



Your 2017 Formulary

SignatureValue Four-Tier

effective January 1, 2017

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.



Your Formulary

This Formulary outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers. 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. The complete formulary is also publicly available here on optumrx.com and is updated on a monthly basis.



The screenshot shows the myuhc.com website interface. A blue arrow points to the 'Pharmacies & Prescriptions' link in the top navigation bar. The website displays a user profile for 'Chrisdemo', plan details for 'Choice Plus', and a 'myClaims Manager' section with a pie chart showing costs. The 'What would you like to do today?' section offers various services like 'Manage My Claims', 'Look up My Benefits', and 'Find a Doctor'. The footer includes an 'Information Center', 'Related Web Sites', and an 'Ask a Nurse' chat option.

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Hello, Chrisdemo

My Coverage: Active 01/01/08
More Details

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

Plan Details

Account Balances

Benefit Details

Deductible
\$1,000 individual
\$3,000 family

Out-of-Pocket Max
\$3,000 individual
\$9,000 family

myClaims Manager

Managing your claims just got easier – now with online bill payment.

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Your Responsibility \$1,249.00
- HRA paid to provider \$138.00
- Paid via this website \$10.00

You Owe \$1,101.00

Make Payment

What would you like to do today?

Manage My Claims

Look up My Benefits

Find a Doctor

Manage My Prescriptions

View Online Statement

View Account Balances

Print an ID Card

Health Assessment

Estimate Health Care Costs

Extra Programs & Discounts

Look Up Health Topics

Information Center

Important Information About Appeal Rights View All

Possible delay in processing of FSA, HRA and Dependent Care Claims

Important Notice on Payment of Out-of-Network Benefits

Michelle's Law

Grants Available for Children's Medical Expenses

Related Web Sites

African American Health

Source4Women

Other Languages

Español

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한국어

Tiếng Việt

Ask a Nurse

Emergency? Dial 911

Registered nurses are available 24/7 to answer your health questions.

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Table of Contents

Drug tiers and cost	5	Gastrointestinal	
Programs and Limits	7	Acid Suppression.....	21
Drugs by category	10	Nausea/Vomiting	21
Anti-Infectives		Other	21
Antibiotics	10	HIV/AIDS	22
Antifungals	11	Infertility	23
Antivirals	11	Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis	23
Cancer	11	Men's Health	
Cardiovascular/Heart Disease		Erectile Dysfunction.....	23
Coagulation Therapy	12	Prostate	23
High Blood Pressure	12	Testosterone Therapy	23
High Cholesterol	14	Miscellaneous	23
Other	14	Musculoskeletal	
Central Nervous System		Osteoporosis.....	25
Attention Deficit Disorder.....	15	Other	25
Depression	15	Pain Relief	25
Migraine	15	Overactive Bladder	26
Multiple Sclerosis.....	15	Respiratory	
Other	16	Asthma/COPD.....	26
Sedatives/Hypnotics	16	Nasal Allergies.....	27
Seizure Disorders	17	Oral Allergies	27
Dermatology	17	Pulmonary Arterial Hypertension.....	27
Diabetes/Endocrine		Transplant	27
Blood Glucose Monitoring	18	Vitamins/Electrolytes	27
Insulin	19	Women's Health	
Non-Insulin	19	Contraceptives	27
Endocrine		Hormone Replacement.....	29
Growth Hormone.....	20	Prenatal Vitamins	29
Other	20	Index	30
Thyroid Hormone Replacement	20		
Eye Conditions			
Allergies	20		
Antibiotics	20		
Glaucoma.....	21		
Other	21		

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. 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 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 rules 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 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, 3 or 4, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

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

\$	Drug Tier	Includes	Helpful Tips
	Tier 1 Lowest Cost	Lower-cost drugs. Some low-cost brands are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Cost effective brand drugs.	Use Tier 2 drugs, instead of Tier 3 or 4 to help reduce your out-of-pocket costs.
	Tier 3 Higher Cost	Mostly higher-cost brand as well as select generic drugs.	Many Tier 3 drugs have lower-cost options in Tier 1 or Tier 2. Ask your doctor if they could work for you.
	Tier 4 Highest Cost	Higher-cost brand as well as select generic specialty drugs.	Many Tier 4 drugs have lower-cost options. Ask your doctor if they could work for you.

Please note: Some plans may have two or three tiers, 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 tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier 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 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	Exceptions required for select markets in California and Oklahoma. Your doctor is required to provide additional information to UnitedHealthcare to verify medical necessity of certain medications.
H	Health Care Reform Preventive – This medication is part of a Health Care Reform preventive benefit and may be available at no cost to you.
M	Medical – The medication may be covered under medical with Prior Authorization.
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. Most OTC medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Invokana**) and generic drugs in plain type (for example, Metformin).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans if a brand-name drug is prescribed and a generic equivalent is available, your cost share may be the copay PLUS the cost difference between the brand-name drug and generic equivalent. Visit myuhc.com or optumrx.com to make sure.

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 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**

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Antipyrine/Benzocaine Otic	1	
Azithromycin	1	
Bethkis	2	
Cefaclor Suspension	2	
Cefaclor Tablet	1	
Cefadroxil	1	QL
Cefdinir	1	
Cefpodoxime	1	
Cefprozil	1	
Cefuroxime	1	
Cephalexin	1	
Chloroxylonol/ Hydrocortisone/ Pramoxine Otic	1	
Ciprofloxacin	1	
Clarithromycin IR/ER	1	
Cleocin Vaginal Suppository	2	
Clindamycin	1	
Clindesse	3	
Dapsone	2	
Demeclocycline	1	
Dicloxacillin	1	
Doxycycline Hyclate	1	
Doxycycline Monohydrate Tablet	1	QL
Erythromycin	1	

Drug Name	Drug Tier	Requirements & Limits
Erythromycin/ Sulfisoxazole	1	
Ethambutol	1	
Isoniazid	1	
Levofloxacin	1	
Linezolid Tablet	1	QL
Methenamine	1	
Metronidazole Tablet	1	
Minocycline	1	
Mycobutin	2	
NebuPent Nebs	2	QL
Neomycin	1	
Neomycin/Polymixin/ Hydrocortisone Otic	1	
Nitrofurantoin	1	
Nitrofurantoin Macrocrystal	1	
Ofloxacin Otic	1	
Oracea	3	
Paromomycin	1	
Penicillin VK	1	
Pramoxine-HC Otic	1	
Pyrazinamide	1	
Rifampin	1	
Solodyn	3	
Sulfadiazine	1	
Sulfamethoxazole/ Trimethoprim, Sulfamethoxazole/ Trimethoprim DS	1	
Tetracycline	1	
Trimethoprim	1	
Zmax	2	

Bold type = Brand-name drug

[Plain type = Generic drug]

AE = Age Edit

E = Exceptions required

H = Health Care Reform Preventive

M = Medical

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Clotrimazole Troche	1	
Cresemba	3	
Fluconazole	1	
Griseofulvin	1	
Itraconazole	1	PA
Kerydin	3	PA
Ketoconazole Cream, Shampoo	1	
Metronidazole Vaginal Gel	1	
Nystatin	1	
Terbinafine	1	QL
Terconazole	1	
Vandazole Gel	1	
Anti-Infectives: Antivirals		
Acyclovir	1	
Adefovir	1	
Amantadine Capsule, Syrup	1	
Baraclude	4	E, QL
Copegus	4	PA
Daklinza	2	PA, QL, ST
Entecavir	1	QL
Epclusa	2	PA, QL
Epivir HBV Solution	2	
Famciclovir	1	
Harvoni	2	PA, QL
Hepsera	4	
Lamivudine	1	
Pegasys	M	
Rebetol	4	PA
Ribapak	4	PA
Ribatab	4	PA
Ribavirin Tablet	1	PA
Rimantidine	1	
Sovaldi	2	PA, QL, ST
Tyzeka	4	QL
Valacyclovir	1	QL
Valganciclovir Solution	1	
Valganciclovir Tablet	1	QL

Drug Name	Drug Tier	Requirements & Limits
Viekira Pak, Viekira XR	3	PA, QL, ST
Zepatier	3	PA, QL, ST
Zovirax Cream	2	E
Zovirax Ointment	3	E
Cancer		
Afinitor	4	PA, QL
Alkeran	2	
Bicalutamide	1	
Bosulif	4	PA, QL
Capecitabine	1	
Caprelsa	4	PA, QL
Cometriq	4	PA, QL
Cyclophosphamide	1	
Emcyf	2	
Erivedge	2	PA, QL
Etoposide	1	
Exemestane	1	
Fareston	2	
Flutamide	1	
Gilotrif	4	PA, QL
Hexalen	2	
Hycamtin	4	PA, QL
Hydroxyurea	1	
Iclusig	4	PA, QL
Imatinib	1	PA, QL
Inlyta	4	PA, QL
Jakafi	4	PA, QL
Letrozole	1	PA
Leucovorin Calcium	1	
Leukeran	2	
Lomustine	1	
Lysodren	2	
Matulane	4	
Mekinist	4	PA, QL
Mercaptopurine	1	
Mesnex	4	
Myleran	2	
Nexavar	4	PA, QL
Nilandrone	2	
Pomalyst	4	PA, QL
Revlimid	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Sprycel	2	PA, QL
Stivarga	4	PA, QL
Sutent	4	PA, QL
Tabloid	2	
Tafinlar	4	PA, QL
Tarceva	4	PA, QL
Targretin Capsule	2	
Targretin Gel	3	
Tasigna	3	PA, QL
Temodar	4	PA
Temozolomide	4	PA
Thalomid	4	PA, QL
Tretinoin Capsule	1	
Tykerb	4	PA
Votrient	4	PA, QL
Xalkori	4	PA, QL
Xeloda	4	E
Xtandi	4	PA, QL
Zelboraf	4	PA, QL
Zolinza	4	PA, QL
Zytiga	3	PA
Cardiovascular/Heart Disease: Coagulation Therapy		
Aggrenox	3	
Brilinta	2	
Clopidogrel	1	
Disopyramide	1	
Effient	2	QL
Eliquis	3	QL
Jantoven	1	
Pradaxa	2	QL
Savaysa	3	QL
Ticlopidine	1	QL
Warfarin	1	
Xarelto	2	QL
Zontivity	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Blood Pressure		
Acebutolol	1	
Acetazolamide	1	
Acetazolamide ER	1	
Afeditab CR	1	
Aldactazide 25/25 mg	2	
Amiloride	1	
Amiloride/ Hydrochlorothiazide	1	
Amlodipine	1	
Amlodipine/Benazepril	1	QL
Atenolol	1	
Atenolol/ Chlorthalidone	1	
Azor	2	QL, ST
Benazepril	1	
Benazepril/ Hydrochlorothiazide	1	
Benicar	2	QL, ST
Benicar HCT	2	QL, ST
Betaxolol	1	
Bisoprolol	1	
Bisoprolol/ Hydrochlorothiazide	1	
Bumetanide	1	
Bystolic	2	
Candesartan	1	QL
Captopril	1	
Captopril/ Hydrochlorothiazide	1	
Cartia XT	1	
Carvedilol	1	
Chlorothiazide	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Dilatrate SR	2	
Diltiazem Sustained- Release Capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
Diltiazem Tablet	1	
Doxazosin	1	
Dutoprol	2	QL
Edarbi	3	E, QL, ST
Edarbyclor	3	QL, ST
Enalapril	1	
Enalapril/ Hydrochlorothiazide	1	
Eprosartan	1	QL
Ezide	1	
Felodipine	1	
Fosinopril	1	
Fosinopril/ Hydrochlorothiazide	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Indapamide	1	
Irbesartan	1	QL
Irbesartan/ Hydrochlorothiazide	1	QL
Isradipine	1	
Labetalol	1	
Lisinopril	1	
Lisinopril/ Hydrochlorothiazide	1	
Losartan	1	
Losartan/ Hydrochlorothiazide	1	
Methazolamide	1	
Methyclothia	1	
Methyldopa	1	
Methyldopa/ Hydrochlorothiazide	1	
Metolazone	1	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	
Minoxidil	1	
Moexipril	1	
Moexipril/ Hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
Nadolol	1	
Nicardipine	1	
Nifediac CC	1	
Nifedical XL	1	
Nifedipine IR/ER	1	
Perindopril	1	
Phenoxybenzamine	1	
Pindolol	1	
Prazosin	1	
Propranolol/ Hydrochlorothiazide	1	
Propranolol IR/ER	1	
Quinapril	1	
Ramipril	1	
Reserpine	1	
Sotalol	1	
Sotalol AF	1	
Spironolactone	1	
Spironolactone/ Hydrochlorothiazide	1	
Taztia XT	1	
Telmisartan	1	QL
Telmisartan/ Hydrochlorothiazide	1	QL
Terazosin	1	QL
Timolol	1	
Torsemide	1	
Trandolapril/ Verapamil CR	1	
Triamterene/ Hydrochlorothiazide	1	
Tribenzor	2	QL, ST
Valsartan	1	QL
Valsartan/ Hydrochlorothiazide	1	QL
Verapamil Sustained- Release Capsule	1	QL
Verapamil Sustained- Release Tablet	1	
Verapamil Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol		
Antara	3	QL
Atorvastatin	1	QL
Cholestyramine	1	
Choline Fenofibrate Capsule	1	
Colestipol	1	
Fenofibrate 48, 145 mg Tablet	1	E
Fenofibrate 54, 160 mg Tablet	1	
Fenofibrate Capsule	1	
Fenofibrate Micronized	1	
Gemfibrozil	1	QL
Juxtapid	4	PA, QL
Lipofen	2	QL
Livalo	3	QL, ST
Lovastatin	1	
Niacin ER	1	QL
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	PA, QL
Praluent	M	QL
Prevalite	1	
Pravastatin	1	
Rosuvastatin	1	QL
Simvastatin 5, 10, 20, 40 mg	1	
Simvastatin 80 mg	1	PA
Vascepa	2	
Vytorin	2	QL
Vytorin 80 mg	2	PA, QL
Welchol	2	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Anagrelide	1	
Cilostazol	1	
Corlanor	3	PA, QL
Dilatrate SR	2	
Digoxin	1	
Disopyramide	1	
Flecainide	1	
Isochron	1	
Isodilate ER	1	
Isordil	2	
Isosorbide Dinitrate IR/ER	1	
Isosorbide Mononitrate IR/ER	1	
Isoxsuprine	1	
Mexiletine	1	
Midodrine	1	
NitroBid	2	
NitroDur Patch	2	
Nitroglycerin ER	1	
Nitroglycerin Tablet	1	
Nitrolingual Pump Spray	1	
NitroTime	1	
Norpace CR	2	
Pacerone	3	
Pentoxifylline	1	
Propafenone	1	
Quinidine IR/ER	1	
Ranexa	2	QL, ST
Sotalol	1	

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M = Medical

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QL = Quantity Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	AE, QL
Dextroamphetamine/Amphetamine	1	AE, QL
Dextroamphetamine/Amphetamine Extended-Release	3	AE, E, QL
Dextroamphetamine Sulfate Extended-Release	1	AE, PA, QL
Dextroamphetamine Sulfate Tablet	1	AE, PA, QL
Guanfacine ER	1	AE, QL
Intuniv	3	AE, E, QL
Metadate ER	1	AE, PA, QL
Methylphenidate Controlled-Release Tablet	1	AE, QL
Methylphenidate Tablet	1	AE, PA, QL
Strattera	2	QL
Vyvanse	2	AE, QL
Central Nervous System: Depression		
Amitriptyline	1	
Amoxapine	1	
Bupropion	1	
Bupropion SR	1	H
Bupropion XL	1	QL
Citalopram	1	
Clomipramine	1	
Cymbalta	3	E, QL
Desipramine	1	
Doxepin	1	
Duloxetine 20, 30, 60 mg	1	QL
Escitalopram	1	
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	2	QL
Imipramine	1	
Maprotiline	1	
Mirtazapine, Mirtazapine ODT	1	

Drug Name	Drug Tier	Requirements & Limits
Nefazodone	1	
Nortriptyline	1	
Paroxetine	1	
Paroxetine ER	1	QL
Paxil Suspension	2	
Phenelzine	1	
Pristiq	2	QL
Protriptyline	1	
Sertraline	1	
Tranylcypromine	1	
Trazodone	1	
Venlafaxine	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Extended-Release Tablet	1	QL
Viibryd	3	QL, ST
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine	1	QL
Isometheptene/Acetaminophen/Dichloralphenazone	1	
Migragesic	1	
Migranal	3	E, QL
Nodolor	1	
Phrenilin Forte	3	QL
Rizatriptan	1	QL
Sumatriptan Nasal Spray, Tablet	1	QL
Sumavel DosePro	M	
Zecuity	3	E, QL, ST
Zolmitriptan	1	QL
Zomig Spray	3	E, QL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, QL
Aubagio	4	
Avonex	M	QL
Betaseron	M	QL
Copaxone	M	QL
Gilenya	3	PA, QL
Tecfidera	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Other		
Alprazolam IR/ER	1	QL
Aripiprazole ODT	1	QL
Aripiprazole Solution, Tablet	1	QL
Azilect	3	QL
Benzotropine	1	
Bromocriptine	1	
Buspirone	1	
Carbidopa/Levodopa IR/ER	1	
Chlordiazepoxide	1	QL
Chlordiazepoxide/Amitriptyline	1	
Chlorpromazine	1	
Clorazepate	1	QL
Clozapine	1	QL
Compro Suppository	1	
Diazepam	1	
Donepezil, Donepezil ODT	1	
Entaone	1	
Ergoloid Mesylate	1	
Fluphenazine	1	
Galantamine IR/ER	1	
Galantamine Solution	1	QL
Haloperidol	1	
Hydroxyzine	1	
Latuda	3	QL, ST
Lithium IR/ER	1	
Lorazepam	1	QL
Loxapine	1	
Memantine Tablet	1	
Meprobamate	1	
Namzaric	2	QL

Drug Name	Drug Tier	Requirements & Limits
Olanzapine, Olanzapine ODT	1	QL
Oxazepam	1	QL
Perphenazine/Amitriptyline	1	
Pramipexole	1	
Prochlorperazine	1	
Quetiapine	1	QL
Rexulti	3	QL
Risperidone, Risperidone ODT	1	QL
Rivastigmine	1	
Ropinirole	1	
Samsca	4	QL
Saphris	2	PA, QL
Sensipar	4	
Seroquel XR	2	QL
Suboxone Film	2	PA, QL
Thioridazine	1	
Thiothixene	1	
Trifluoperazine	1	
Trihexyphenidyl	1	
Vraylar	3	QL, ST
Xyrem	4	PA, QL
Zelapar	3	QL
Ziprasidone	1	QL
Zubsolv	2	PA, QL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone	1	QL
Flurazepam	1	PA, QL
Silenor	3	QL
Temazepam	1	QL
Triazolam	1	QL
Zaleplon	1	QL
Zolpidem	1	QL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Seizure Disorders		
Carbamazepine ER Capsule	1	
Carbamazepine IR	1	
Clonazepam, Clonazepam ODT	1	QL
Diazepam Gel	1	QL
Divalproex	1	
Epitol	1	
Ethosuximide	1	
Gabapentin	1	
Lamictal Starter Kit	3	
Lamotrigine Chewable, Tablet	1	
Lamotrigine ER	1	
Lamotrigine ODT	3	
Levetiracetam ER	3	ST
Levetiracetam IR	1	
Lyrica Capsule	2	QL
Lyrica Solution	3	QL
Oxcarbazepine	1	
Phenobarbital	1	
Phenytoin	1	
Sabril	4	PA
Topiragen	1	
Topiramate	1	
Valproic Acid	1	
Zonisamide	1	
Dermatology		
Acanya	3	E, QL, ST
Acitretin	1	
Acyclovir	1	
Aczone Gel	3	
Adapalene	1	AE, QL
Ala Quin	1	
Alclometasone	1	
Alphatrex	1	
Amnesteem	1	PA, QL
Atralin	3	AE, QL
Avita	1	AE, QL
Benzaclin	3	E, QL, ST
Benzamycin	3	ST
Betamethasone	1	

Drug Name	Drug Tier	Requirements & Limits
Calcipotriene	1	QL
Calcipotriene-Betamethasone	2	QL
Calcitriol Ointment	1	
Cerovel	1	
Ciclodan	1	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	E, PA
Clindamax Lotion	1	
Clindamycin Gel, Lotion, Solution, Swabs	1	
Clindareach Kit	1	
Clobetasol, Clobetasol E	1	
Clobex Lotion, Shampoo	3	E
Clobex Spray	3	E, QL
Cloderm	3	
Cloderm Pump	3	
Cormax	1	
Dermazene	1	
Desonide	1	
Desoximetasone	1	
Differin Cream, Lotion	3	AE, QL
Differin Gel	3	E, QL
DrithoCreme HP	2	
DrithoScalp	2	
Econazole	3	
Elidel	2	QL, ST
Epiduo	3	QL
Epiduo Forte	3	E, QL
Ery Pad	1	
Erythromycin	1	
Erythromycin/Benzoyl Peroxide	1	
Ethyl Chloride	1	
Eurax	2	
Exoderm	1	
Finacea	3	ST
Fluocinolone	1	
Fluocinonide, Fluocinonide E	1	

Drug Name	Drug Tier	Requirements & Limits
Fluorouracil Solution, 5% Cream	1	
Fluticasone	1	
Gentamicin	1	
Hydrocortisone	1	
Hypercare	1	
Imiquimod	1	QL
Laclothin	1	
Lidocaine	1	
Lidocaine/Prilocaine	1	
Lindane	1	
Lokara	1	
Metrogel 1%	3	E
Metronidazole 0.75% Cream, Lotion	1	
Mirvaso	2	QL
Mometasone Furoate	1	
Mupirocin Calcium Cream	1	QL
Mupirocin Ointment	1	
Myorisan	1	PA
Nystatin	1	
Nystop	1	
Onexton	3	QL
Permethrin	1	
Picato	3	ST
Podofilox	1	
Pramcort	1	
Pramosone Cream, Ointment	3	
Pramosone E Cream	3	
Pramosone Lotion	3	
Protopic	3	AE, PA, QL
Retin-A Micro Gel, Pump	2	AE, QL
Rosadan Cream	1	
Selenium Sulfide	1	
Silver Nitrate	1	

Drug Name	Drug Tier	Requirements & Limits
Silver Sulfadiazine	1	
Soolantra	2	
Sulfacetamide Sodium	1	
Sulfacetamide Sodium-Sulfur	1	
Taclonex Ointment	3	E, QL
Taclonex Scalp	3	QL
Tacrolimus Ointment	1	AE, QL
Tazorac	3	AE, QL
Tretin-X	2	AE, QL
Tretinoin	1	AE, E
Triamcinolone Acetonide	1	
Trianex	2	
Triderm	1	
Urea 40% Lotion	1	
Vectical	3	E
Vitazol	1	
Zenatane	1	E, PA
Zyclara Cream, Pump	3	QL
Diabetes/Endocrine: Blood Glucose Monitoring		
Accu-Chek Test Strips	3	PA, QL
Bayer Breeze2 Test Strips	3	PA, QL
Bayer Contour Test Strips	3	PA, QL
FastClix Lancets	2	QL
Freestyle Test Strips	3	PA, QL
Glucocard Test Strips	3	PA, QL
Novofine Autocover Pen Needles	3	
Novofine Pen Needles	3	
Novofine Plus Pen Needles	2	

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Drug Name	Drug Tier	Requirements & Limits
Novotwist Pen Needles	3	
OneTouch Test Strips	2	QL
OneTouch Ultra Blue Test Strips	2	QL
OneTouch Verio IQ Test Strips	2	QL
Relion Test Strips	3	PA, QL
Soft Touch Lancets	2	QL
SoftClix Lancets	2	QL
Diabetes/Endocrine: Insulin		
Apidra Solostar	3	ST
Apidra Vial	3	ST
Humalog KwikPen	2	
Humalog Mix 50-50 KwikPen	2	
Humalog Mix 50-50 Vial	2	
Humalog Mix 75-25 KwikPen	2	
Humalog Mix 75-25 Vial	2	
Humalog U-200 KwikPen	2	
Humalog Vial	2	
Humulin 70-30 KwikPen	2	
Humulin 70-30 Vial	2	
Humulin KwikPen	2	
Humulin N KwikPen	2	
Humulin N Vial	2	
Humulin R U-500 KwikPen	2	
Humulin R U-500 Vial	2	
Humulin R Vial	2	
Lantus Solostar	2	
Lantus Vial	2	
Levemir Flexpen	2	
Levemir Vial	2	
Novolin N Vial	2	E
Novolin R Vial	2	E
Novolin Vial	2	E
Novolog Flexpen	2	E

Drug Name	Drug Tier	Requirements & Limits
Novolog Mix	2	E
Novolog Vial	2	E
Toujeo	2	
Tresiba	3	
Diabetes/Endocrine: Non-Insulin		
Acarbose	1	
Bydureon	2	QL, ST
Byetta	2	QL, ST
Chlorpropamide	1	PA
Glimepiride	1	
Glipizide IR/XL	1	
Glipizide/Metformin	1	
Glucagon	2	
Glucagon	2	QL
Glumetza	3	PA
Glyburide	1	
Glyburide/Metformin	1	
Glyxambi	3	QL, ST
Invokamet	2	QL, ST
Invokana	2	QL, ST
Janumet	2	QL, ST
Janumet XR	2	QL, ST
Januvia	2	QL, ST
Jardiance	2	QL, ST
Jentadueto	2	QL, ST
Jentadueto XR	2	QL, ST
Juvisync	2	QL, ST
Metformin	1	
Metformin Extended-Release	1	
Nateglinide	1	QL, ST
Pioglitazone	1	QL, ST
Pioglitazone/Glimepiride	1	QL, ST
Pioglitazone/Metformin	1	QL, ST
Repaglinide	1	QL, ST
Symlin	3	PA
Synjardy	2	QL, ST
Tolazamide	1	ST
Tolbutamide	1	ST
Tradjenta	2	QL, ST
Trulicity	2	QL, ST
Victoza	2	QL, ST

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Growth Hormone		
Lupron Depot	M	
Norditropin	M	
Nutropin Aq NuSpin	M	
Saizen	M	
Endocrine: Other		
Asmalpred, Asmalpred Plus	2	
Calcitriol	1	
Cortisone	1	
Desmopressin	1	
Dexamethasone	1	
Fludrocortisone	1	
Hydrocortisone Tablet	1	
Medrol 2 mg	2	
Methylergonovine	1	
Methylprednisolone	1	
Millipred Tablet	1	
Paricalcitol	1	
Prednisolone Solution, Tablet	1	
Prednisone	1	
Zemplar	2	
Endocrine: Thyroid Hormone Replacement		
Levothyroxine Sodium	1	
Levoxyl	1	
Liothyronine Sodium	1	
Methimazole	1	
Propylthiouracil	1	
Tirosint	3	
Unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Allergies		
Azelastine 0.05% Solution	1	
Cromolyn	1	
Epinastine	1	E
Lastacft	3	QL
Naphazoline 0.1%	1	
Pataday	3	E
Pazeo	2	QL
Phenylephrine	1	
Eye Conditions: Antibiotics		
Azasite	3	
Bacitracin	1	
Bacitracin/Polymyxin	1	
Ciprodex	2	
Ciprofloxacin	1	
Erythromycin	1	
Gentamicin	1	
Ilotycin	1	
Moxeza	2	
Natacyn	2	
Neomycin/Bacitracin/Polymyxin	1	
Neomycin/Polymyxin/Gramicidin	1	
Ofloxacin	1	
Polymyxin B/Trimethoprim	1	
Sulfacetamide Sodium	1	
Tobradex Ointment	3	
Tobramycin/Dexamethasone	1	
Tobramycin Ophth Solution	1	E
Tobrex	3	E
Trifluridine	1	
Vigamox	2	

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Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Glaucoma		
Alphagan P	2	QL
Azopt	2	QL
Betaxolol	1	
Betimol	3	QL
Betoptic-S	2	
Carteolol	1	
Combigan	2	QL
Cosopt	3	
Dorzolamide	1	QL
Dorzolamide/Timolol	1	
Istalol	2	
Latanoprost	1	QL
Levobunolol	1	
Lumigan	2	QL
Metipranolol	1	
Simbrinza	2	QL
Timolol Maleate	1	
Timoptic Ocudose	2	
Travatan Z	2	QL
Eye Conditions: Other		
Atropine	1	
Blephamide SOP	3	
Brimonidine	1	
Cyclopentolate	1	
Dexamethasone	1	
Diclofenac	1	QL
Fluorometholone	1	
Flurbiprofen	1	
FML Forte	2	
Homatropine	1	
Iso Carbachol	2	
Iso Homatropine	2	
Ketorolac	1	
Neomycin/Bacitracin/ Polymyxin/ Hydrocortisone	1	
Neomycin/Polymyxin/ Dexamethasone	1	
Phospholine	2	
Pred Mild	2	
Prednisolone	1	

Drug Name	Drug Tier	Requirements & Limits
Proparacaine	1	
Restasis	3	PA
Sulfacetamide Sodium/Prednisolone	1	
Tetracaine	1	
Tropicamide	1	
Gastrointestinal: Acid Suppression		
Cimetidine	1	
Dexilant	2	QL
Misoprostol	1	
Nizatidine	1	
Omeclamox-Pak	2	QL
Omeprazole	1	QL
Pantoprazole	1	QL
Pylera	2	QL
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	
Antivert 50 mg	2	
Dronabinol	1	PA
Ondansetron	1	QL
Ondansetron ODT	1	
Promethazine	1	
Trimethobenzamide	1	
Varubi	3	QL
Gastrointestinal: Other		
Amitiza	2	AE, QL, ST
Analpram Advanced	3	
Analpram-HC Cream	3	
Analpram-HC Lotion	3	
Analpram-HC Shingles	3	
Apriso	2	
Auryxia	3	
B-donna	1	
Belladonna Alkaloids/ Phenobarbital	1	
Budesonide	1	
Calcium Acetate	1	

Drug Name	Drug Tier	Requirements & Limits
Canasa	2	
Chlordiazepoxide/ Clidinium	1	
Cortifoam	3	
Creon	2	
Delzicol	3	E, ST
Dicyclomine	1	
Dificid	3	
Digex NF	2	
Dipentum	3	
Diphenoxylate/Atropine	1	
Gavilyte	1	H, QL
Halflytely	3	
Hyoscyamine	1	
Lactulose	1	
Lialda	2	
Linzess	2	QL, ST
Mesalamine Enema	1	
Metoclopramide Solution, Tablet	1	
Movantik	3	QL, ST
Pancrelipase	1	
Paregoric Tincture	1	
Pentasa	3	E
Polyethylene Glycol 3350	1	H, QL
Prepopik	3	
Propantheline	1	
Renvela	2	
Rowasa Enema	3	
Sevelamer	1	
Sulfasalazine	1	
Suprep	3	
Trilyte	1	QL
Uceris Foam	2	
Uceris Tablet	3	
Ursodiol	1	
Viberzi	3	PA, QL
Zenpep	2	

Drug Name	Drug Tier	Requirements & Limits
HIV/AIDS		
Abacavir	1	
Abacavir/Lamivudine	1	
Aptivus	2	
Atripla	2	
Combivir	4	
Complera	2	
Crixivan	2	
Descovy	2	
Didanosine	1	
Edurant	2	
Emtriva	2	
Epivir Solution	2	
Epzicom	2	
Evotaz	2	
Fuzeon	2	QL
Genvoya	2	
Intelence	2	
Invirase	2	
Isentress	2	
Kaletra	2	
Lamivudine	1	
Lamivudine/Zidovudine	1	
Lexiva	2	
Nevirapine	1	
Norvir	2	
Odefsey	2	
Prezcobix	2	
Prezista	2	
Rescriptor	2	
Retrovir	2	
Reyataz	2	
Selzentry	2	PA
Stavudine	1	
Stribild	2	PA
Sustiva	2	
Tivicay	2	
Triumeq	2	

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Drug Name	Drug Tier	Requirements & Limits
Trizivir	3	
Truvada	2	PA
Videx Solution	2	
Viracept	2	
Viramune	4	
Viread	2	
Vitekta	2	
Ziagen Solution	2	
Ziagen Tablet	3	
Zidovudine	1	
Infertility*		
Cetrotide	M	
Clomiphene	1	
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	3	QL
Depen	2	
Humira	M	
Hydroxychloroquine Sulfate	1	
Leflunomide	1	QL
Methotrexate	1	
Orencia	M	
Otrexup	M	
Rasuvo	M	
Remicade	M	
Rheumatrex	3	
Simponi	M	QL
Stelara	M	QL
Trexall	3	
Xeljanz	4	PA, QL
Men's Health: Erectile Dysfunction*		
Cialis	3	PA, QL
Levitra	3	PA, QL
Viagra	2	PA, QL
*Coverage is determined by the consumer's prescription drug benefit plan.		

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Prostate		
Alfuzosin	1	
Cialis 2.5, 5 mg	3	PA, QL
Doxazosin	1	
Dutasteride	1	
Dutasteride-Tamsulosin	1	
Finasteride	1	
Rapaflo	2	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, QL
Androgel 1%	3	PA, QL
Androgel 1.62%	2	PA, QL
Androxy	1	PA
Axiron	3	PA, QL
Fortesta	3	PA, QL
Testim	3	PA, QL
Testosterone Gel 1%	1	PA, QL
Testred	3	PA
Miscellaneous		
Acetic Acid Otic	1	
Acetylcysteine	1	
Aerochamber	2	QL
Alinia	2	QL
Anucort-HC	1	
Anastrozole	1	
Antipyrine/Benzocaine	1	
Aranesp	M	
Benzocaine Otic	1	
Benzonatate	1	
Bethkis	2	
Biltricide	2	
Bunavail	3	PA, QL
Cerdelga	3	PA
Chloroquine	1	
Citric Acid/Sodium Citrate	1	
Danazol	1	
Daraprim	3	PA
Deconsal-II	2	

Drug Name	Drug Tier	Requirements & Limits
Difil-G Forte Liquid	1	
Disulfiram	1	
Easivent	2	QL
Elmiron	2	
Epipen 2-Pak	2	QL
Epipen-Jr	2	QL
Ergocalciferol 50,000 Unit Capsule	1	
Euflexxa	M	
Exemestane	1	
Exjade	4	
EZ Spacer	2	QL
Ferriprox	4	PA
Fosrenol	3	
Granix	M	
Guaifenesin/Codeine	1	
Guanidine	2	
Humibid DM	2	
Hydrocodone/Homatropine	1	
Hydrocortisone/Acetic Acid Otic	1	
Hydrocortisone Pramoxine	1	
Hydrocortisone Suppository	1	
Hypersal Nebbs	2	
Inspirease	2	
Kuvan	2	PA, QL
Letrozole	1	
Lidocaine Patch	1	QL
Lidocaine Viscous	1	
Lidoderm Patch	3	E, QL
Mebendazole	1	
Mefloquine	1	
Megestrol AC	1	
Mephyton	2	
Mestinon Syrup	2	
Methylergonovine	1	

Drug Name	Drug Tier	Requirements & Limits
Multigen Plus	2	
Multigen Folic	2	
Naltrexone	1	
Nessi Spacer	2	QL
Neupogen	M	
Optihaler	2	QL
Orfadin	4	
Phenazopyridine	1	
Pilocarpine	1	
Primaquine	1	
Procrit	M	
Proctocream HC	1	
Proctofoam HC	2	
Proctosol HC	1	
Proctozone HC	1	
Procysbi	4	PA
Proglycem	2	
Promacta	4	PA
Promethazine/Codeine	1	
Promethazine/Dextromethorphan	1	AE
Promethazine Suppository	1	
Promethazine VC/Codeine	1	
Pyridostigmine	1	
Qutenza	4	
Renvela	3	
Rezira	3	
Sodium Polystyrene Sulfonate Powder	1	
SSKI	2	
Synarel	2	
Synvisc	M	
Synvisc One	M	
Tamoxifen	1	H
Triamcinolone/Orabase	1	
Velphoro	3	
Veltassa	3	

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Drug Name	Drug Tier	Requirements & Limits
Vistogard	2	
Vitamin D 50,000 Unit	1	
Vortex	2	QL
WatchHaler	2	QL
Xtampza ER	3	QL
Xuriden	2	QL
Yodoxin	2	
Zavesca	4	PA
Zemplar	2	
Zutripro	3	
Musculoskeletal: Osteoporosis		
Actonel	3	E
Alendronate Oral Solution	1	QL
Alendronate Tablet	1	QL
Calcitonin Spray	1	QL
Forteo	M	
Fortical	3	QL
Ibandronate	1	QL
Raloxifene	1	H, QL
Musculoskeletal: Other		
Allopurinol	1	
Baclofen	1	
Carisoprodol	1	
Colcrys	2	
Cyclobenzaprine	1	
Dantrolene	1	
Lorzone	3	
Methocarbamol	1	
Orphenadrine/Aspirin/Caffeine	1	
Orphenadrine ER	1	
Probenecid	1	
Tizanidine Tablet	1	
Uloric	2	QL, ST
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine	1	QL
Acetaminophen/Oxycodone	1	QL
Ascomp/Codeine	1	
Belbuca	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Butalbital/Acetaminophen	1	
Butalbital/Acetaminophen/Caffeine	1	QL
Butalbital/Acetaminophen/Caffeine/Codeine	1	QL
Butalbital/Aspirin/Caffeine	1	
Butalbital/Aspirin/Caffeine/Codeine	1	
Celecoxib	3	QL
Choline Magnesium Trisalicylate	1	
Codeine	1	
Diclofenac Sodium	1	
Diflunisal	1	
Duraxin	1	
Embeda	3	E, QL, ST
Etodolac IR/ER	1	
Fenoprofen	1	
Fentanyl Patch 12, 25, 50, 75, 100 mcg	1	QL
Flector Patch	3	E, QL
Flurbiprofen	1	
Fortigan	1	
Gralise	3	QL, ST
Hydrocodone/Acetaminophen	1	QL
Hydrocodone/Ibuprofen	1	
Hydromorphone IR	1	
Ibuprofen	1	
Indocin Suppository	2	QL
Indomethacin IR/ER	1	
Ketoprofen IR/ER	1	
Ketorolac	1	QL
Levorphanol	1	
Meclofenamate	1	
Meloxicam	1	
Meperidine	1	
Methadone	1	QL

Drug Name	Drug Tier	Requirements & Limits
Morphine Sulfate Controlled-Release Tablet	1	QL
Morphine Sulfate Immediate-Release Tablet, Solution	1	
Morphine Sulfate Sustained-Release Capsule	1	E, QL
Nabumetone	1	
Naproxen	1	
Nucynta	3	QL
Nucynta ER	3	QL
Opana ER	2	QL
Oxaprozin	1	
Oxycodone/Acetaminophen	1	QL
Oxycodone IR	1	
Oxycontin	3	E, QL, ST
Oxymorphone	1	QL
Pentazocine/Naloxone	1	
Piroxicam	1	
Salsalate	1	
Sulindac	1	
Tivorbex	3	E, ST
Tolmetin	1	
Tramadol	1	
Trezip	3	E, QL
Vivlodex	3	E, QL
Voltaren Gel	2	QL
Xtampza ER	3	QL
Zohydro ER	3	QL, ST
Zorvolex	3	E, QL
Overactive Bladder		
Bethanechol	1	
Myrbetriq	3	ST
Oxybutynin	1	

Drug Name	Drug Tier	Requirements & Limits
Oxybutynin Extended-Release	1	
Toviaz	3	
Vesicare	2	
Respiratory: Asthma/COPD		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerospan	3	QL
Albuterol Sulfate	1	
Aminophylline	1	
Anoro Ellipta	2	QL
Arcapta	3	QL, ST
Arnuity Ellipta	2	QL
Asmanex	3	QL, ST
Atrovent HFA	3	QL
Breo Ellipta	2	QL
Budesonide Nebs	1	QL
Combivent Respimat	2	QL
Cromolyn Nebs	1	
Flovent Diskus	2	QL
Flovent HFA	2	QL
Foradil	2	QL
Incruse Ellipta	2	QL
Ipratropium	1	
Ipratropium/Albuterol Nebs	1	
Montelukast	1	QL
Perforomist	3	QL
Proair HFA	2	QL
Proair Respiclick	2	QL
Pulmicort Flexhaler	2	QL
Pulmicort Respules	3	QL
QVAR	2	QL
Seebri	3	QL
Serevent	2	QL
Spiriva HandiHaler, Respimat	2	QL

Bold type = Brand-name drug

[Plain type = Generic drug]

AE = Age Edit

E = Exceptions required

H = Health Care Reform Preventive

M = Medical

PA = Prior Authorization required

QL = Quantity Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Stiolto Respimat	2	QL
Striverdi Respimat	3	QL, ST
Symbicort	2	QL
Terbutaline	1	
Theophylline SR	1	
Tudorza	3	QL, ST
Utibron	3	QL, ST
Ventolin HFA	2	QL
Xopenex HFA	3	QL, ST
Respiratory: Nasal Allergies		
Azelastine 0.1% Solution	1	QL
Dymista Spray	2	E, QL
Flunisolide	1	QL
Fluticasone Propionate	1	QL
Ipratropium	1	
Nasonex	2	QL
Omnaris	3	E, QL
QNasl	3	QL
Veramyst	3	E, QL
Zetonna	3	E, QL
Respiratory: Oral Allergies		
Carbinoxamine	1	
Clemastine	1	
Cyproheptadine	1	
Dexchlorpheniramine	1	
Hydroxyzine	1	
Promethazine	1	
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	PA, QL
Adempas	2	PA, QL
Letairis	2	PA, QL
Opsumit	2	PA, QL
Orenitram	3	PA
Revatio	4	E, PA, QL
Sildenafil 20 mg	1	PA, QL
Tracleer	2	PA, QL
Tyvaso	3	PA, QL
Ventavis	4	QL

Drug Name	Drug Tier	Requirements & Limits
Transplant		
Astagraf XL	4	
Azathioprine	1	
Cellcept	4	
Cyclosporine, Cyclosporine Modified	1	
Gengraf	1	
Myfortic	4	
Rapamune	4	
Tacrolimus	1	
Zortress	4	
Vitamins/Electrolytes		
Fluoride Chewable Tablet, Drops	1	H
Folic Acid 1 mg	1	
Klor-Con 10	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Alyacen	1	H
Altavera	1	H
Apri	1	H
Aranelle	1	H
Aubra	1	H
Aviane	1	H
Azurette	1	H
Balziva	1	H
Bekyree	1	H
Beyaz	3	H
Blisovi FE	1	H
Briellyn	1	H
Camila	1	H
Caziant	1	H
Cesia	1	H
Chateal	1	H
Cryselle	1	H
Cyclafem	1	H
Cyred	1	H

Drug Name	Drug Tier	Requirements & Limits
Dasetta	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel/Ethinyl Estradiol	1	H
Drospirenone/Ethinyl Estradiol	1	H
Elinest	1	H
Ella	1	H, QL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estarylla	1	H
Falmina	1	H
Gianvi	1	H
Gildagia	1	H
Gildess, Gildess Fe	1	H
Heather	1	H
Implanon	1	H
Introvale	1	H
Jencycla	1	H
Jolessa	1	H
Jolivette	1	H
Juleber	1	H
Junel	1	H
Junel Fe	1	H
Kariva	1	H
Kelnor	1	H
Kimidess	1	H
Kurvelo	1	H
Larin, Larin FE	1	H
Leena	1	H
Lessina	1	H
Levonest	1	H
Levonorgestrel	1	AE, H, QL
Levonorgestrel/Ethinyl Estradiol	1	H
Levora-28	1	H

Drug Name	Drug Tier	Requirements & Limits
Lo Loestrin	3	H
Loestrin	2	
Loryna	1	H
Low-Ogestrel	1	H
Lutera	1	H
Lyza	1	H
Marlissa	1	H
Medroxyprogesterone Acetate Injection	1	H, PA
Microgestin	1	H
Microgestin FE	1	H
Mono-Linyah	1	H
Mononessa	1	H
Myzilra	1	H
Natazia	2	H
Necon 0.5/35, 1/35, 1/50, 10/11	1	H
Nikki	1	H
Nora-BE	1	H
Norethindrone	1	H
Norethindrone/Ethinyl Estradiol	1	H
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate	1	H
Norgestimate-Ethinyl Estradiol	1	H
Norgestrel/Ethinyl Estradiol	1	H
Norlyroc	1	H
Nortrel	1	H
Nuvaring	2	H
Ocella	1	H
Ogestrel	1	H
Orsythia	1	H
Ortho Coil	1	H
Ortho Flat	1	H
Ortho Flex	1	H
Philith	1	H

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Drug Name	Drug Tier	Requirements & Limits
Pimtrex	1	H
Portia	1	H
Previfem	1	H
Primella	1	H
Quasense	1	H
Reclipsen	1	H
Safyral	3	H
Setlakin	1	H
Sharobel	1	H
Solia	1	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Tarina FE	1	H
Tri-Estarylla	1	H
Tri-Linyah	1	H
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	3	H
Trivora-28	1	H
Velivet	1	H
Vestura	1	H
Vienva	1	H
Viorele	1	H
Vyfemla	1	H
Wera	1	H
Wide-Seal	1	H
Xulane	1	H
Yasmin 28	3	E, H
Yaz	3	E, H
Zarah	1	H
Zenchent	1	H
Zovia	1	H
Women's Health: Hormone Replacement		
Cenestin	3	QL
Climara Pro	2	QL
Covaryx, Covaryx HS	1	QL
Divigel	3	
Duavee	2	QL
Elestrin	3	
Enjuvia	3	

Drug Name	Drug Tier	Requirements & Limits
Estradiol Twice Weekly Patch	1	
Estradiol Weekly Patch, Tablet	1	
Estrogen/ Methyltestosterone, Estrogen/ Methyltestosterone HS	1	
Estropipate	1	
Jinteli	1	QL
Makena	M	
Medroxyprogesterone	1	
Menest	2	
Mimvey	1	QL
Minivelle	3	QL
Norethindrone	1	
Norethindrone/Ethinyl Estradiol	1	
Osphena	3	
Premarin	2	
Premarin Vaginal Cream	2	
Premphase	2	
Prempro	2	
Vagifem	2	
Vivelle-Dot	3	E, QL
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins/Folic Acid 1 mg	2	
Generic Prenatal Vitamins/Folic Acid 1 mg	1	

Index of covered drugs

A

Abacavir	22
Abacavir/Lamivudine	22
Acanya.....	17
Acarbose.....	19
Accu-Chek Test Strips.....	18
Acebutolol	12
Acetaminophen/Butalbital/ Caffeine	15
Acetaminophen/Codeine	25
Acetaminophen/Oxycodone	25
Acetazolamide.....	12
Acetazolamide ER	12
Acetic Acid Otic	23, 24
Acetylcysteine	23
Acitretin.....	17
Actonel.....	25
Acylovir	11, 17
Aczone Gel	17
Adapalene.....	17
Adcirca	27
Adderall XR.....	15
Adefovir	11
Adempas.....	27
Advair Diskus	26
Advair HFA.....	26
Aerochamber.....	23
Aerospan	26
Afedtab CR.....	12
Afinitor.....	11
Aggrenox.....	12
Akynzeo.....	21
Ala Quin	17
Albuterol Sulfate	26
Alclometasone.....	17
Aldactazide 25/25 mg	12
Alendronate Oral Solution.....	25
Alendronate Tablet	25
Alfuzosin.....	23
Alinia	23
Alkeran	11
Allopurinol.....	25
Alphagan P	21
Alphatrex	17
Alprazolam IR/ER	16
Altavera	27
Alyacen.....	27
Amantadine Capsule, Syrup	11
Amiloride.....	12
Amiloride/Hydrochlorothiazide	12
Aminophylline	26
Amiodarone	14

Amitiza	21
Amitriptyline	15, 16
Amlodipine	12
Amlodipine/Benazepril	12
Amnesteem	17
Amoxapine	15
Amoxicillin	10
Amoxicillin/Potassium Clavulanate.....	10
Ampyra	15
Anagrelide.....	14
Analpram-HC Cream.....	21
Analpram-HC Lotion.....	21
Analpram-HC Shingles.....	21
Analpram Advanced	21
Anastrozole	23
Androderm.....	23
Androgel 1%.....	23
Androgel 1.62%	23
Androxy	23
Anoro Ellipta	26
Antara	14
Antipyrine/Benzocaine.....	10, 23
Antipyrine/Benzocaine Otic	10
Antivert 50 mg.....	21
Anucort-HC.....	23
Apidra Solostar	19
Apidra Vial.....	19
Apri	27
Apriso.....	21
Aptivus.....	22
Aranelle.....	27
Aranesp.....	23
Arcapta.....	26
Aripiprazole ODT	16
Aripiprazole Solution, Tablet.....	16
Arnuity Ellipta.....	26
Ascomp/Codeine	25
Asmalpred, Asmalpred Plus.....	20
Asmanex.....	26
Astagraf XL	27
Atenolol.....	12
Atenolol/Chlorthalidone.....	12
Atorvastatin	14
Atralin.....	17
Atripla	22
Atropine	21, 22
Atrovent HFA.....	26
Aubagio.....	15
Aubra.....	27
Auryxia	21
Aviane	27

Avita	17
Avonex.....	15
Axiron	23
Azasite.....	20
Azathioprine	27
Azelastine 0.05% Solution	20
Azelastine 0.1% Solution	27
Azilect.....	16
Azithromycin	10
Azopt	21
Azor	12
Azurette	27

B

B-donna	21
Bacitracin	20, 21
Bacitracin/Polymyxin	20, 21
Baclofen.....	25
Balziva.....	27
Baraclude.....	11
Bayer Breeze2 Test Strips	18
Bayer Contour Test Strips.....	18
Bekyree.....	27
Belbuca.....	25
Belladonna Alkaloids/ Phenobarbital.....	21
Benazepril	12
Benazepril/Hydrochlorothiazide	12
Benicar	12
Benicar HCT	12
Benzaclin.....	17
Benzamycin.....	17
Benzocaine Otic.....	10, 23
Benzonatate.....	23
Benztropine.....	16
Betamethasone	17
Betaseron.....	15
Betaxolol	12, 21
Bethanechol	26
Bethkis	10, 23
Betimol.....	21
Betoptic-S	21
Beyaz.....	27
Bicalutamide	11
Biltricide.....	23
Bisoprolol	12
Bisoprolol/Hydrochlorothiazide	12
Blephamide SOP.....	21
Blisovi FE	27
Bosulif.....	11
Brand Prenatal Vitamins/ Folic Acid 1 mg	29

Breo Ellipta.....	26
Briellyn.....	27
Brilinta.....	12
Brimonidine.....	21
Bromocriptine.....	16
Budesonide.....	21, 26
Budesonide Nebs.....	26
Bumetanide.....	12
Bunavail.....	23
Bupropion.....	15
Bupropion SR.....	15
Bupropion XL.....	15
Buspirone.....	16
Butalbital/Acetaminophen.....	25
Butalbital/Acetaminophen/ Caffeine.....	25
Butalbital/Acetaminophen/Caffeine/ Codeine.....	25
Butalbital/Aspirin/Caffeine.....	25
Butalbital/Aspirin/Caffeine/ Codeine.....	25
Bydureon.....	19
Byetta.....	19
Bystolic.....	12

C

Calcipotriene.....	17
Calcipotriene-Betamethasone.....	17
Calcitonin Spray.....	25
Calcitriol.....	17, 20
Calcitriol Ointment.....	17
Calcium Acetate.....	21
Camila.....	27
Canasa.....	22
Candesartan.....	12
Capecitabine.....	11
Caprelsa.....	11
Captopril.....	12
Captopril/Hydrochlorothiazide.....	12
Carbamazepine ER Capsule.....	17
Carbamazepine IR.....	17
Carbidopa/Levodopa IR/ER.....	16
Carbinoxamine.....	27
Carisoprodol.....	25
Carteolol.....	21
Cartia XT.....	12
Carvedilol.....	12
Caziant.....	27
Cefaclor Suspension.....	10
Cefaclor Tablet.....	10
Cefadroxil.....	10
Cefdinir.....	10
Cefpodoxime.....	10
Cefprozil.....	10

Cefuroxime.....	10
Celecoxib.....	25
Cellcept.....	27
Cenestin.....	29
Cephalexin.....	10
Cerdelga.....	23
Cerovel.....	17
Cesia.....	27
Cetrotide.....	23
Chateal.....	27
Chlordiazepoxide.....	16, 22
Chlordiazepoxide/Amitriptyline.....	16
Chlordiazepoxide/Clidinium.....	22
Chloroquine.....	23
Chlorothiazide.....	12
Chloroxylenol/Hydrocortisone/ Pramoxine Otic.....	10
Chlorpromazine.....	16
Chlorpropamide.....	19
Chlorthalidone.....	12
Cholestyramine.....	14
Choline Fenofibrate Capsule.....	14
Choline Magnesium Trisalicylate.....	25
Cialis.....	23
Cialis 2.5, 5 mg.....	23
Ciclodan.....	17
Ciclopirox Cream, Gel, Lotion, Solution.....	17
Cilostazol.....	14
Cimetidine.....	21
Cimzia.....	23
Ciprodex.....	20
Ciprofloxacin.....	10, 20
Citalopram.....	15
Citric Acid/Sodium Citrate.....	23
Claravis.....	17
Clarithromycin IR/ER.....	10
Clemastine.....	27
Cleocin Vaginal Suppository.....	10
Climara Pro.....	29
Clindamax Lotion.....	17
Clindamycin.....	10, 17
Clindamycin Gel, Lotion, Solution, Swabs.....	17
Clindareach Kit.....	17
Clindesse.....	10
Clobetasol, Clobetasol E.....	17
Clobex Lotion, Shampoo.....	17
Clobex Spray.....	17
Cloderm.....	17
Cloderm Pump.....	17
Clomiphene.....	23
Clomipramine.....	15
Clonazepam, Clonazepam ODT.....	17
Clonidine Tablet.....	12

Clopidogrel.....	12
Clorazepate.....	16
Clotrimazole Troche.....	11
Clozapine.....	16
Codeine.....	24, 25
Colcrys.....	25
Colestipol.....	14
Combigan.....	21
Combivent Respimat.....	26
Combivir.....	22
Cometriq.....	11
Complera.....	22
Compro Suppository.....	16
Copaxone.....	15
Copegus.....	11
Corlanor.....	14
Cormax.....	17
Cortifoam.....	22
Cortisone.....	20
Cosopt.....	21
Covaryx, Covaryx HS.....	29
Creon.....	22
Cresamba.....	11
Crixivan.....	22
Cromolyn.....	20, 26
Cromolyn Nebs.....	26
Cryselle.....	27
Cuprimine.....	23
Cyclafem.....	27
Cyclobenzaprine.....	25
Cyclopentolate.....	21
Cyclophosphamide.....	11
Cyclosporine, Cyclosporine Modified.....	27
Cymbalta.....	15
Cyproheptadine.....	27
Cyred.....	27

D

Daklinza.....	11
Danazol.....	23
Dantrolene.....	25
Dapsone.....	10
Daraprim.....	23
Dasetta.....	28
Deblitane.....	28
Deconsal-II.....	23
Delyla.....	28
Delzicol.....	22
Demeclocycline.....	10
Depen.....	23
Dermazene.....	17
Descovy.....	22
Desipramine.....	15

Desmopressin.....	20
Desogestrel/Ethinyl Estradiol.....	28
Desonide.....	17
Desoximetasone.....	17
Dexamethasone.....	20, 21
Dexchlorpheniramine.....	27
Dexilant.....	21
Dextroamphetamine/ Amphetamine.....	15
Dextroamphetamine/Amphetamine Extended-Release.....	15
Dextroamphetamine Sulfate Extended-Release.....	15
Dextroamphetamine Sulfate Tablet.....	15
Diazepam.....	16, 17
Diazepam Gel.....	17
Diclofenac.....	21, 25
Diclofenac Sodium.....	25
Dicloxacillin.....	10
Dicyclomine.....	22
Didanosine.....	22
Differin Cream, Lotion.....	17
Differin Gel.....	17
Difcid.....	22
Difil-G Forte Liquid.....	24
Diflunisal.....	25
Digex NF.....	22
Digoxin.....	14
Dilatrate SR.....	12, 14
Diltiazem Sustained-Release Capsule.....	12
Diltiazem Tablet.....	13
Dipentum.....	22
Diphenoxylate/Atropine.....	22
Disopyramide.....	12, 14
Disulfiram.....	24
Divalproex.....	17
Divigel.....	29
Donepezil, Donepezil ODT.....	16
Dorzolamide.....	21
Dorzolamide/Timolol.....	21
Doxazosin.....	13, 23
Doxepin.....	15
Doxycycline Hyclate.....	10
Doxycycline Monohydrate Tablet...	10
DrithoCreme HP.....	17
DrithoScalp.....	17
Dronabinol.....	21
Drospirenone/Ethinyl Estradiol.....	28
Duavee.....	29
Duloxetine 20, 30, 60 mg.....	15
Duraxin.....	25
Dutasteride.....	23
Dutasteride-Tamsulosin.....	23

Dutoprol.....	13
Dymista Spray.....	27
E	
Easivent.....	24
Econazole.....	17
Edarbi.....	13
Edarbyclor.....	13
Edurant.....	22
Effient.....	12
Elestrin.....	29
Elidel.....	17
Elinest.....	28
Eliquis.....	12
Ella.....	28
Elmiron.....	24
Embeda.....	25
Emcyt.....	11
Emoquette.....	28
Emtriva.....	22
Enalapril.....	13
Enalapril/Hydrochlorothiazide.....	13
Enjuvia.....	29
Enpresse.....	28
Enskyce.....	28
Entaone.....	16
Entecavir.....	11
Epclusa.....	11
Epiduo.....	17
Epiduo Forte.....	17
Epinastine.....	20
Epipen-Jr.....	24
Epipen 2-Pak.....	24
Epitol.....	17
Epivir HBV Solution.....	11
Epivir Solution.....	22
Eprosartan.....	13
Epzicom.....	22
Ergocalciferol 50,000 Unit Capsule.....	24
Ergoloid Mesylate.....	16
Erivedge.....	11
Errin.....	28
Ery Pad.....	17
Erythromycin.....	10, 17, 20
Erythromycin/Benzoyl Peroxide....	17
Erythromycin/Sulfisoxazole.....	10
Escitalopram.....	15
Estarylla.....	28
Estradiol Twice Weekly Patch.....	29
Estradiol Weekly Patch, Tablet.....	29
Estrogen/Methyltestosterone, Estrogen/ Methyltestosterone HS.....	29

Estropipate.....	29
Eszopiclone.....	16
Ethambutol.....	10
Ethosuximide.....	17
Ethyl Chloride.....	17
Etodolac IR/ER.....	25
Etoposide.....	11
Euflexxa.....	24
Eurax.....	17
Evotaz.....	22
Exemestane.....	11, 24
Exjade.....	24
Exoderm.....	17
EZ Spacer.....	24
Ezide.....	13
F	
Falmina.....	28
Famciclovir.....	11
Fareston.....	11
FastClix Lancets.....	18
Felodipine.....	13
Fenofibrate 48, 145 mg Tablet.....	14
Fenofibrate 54, 160 mg Tablet.....	14
Fenofibrate Capsule.....	14
Fenofibrate Micronized.....	14
Fenoprofen.....	25
Fentanyl Patch 12, 25, 50, 75, 100 mcg.....	25
Ferriprox.....	24
Finacea.....	17
Finasteride.....	23
Flecainide.....	14
Flector Patch.....	25
Flovent Diskus.....	26
Flovent HFA.....	26
Fluconazole.....	11
Fludrocortisone.....	20
Flunisolide.....	27
Fluocinolone.....	17
Fluocinonide, Fluocinonide E.....	17
Fluoride Chewable Tablet, Drops...	27
Fluorometholone.....	21
Fluorouracil Solution, 5% Cream....	18
Fluoxetine.....	15
Fluphenazine.....	16
Flurazepam.....	16
Flurbiprofen.....	21, 25
Flutamide.....	11
Fluticasone.....	18, 27
Fluticasone Propionate.....	27
Fluvoxamine.....	15
FML Forte.....	21
Folic Acid 1 mg.....	27, 29

Foradil.....	26
Forfivo XL.....	15
Forteo.....	25
Fortesta.....	23
Fortical.....	25
Fortigan.....	25
Fosinopril.....	13
Fosinopril/Hydrochlorothiazide.....	13
Fosrenol.....	24
Freestyle Test Strips.....	18
Furosemide.....	13
Fuzeon.....	22

G

Gabapentin.....	17
Galantamine IR/ER.....	16
Galantamine Solution.....	16
Gavilyte.....	22
Gemfibrozil.....	14
Generic Prenatal Vitamins/ Folic Acid 1 mg.....	29
Gengraf.....	27
Gentamicin.....	18, 20
Genvoya.....	22
Gianvi.....	28
Gildagia.....	28
Gildess, Gildess Fe.....	28
Gilenya.....	15
Gilotrif.....	11
Glimepiride.....	19
Glipizide/Metformin.....	19
Glipizide IR/XL.....	19
Glucagen.....	19
Glucagon.....	19
Glucocard Test Strips.....	18
Glumetza.....	19
Glyburide.....	19
Glyburide/Metformin.....	19
Glyxambi.....	19
Gonal-F.....	23
Gonal-F Rff.....	23
Gralise.....	25
Granix.....	24
Griseofulvin.....	11
Guaifenesin/Codeine.....	24
Guanfacine.....	13, 15
Guanfacine ER.....	15
Guanidine.....	24

H

Halflytely.....	22
Haloperidol.....	16
Harvoni.....	11
Heather.....	28

Hepsera.....	11
Hexalen.....	11
Homatropine.....	21, 24
Humalog KwikPen.....	19
Humalog Mix 50-50 KwikPen.....	19
Humalog Mix 50-50 Vial.....	19
Humalog Mix 75-25 KwikPen.....	19
Humalog Mix 75-25 Vial.....	19
Humalog U-200 KwikPen.....	19
Humalog Vial.....	19
Humibid DM.....	24
Humira.....	23
Humulin 70-30 KwikPen.....	19
Humulin 70-30 Vial.....	19
Humulin KwikPen.....	19
Humulin N KwikPen.....	19
Humulin N Vial.....	19
Humulin R U-500 KwikPen.....	19
Humulin R U-500 Vial.....	19
Humulin R Vial.....	19
Hycamtin.....	11
Hydralazine.....	13
Hydrochlorothiazide.....	12, 13
Hydrocodone/Acetaminophen.....	25
Hydrocodone/Homatropine.....	24
Hydrocodone/Ibuprofen.....	25
Hydrocortisone.....	10, 18, 20, 21, 24
Hydrocortisone/Acetic Acid Otic... ..	24
Hydrocortisone Pramoxine.....	10, 24
Hydrocortisone Suppository.....	24
Hydrocortisone Tablet.....	20
Hydromorphone IR.....	25
Hydroxychloroquine Sulfate.....	23
Hydroxyurea.....	11
Hydroxyzine.....	16, 27
Hyoscyamine.....	22
Hypercare.....	18
Hypersal Nebs.....	24

I

Ibandronate.....	25
Ibuprofen.....	25
Iclusig.....	11
Ilotycin.....	20
Imatinib.....	11
Imipramine.....	15
Imiquimod.....	18
Implanon.....	28
Incruse Ellipta.....	26
Indapamide.....	13
Indocin Suppository.....	25
Indomethacin IR/ER.....	25
Inlyta.....	11
Inspirease.....	24

Intence.....	22
Introvale.....	28
Intuniv.....	15
Invirase.....	22
Invokamet.....	19
Invokana.....	19
Ipratropium.....	26, 27
Ipratropium/Albuterol Nebs.....	26
Irbesartan.....	13
Irbesartan/Hydrochlorothiazide.....	13
Isentress.....	22
Iso Carbachol.....	21
Iso Homatropine.....	21
Isochron.....	14
Isoditrate ER.....	14
Isometheptene/Acetaminophen/ Dichloralphenazone.....	15
Isoniazid.....	10
Isordil.....	14
Isosorbide Dinitrate IR/ER.....	14
Isosorbide Mononitrate IR/ER.....	14
Isoxsuprine.....	14
Isradipine.....	13
Istalol.....	21
Itraconazole.....	11

J

Jakafi.....	11
Jantoven.....	12
Janumet.....	19
Janumet XR.....	19
Januvia.....	19
Jardiance.....	19
Jencycla.....	28
Jentadueto.....	19
Jentadueto XR.....	19
Jinteli.....	29
Jolessa.....	28
Jolivetle.....	28
Juleber.....	28
Junel.....	28
Junel Fe.....	28
Juvisync.....	19
Juxtapid.....	14

K

Kaletra.....	22
Kariva.....	28
Kelnor.....	28
Kerydin.....	11
Ketoconazole Cream, Shampoo.....	11
Ketoprofen IR/ER.....	25
Ketorolac.....	21, 25
Kimidess.....	28

Klor-Con 10.....	27
Klor-Con M10.....	27
Klor-Con M20.....	27
Kurvelo.....	28
Kuvan.....	24

L

Labetalol.....	13
Laclotion.....	18
Lactulose.....	22
Lamictal Starter Kit.....	17
Lamivudine.....	11, 22
Lamivudine/Zidovudine.....	22
Lamotrigine Chewable, Tablet.....	17
Lamotrigine ER.....	17
Lamotrigine ODT.....	17
Lantus Solostar.....	19
Lantus Vial.....	19
Larin, Larin FE.....	28
Lastacraft.....	20
Latanoprost.....	21
Latuda.....	16
Leena.....	28
Leflunomide.....	23
Lessina.....	28
Letairis.....	27
Letrozole.....	11, 24
Leucovorin Calcium.....	11
Leukeran.....	11
Levemir Flexpen.....	19
Levemir Vial.....	19
Levetiracetam ER.....	17
Levetiracetam IR.....	17
Levitra.....	23
Levobunolol.....	21
Levofloxacin.....	10
Levonest.....	28
Levonorgestrel.....	28
Levonorgestrel/Ethinyl Estradiol.....	28
Levora-28.....	28
Levorphanol.....	25
Levothyroxine Sodium.....	20
Levoxyl.....	20
Lexiva.....	22
Lialda.....	22
Lidocaine.....	18, 24
Lidocaine/Prilocaine.....	18
Lidocaine Patch.....	24
Lidocaine Viscous.....	24
Lidoderm Patch.....	24
Lindane.....	18
Linezolid Tablet.....	10
Linzess.....	22
Liothyronine Sodium.....	20

Lipofen.....	14
Lisinopril.....	13, 39
Lisinopril/Hydrochlorothiazide.....	13
Lithium IR/ER.....	16
Livalo.....	14
Lo Loestrin.....	28
Loestrin.....	28
Lokara.....	18
Lomustine.....	11
Lorazepam.....	16
Loryna.....	28
Lorzone.....	25
Losartan.....	13
Losartan/Hydrochlorothiazide.....	13
Lovastatin.....	14
Low-Ogestrel.....	28
Loxapine.....	16
Lumigan.....	21
Lupron Depot.....	20
Lutera.....	28
Lyrica Capsule.....	17
Lyrica Solution.....	17
Lysodren.....	11
Lyza.....	28

M

Makena.....	29
Maprotiline.....	15
Marlissa.....	28
Matulane.....	11
Mebendazole.....	24
Meclofenamate.....	25
Medrol 2 mg.....	20
Medroxyprogesterone.....	28, 29
Medroxyprogesterone Acetate Injection.....	28
Mefloquine.....	24
Megestrol AC.....	24
Mekinist.....	11
Meloxicam.....	25
Memantine Tablet.....	16
Menest.....	29
Meperidine.....	25
Mephyton.....	24
Meprobamate.....	16
Mercaptopurine.....	11
Mesalamine Enema.....	22
Mesnex.....	11
Mestinon Syrup.....	24
Metadate ER.....	15
Metformin.....	19
Metformin Extended-Release.....	19
Methadone.....	25
Methazolamide.....	13

Methenamine.....	10
Methimazole.....	20
Methocarbamol.....	25
Methotrexate.....	23
Methyclothia.....	13
Methyl dopa.....	13
Methyl dopa/Hydrochlorothiazide.....	13
Methylegonovine.....	20, 24
Methylphenidate Controlled-Release Tablet.....	15
Methylphenidate Tablet.....	15
Methylprednisolone.....	20
Metipranolol.....	21
Metoclopramide Solution, Tablet.....	22
Metolazone.....	13
Metoprolol Succinate ER.....	13
Metoprolol Tartrate.....	13
Metrogel 1%.....	18
Metronidazole 0.75% Cream, Lotion.....	18
Metronidazole Tablet.....	10
Metronidazole Vaginal Gel.....	11
Mexiletine.....	14
Microgestin.....	28
Microgestin FE.....	28
Midodrine.....	14
Migragesic.....	15
Migranal.....	15
Millipred Tablet.....	20
Mimvey.....	29
Minivelle.....	29
Minocycline.....	10
Minoxidil.....	13
Mirtazapine, Mirtazapine ODT.....	15
Mirvaso.....	18
Misoprostol.....	21
Moexipril.....	13
Moexipril/Hydrochlorothiazide.....	13
Mometasone Furoate.....	18
Mono-Linyah.....	28
Mononessa.....	28
Montelukast.....	26
Morphine Sulfate Controlled-Release Tablet.....	26
Morphine Sulfate Immediate-Release Tablet, Solution.....	26
Morphine Sulfate Sustained-Release Capsule.....	26
Movantik.....	22
Moxeza.....	20
Multigen Folic.....	24
Multigen Plus.....	24
Mupirocin Calcium Cream.....	18
Mupirocin Ointment.....	18

Mycobutin.....	10
Myfortic	27
Myleran	11
Myorisan	18
Myrbetriq.....	26
Myzilra.....	28

N

Nabumetone.....	26
Nadolol.....	13
Naltrexone.....	24
Namzaric.....	16
Naphazoline 0.1%	20
Naproxen.....	26
Nasonex.....	27
Natacyn	20
Natazia	28
Nateglinide.....	19
NebuPent Nebes	10
Necon 0.5/35, 1/35, 1/50, 10/11	28
Nefazodone	15
Neomycin.....	10, 20, 21
Neomycin/Bacitracin/ Polymyxin.....	20, 21
Neomycin/Bacitracin/ Polymyxin/Hydrocortisone	21
Neomycin/Polymixin/ Dexamethasone	21
Neomycin/Polymixin/Gramicidin..	20
Neomycin/Polymixin/ Hydrocortisone Otic.....	10
Nessi Spacer	24
Neupogen.....	24
Nevirapine.....	22
Nexavar	11
Niacin ER	14
Niaspan	14
Nicardipine.....	13
Nifediac CC	13
Nifedical XL	13
Nifedipine IR/ER.....	13
Nikki	28
Nilandrone	11
NitroBid	14
NitroDur Patch.....	14
Nitrofurantoin.....	10
Nitrofurantoin Macrocrystal.....	10
Nitroglycerin ER.....	14
Nitroglycerin Tablet.....	14
Nitrolingual Pump Spray.....	14
NitroTime	14
Nizatidine	21
Nodolor.....	15
Nora-BE.....	28

Norditropin	20
Norethindrone.....	28, 29
Norethindrone/ Ethinyl Estradiol	28, 29
Norethindrone/Ethinyl Estradiol/ Ferrous Fumarate.....	28
Norgestimate-Ethinyl Estradiol	28
Norgestrel/Ethinyl Estradiol	28
Norlyroc	28
Norpace CR	14
Nortrel.....	28
Nortriptyline	15
Norvir.....	22
Novofine Autocover Pen Needles ...	18
Novofine Pen Needles.....	18
Novofine Plus Pen Needles	18
Novolin N Vial.....	19
Novolin R Vial.....	19
Novolin Vial.....	19
Novolog Flexpen.....	19
Novolog Mix.....	19
Novolog Vial	19
Novotwist Pen Needles.....	19
Nucynta.....	26
Nucynta ER	26
Nutropin Aq NuSpin	20
Nuvaring	28
Nystatin.....	11, 18
Nystop	18

O

Ocella	28
Odefsey	22
Ofloxacin.....	10, 20
Ofloxacin Otic	10
Ogestrel.....	28
Olanzapine, Olanzapine ODT	16
Omeclamox-Pak.....	21
Omega-3-Acid Ethyl Esters Capsule	14
Omeprazole.....	21
Omnaris	27
Ondansetron	21
Ondansetron ODT	21
OneTouch Test Strips	19
OneTouch Ultra Blue Test Strips....	19
OneTouch Verio IQ Test Strips	19
Onexton	18
Opana ER	26
Opsumit	27
Optihaler.....	24
Oracea	10
Orencia.....	23
Orenitram	27

Orfadin.....	24
Orphenadrine/Aspirin/Caffeine	25
Orphenadrine ER	25
Orsythia	28
Ortho Coil	28
Ortho Flat.....	28
Ortho Flex	28
Osphena	29
Otrexup.....	23
Ovidrel	23
Oxaprozin	26
Oxazepam	16
Oxcarbazepine.....	17
Oxybutynin	26
Oxybutynin Extended-Release.....	26
Oxycodone/Acetaminophen	26
Oxycodone IR.....	26
Oxycontin	26
Oxymorphone	26

P

Pacerone	14
Pancrelipase.....	22
Pantoprazole.....	21
Paregoric Tincture	22
Paricalcitol.....	20
Paromomycin	10
Paroxetine.....	15
Paroxetine ER.....	15
Pataday	20
Paxil Suspension	15
Pazeo	20
Pegasys	11
Penicillin VK	10
Pentasa	22
Pentazocine/Naloxone	26
Pentoxifylline	14
Perforomist.....	26
Perindopril	13
Permethrin	18
Perphenazine/Amitriptyline	16
Phenazopyridine	24
Phenelzine.....	15
Phenobarbital	17, 21
Phenoxybenzamine	13
Phenylephrine	20
Phenytoin.....	17
Philith	28
Phospholine.....	21
Phrenilin Forte.....	15
Picato.....	18
Pilocarpine	24
Pimtrex.....	29
Pindolol	13

Pioglitazone.....	19
Pioglitazone/Glimepiride.....	19
Pioglitazone/Metformin	19
Piroxicam	26
Podofilox	18
Polyethylene Glycol 3350	22
Polymyxin B/Trimethoprim	20
Pomalyst.....	11
Portia.....	29
Potassium Chloride.....	27
Potassium Citrate	27
Pradaxa.....	12
Praluent	14
Pramcort.....	18
Pramipexole.....	16
Pramosone Cream, Ointment	18
Pramosone E Cream	18
Pramosone Lotion.....	18
Pramoxine-HC Otic	10
Pravastatin.....	14
Prazosin.....	13
Pred Mild.....	21
Prednisolone.....	20, 21
Prednisolone Solution, Tablet.....	20
Prednisone.....	20
Premarin.....	29
Premarin Vaginal Cream	29
Premphase.....	29
Prempro.....	29
Prepopik.....	22
Prevalite	14
Previfem	29
Prezcobix.....	22
Prezista.....	22
Primaquine.....	24
Primella.....	29
Pristiq.....	15
Proair HFA	26
Proair Respiclick	26
Probenecid.....	25
Prochlorperazine	16
Procrit	24
Proctocream HC	24
Proctofoam HC.....	24
Proctosol HC	24
Proctozone HC	24
Procysbi.....	24
Proglycem.....	24
Promacta	24
Promethazine	21, 24, 27
Promethazine/Codeine	24
Promethazine/ Dextromethorphan.....	24
Promethazine Suppository	24
Promethazine VC/Codeine.....	24

Propafenone	14
Propantheline.....	22
Proparacaine.....	21
Propranolol/Hydrochlorothiazide...	13
Propranolol IR/ER	13
Propylthiouracil.....	20
Protopic	18
Protriptyline.....	15
Pulmicort Flexhaler	26
Pulmicort Respules	26
Pylera.....	21
Pyrazinamide	10
Pyridostigmine.....	24

Q

QNasl	27
Quasense	29
Quetiapine.....	16
Quinapril.....	13
Quinidine IR/ER	14
Qutenza.....	24
QVAR	26

R

Raloxifene	25
Ramipril	13
Ranexa.....	14
Rapaflo	23
Rapamune	27
Rasuvo.....	23
Rebetol	11
Reclipsen.....	29
Relion Test Strips.....	19
Remicade.....	23
Renvela.....	22, 24
Repaglinide	19
Rescriptor	22
Reserpine.....	13
Restasis.....	21
Retin-A Micro Gel, Pump.....	18
Retrovir	22
Revatio	27
Revlimid.....	11
Rexulti.....	16
Reyataz.....	22
Rezira	24
Rheumatrex.....	23
Ribapak	11
Ribatab	11
Ribavirin Tablet	11
Rifampin	10
Rimantidine	11
Risperidone, Risperidone ODT.....	16
Rivastigmine	16

S

Rizatriptan	15
Ropinirole	16
Rosadan Cream.....	18
Rosuvastatin	14
Rowasa Enema.....	22
Sabril.....	17
Safyral.....	29
Saizen.....	20
Salsalate.....	26
Samsca.....	16
Saphris.....	16
Savaysa	12
Seebri	26
Selenium Sulfide	18
Selzentry	22
Sensipar.....	16
Serevent.....	26
Seroquel XR.....	16
Sertraline.....	15
Setlakin	29
Sevelamer	22
Sharobel	29
Sildenafil 20 mg	27
Silenor	16
Silver Nitrate	18
Silver Sulfadiazine.....	18
Simbrinza	21
Simponi.....	23
Simvastatin 5, 10, 20, 40 mg.....	14
Simvastatin 80 mg.....	14
Sodium Polystyrene Sulfonate Powder	24
Soft Touch Lancets	19
SoftClix Lancets	19
Solia.....	29
Solodyn	10
Soolantra	18
Sotalol	13, 14
Sotalol AF.....	13
Sovaldi.....	11
Spiriva HandiHaler, Respimat	26
Spironolactone.....	13
Spironolactone/ Hydrochlorothiazide	13
Sprintec	29
Sprycel.....	12
Sronyx	29
SSKI.....	24
Stavudine.....	22
Stelara.....	23
Stiolto Respimat.....	27
Stivarga	12

Strattera.....	15
Stribild	22
Striverdi Respimat	27
Suboxone Film	16
Sucalfate Tablet	21
Sulfacetamide Sodium	18, 20, 21
Sulfacetamide Sodium-Sulfur.....	18
Sulfacetamide Sodium/ Prednisolone	21
Sulfadiazine.....	10, 18
Sulfamethoxazole/Trimethoprim, Sulfamethoxazole/ Trimethoprim DS.....	10
Sulfasalazine	22
Sulindac.....	26
Sumatriptan Nasal Spray, Tablet.....	15
Sumavel DosePro	15
Suprep	22
Sustiva	22
Sutent	12
Syeda	29
Symbicort	27
Symlin	19
Synarel.....	24
Synjardy.....	19
Synvisc.....	24
Synvisc One.....	24

T

Tabloid	12
Taclonex Ointment	18
Taclonex Scalp	18
Tacrolimus.....	18, 27
Tacrolimus Ointment.....	18
Tafinlar.....	12
Tamoxifen	24
Tamsulosin	23
Tarceva	12
Targretin Capsule	12
Targretin Gel	12
Tarina FE.....	29
Tasigna	12
Tazorac.....	18
Taztia XT.....	13
Tecfidera.....	15
Telmisartan	13
Telmisartan/Hydrochlorothiazide ..	13
Temazepam	16
Temodar	12
Temozolomide.....	12
Terazosin	13, 23
Terbinafine	11
Terbutaline	27
Terconazole	11

Testim	23
Testosterone Gel 1%.....	23
Testred.....	23
Tetracaine	21
Tetracycline	10
Thalamid	12
Theophylline SR.....	27
Thioridazine.....	16
Thiothixene.....	16
Ticlopidine	12
Timolol.....	13, 21
Timolol Maleate.....	21
Timoptic Ocudose	21
Tirosint	20
Tivicay.....	22
Tivorbex	26
Tizanidine Tablet.....	25
Tobradex Ointment.....	20
Tobramycin/Dexamethasone.....	20
Tobramycin Ophth Solution.....	20
Tobrex	20
Tolazamide.....	19
Tolbutamide	19
Tolmetin	26
Topiragen	17
Topiramate	17
Torse mide.....	13
Toujeo.....	19
Toviaz.....	26
Tracleer	27
Tradjenta	19
Tramadol.....	26
Trandolapril/Verapamil CR.....	13
Tranlycypromine	15
Travatan Z.....	21
Trazodone	15
Tresiba	19
Tretin-X	18
Tretinoin	12, 18
Tretinoin Capsule	12
Trexall	23
Trezix	26
Tri-Estarylla.....	29
Tri-Linyah.....	29
Tri-Previfem.....	29
Tri-Sprintec.....	29
Triamcinolone/Orabase.....	24
Triamcinolone Acetonide.....	18
Triamterene/Hydrochlorothiazide ..	13
Trianex	18
Triazolam	16
Tribenzor.....	13
Triderm	18
Trifluoperazine.....	16
Trifluridine.....	20

Trihexyphenidyl.....	16
Trilyte.....	22
Trimethobenzamide.....	21
Trimethoprim.....	10, 20
Trinessa	29
Trinessa Lo	29
Triumeq.....	22
Trivora-28.....	29
Trizivir	23
Tropicamide	21
Trulicity	19
Truvada	23
Tudorza	27
Tykerb	12
Tyvaso	27
Tyzeka	11

U

Uceris Foam	22
Uceris Tablet	22
Uloric	25
Unithroid.....	20
Urea 40% Lotion.....	18
Ursodiol.....	22
Utibron	27

V

Vagifem	29
Valacyclovir	11
Valganciclovir Solution	11
Valganciclovir Tablet.....	11
Valproic Acid.....	17
Valsartan	13
Valsartan/Hydrochlorothiazide	13
Vandazole Gel.....	11
Varubi.....	21
Vascepa	14
Vectical.....	18
Velivet.....	29
Velphoro	24
Veltassa.....	24
Venlafaxine.....	15
Venlafaxine Extended-Release Capsule	15
Venlafaxine Extended-Release Tablet.....	15
Ventavis	27
Ventolin HFA	27
Veramyst.....	27
Verapamil Sustained-Release Capsule	13
Verapamil Sustained-Release Tablet.....	13
Verapamil Tablet	13

Vesicare	26
Vestura	29
Viagra.....	23
Viberzi.....	22
Victoza	19
Videx Solution.....	23
Viekira Pak, Viekira XR.....	11
Vienva	29
Vigamox.....	20
Viibryd	15
Viorele.....	29
Viracept.....	23
Viramune	23
Viread.....	23
Vistogard.....	25
Vitamin D 50,000 Unit	25
Vitazol.....	18
Vitekta.....	23
Vivelle-Dot	29
Vivlodex	26
Voltaren Gel.....	26
Vortex.....	25
Votrient	12
Vraylar	16
Vyfemla	29
Vytorin	14
Vytorin 80 mg.....	14
Vyvanse	15

W

Warfarin.....	12
WatchHaler.....	25
Welchol	14
Wera.....	29
Wide-Seal	29

X

Xalkori	12
Xarelto.....	12
Xeljanz.....	23
Xeloda	12
Xopenex HFA.....	27
Xtampza ER.....	25, 26
Xtandi	12
Xulane	29
Xuriden	25
Xyrem.....	16

Y

Yasmin 28.....	29
Yaz.....	29
Yodoxin	25

Z

Zaleplon	16
Zarah.....	29
Zavesca.....	25
Zecuity	15
Zelapar	16
Zelboraf.....	12
Zemplar.....	20, 25
Zenatane	18
Zenchent	29
Zenpep	22
Zepatier.....	11
Zetonna.....	27
Ziagen Solution.....	23
Ziagen Tablet	23
Zidovudine.....	22, 23
Ziprasidone	16

Zmax.....	10
Zohydro ER.....	26
Zolinza.....	12
Zolmitriptan	15
Zolpidem.....	16
Zomig Spray.....	15
Zonisamide	17
Zontivity	12
Zortress.....	27
Zorvolex	26
Zovia	29
Zovirax Cream.....	11
Zovirax Ointment.....	11
Zubsolv.....	16
Zutripro.....	25
Zyclara Cream, Pump.....	18
Zytiga.....	12

“My Medications” worksheet

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

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

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