



# Your 2014 Prescription Drug List

effective July 1, 2014

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

For additional information:



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



Visit **myuhc.com**<sup>®</sup>

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



# Your Prescription Drug List

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

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

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

The screenshot shows the myuhc.com website interface. At the top left is the myuhc.com logo, and at the top right is the UnitedHealthcare logo. Below the logos is a navigation bar with the following items: Home, Claims & Accounts, Physicians & Facilities, Pharmacies & Prescriptions (circled with a blue arrow and pointed to by a blue arrow from above), Benefits & Coverage, Personal Health Record, and Health & Wellness. To the right of the navigation bar are links for Message Center, Account Settings, Print, Help, Contact Us, Feedback, and Sign Out. The main content area is divided into several sections. On the left, there is a 'Hello, Chrisdemo' section with user information: My Coverage: Active 01/01/08, Plan Name: Choice Plus, Group/Acct#: 111111, and Member ID: 7891234567. Below this is the 'Plan Details' section with buttons for Account Balances and Benefit Details, and a table showing Deductible and Out-of-Pocket Max amounts. The central section is 'myClaims Manager' with a 'Learn More' button and a pie chart showing 'Your Responsibility' of \$1,249.00 (with sub-items: HRA paid to provider \$138.00, Paid via this website \$10.00) and 'You Owe' of \$1,101.00. To the right of this is a 'What would you like to do today?' section with various service buttons like 'Manage My Claims', 'Look up My Benefits', 'Find a Doctor', and 'Manage My Prescriptions'. At the bottom, there are three sections: 'Information Center' with a list of articles and a 'View All' button, 'Related Web Sites' with links to African American Health, Source4Women, and Other Languages, and 'Ask a Nurse' with a photo of a nurse and contact information for chat and call.

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

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

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

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

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

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




When choosing a medication, you and your doctor should consult the PDL. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special 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 call the toll-free member phone number on the back of your health plan ID card.

## What are tiers?

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

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

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

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

## When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often on January 1 or July 1.

When a medication changes tiers, you may have to pay a different amount for that medication.

For the most up-to-date list, call customer service at the number on the back of your ID card.

## Programs and Limits

Some medications are noted with letters next to them. The letters refer to our pharmacy benefit programs. Your benefit plan determines how these medications are covered and may differ than what is noted in the PDL. Call the number for Member Services listed on the back of your ID card if you have any questions about your prescription drug coverage.

<b>DSP</b>	<b>Designated Specialty Program</b> – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the number on your ID card or call 1-888-739-5820 for more information.
<b>E</b>	<b>May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s).</b> Lower-cost options are available and covered.
<b>MC</b>	<b>Multiple Copay</b> – More than one month's worth of medication included in package so additional copay applies.
<b>N</b>	<b>Notification or Prior Authorization required*</b> – Your doctor is required to provide additional information to us to determine coverage.
<b>RS</b>	<b>Refill and Save Program</b> – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SDP</b>	<b>Select Designated Pharmacy</b> – Must use a lower cost medication at retail or transfer the impacted medication to the mail service pharmacy for network coverage.
<b>SL</b>	<b>Supply Limit</b> – Amount of medication covered per copayment or in a specific time period.
<b>ST</b>	<b>Step Therapy</b> – Trial of a lower cost medication is required before a higher cost medication is covered.
<b>1/2T</b>	<b>Half Tablet Program</b> – Save up-to 50% when you split your tablet (double the strength) in half. Program eligibility may vary.

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

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

## Why are some medications excluded from coverage?

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

## Should I talk to my doctor about over-the-counter (OTC) medications?

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. These 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, **Crestor**) and generic drugs in plain type (for example, simvastatin).

## What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit **myuhc.com** to make sure.

## Are you taking a specialty medication?

Specialty medications are high cost and may be used to treat rare or complex conditions. Please note, not all specialty medications are listed in the PDL.

If you are taking a specialty medication that is on Tier 3, call the toll-free number on the back of your health plan ID card to talk to a representative about finding lower-cost options.

OptumRx is the specialty pharmacy that can provide most of your specialty medications along with helpful programs and services. Call OptumRx Specialty Pharmacy at 1-888-739-5820 and have your prescriptions delivered right to your home or office.



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

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

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

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

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

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

## For more information



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



Or, visit **myuhc.com**<sup>®</sup>

## Where else can I go for information?

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Anti-Infectives: Antibiotics</b>		
<b>Adoxa Capsule</b>	3	E
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
<b>Augmentin XR</b>	3	E
Azithromycin	1	
Cefdinir	2	
Cefuroxime	1	
<b>Centany AT</b>	3	E
Cephalexin	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin	1	
<b>Dificid</b>	3	SL
<b>Doryx</b>	3	E
Doxycycline Capsule, Tablet	1	
Doxycycline Hyclate Capsule, Tablet	1	
Levofloxacin	1	
Metronidazole	1	
Minocycline Capsule, Tablet	1	
Nitrofurantoin	1	
Nitrofurantoin Macrocrystal	1	
<b>Oracea</b>	3	
Penicillin V Potassium	1	
<b>Solodyn</b>	3	
Sulfamethoxazole-Trimethoprim	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Anti-Infectives: Antifungals</b>		
Fluconazole	1	
Itraconazole	1	SL
Ketoconazole	1	
Nystatin	1	
<b>Onmel</b>	3	E, SL
Terbinafine	1	SL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Ointment	3	SL
Acyclovir Tablet	1	
<b>Baraclude</b>	2	DSP
<b>Incivek</b>	2	DSP, N, SL
<b>Olysio</b>	2	DSP, N, SL
Ribapapak	3	DSP, E
Ribavirin	1	DSP
<b>Tamiflu</b>	3	SL
Valacyclovir	2	SL
<b>Zovirax Cream</b>	3	SL
<b>Cancer</b>		
<b>Bosulif</b>	2	DSP, N, SL, ST
<b>Gleevec</b>	2	DSP, N, SL
Hydroxyurea	1	
Leucovorin Calcium	1	
Mercaptopurine	1	
<b>Sutent</b>	2	DSP, N, SL
<b>Tasigna</b>	2	DSP, N, SL
<b>Xeloda</b>	2	DSP, SL
<b>Zytiga</b>	2	DSP, N, SL

**Bold type = Brand name drug**  
 [Plain type = Generic drug]

**DSP** = Designated Specialty Program  
**E** = May be excluded from coverage  
**MC** = Multiple Copay

**N** = Notification or Prior Authorization required  
**RS** = May be eligible for the Refill and Save Program  
**SDP** = Select Designated Pharmacy  
**SL** = Supply Limit  
**ST** = Step Therapy  
**1/2T** = May be eligible for Half Tablet

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

Drug Name	Drug Tier	Requirements & Limits
Doxazosin	1	
<b>Dutoprol</b>	2	SL
<b>Edarbi</b>	3	SL
<b>Edarbyclor</b>	3	SL
Enalapril	1	
Enalapril- Hydrochlorothiazide	1	
<b>Exforge</b>	3	E, SL
<b>Exforge HCT</b>	3	E, SL
Felodipine	1	
Fosinopril Sodium	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Indapamide	1	
Irbesartan	2	SL, 1/2T
Labetalol	1	
Lisinopril	1	
Lisinopril- Hydrochlorothiazide	1	
Losartan	1	1/2T
Losartan- Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	2	
Metoprolol Tartrate	1	
<b>Micardis HCT</b>	2	SL
Nadolol	1	
<b>Nexiclon XR</b>	3	E
Nifedipine Extended-Release	1	
Propranolol	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
<b>Tekamlo</b>	3	E, SL
Telmisartan	2	SL
Terazosin	1	
Torsemide	1	

Drug Name	Drug Tier	Requirements & Limits
Triamterene-Hydrochlorothiazide	1	
<b>Tribenzor</b>	3	E, SL
<b>Twynsta</b>	3	E, SL
Valsartan-Hydrochlorothiazide	2	SL
Verapamil	1	
Verapamil Sustained-Release	3	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
<b>Altoprev</b>	3	E, SL
Atorvastatin	1	SL, 1/2T
<b>Caduet</b>	3	E, SL
Choline Fenofibrate	3	E
<b>Crestor</b>	2	SL, 1/2T
Fenofibrate 48, 145 mg	3	E
Fenofibrate 54, 160 mg	2	
Fenofibrate Micronized 43, 130 mg	2	
<b>Fenoglide</b>	3	
Gemfibrozil	1	
<b>Lipofen</b>	2	
<b>Liptruzet</b>	3	E, SL
<b>Livalo</b>	3	SL
Lovastatin	1	
<b>Lovaza</b>	3	N
Niacin Extended-Release Tablet	3	
<b>Niaspan</b>	2	
Pravastatin	1	1/2T
<b>Simcor</b>	3	SL
Simvastatin	1	1/2T
<b>Tricor 48 mg, 145 mg</b>	3	E
<b>Trilipix</b>	3	E

Drug Name	Drug Tier	Requirements & Limits
<b>Vascepa</b>	3	N
<b>Vytorin</b>	3	SL
<b>Welchol</b>	2	
<b>Zetia</b>	3	SL
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	2	
Nitroglycerin Sublingual Spray	3	SL
<b>Nitrolingual Pump Spray</b>	3	E, SL
<b>Ranexa</b>	2	
Sotalol	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR</b>	2	N, SL
Amphetamine Salt Combo	1	N
Clonidine Extended-Release Tablet	3	E
<b>Concerta</b>	2	N, SL
<b>Daytrana</b>	3	E, N, SL
Dexmethylphenidate	1	N
Dexmethylphenidate Extended-Release Capsule	3	E, N, SL
Dextroamphetamine Sulfate	3	N
Dextroamphetamine-Amphetamine	1	N

**Bold type = Brand name drug**  
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**RS** = May be eligible for the Refill and Save Program  
**SDP** = Select Designated Pharmacy  
**SL** = Supply Limit  
**ST** = Step Therapy  
**1/2T** = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Dextroamphetamine-Amphetamine Extended-Release	3	E, N, SL
<b>Focalin XR</b>	3	E, N, SL
<b>Intuniv</b>	3	E, SL
<b>Kapvay</b>	3	E
<b>Metadate CD</b>	2	N, SL
Methylphenidate	1	N
Methylphenidate Extended-Release Capsule	3	E, N, SL
Methylphenidate Extended-Release Tablet	3	E, N, SL
<b>Quilivant XR</b>	3	E, N, SL
<b>Ritalin LA</b>	3	E, N, SL
<b>Strattera</b>	3	SL
<b>Vyvanse</b>	2	N, SL
<b>Zenzedi</b>	3	E, N
<b>Central Nervous System: Depression</b>		
Amitriptyline	1	
<b>Aplenzin</b>	3	E, SL
Bupropion	1	
Bupropion Extended-Release	1	
Bupropion Sustained-Release	1	
Citalopram	1	
<b>Desvenlafaxine</b>	3	E, SL
Doxepin	1	
Duloxetine	3	SL
Escitalopram	1	1/2T
Fluoxetine	1	
Fluvoxamine	1	
<b>Forfivo XL</b>	3	E, SL
Imipramine	1	
Mirtazapine	1	
Nortriptyline	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Oleptro</b>	3	E, SL
Paroxetine	1	
<b>Pristiq ER</b>	3	RS, SL
Sertraline	1	1/2T
Trazodone	1	
Venlafaxine	1	
Venlafaxine Extended-Release Capsule	1	SL
Venlafaxine Extended-Release Tablet	3	E, SL
<b>Viibryd</b>	3	SDP, SL
<b>Central Nervous System: Migraine</b>		
Acetaminophen/Butalbital/Caffeine	1	SL
<b>Alsuma</b>	3	E, SL
<b>Cambia</b>	3	E, SL
<b>Relpax</b>	2	SL
Rizatriptan Orally Disintegrating Tablet	3	SL
Rizatriptan Tablet	2	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
<b>Sumavel DosePro</b>	3	SL
<b>Treximet</b>	3	E, SL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	DSP, N, SL
<b>Aubagio</b>	3	DSP, N, SL, ST
<b>Avonex</b>	2	DSP, N, SL
<b>Betaseron</b>	2	DSP, N, SL
<b>Copaxone 20 mg</b>	2	DSP, N, SL
<b>Extavia</b>	3	DSP, E, N, SL, ST
<b>Gilenya</b>	3	DSP, N, SL, ST
<b>Rebif</b>	3	DSP, N, SL, ST
<b>Tecfidera</b>	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Other</b>		
<b>Abilify</b>	3	SL, 1/2T
Alprazolam	1	
Alprazolam Extended-Release	1	
<b>Aricept 23 mg</b>	3	E
Buprenorphine/Naloxone Tablet	3	E, N, SL
Buspirone	1	
Carbidopa-Levodopa	1	
Diazepam	1	
Donepezil 5, 10 mg	1	
<b>Latuda</b>	3	SL
Lithium	1	
Lorazepam	1	
<b>Mirapex ER</b>	3	E
Modafinil	3	E, N, SL
<b>Nuvigil</b>	3	N, SL
Olanzapine	1	SL
Pramipexole	1	
<b>Provigil</b>	3	E, N, SL
Quetiapine	2	SL
<b>Requip XL</b>	3	E
Risperidone	1	
Ropinirole	1	
<b>Seroquel XR</b>	3	SL
<b>Suboxone Film</b>	3	E, N, SL
<b>Tasmar</b>	2	
<b>Xyrem</b>	3	N, SL
<b>Zelapar</b>	3	
Ziprasidone	2	SL
<b>Zubsolv</b>	2	N, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Sedatives/Hypnotics</b>		
<b>Ambien CR</b>	3	E, SL, ST
<b>Edluar</b>	3	E, SL, ST
<b>Intermezzo</b>	3	E, SL, ST
<b>Lunesta</b>	3	SL, ST
<b>Silenor</b>	3	E, SL
Temazepam	1	
Zaleplon	1	SL
Zolpidem	1	SL
Zolpidem Extended-Release	3	E, SL, ST
<b>Zolpimist</b>	3	SL, ST
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine	1	
Clonazepam	1	
<b>Depakote</b>	3	N, ST
<b>Depakote ER</b>	3	N, ST
Diazepam	1	
Divalproex	1	
Divalproex Extended-Release	1	
Gabapentin	1	
<b>Keppra</b>	3	N, ST
<b>Keppra XR</b>	3	N, ST
<b>Lamictal</b>	3	N, ST
<b>Lamictal XR</b>	3	N, ST
Lamotrigine	1	
Levetiracetam	1	
Levetiracetam Extended-Release	2	
<b>Lyrica</b>	3	SDP, SL
<b>Neurontin</b>	3	N, ST
Oxcarbazepine	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Oxtellar XR</b>	3	E, N, ST
Phenytoin	1	
<b>Topamax</b>	3	N, ST
Topiramate	1	
<b>Trileptal</b>	3	N, ST
<b>Trokendi XR</b>	3	E, N, ST
<b>Zonegran</b>	3	N, ST
Zonisamide	1	
<b>Dermatology</b>		
<b>Absorica</b>	3	E, N
<b>Acanya</b>	3	E, SL
<b>Aczone</b>	3	SL
Adapalene	3	N, SL
<b>Azelex</b>	3	SL
<b>Benzaclin</b>	3	E, SL
Betamethasone Dipropionate Cream, Lotion, Ointment	1	
Betamethasone Valerate Foam	3	E, SL
<b>Carac</b>	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	N
<b>Clindagel</b>	3	E, SL
Clindamycin 1%/Benzoyl Peroxide 5% Jar	3	SL
Clindamycin 1.2%/Benzoyl Peroxide 5%	3	E, SL
Clindamycin Gel, Lotion, Solution, Swabs	1	
Clobetasol Propionate Cream, Lotion, Ointment, Solution	1	
<b>Clobex Shampoo</b>	3	E, SL
<b>Cloderm</b>	3	SL
Clotrimazole-Betamethasone Cream, Lotion	1	
<b>Condylox Gel</b>	3	
Desonide Cream, Lotion, Ointment	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Differin 1%</b>	2	N, SL
<b>Differin 3%</b>	3	N, SL
<b>Duac</b>	3	E, SL
<b>Epiduo</b>	3	SL
<b>Finacea</b>	3	
Fluocinonide 0.05% Cream, Ointment, Solution	1	
Fluocinonide 0.1% Cream	3	E, SL
Hydrocortisone Butyrate Cream	3	E, SL
Hydrocortisone Cream, Ointment	1	
<b>Keralyt Scalp Kit</b>	3	E
<b>Locoid Lipocream</b>	3	E, SL
<b>Locoid Lotion</b>	3	E, SL
<b>Luxiq</b>	3	E, SL
<b>Metrogel 1%</b>	3	E, MC
Metronidazole Gel 0.75%	1	
Metronidazole Gel 1%	3	E, MC
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide Cream, Ointment	1	
<b>Oxsoralen-UI</b>	2	
<b>Picato</b>	3	SL
<b>Protopic</b>	2	N, SL
<b>Retin-A Micro</b>	3	E, N, SL
Sodium Sulfacetamide-Sulfur	1	
<b>Sorilux</b>	3	E, SL
<b>Stelara</b>	2	DSP, N, SL
<b>Sumadan</b>	3	E
<b>Sumaxin CP</b>	3	E
<b>Sumaxin TS</b>	3	E
<b>Taclonex</b>	3	SL
Tretinoin	1	N
Tretinoin Microspheres	3	E, N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Trianex</b>	3	E, SL
<b>Umecta</b>	3	E
<b>Umecta PD</b>	3	E
<b>Uramaxin GT</b>	3	E
<b>Vanos</b>	3	E, SL
<b>Vectical</b>	3	SL
<b>Veltin</b>	3	E, SL
<b>Verdeso</b>	3	E, SL
<b>Virasal</b>	3	E
<b>Xerese</b>	3	E
<b>Ziana</b>	3	E, SL
<b>Zyclara</b>	3	E, SL
<b>Diabetes: Blood Glucose Monitoring</b>		
<b>Accu-Chek Active Test Strips</b>	1	SL
<b>Accu-Chek Aviva Plus</b>	1	
<b>Accu-Chek Aviva Plus Test Strips</b>	1	SL
<b>Accu-Chek Comfort Curve Test Strips</b>	1	SL
<b>Accu-Chek Compact Test Strips</b>	1	SL
<b>Accu-Chek Nano SmartView</b>	1	
<b>Accu-Chek Nano SmartView Test Strips</b>	1	SL
<b>Contour Test Strips</b>	3	SDP, SL
<b>Freestyle Test Strips</b>	3	SDP, SL
<b>One Touch Test Strips</b>	1	SL
<b>One Touch Ultra Meter</b>	1	

Drug Name	Drug Tier	Requirements & Limits
<b>One Touch Ultra Mini</b>	1	
<b>One Touch Ultra Test Strips</b>	1	SL
<b>One Touch Verio IQ</b>	1	
<b>One Touch Verio IQ Test Strips</b>	1	SL
<b>Diabetes: Insulin</b>		
<b>Humalog KwikPen</b>	2	
<b>Humalog Mix 75-25 KwikPen</b>	2	
<b>Humalog Vials</b>	1	
<b>Humulin 70-30 Vials</b>	1	
<b>Humulin KwikPen</b>	2	
<b>Humulin N KwikPen</b>	2	
<b>Humulin N Vials</b>	1	
<b>Humulin R Vials</b>	1	
<b>Lantus Solostar</b>	3	
<b>Lantus Vials</b>	3	
<b>Levemir Flexpen</b>	1	
<b>Levemir Vials</b>	1	
<b>Novolog</b>	3	SDP
<b>Novolog Flexpen</b>	3	SDP
<b>Diabetes: Non-Insulin</b>		
<b>Bydureon</b>	3	SL
<b>Byetta</b>	2	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
<b>Glumetza</b>	3	
Glyburide	1	

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Drug Name	Drug Tier	Requirements & Limits
Glyburide-Metformin	1	
<b>Janumet</b>	3	SDP, SL
<b>Januvia</b>	3	SDP, SL
<b>Jentaducto</b>	2	SL
<b>Kazano</b>	2	SL
<b>Kombiglyze XR</b>	2	SL
Metformin	1	
Metformin Extended-Release	1	
<b>Nesina</b>	2	SL
<b>Onglyza</b>	2	SL
<b>Oseni</b>	2	SL
Pioglitazone	2	SL
Pioglitazone-Metformin	2	SL
<b>Prandimet</b>	3	
<b>Prandin</b>	3	SL
Repaglinide	2	SL
<b>Tradjenta</b>	2	SL
<b>Victoza</b>	3	SL
<b>Endocrine: Growth Hormone</b>		
<b>Genotropin</b>	3	DSP, E, N, SL
<b>Humatrope</b>	3	DSP, E, N, SL
<b>Norditropin</b>	3	DSP, E, N, SL
<b>Nutropin AQ NuSpin</b>	2	DSP, N, SL
<b>Omnitrope</b>	3	DSP, E, N, SL
<b>Saizen</b>	2	DSP, N, SL
<b>Tev-Tropin</b>	2	DSP, N, SL
<b>Endocrine: Other</b>		
Calcitriol	1	
Desmopressin	1	
Dexamethasone	1	
Methylprednisolone	1	
Prednisolone	1	
Prednisone	1	
<b>Rayos</b>	3	E

Drug Name	Drug Tier	Requirements & Limits
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine Sodium	1	
Levoxyl	2	
Liothyronine Sodium	2	
Methimazole	1	
NP Thyroid	1	
<b>Synthroid</b>	2	
<b>Tirosint</b>	2	
<b>Eye Conditions: Allergies</b>		
Azelastine	3	SL
<b>Bepreve</b>	3	E, SL
<b>Elestat</b>	3	E, SL
<b>Emadine</b>	3	E
<b>Lastacft</b>	3	SL
<b>Pataday</b>	3	E, SL
<b>Patanol</b>	3	E, SL
<b>Eye Conditions: Antibiotics</b>		
Erythromycin	1	
Ofloxacin	1	
Polymyxin B Sulfate/ Trimethoprim	1	
<b>Tobradex ST</b>	3	E, SL
Tobramycin/ Dexamethasone	2	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P 0.1%</b>	2	SL
<b>Azopt</b>	2	SL
<b>Combigan</b>	2	SL
<b>Cosopt PF</b>	3	E, SL
Dorzolamide-Timolol	2	
Latanoprost	1	
<b>Lumigan</b>	2	SL
<b>Simbrinza</b>	3	E, SL
Timolol Maleate	1	
<b>Travatan Z</b>	2	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Eye Conditions: Other</b>		
<b>Acuvail</b>	3	E, SL
<b>Bromday</b>	3	E, SL
<b>Ilevro</b>	3	E
<b>Lotemax Gel</b>	3	E, SL
<b>Lotemax Solution</b>	3	SL
<b>Prolensa</b>	3	E, SL
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	3	SL
<b>Helidac</b>	3	E, SL
<b>Nexium</b>	3	E, SL
<b>Omeclamox-Pak</b>	3	SL
Omeprazole	1	
Pantoprazole	1	
<b>Prevacid Capsules</b>	3	E, SL
<b>Prevacid Solutab</b>	3	E, SL
<b>Prevacid</b>	3	E, SL
<b>Pylera</b>	3	SL
Rabeprazole	3	SL
Sucralfate Tablet	1	
<b>Zegerid Capsule</b>	3	E, SL
<b>Gastrointestinal: Nausea/Vomiting</b>		
Ondansetron	1	
Ondansetron ODT	1	
<b>Sancuso</b>	3	E, SL
<b>Zuplenz</b>	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	3	N, SL, ST
<b>Apriso</b>	2	
<b>Asacol HD Tablet</b>	3	E
<b>Canasa</b>	2	
<b>Cortifoam</b>	2	
<b>Creon</b>	2	
<b>Delzicol</b>	3	E
<b>Giazo</b>	3	E
<b>Golytely</b>	2	
<b>Halflytely</b>	3	
Hyoscyamine	1	
<b>Lialda</b>	2	
<b>Linzess</b>	2	N, SL
Metoclopramide	1	
<b>Metozolv ODT</b>	3	E
<b>Moviprep</b>	3	
<b>Pentasa</b>	3	E
<b>Pertzye</b>	3	E
Polyethylene Glycol 3350	2	
<b>Prepopik</b>	3	
<b>Procort</b>	3	E
<b>Suclear</b>	3	
Sulfasalazine	1	
<b>Suprep</b>	3	
<b>Uceris</b>	3	
<b>Ultresa</b>	3	E
Ursodiol	1	
<b>Viokace</b>	3	E
<b>Zenpep</b>	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>HIV/AIDS</b>		
<b>Atripla</b>	2	DSP
<b>Complera</b>	2	DSP
<b>Epzicom</b>	2	DSP
<b>Intelence</b>	2	DSP
<b>Isentress</b>	2	DSP
<b>Kaletra</b>	2	DSP
<b>Norvir</b>	2	DSP
<b>Prezista</b>	2	DSP
<b>Reyataz</b>	2	DSP
<b>Stribild</b>	3	DSP, N
<b>Sustiva</b>	2	DSP
<b>Truvada</b>	2	DSP, N
<b>Viread</b>	2	DSP
<b>Infertility*</b>		
<b>Cetrotide</b>	2	DSP
<b>Gonal-F</b>	2	DSP
<b>Gonal-F RFF</b>	2	DSP
<b>Ovidrel</b>	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
<b>Men's Health: Erectile Dysfunction</b>		
<b>Cialis</b>	3	SL
<b>Staxyn</b>	3	E, SL
<b>Viagra</b>	3	SL
<b>Men's Health: Prostate</b>		
Alfuzosin	1	
<b>Avodart</b>	3	N, SDP
Doxazosin	1	
Finasteride	1	
<b>Jalyn</b>	3	E
<b>Rapaflo</b>	3	
Tamsulosin	1	
Terazosin	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	N, SL
<b>Androgel</b>	3	E, N, SL
<b>Android</b>	2	
<b>Axiron</b>	3	E, N, SL
<b>Depo-Testosterone</b>	3	
<b>Fortesta</b>	3	E, N, SL
<b>Testim</b>	2	N, SL
Testosterone Cypionate	1	
Testosterone Enanthate	1	
<b>Testred</b>	2	
<b>Miscellaneous</b>		
Anastrozole	1	
Antipyrine/Benzocaine	1	
<b>Aranesp</b>	2	DSP, SL
<b>Auvi-Q</b>	3	E, SL
Benzonatate	1	
<b>Bethkis</b>	2	DSP, N, SL
<b>Bromfed DM</b>	3	
Chlorhexidine Gluconate	1	
<b>Ciprodex</b>	2	
<b>Epipen</b>	2	SL
<b>Epipen-Jr</b>	2	SL
Exemestane	2	
<b>Fosrenol</b>	2	
Hydrocodone/ Chlorpheniramine	3	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	2	SL
<b>Nuedexta</b>	2	
<b>Pegasys</b>	2	DSP, N, SL
<b>Procrit</b>	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
<b>Pulmozyme</b>	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Rectiv</b>	3	N, SL
<b>Renvela</b>	2	
<b>Restasis</b>	3	N, SL
<b>Rezira</b>	3	
<b>Soltamox</b>	3	E
Tamoxifen	1	
<b>Tobi</b>	3	DSP, E, N, SL
<b>Tobi Podhaler</b>	3	DSP, N, SL
Tobramycin Nebulized Solution	3	DSP, E, N, SL
<b>Zonatuss</b>	3	E
<b>Zutripro</b>	3	SL
<b>Musculoskeletal: Osteoporosis</b>		
<b>Actonel</b>	3	SL
Alendronate Sodium	1	SL
<b>Atelvia</b>	3	E, SL
<b>Binosto</b>	3	E, SL
<b>Evista</b>	2	
<b>Forteo</b>	2	DSP, N
Ibandronate	2	SL
<b>Musculoskeletal: Other</b>		
Allopurinol	1	
<b>Amrix</b>	3	E
Baclofen	1	
Carisoprodol 350 mg	1	
<b>Colcrys</b>	2	
Cyclobenzaprine	1	
<b>Gralise</b>	3	E, SL
<b>Horizant</b>	3	E, SL
<b>Lorzone</b>	3	E, SL
Methocarbamol	1	
<b>Soma 250</b>	3	E
Tizanidine Tablet	1	
<b>Uloric</b>	3	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Musculoskeletal: Pain Relief</b>		
<b>Abstral</b>	3	E, N, SL
Acetaminophen/Codeine	1	SL
<b>Avinza</b>	3	N, SL
<b>Celebrex</b>	3	SL
<b>Conzip</b>	3	E, SL
Diclofenac Sodium	1	
<b>Duexis</b>	3	E, SL
<b>Duragesic</b>	1	SL
Etodolac	1	
<b>Exalgo</b>	3	N, SL
Fentanyl Patches	3	SL
<b>Fentora</b>	3	E, N, SL
<b>Flector</b>	3	E
Hydrocodone/Acetaminophen	1	SL
Hydrocodone/Acetaminophen 5/300 mg, 7.5/300 mg, 10/300 mg	3	E, SL
Hydrocodone/Ibuprofen	1	
Hydromorphone	1	
Ibuprofen	1	
Indomethacin	1	
<b>Kadian</b>	3	E, N, SL
Ketorolac	1	
<b>Lazanda</b>	3	N, SL
Meloxicam	1	
Methadone	1	
Morphine Sulfate Extended-Release Capsule	3	E, N, SL
Morphine Sulfate Extended-Release Tablet	1	SL

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Drug Name	Drug Tier	Requirements & Limits
Nabumetone	1	
<b>Naprelan</b>	3	E
Naproxen	1	
<b>Nucynta</b>	3	SL
<b>Nucynta ER</b>	3	N, SL
<b>Onsolis</b>	3	N, SL
<b>Opana ER</b>	2	N, SL
Oxycodone	1	
Oxycodone/ Acetaminophen	1	SL
<b>Oxycontin</b>	2	N, SL
Oxymorphone Extended-Release	3	N, SL
<b>Pennsaid</b>	3	E
<b>Rybix ODT</b>	3	E, SL
<b>Sprix</b>	3	
<b>Subsys</b>	3	N, SL
Tramadol	1	
Tramadol Extended-Release	3	E, SL
Tramadol Sustained-Release	2	SL
<b>Vimovo</b>	3	E, SL
<b>Voltaren Gel</b>	2	
<b>Zipsor</b>	3	E
<b>Zolvit</b>	3	E, SL
<b>Musculoskeletal: Rheumatoid Arthritis</b>		
<b>Cimzia</b>	2	DSP, N, SL
<b>Enbrel</b>	2	DSP, N, SL
<b>Humira</b>	3	DSP, N, SL, ST
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
<b>Orencia</b>	3	DSP, N, SL
<b>Simponi</b>	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Overactive Bladder</b>		
<b>Detrol</b>	3	E
<b>Detrol LA</b>	3	E
Dicyclomine	1	
<b>Enablex</b>	3	E
<b>Gelnique</b>	3	E
<b>Myrbetriq</b>	3	E
Oxybutynin	1	
Oxybutynin Extended-Release	2	
<b>Oxytrol</b>	3	E
<b>Sanctura</b>	3	E
<b>Sanctura XR</b>	3	E
Tolterodine	3	E
Tolterodine Extended-Release	3	E
Trospium	3	E
Trospium Extended-Release	3	E
<b>Toviaz</b>	3	
<b>Vesicare</b>	3	E
<b>Respiratory: Allergies</b>		
<b>Astepro</b>	3	E, SL
Azelastine	3	SL
<b>Beconase AQ</b>	3	E, SL
<b>Clarinet</b>	3	E, SL
<b>Clarinet-D</b>	3	E, SL
Cyproheptadine	1	
Desloratadine	3	E, SL
<b>Dymista</b>	3	E, SL
Flunisolide Spray	3	
Fluticasone Propionate	2	SL
Hydroxyzine	1	
Levocetirizine Tablet	1	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Nasacort AQ</b>	3	E, SL
<b>Nasonex</b>	3	E, SL
<b>Omnaris</b>	3	E, SL
Promethazine	1	
<b>Qnasl</b>	3	E, SL
<b>Rhinocort Aqua</b>	3	E, SL
Triamcinolone Spray	3	E, SL
<b>Veramyst</b>	3	E, SL
<b>Zetonna</b>	3	SL
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus/HFA</b>	3	RS, SL
Albuterol Sulfate	1	
<b>Alvesco</b>	1	SL
<b>Asmanex</b>	1	SL
<b>Breo Ellipta</b>	3	RS, SL
Budesonide Nebs	2	SL
<b>Combivent Respimat</b>	3	SL
<b>Dulera</b>	3	RS, SL
<b>Flovent HFA</b>	3	SDP, SL
<b>Foradil</b>	2	SL
Ipratropium	1	
Levalbuterol Nebs	3	E, SL
Montelukast	1	SL
<b>Perforomist</b>	3	SL
<b>Proair HFA</b>	3	SL
<b>Proventil HFA</b>	3	SL
<b>Pulmicort Flexhaler</b>	3	SDP, SL
<b>QVAR</b>	1	SL
<b>Spiriva</b>	2	SL
<b>Symbicort</b>	3	E, SL
<b>Tudorza</b>	2	SL
<b>Ventolin HFA</b>	1	SL
<b>Xopenex HFA</b>	3	SL
<b>Xopenex Nebs</b>	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory: Pulmonary Arterial Hypertension</b>		
<b>Adcirca</b>	3	DSP, N, SL
<b>Letairis</b>	2	DSP, N, SL
<b>Revatio</b>	3	DSP, E, N, SL
Sildenafil	1	DSP, N, SL
<b>Tracleer</b>	2	DSP, N, SL
<b>Tyvaso</b>	2	DSP, N
<b>Transplant</b>		
Azathioprine	1	
<b>Cellcept</b>	3	DSP
Cyclosporine Modified	1	DSP
Mycophenolate	1	DSP
Mycophenolic Acid	2	DSP
<b>Myfortic</b>	3	DSP
<b>Neoral</b>	3	DSP
<b>Prograf</b>	3	DSP
<b>Rapamune</b>	3	DSP
Sirolimus	2	DSP
Tacrolimus	1	DSP
<b>Vitamins/Electrolytes</b>		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	

**Bold type = Brand name drug**  
 [Plain type = Generic drug]

**DSP** = Designated Specialty Program  
**E** = May be excluded from coverage  
**MC** = Multiple Copay

**N** = Notification or Prior Authorization required  
**RS** = May be eligible for the Refill and Save Program  
**SDP** = Select Designated Pharmacy  
**SL** = Supply Limit  
**ST** = Step Therapy  
**1/2T** = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
<b>Women's Health: Contraceptives</b>		
Altavera	1	
Amethia	3	MC
Apri	1	
Aviane	1	
Azurette	2	
<b>Beyaz</b>	3	E
Camrese	3	MC
Cryselle	1	
Cyclafem	1	
Emoquette	1	
Enpresse	1	
<b>Generess Fe</b>	3	E
Gianvi	3	
Gildess Fe	1	
Jolessa	2	MC
Jolivette	3	
Junel	2	
Junel Fe	1	
Kariva	2	
Levora-28	1	
<b>Lo Loestrin Fe</b>	3	
Loryna	3	
Low-Ogestrel	1	
Lutera	1	
Microgestin	2	
Microgestin FE	1	
<b>Minastrin 24 FE</b>	3	E
Mononessa	3	
<b>Natazia</b>	1	
Necon 0.5/35, 1/35, 1/50, 10/11	1	

Drug Name	Drug Tier	Requirements & Limits
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	
<b>Nuvaring</b>	2	
Orsythia	1	
<b>Ortho Evra</b>	3	
<b>Ortho Micronor</b>	1	
<b>Ortho Tri-Cyclen</b>	1	
<b>Ortho Tri-Cyclen Lo</b>	3	
<b>Ortho-Cyclen</b>	1	
<b>Ortho-Novum</b>	3	
<b>Ortho-Novum 7/7/7</b>	1	
Portia	1	
Previfem	3	
Quasense	2	MC
Reclipsen	1	
<b>Safyral</b>	3	E
Sprintec	3	
Syeda	3	
Trinessa	3	
Tri-Previfem	3	
Tri-Sprintec	3	
Trivora-28	1	
Viorele	2	
<b>Yasmin 28</b>	1	
<b>Yaz</b>	2	
Zovia 1-35E	1	

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

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

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**ST** = Step Therapy  
**1/2T** = May be eligible for Half Tablet



Common Brand medications excluded from coverage under many benefit plans	Lower-cost option(s)
<b>Aciphex</b>	Omeprazole (generic Prilosec), Pantoprazole (generic Protonix), Rabeprazole (generic Aciphex), <b>Dexilant</b>
<b>Actiq</b>	Fentanyl Lozenge (generic Actiq)
<b>Actos</b>	Pioglitazone (generic Actos)
<b>Adderall</b>	Amphetamine/Dextroamphetamine Immediate-Release (generic Adderall)
<b>Adoxa Tablet</b>	Doxycycline Hyclate (generic Vibra-Tab), Doxycycline Monohydrate Tablet (generic Adoxa Tablet)
<b>Ambien</b>	Zolpidem (generic Ambien)
<b>Arimidex</b>	Anastrozole (generic Arimidex)
<b>Astelin</b>	Azelastine Nasal Spray (generic Astelin)
<b>Ativan</b>	Lorazepam (generic Ativan)
<b>Benzaclin Jar</b>	Clindamycin 1%/Benzoyl Peroxide 5% Gel (generic Benzaclin)
<b>Celexa</b>	Citalopram (generic Celexa)
<b>Cymbalta</b>	Duloxetine (generic Cymbalta)
<b>Diovan HCT</b>	Valsartan/Hydrochlorothiazide (generic Diovan HCT)
<b>Effexor XR</b>	Venlafaxine Extended-Release Capsule (generic Effexor XR)
<b>Entocort EC</b>	Budesonide (generic Entocort EC)
<b>Femara</b>	Letrozole (generic Femara)
<b>Flomax</b>	Tamsulosin (generic Flomax)
<b>Geodon</b>	Ziprasidone (generic Geodon)
<b>Imitrex Injection &amp; Tablets</b>	Sumatriptan Injection, Tablet (generic Imitrex)
<b>Lexapro</b>	Escitalopram (generic Lexapro)
<b>Lidoderm</b>	Lidocaine Transdermal Patch (generic Lidoderm)
<b>Lipitor</b>	Atorvastatin (generic Lipitor)
<b>Maxalt</b>	Rizatriptan (generic Maxalt)
<b>Maxalt-MLT</b>	Rizatriptan (generic Maxalt), Rizatriptan Orally Disintegrating Tablet (generic Maxalt MLT)
<b>Monodox</b>	Doxycycline Hyclate (generic Vibramycin), Doxycycline Monohydrate (generic Monodox)
<b>Natroba</b>	Malathion (generic Ovide), Permethrin (generic Elimite), Spinosad (generic Natroba)
<b>Optivar</b>	Azelastine (generic Optivar), <b>Lastacft</b>
<b>Percocet</b>	Acetaminophen/Oxycodone (generic Percocet)
<b>Plavix</b>	Clopidogrel (generic Plavix)
<b>Prilosec Capsules</b>	Omeprazole (generic Prilosec)
<b>Protonix</b>	Pantoprazole (generic Protonix)
<b>Prozac</b>	Fluoxetine (generic Prozac)
<b>Revatio</b>	Sildenafil (generic Revatio)

**Bold type = Brand name drug**

[Plain type = Generic drug]

<b>Common Brand medications excluded from coverage under many benefit plans</b>	<b>Lower-cost option(s)</b>
<b>Risperdal</b>	Risperidone (generic Risperdal)
<b>Seroquel</b>	Quetiapine (generic Seroquel)
<b>Singulair Chewable Tablet</b>	Montelukast Chewable Tablet (generic Singulair)
<b>Singulair Tablet</b>	Montelukast (generic Singulair)
<b>Skelaxin</b>	Metaxalone (generic Skelaxin)
<b>Valium</b>	Diazepam (generic Valium)
<b>Valtrex</b>	Valacyclovir (generic Valtrex)
<b>Wellbutrin SR</b>	Bupropion Extended-Release (generic Wellbutrin SR)
<b>Wellbutrin XL</b>	Bupropion Extended-Release (generic Wellbutrin XL)
<b>Xanax</b>	Alprazolam (generic Xanax)
<b>Xanax XR</b>	Alprazolam Extended-Release (generic Xanax XR)
<b>Zoloft</b>	Sertraline (generic Zoloft)
<b>Zovirax Ointment</b>	Acyclovir Ointment (generic Zovirax)
<b>Zyprexa</b>	Olanzapine (generic Zyprexa)
<b>Zyprexa Zydis</b>	Olanzapine (generic Zyprexa), Olanzapine Orally Disintegrating Tablet (generic Zyprexa Zydis)

**Bold type = Brand name drug**

[Plain type = Generic drug]

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



Or, visit **myuhc.com**<sup>®</sup>

## Where else can I go for information?

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

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

The screenshot displays the myuhc.com website interface. At the top, the myuhc.com logo is on the left and the UnitedHealthcare logo is on the right. A navigation bar contains links for Home, Claims & Accounts, Physicians & Facilities, **Pharmacies & Prescriptions** (highlighted with a blue arrow), Benefits & Coverage, Personal Health Record, and Health & Wellness. Below the navigation bar, there is a user greeting: "Hello, Chrisdemo" with account details. The main content area features a "myClaims Manager" section with a pie chart showing financial responsibilities and a "What would you like to do today?" section with buttons for "Manage My Claims", "Look up My Benefits", "Find a Doctor", and "Manage My Prescriptions".



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