sections: a user greeting for Chrisdemo with plan details; a myClaims Manager section with a pie chart showing 'Your Responsibility' of \$1,249.00 (including \$138.00 for HRA paid to provider and \$10.00 for website payment) and 'You Owe' of \$1,101.00; a 'What would you like to do today?' section with tiles for Manage My Claims, Look up My Benefits, Find a Doctor, and Manage My Prescriptions; an Information Center with links to appeal rights, claim processing delays, and medical expenses; and an 'Ask a Nurse' chat section.



All branded medications are trademarks or registered trademarks of their respective owners.