Your 2015 Formulary

SignatureValue

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®** or **optumrx.com®**

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

UnitedHealthcare®

Your Formulary

This Formulary outlines the most commonly prescribed medications for certain conditions and organizes them into coverage levels. An important part of the Formulary is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to myuhc.com for complete drug information

Since the Formulary may change, we encourage you to visit our website, **myuhc.com** or **optumrx.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.

Table of Contents

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 Formulary.

What is a Formulary?

This document is a list of commonly prescribed medications. Drugs are listed by common categories or class. 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 Formulary 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 **optumrx.com** or call the toll-free member phone number on your health plan ID card for more information.

How do I use my Formulary List?

When choosing a medication, you and your doctor should consult the Formulary. 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 **optumrx.com** or call the toll-free member phone number on your health plan ID card.

What are Coverage Levels?

Coverage Levels are the different cost levels you pay for a medication. Each level 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. Formulary Generic medications are your lowest-cost options. If your medication is placed in Formulary Brand or Non-Formulary levels, look to see if there is a Formulary Generic option available. Discuss these options with your doctor.

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

$	Coverage Level	Includes	Helpful Tips
	**Formulary Generic Lowest Cost**	Lower-cost drugs. Some low-cost brands are also included.	Use Formulary Generic drugs for the lowest out-of-pocket costs.
	**Formulary Brand Mid-range Cost**	Cost effective brand drugs.	Use Formulary Brand drugs, instead of Non-Formulary to help reduce your out-of-pocket costs.
	**Non-Formulary Highest Cost**	Mostly higher-cost brand as well as select generic drugs.	Many Non-Formulary drugs have lower-cost options in Formulary Generic or Brand levels. Ask your doctor if they could work for you.

Please note: Some plans may have two or four coverage levels, while others may not have any. If you have a high deductible plan, the coverage cost levels may apply once you hit your deductible. Refer to your enrollment and plan materials on **myuhc.com** or **optumrx.com**, or call the toll-free number on your health plan ID card for more information about your benefit plan.

When does the Formulary List change?

- Medications may move to a lower level at any time.
- Medications may move to a higher level when its generic becomes available.
- Medications may move to a higher level most often on January 1 or July 1.

When a medication changes levels, 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.

AE	**Age Edit** – This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval.
E	**Excluded from coverage for California and select Oklahoma markets.** Lower-cost options are available and covered.
FB	**Formulary Brand**
FG	**Formulary Generic**
GE	**Gender Edit** – This medication is covered only for specific gender based on FDA approved indications.
M	**Medical** – The medication may be covered under medical with Prior Authorization.
NF	**Non-Formulary** – A non-formulary drug. Non-formulary drugs require Prior Authorization for plans with two copayment levels.
PA	**Prior Authorization required** – Your doctor is required to provide additional information to UnitedHealthcare to determine coverage.
QL	**Quantity Limit** – Amount of medication covered per copayment or in a specific time period.
ST	**Step Therapy** – Trial of a lower cost medication is required before a higher cost medication is covered.

To learn more about a pharmacy program or to find out if it applies to you, please visit **myuhc.com** or **optumrx.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 as defined by your Pharmacy Schedule of Benefits. 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** or **optumrx.com** to make sure.

[1] The following are not considered a maintenance medication and will not be subject to the Mail Service Member Select program: Specialty Medications, those drugs requiring close monitoring and frequent dose modifications, HIV drugs, oral chemotherapy drugs and controlled substances.

How do I get updated information about my pharmacy benefit?

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

Log on to optumrx.com for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- A list of medications based on a specific medical condition
- 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** or **optumrx.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.

Medications are categorized by common therapeutic conditions in this Formulary 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	Coverage Level	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin	FG	
Amoxicillin/Potassium Clavulanate	FG	
Antipyrine/Benzocaine Otic	FG	
Azithromycin	FG	
Cefaclor Suspension	FB	
Cefaclor Tablet	FG	
Cefadroxil	FG	QL
Cefdinir	FG	
Cefpodoxime	FG	
Cefprozil	FG	
Cefuroxime	FG	
Cephalexin	FG	
Chloroxylenol/ Hydrocortisone/ Pramoxine Otic	FG	
Ciprofloxacin	FG	
Clarithromycin IR/ER	FG	
Cleocin Vaginal Suppository	FB	
Clindamycin	FG	
Dapsone	FB	
Demeclocycline	FG	
Dicloxacillin	FG	
Doxycycline Hyclate	FG	
Doxycycline Monohydrate Tablet	FG	QL
Erythromycin	FG	
Erythromycin/ Sulfisoxazole	FG	
Ethambutol	FG	

Drug Name	Coverage Level	Requirements & Limits
Isoniazid	FG	
Levofloxacin	FG	
Macrodantin 25 mg	FB	
Methenamine	FG	
Metronidazole Tablet	FG	
Minocycline	FG	
Mycobutin	FB	
NebuPent Nebs	FB	QL
Neomycin	FG	
Neomycin/Polymixin/ Hydrocortisone Otic	FG	
Nitrofurantoin	FG	
Nitrofurantoin Macrocrystal	FG	
Ofloxacin Otic	FG	
Oracea	NF	QL
Paromomycin	FG	
Penicillin VK	FG	
Pramoxine-HC Otic	FG	
Pyrazinamide	FG	
Rifampin	FG	
Solodyn	NF	QL
Sulfadiazine	FG	
Sulfamethoxazole/ Trimethoprim, Sulfamethoxazole/ Trimethoprim DS	FG	
Tetracycline	FG	
Trimethoprim	FG	
Zmax	FB	
Zyvox	NF	PA

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ST = Step Therapy

Drug Name	Coverage Level	Requirements & Limits
Anti-Infectives: Antifungals		
Clotrimazole Troche	FG	
Fluconazole	FG	
Griseofulvin	FG	
Itraconazole	FG	PA
Ketoconazole Cream, Shampoo	FG	
Metronidazole Vaginal Gel	FG	
Nystatin	FG	
Terbinafine	FG	
Terconazole	FG	QL
Vandazole Gel	FG	
Anti-Infectives: Antivirals		
Acyclovir	FG	
Adefovir	FG	
Amantadine Capsule, Syrup	FG	
Baraclude	NF	E, QL
Entecavir	FG	QL
Epivir HBV Solution	FB	
Famciclovir	FG	
Harvoni	FB	PA, QL
Incivek	NF	PA, QL
Lamivudine	FG	
Olysio	NF	PA, QL
Ribavirin Tablet	FG	PA
Rimantidine	FG	
Sovaldi	FB	PA, QL
Valacyclovir	FG	QL
Valcyte Solution	FB	
Valganciclovir Tablet	FG	QL
Viekira Pak	NF	PA, QL
Zovirax Cream	FB	E
Zovirax Ointment	NF	E
Cancer		
Alkeran	FB	
Bicalutamide	FG	
Capecitabine	FG	
Caprelsa	FB	PA, QL
Cyclophosphamide	FG	
Emcyt	FB	

Drug Name	Coverage Level	Requirements & Limits
Etoposide	FG	
Exemestane	FG	
Fareston	FB	
Flutamide	FG	
Gleevec	FB	PA, QL
Hexalen	FB	
Hydroxyurea	FG	
Letrozole	FG	PA
Leucovorin Calcium	FG	
Leukeran	FB	
Lomustine	FG	
Lysodren	FB	
Matulane	FB	
Megesterol AC	FG	
Mercaptopurine	FG	
Myleran	FB	
Nilandrone	FB	
Tabloid	FB	
Tamoxifen	FG	
Targretin	FB	
Tasigna	FB	PA, QL
Temozolomide	FG	PA
Tretinoin Capsule	FG	
Tykerb	FB	PA
Xeloda	FB	E
Cardiovascular/Heart Disease: Coagulation Therapy		
Aggrenox	FB	
Brilinta	FB	QL
Clopidogrel	FG	QL
Effient	FB	QL
Jantoven	FG	
Pradaxa	FB	QL
Warfarin	FG	
Xarelto	FB	QL
Cardiovascular/Heart Disease: High Blood Pressure		
Acebutolol	FG	
Acetazolamide	FG	
Acetazolamide ER	FG	
Afeditab CR	FG	
Aldactazide 25/25 mg	FB	
Amiloride	FG	
Amiloride/ Hydrochlorothiazide	FG	

Drug Name	Coverage Level	Requirements & Limits
Amlodipine	FG	QL
Amlodipine/Benazepril	FG	QL
Atenolol	FG	
Atenolol/ Chlorthalidone	FG	
Azor	FB	QL, ST
Benazepril	FG	
Benazepril/ Hydrochlorothiazide	FG	
Benicar	FB	QL, ST
Benicar HCT	FB	QL, ST
Betaxolol	FG	
Bisoprolol	FG	
Bisoprolol/ Hydrochlorothiazide	FG	
Bumetanide	FG	
Bystolic	FB	QL
Captopril	FG	
Captopril/ Hydrochlorothiazide	FG	
Cartia XT	FG	
Carvedilol	FG	
Chlorothiazide	FG	
Chlorthalidone	FG	
Clonidine Tablet	FG	
Clorpres	NF	
Dibenzyline	FB	
Dilatrate SR	FB	
Diltiazem Sustained-Release Capsule	FG	
Diltiazem Tablet	FG	
Diovan	NF	E, QL, ST
Doxazosin	FG	
Dutoprol	FB	QL
Edarbi	NF	E, QL, ST
Edarbyclor	NF	QL, ST
Enalapril	FG	

Drug Name	Coverage Level	Requirements & Limits
Enalapril/ Hydrochlorothiazide	FG	
Eprosartan	FG	QL
Exforge	NF	E, QL, ST
Exforge HCT	NF	E, QL, ST
Ezide	FG	
Felodipine	FG	QL
Fosinopril	FG	
Fosinopril/ Hydrochlorothiazide	FG	
Furosemide	FG	
Guanfacine	FG	
Hydralazine	FG	
Hydrochlorothiazide	FG	
Indapamide	FG	
Irbesartan	FG	QL
Irbesartan/ Hydrochlorothiazide	FG	QL
Isradipine	FG	
Labetalol	FG	
Lisinopril	FG	
Lisinopril/ Hydrochlorothiazide	FG	
Losartan	FG	QL
Losartan/ Hydrochlorothiazide	FG	QL
Methazolamide	FG	
Methyclothia	FG	
Methyldopa	FG	
Methyldopa/ Hydrochlorothiazide	FG	
Metolazone	FG	
Metoprolol Succinate ER	FG	
Metoprolol Tartrate	FG	
Micardis HCT	FB	E, QL, ST
Minoxidil	FG	

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Drug Name	Coverage Level	Requirements & Limits
Moexipril	FG	
Moexipril/ Hydrochlorothiazide	FG	
Nadolol	FG	
Nicardipine	FG	
Nifediac CC	FG	
Nifedical XL	FG	
Nifedipine IR/ER	FG	
Perindopril	FG	
Pindolol	FG	
Prazosin	FG	
Propranolol/ Hydrochlorothiazide	FG	
Propranolol IR/ER	FG	
Quinapril	FG	
Ramipril	FG	QL
Reserpine	FG	
Sotalol	FG	
Sotalol AF	FG	
Spironolactone	FG	
Spironolactone/ Hydrochlorothiazide	FG	
Tarka	FB	
Taztia XT	FG	
Tekturna	FB	QL, ST
Tekturna HCT	FB	QL, ST
Telmisartan	FB	QL
Terazosin	FG	QL
Timolol	FG	
Torsemide	FG	
Triamterene/ Hydrochlorothiazide	FG	
Tribenzor	FB	QL, ST
Valsartan	FG	QL
Valsartan/ Hydrochlorothiazide	FG	QL
Valturna	FB	QL
Verapamil Sustained-Release Capsule	FG	QL
Verapamil Sustained-Release Tablet	FG	
Verapamil Tablet	FG	

Drug Name	Coverage Level	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol		
Antara	NF	QL
Atorvastatin	FG	QL
Cholestyramine	FG	
Choline Fenofibrate Capsule	FG	E, QL
Colestipol	FG	
Crestor	FB	QL
Fenofibrate 48, 145 mg Tablet	FG	E, QL
Fenofibrate 54, 160 mg Tablet	FG	QL
Fenofibrate Capsule	FG	QL
Fenofibrate Micronized	FG	QL
Gemfibrozil	FG	QL
Lipofen	NF	QL
Livalo	NF	QL, ST
Lovastatin	FG	
Lovaza	FB	E, QL
Niacin ER	FG	QL
Niaspan	NF	QL
Omega-3-Acid Ethyl Esters Capsule	FG	PA, QL
Pravastatin	FG	
Prevalite	FG	
Simcor	FB	QL
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	FG	QL
Simvastatin 80 mg	FG	PA, QL
Vascepa	FB	QL
Vytorin	FB	PA, QL
Welchol	FB	
Cardiovascular/Heart Disease: Other		
Aggrenox	FB	
Amiodarone	FG	
Anagrelide	FG	
Brilinta	FB	QL
Cilostazol	FG	
Clopidogrel	FG	QL
Digoxin	FG	
Dilatrate SR	FB	

Drug Name	Coverage Level	Requirements & Limits
Dipyridamole	FG	
Disopyramide	FG	
Effient	FB	QL
Flecainide	FG	
Isochron	FG	
Isoditrate ER	FG	
Isordil	FB	
Isosorbide Dinitrate IR/ER	FG	
Isosorbide Mononitrate IR/ER	FG	
Isoxsuprine	FG	
Mexiletine	FG	
Midodrine	FG	
NitroBid	FB	
NitroDur Patch	FB	
Nitroglycerin ER	FG	
Nitrolingual Pump Spray	FG	
Nitrostat	FB	
NitroTime	FG	
Norpace CR	FB	
Pacerone	NF	
Pentoxifylline	FG	
Propafenone	FG	
Quinidine IR/ER	FG	
Ranexa	FB	QL, ST
Sotalol	FG	
Ticlopidine	FG	QL
Central Nervous System: Attention Deficit Disorder		
Adderall XR	FB	AE, QL
Dextroamphetamine/ Amphetamine	FG	AE, QL
Dextroamphetamine/ Amphetamine Extended-Release	NF	AE, E, QL
Dextroamphetamine Sulfate Extended-Release	FG	AE, PA, QL
Dextroamphetamine Sulfate Tablet	FG	AE, PA, QL
Guanfacine ER	FG	AE, QL
Intuniv	NF	AE, QL
Metadate ER	FG	AE, PA, QL
Methylphenidate Controlled-Release Tablet	FG	AE, QL
Methylphenidate Tablet	FG	AE, PA, QL
Strattera	FB	AE, QL
Vyvanse	FB	AE, QL
Central Nervous System: Depression		
Amitriptyline	FG	
Amoxapine	FG	
Bupropion	FG	
Bupropion SR	FG	
Bupropion XL	FG	QL
Citalopram	FG	QL
Clomipramine	FG	
Cymbalta	NF	E, QL
Desipramine	FG	
Doxepin	FG	
Duloxetine	FG	QL
Escitalopram	FG	QL
Fluoxetine	FG	
Fluvoxamine	FG	
Forfivo XL	FB	QL
Imipramine	FG	
Maprotiline	FG	
Mirtazapine, Mirtazapine ODT	FG	
Nefazodone	FG	
Nortriptyline	FG	

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Drug Name	Coverage Level	Requirements & Limits
Paroxetine	FG	
Paroxetine ER	FG	QL
Paxil Suspension	FB	
Phenelzine	FG	
Pristiq	FB	QL
Protriptyline	FG	
Sertraline	FG	
Tranylcypromine	FG	
Trazodone	FG	
Venlafaxine	FG	
Venlafaxine Extended-Release Capsule	FG	QL
Venlafaxine Extended-Release Tablet	FG	QL
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine	FG	QL
Cafergot	FB	
Isometheptene/ Acetaminophen/ Dichloralphenazone	FG	
Migragesic	FG	
Migranal	NF	QL
Nodolor	FG	
Phrenilin Forte	NF	QL
Rizatriptan	FG	QL
Sumatriptan Nasal Spray, Tablet	FG	QL
Sumavel DosePro	M	
Zolmitriptan	FG	QL
Zomig Spray	FB	E, QL
Central Nervous System: Multiple Sclerosis		
Ampyra	FB	PA, QL
Avonex	M	QL
Betaseron	M	QL
Copaxone	M	QL
Extavia	M	QL
Rebif, Rebif Rebidose	M	QL
Tecfidera	FB	PA, QL

Drug Name	Coverage Level	Requirements & Limits
Central Nervous System: Other		
Abilify Tablet, Disc	FB	QL
Alprazolam IR/ER	FG	QL
Aricept 5 mg, 10 mg Tablet, ODT	NF	QL
Aricept 23 mg	NF	QL, ST
Azilect	NF	QL
Benztropine	FG	
Bromocriptine	FG	PA
Buspirone	FG	
Carbidopa/Levodopa IR/ER	FG	
Chlordiazepoxide	FG	QL
Chlordiazepoxide/ Amitriptyline	FG	
Chlorpromazine	FG	
Clorazepate	FG	QL
Clozapine	FG	QL
Compro Suppository	FG	
Diazepam	FG	
Donepezil, Donepezil ODT	FG	QL
Entaone	FG	
Ergoloid Mesylate	FG	
Fluphenazine	FG	
Galantamine IR/ER	FG	
Haloperidol	FG	
Hydroxyzine	FG	
Lithium IR/ER	FG	
Lorazepam	FG	QL
Loxapine	FG	
Meprobamate	FG	
Namenda	NF	QL
Namenda XR	FB	QL
Nuvigil	NF	PA, QL
Olanzapine, Olanzapine ODT	FG	QL
Oxazepam	FG	QL
Perphenazine/ Amitriptyline	FG	
Pramipexole	FG	
Prochlorperazine	FG	

Drug Name	Coverage Level	Requirements & Limits
Quetiapine	FG	QL
Risperidone, Risperidone ODT	FG	QL
Rivastigmine	FG	QL
Ropinirole	FG	
Saphris	FB	PA, QL
Seroquel XR	FB	QL
Suboxone Film	FB	PA, QL
Suboxone Tablet	NF	PA, QL
Thioridazine	FG	
Thiothixene	FG	
Trifluoperazine	FG	
Trihexyphenidyl	FG	
Xyrem	NF	PA, QL
Zelapar	NF	QL
Ziprasidone	FG	QL
Zubsolv	FB	PA, QL
Central Nervous System: Sedatives/Hypnotics		
Flurazepam	FG	PA, QL
Lunesta	NF	E, QL
Silenor	NF	QL
Temazepam	FG	QL
Triazolam	FG	QL
Zaleplon	FG	QL
Zolpidem	FG	QL
Central Nervous System: Seizure Disorders		
Carbamazepine IR/ER	FG	
Clonazepam, Clonazepam ODT	FG	QL
Diazepam Gel	FG	QL
Divalproex	FG	
Divalproex Extended-Release	FG	
Epitol	FG	

Drug Name	Coverage Level	Requirements & Limits
Ethosuximide	FG	
Gabapentin	FG	
Lamictal Chewable, Tablet	FB	E, QL
Lamictal ODT	FB	E, QL
Lamictal Starter Kit	FB	QL
Lamictal XR	NF	E, PA, QL
Lamotrigine Chewable, Tablet	FG	
Lamotrigine ER	FG	QL
Levetiracetam ER	NF	QL, ST
Levetiracetam IR	FG	
Lyrica Capsule	FB	QL
Lyrica Solution	NF	QL
Oxcarbazepine	FG	
Phenobarbital	FG	
Phenytoin	FG	
Topiragen	FG	
Topiramate	FG	
Valproic Acid	FG	
Zonisamide	FG	
Dermatology		
Acanya	NF	QL
Acticin	FG	
Acyclovir	FG	
Adapalene	FG	QL
Ala Quin	FG	
Alclometasone	FG	
Alphatrex	FG	
Ammonium Lactate	FG	
Amnesteem	FG	PA, QL
Atralin	FB	AE, QL
Avita	FG	AE, QL
Benzaclin	NF	QL
Benzamycin Pack	FB	
Betamethasone	FG	

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Drug Name	Coverage Level	Requirements & Limits
Calcipotriene-Betamethasone	FB	QL
Calcipotriene Ointment	FG	QL
Calcitriol Ointment	FG	
Carac	FB	
Cerovel	FG	
Ciclodan	FG	
Ciclopirox Cream, Gel, Lotion, Solution	FG	
Claravis	FG	E, PA
Clindamax Lotion	FG	
Clindamycin/Benzoyl Peroxide	FG	QL
Clindamycin Gel, Lotion, Solution, Swabs	FG	
Clindareach Kit	FG	
Clobetasol, Clobetasol E	FG	
Clobex Lotion, Shampoo	NF	E
Clobex Spray	NF	E, QL
Cloderm	NF	
Cloderm Pump	NF	
Cormax	FG	
Dermazene	FG	
Desonide	FG	
Desoximetasone	FG	
Differin Cream, Lotion	NF	QL
Differin Gel	NF	E, QL
DrithoCreme HP	FB	
DrithoScalp	FB	
Econazole	FG	
Elidel	FB	AE, QL, ST
Epiduo	NF	QL
Ery Pad	FG	
Erythromycin	FG	
Erythromycin/Benzoyl Peroxide	FG	
Ethyl Chloride	FG	
Eurax	FB	
Exoderm	FG	
Finacea	FB	
Finacea Plus	FB	
Fluocinolone	FG	

Drug Name	Coverage Level	Requirements & Limits
Fluocinonide, Fluocinonide E	FG	
Fluorouracil	FG	
Fluticasone	FG	
Gentamicin	FG	
Hydrocortisone	FG	
Hypercare	FG	
Imiquimod	FG	QL
Laclotion	FG	
Lidocaine	FG	
Lidocaine/Prilocaine	FG	
Lindane	FG	
Lokara	FG	
Metrogel 1%	NF	
Metronidazole 0.75% Cream, Lotion	FG	
Mexar	FG	
Mometasone Furoate	FG	
Mupirocin Ointment	FG	
Myorisan	FG	PA
Nystatin	FG	
Nystatin/Triamcinolone	FG	
Nystop	FG	
Permethrin	FG	
Podofilox	FG	
Pramcort	FG	
Pramosone Cream, Ointment	NF	
Pramosone E Cream	NF	
Pramosone Lotion	NF	
Protopic	NF	AE, PA, QL
Retin-A Micro Gel, Pump	FB	AE, QL
Rosadan Cream	FG	
Selenium Sulfide	FG	
Silver Nitrate	FG	
Silver Sulfadiazine	FG	
Sulfacetamide Sodium	FG	
Sulfacetamide Sodium-Sulfur	FG	
Taclonex Ointment	NF	E, QL
Taclonex Scalp	NF	QL
Tacrolimus Ointment	FG	AE, QL
Tazorac	NF	AE, QL

Drug Name	Coverage Level	Requirements & Limits
Tretin-X	FB	AE, QL
Tretinoin	FG	AE
Triamcinolone Acetonide	FG	
Trianex	FB	
Triderm	FG	
Urea 40% Lotion	FG	
Vectical	NF	E
Vitazol	FG	
Voltaren Gel	FB	QL
Zenatane	FG	E, PA
Zyclara Cream, Pump	NF	QL
Diabetes/Endocrine: Blood Glucose Monitoring		
Accu-Chek Active Test Strips	FB	QL
Accu-Chek Aviva Plus Test Strips	FB	QL
Accu-Chek Comfort Curve Test Strips	FB	QL
Accu-Chek Compact Test Strips	FB	QL
Accu-Chek Nano SmartView Test Strips	FB	QL
Bayer Breeze2 Test Strips	NF	PA, QL
Bayer Contour Test Strips	NF	PA, QL
FastClix Lancets	FB	QL
Freestyle Test Strips	NF	PA, QL
Glucocard 01 Test Strips	FG	QL
Glucocard Expression Test Strips	FG	QL
Glucocard Vital Test Strips	FG	QL
Novofine Autocover Pen Needles	NF	
Novofine Pen Needles	NF	
Novotwist Pen Needles	NF	
OneTouch Test Strips	FB	QL
OneTouch Ultra Blue Test Strips	FB	QL
OneTouch Verio IQ Test Strips	FB	QL
Relion Test Strips	NF	PA, QL
Soft Touch Lancets	FB	QL
SoftClix Lancets	FB	QL
Diabetes/Endocrine: Insulin		
Apidra Solostar	NF	ST
Apidra Vial	NF	ST
Humalog KwikPen	FB	
Humalog Mix 75-25 KwikPen	FB	
Humalog Vial	FB	
Humulin 70-30 Vial	FB	
Humulin KwikPen	FB	
Humulin N KwikPen	FB	
Humulin N Vial	FB	
Humulin R U-500 Vial	FB	
Lantus Solostar	FB	
Lantus Vial	FB	
Levemir Flexpen	FB	
Levemir Vial	FB	
Novolin N Vial	FB	E
Novolin R Vial	FB	E

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Drug Name	Coverage Level	Requirements & Limits
Novolin Vial	FB	E
Novolog Flexpen	FB	E
Novolog Mix	FB	E
Novolog Vial	FB	E
Diabetes/Endocrine: Non-Insulin		
Acarbose	FG	
Byetta	FB	QL, ST
Chlorpropamide	FG	AE
Glimepiride	FG	
Glipizide IR/XL	FG	
Glipizide/Metformin	FG	
Glucagen	FB	
Glucagon	FB	QL
Glyburide	FG	
Glyburide/Metformin	FG	
Invokamet	FB	QL, ST
Janumet	FB	QL, ST
Janumet XR	FB	QL, ST
Januvia	FB	QL, ST
Jardiance	FB	QL, ST
Jentadueto	FB	QL, ST
Juvisync	FB	QL, ST
Kombiglyze XR	FB	QL, ST
Metformin	FG	
Metformin Extended-Release	FG	PA
Nateglinide	FG	QL
Onglyza	FB	QL, ST
Pioglitazone	FG	QL, ST
Pioglitazone/Glimepiride	FG	QL, ST
Pioglitazone/Metformin	FG	QL, ST
Prandimet	NF	QL, ST
Repaglinide	FG	QL, ST
Tolazamide	FG	ST
Tolbutamide	FG	ST
Tradjenta	FB	QL, ST
Victoza	NF	QL, ST

Drug Name	Coverage Level	Requirements & Limits
Endocrine: Growth Hormone		
Lupron Depot	M	
Nutropin Aq NuSpin	M	
Saizen	M	
Tev-Tropin	M	
Endocrine: Other		
Asmalpred, Asmalpred Plus	FB	
Calcitriol	FG	
Cortisone	FG	
Desmopressin	FG	
Dexamethasone	FG	
Fludrocortisone	FG	
Hydrocortisone Tablet	FG	
Medrol 2 mg	FB	
Methylergonovine	FG	
Methylprednisolone	FG	
Millipred Tablet	FG	
Paricalcitol	FG	
Prednisolone Solution, Tablet	FG	
Prednisone	FG	
Zemplar	FB	
Endocrine: Thyroid Hormone Replacement		
Levothyroxine Sodium	FG	
Levoxyl	FG	
Liothyronine Sodium	FG	
Methimazole	FG	
Propylthiouracil	FG	
Tirosint	FB	
Unithroid	FG	

Drug Name	Coverage Level	Requirements & Limits
Eye Conditions: Allergies		
Azelastine	FG	
Cromolyn	FG	
Epinastine	FG	E
Lastacaft	NF	QL
Naphazoline 0.1%	FG	
Pataday	NF	E
Patanol	FB	E, QL
Phenylephrine	FG	
Eye Conditions: Antibiotics		
Bacitracin	FG	
Bacitracin/Polymyxin	FG	
Ciprofloxacin	FG	QL
Erythromycin	FG	
Gentamicin	FG	
Ilotycin	FG	
Moxeza	FB	QL
Natacyn	FB	
Neomycin/Bacitracin/ Polymyxin	FG	
Neomycin/Polymixin/ Gramicidin	FG	
Ofloxacin	FG	QL
Polymyxin B/ Trimethoprim	FG	
Sulfacetamide Sodium	FG	
Tobradex Ointment	NF	
Tobramycin/ Dexamethasone	FG	
Tobramycin Ophth Solution	FG	E
Tobrex	NF	E
Trifluridine	FG	
Vigamox	FB	QL

Drug Name	Coverage Level	Requirements & Limits
Eye Conditions: Glaucoma		
Alphagan P	FB	QL
Azopt	FB	QL
Betaxolol	FG	
Betimol	NF	QL
Betoptic-S	FB	
Carteolol	FG	
Combigan	FB	QL
Dorzolamide	FG	QL
Dorzolamide/Timolol	FG	
Istalol	FB	
Latanoprost	FG	QL
Levobunolol	FG	
Lumigan	FB	QL
Metipranolol	FG	
Timolol Maleate	FG	
Timoptic Ocudose	FB	
Travatan Z	FB	QL
Eye Conditions: Other		
Atropine	FG	
Blephamide SOP	NF	
Brimonidine	FG	
Cyclogyl	FB	
Cyclopentolate	FG	
Dexamethasone	FG	
Diclofenac	FG	QL
Fluorometholone	FG	
Flurbiprofen	FG	
FML Forte	FB	
Homatropine	FG	
Iso Carbachol	FB	
Iso Homatropine	FB	
Ketorolac	FG	QL

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Drug Name	Coverage Level	Requirements & Limits
Neomycin/Bacitracin/ Polymyxin/ Hydrocortisone	FG	
Neomycin/Polymixin/ Dexamethasone	FG	
Phospholine	FB	
Pred Mild	FB	
Prednisolone Solution, Tablet	FG	
Proparacaine	FG	
Sulfacetamide Sodium/Prednisolone	FG	
Tetracaine	FG	
Tropicamide	FG	
Gastrointestinal: Acid Suppression		
Carafate	FB	
Cimetidine	FG	
Dexilant	FB	QL
Lansoprazole	FG	QL
Misoprostol	FG	
Nexium	FB	QL
Nizatidine	FG	
Omeclamox-Pak	FB	QL
Omeprazole	FG	QL
Pantoprazole	FG	QL
Pylera	FB	QL
Ranitidine	FG	
Sucralfate Tablet	FG	
Gastrointestinal: Nausea/Vomiting		
Antivert 50 mg	FB	
Dronabinol	FG	PA
Ondansetron	FG	QL
Ondansetron ODT	FG	QL
Promethazine	FG	AE
Trimethobenzamide	FG	
Gastrointestinal: Other		
Amitiza	FB	QL, ST
Analpram Advanced	NF	
Analpram-HC Cream	NF	
Analpram-HC Lotion	NF	
Analpram-HC Shingles	NF	
Apriso	FB	QL
Belladonna Alkaloids/ Phenobarbital	FG	
Budesonide	FG	
Calcium Acetate	FG	
Canasa	FB	QL
Chlordiazepoxide/ Clidinium	FG	
Creon	FB	
Delzicol	NF	E, QL
Dicyclomine	FG	
Dificid	NF	PA
Digex NF	FB	
Diphenoxylate/Atropine	FG	
Gavilyte	FG	QL
Halflytely	NF	QL
Hyoscyamine	FG	
Lactulose	FG	
Lialda	FB	QL
Mesalamine Enema	FG	
Metoclopramide	FG	QL
Pancrelipase	FG	
Paregoric Tincture	FG	
Polyethylene Glycol 3350	FG	QL
Propantheline	FG	
Renvela Packet	NF	
Renvela Tablet	FB	
Rowasa Enema	NF	
Sevelamer	FG	
Sulfasalazine	FG	
Suprep	NF	QL
Trilyte	FG	QL
Ursodiol	FG	
Zenpep	FB	

Drug Name	Coverage Level	Requirements & Limits
HIV/AIDS		
Abacavir	FG	
Abacavir/Lamivudine	FG	
Aptivus	FB	
Atripla	FB	
Complera	FB	
Crixivan	FB	
Didanosine	FG	
Edurant	FB	
Emtriva	FB	
Epivir Solution	FB	
Epzicom	FB	
Fuzeon	FB	QL
Intelence	FB	
Invirase	FB	
Isentress	FB	
Kaletra	FB	
Lamivudine	FG	
Lamivudine/Zidovudine	FG	
Lexiva	FB	
Nevirapine	FG	
Norvir	FB	
Prezista	FB	
Rescriptor	FB	
Retrovir	FB	
Reyataz	FB	
Selzentry	FB	PA
Stavudine	FG	
Stribild	FB	PA
Sustiva	FB	
Tivicay	FB	
Trizivir	NF	
Truvada	FB	
Videx Solution	FB	
Viracept	FB	
Viramune XR	FB	
Viread	FB	
Ziagen	FB	
Zidovudine	FG	
Infertility*		
Cetrotide	M	
Clomiphene	FG	GE
Follistim AQ	M	
Gonal-F	M	
Gonal-F Rff	M	
Ovidrel	M	
*Coverage is determined by the consumer's prescription drug benefit plan.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Cimzia	M	QL
Cuprimine	NF	PA
Humira	M	
Hydroxychloroquine Sulfate	FG	
Leflunomide	FG	QL
Methotrexate	FG	
Orencia	M	QL
Rheumatrex	NF	
Simponi	M	QL
Stelara	M	QL
Trexall	NF	
Men's Health: Erectile Dysfunction		
Cialis 2.5 mg, 5 mg Tablet	NF	AE, GE, PA, QL

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Drug Name	Coverage Level	Requirements & Limits
Men's Health: Prostate		
Alfuzosin	FG	QL
Avodart	FB	QL
Doxazosin	FG	
Finasteride	FG	
Jalyn	FB	QL
Rapaflo	FB	QL
Tamsulosin	FG	QL
Terazosin	FG	
Men's Health: Testosterone Therapy		
Androderm	FB	PA, QL, GE
Androgel	FB	PA, QL, GE
Androxy	FG	PA
Fortesta	NF	PA, QL, GE
Testim	FB	PA, QL, GE
Miscellaneous		
Acetic Acid Otic	FG	
Acetylcysteine	FG	
Aerochamber	FB	QL
Alinia	FB	QL
Anastrozole	FG	
Antipyrine/Benzocaine	FG	
Anucort-HC	FG	
Aranesp	M	
Benzocaine Otic	FG	
Benzonatate	FG	
Biltricide	FB	
Chloroquine	FG	
Citric Acid/Sodium Citrate	FG	
Danazol	FG	
Daraprim	FB	
Deconsal-II	FB	
Difil-G Forte Liquid	FG	
Disulfiram	FG	
Easivent	FB	QL
Elmiron	FB	
Epipen 2-Pak	FB	QL
Epipen-Jr	FB	QL

Drug Name	Coverage Level	Requirements & Limits
Ergocalciferol 50,000 Unit Capsule	FG	
Exemestane	FG	
EZ Spacer	FB	QL
Guaifenesin/Codeine	FG	
Guanidine	FB	
Humibid DM	FB	
Hydrocodone/ Homatropine	FG	
Hydrocortisone/Acetic Acid Otic	FG	
Hydrocortisone Pramoxine	FG	
Hydrocortisone Suppository	FG	
Hypersal Nebs	FB	
Inspirease	FB	
Kuvan	FB	QL
Letrozole	FG	PA
Lidocaine Patch	FG	QL
Lidocaine Viscous	FG	
Lidoderm Patch	NF	E, QL
Mebendazole	FG	
Mefloquine	FG	
Mephyton	FB	
Mestinon, Mestinon Timespan	FB	
Multigen Folic	FB	
Multigen Plus	FB	
Naltrexone	FG	
Nessi Spacer	FB	QL
Optihaler	FB	QL
Pegasys	M	
Phenazopyridine	FG	
Pilocarpine	FG	
Primaquine	FG	
Procrit	M	
Proctocream HC	FG	
Proctofoam HC	FB	
Proctosol HC	FG	
Proctozone HC	FG	
Promethazine/Codeine	FG	AE

Drug Name	Coverage Level	Requirements & Limits
Promethazine/ Dextromethorphan	FG	AE
Promethazine VC/ Codeine	FG	AE
Pyridostigmine	FG	
Rectiv	NF	PA
Renvela	NF	
Sodium Polystyrene Sulfonate Powder	FG	
Soriatane	NF	QL
SSKI	FB	
Synarel	FB	
Synvisc	M	
Synvisc One	M	
Tamoxifen	FG	
Triamcinolone/Orabase	FG	
Vitamin D 50,000 Unit	FG	
Vortex	FB	QL
WatchHaler	FB	QL
Yodoxin	FB	
Zemplar	FB	
Musculoskeletal: Osteoporosis		
Actonel	NF	E, QL
Alendronate Oral Solution	FG	QL
Alendronate Tablet	FG	
Calcitonin Spray	FG	QL
Evista	FB	E, QL
Fortical	NF	QL
Ibandronate	FG	QL

Drug Name	Coverage Level	Requirements & Limits
Musculoskeletal: Other		
Allopurinol	FG	
Baclofen	FG	
Carisoprodol	FG	
Colcrys	FB	QL
Cyclobenzaprine	FG	
Dantrolene	FG	
Methocarbamol	FG	
Orphenadrine/Aspirin/ Caffeine	FG	
Orphenadrine ER	FG	
Probenecid	FG	
Probenecid/Colchicine	FG	
Tizanidine Tablet	FG	
Uloric	FB	QL, ST
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine	FG	QL
Acetaminophen/ Oxycodone	FG	QL
Ascomp/Codeine	FG	QL
Avinza	NF	PA, QL
Bupap 50/650 mg	FB	QL
Butalbital/ Acetaminophen	FG	QL
Butalbital/ Acetaminophen/ Caffeine	FG	QL
Butalbital/ Acetaminophen/ Caffeine/Codeine	FG	QL

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Drug Name	Coverage Level	Requirements & Limits
Butalbital/Aspirin/ Caffeine	FG	QL
Butalbital/Aspirin/ Caffeine/Codeine	FG	QL
Celecoxib	NF	QL
Choline Magnesium Trisalicylate	FG	QL
Codeine	FG	
Diclofenac Sodium	FG	QL
Diflunisal	FG	QL
Duraxin	FG	
Esgic Plus	FB	QL
Etodolac IR/ER	FG	QL
Fenoprofen	FG	QL
Fentanyl Patch	FG	QL
Flurbiprofen	FG	QL
Fortigan	FG	
Hydrocodone/ Acetaminophen	FG	QL
Hydrocodone/ Ibuprofen	FG	QL
Hydromorphone IR/ER	FG	QL
Ibuprofen	FG	QL
Indocin Suppository	FB	QL
Indomethacin IR/ER	FG	QL
Ketoprofen IR/ER	FG	QL
Ketorolac	FG	QL
Lazanda	NF	PA, QL
Levorphanol	FG	QL
Meclofenamate	FG	QL
Meloxicam	FG	QL
Meperidine	FG	
Methadone	FG	QL
Morphine Sulfate Beads Sustained-Release	FG	QL
Morphine Sulfate Immediate-Release	FG	
Morphine Sulfate Sustained-Release Capsule	FG	E, QL
Nabumetone	FG	QL
Nalfon 200 mg Capsule	FB	QL
Naproxen	FG	QL
Nucynta ER	FB	QL
Orbivan	FB	QL
Oxaprozin	FG	
Oxycodone	FG	
Oxycodone/ Acetaminophen	FG	QL
Oxycontin	FB	QL
Oxymorphone	FG	QL
Pentazocine/ Acetaminophen	FG	QL
Pentazocine/Naloxone	FG	QL
Phenyltoloxamine/ Acetaminophen	FG	
Piroxicam	FG	QL
Salsalate	FG	
Sedapap	FB	QL
Sulindac	FG	QL
Tolmetin	FG	QL
Tramadol	FG	
Vimovo	NF	QL, ST
Voltaren Gel	FB	QL
Overactive Bladder		
Bethanechol	FG	
Enablex	NF	E, QL
Gelnique	FB	QL
Oxybutynin	FG	
Oxybutynin Extended-Release	FG	QL
Oxytrol	NF	E, QL
Toviaz	NF	
Vesicare	NF	E

Drug Name	Coverage Level	Requirements & Limits
Respiratory: Asthma/COPD		
Advair Diskus	FB	QL
Advair HFA	FB	QL
Albuterol Sulfate	FG	
Aminophylline	FG	
Asmanex	FB	QL
Atrovent HFA	NF	QL
Breo Ellipta	FB	QL
Budesonide Nebs	FG	QL
Combivent Respimat	FB	QL
Cromolyn Nebs	FG	
Flovent Diskus	FB	QL
Flovent HFA	FB	QL
Foradil	FB	QL, ST
Ipratropium	FG	
Ipratropium/Albuterol Nebs	FG	
Levalbuterol Nebs	FG	
Montelukast	FG	QL
Proair HFA	FB	QL
Pulmicort Flexhaler	FB	QL
Pulmicort Respules	NF	QL
QVAR	FB	QL
Serevent	FB	QL, ST
Spiriva	FB	QL
Symbicort	FB	QL
Terbutaline	FG	
Theophylline SR	FG	
Tudorza	FB	QL
Ventolin HFA	FB	QL

Drug Name	Coverage Level	Requirements & Limits
Respiratory: Nasal Allergies		
Astepro	FB	QL
Azelastine	FG	QL
Flunisolide	FG	QL
Fluticasone Propionate	FG	QL
Ipratropium	FG	
Nasonex	FB	E, QL
Omnaris	NF	E, QL
Veramyst	FB	E, QL
Zetonna	NF	E, QL
Respiratory: Oral Allergies		
Carbinoxamine	FG	
Clemastine	FG	
Cyproheptadine	FG	
Dexchlorpheniramine	FG	
Hydroxyzine	FG	
Promethazine	FG	AE
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	NF	PA, QL
Letairis	FB	PA, QL
Opsumit	FB	PA, QL
Tracleer	FB	PA, QL
Transplant		
Azathioprine	FG	
Cyclosporine, Cyclosporine Modified	FG	
Gengraf	FG	
Tacrolimus	FG	

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Drug Name	Coverage Level	Requirements & Limits
Vitamins/Electrolytes		
Fluoride Chewable Tablet, Drops	FG	
Folic Acid 1 mg	FG	
Klor-Con 10	FG	
Klor-Con M10	FG	
Klor-Con M20	FG	
Potassium Chloride	FG	
Potassium Citrate	FG	
Women's Health: Contraceptives		
Altavera	FG	GE
Alyacen	FG	GE
Apri	FG	GE
Aranelle	FG	GE
Aviane	FG	GE
Azurette	FG	GE
Balziva	FG	GE
Beyaz	FB	GE
Briellyn	FG	GE
Camila	FG	GE
Caziant	FG	GE
Cesia	FG	GE
Chateal	FG	GE
Cryselle	FG	GE
Cyclafem	FG	GE
Dasetta	FG	GE
Drospirenone/Ethinyl Estradiol	FG	GE
Elinest	FG	GE
Ella	FG	GE, QL
Emoquette	FG	GE
Enpresse	FG	GE
Errin	FG	GE
Estarylla	FG	GE
Falmina	FG	GE
Gianvi	FG	GE
Gildagia	FG	GE
Gildess, Gildess Fe	FG	GE
Heather	FG	GE
Implanon	FG	GE
Introvale	FG	GE

Drug Name	Coverage Level	Requirements & Limits
Jinteli	FG	GE
Jolessa	FG	GE
Jolivette	FG	GE
Junel	FG	GE
Junel Fe	FG	GE
Kariva	FG	GE
Kelnor	FG	GE
Kurvelo	FG	GE
Leena	FG	GE
Lessina	FG	GE
Levonorgestrel/Ethinyl Estradiol	FG	GE
Levonorgestrerol	FG	AE, QL, GE
Levora-28	FG	GE
Loestrin	FB	GE
Loryna	FG	GE
Low-Ogestrel	FG	GE
Lutera	FG	GE
Marlissa	FG	GE
Medroxyprogesterone Acetate Injection	FG	GE, PA
Microgestin	FG	GE
Microgestin FE	FG	GE
Mono-Linyah	FG	GE
Mononessa	FG	GE
Natazia	FG	GE
Necon 0.5/35, 1/35, 1/50, 10/11	FG	GE
Nikki	FG	GE
Nora-BE	FG	GE
Norethindrone	FG	GE
Norgestimate-Ethinyl Estradiol	FG	GE
Norgestrel/Ethinyl Estradiol	FG	GE
Nortrel	FG	GE
Nuvaring	FB	GE
Ocella	FG	GE
Ogestrel	FG	GE
Orsythia	FG	GE
Ortho Coil	FG	GE
Ortho Flat	FG	GE
Ortho Flex	FG	GE

Drug Name	Coverage Level	Requirements & Limits
Philith	FG	GE
Portia	FG	GE
Previfem	FG	GE
Quasense	FG	GE
Reclipsen	FG	GE
Safyral	FB	GE
Solia	FG	GE
Sprintec	FG	GE
Sronyx	FG	GE
Syeda	FG	GE
Tri-Estaryll	FG	GE
Tri-Linyah	FG	GE
Tri-Previfem	FG	GE
Tri-Sprintec	FG	GE
Trinessa	FG	GE
Trivora-28	FG	GE
Vestura	FG	GE
Viorele	FG	GE
Wera	FG	GE
Wide-Seal	FG	GE
Xulane	FG	GE
Yasmin 28	NF	E, GE
Yaz	NF	E, GE
Zarah	FE	GE
Zenchent	FG	E, GE
Zovia 1-35E	FG	GE
Women's Health: Hormone Replacement		
Alora	FB	GE, QL
Cenestin	NF	GE, QL
Climara Pro	FB	GE, QL
Covaryx, Covaryx HS	FG	GE, PA, QL
Divigel	FB	GE
Duavee	FB	GE, QL
Elestrin	FB	GE
Enjuvia	NF	GE, QL

Drug Name	Coverage Level	Requirements & Limits
Estradiol Tablet	FG	GE, QL
Estradiol Twice Weekly Patch	NF	GE, QL
Estradiol Weekly Patch, Tablet	FG	GE, QL
Estrogen/ Methyltestosterone, Estrogen/ Methyltestosterone HS	FG	GE, PA, QL
Estropipate	FG	GE, QL
Evamist	NF	GE, QL
Makena	M	
Medroxyprogesterone	FG	GE
Menest	FG	GE, QL
Mimvey	FG	GE, QL
Norethindrone	FG	GE
Norethindrone/Ethinyl Estradiol	FG	GE, QL
OrthoEst	FG	GE, QL
Premarin	FB	GE, QL
Premarin Vaginal Cream	FB	
Premphase	FB	GE, QL
Prempro	FB	GE, QL
Vagifem	FB	GE
Vivelle-Dot	FB	GE, QL
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins/Folic Acid 1 mg	FB	
Generic Prenatal Vitamins/Folic Acid 1 mg	FG	

Bold type = Brand name drug
[Plain type = Generic drug]
AE = Age Edit
E = Excluded from coverage
FB = Formulary Brand
FG = Formulary Generic
GE = Gender Edit
M = Medical
NF = Non-Formulary
PA = Prior Authorization required
QL = Quantity Limit
ST = Step Therapy

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“My Medications” worksheet

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

Name of Medicine and Strength	Coverage Level	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20mg	Formulary Generic	High blood pressure	One tablet daily	Dr. Johnson

For more information

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

Or, visit **myuhc.com** or **optumrx.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.

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