



Your 2014 Prescription Drug List

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**[®]

- 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® for complete drug information

Since the PDL may change, we encourage you to visit our website, 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. A blue arrow points to the 'Pharmacies & Prescriptions' link in the top navigation bar. The page features a 'Hello, Chrisdemo' greeting, 'My Coverage' details, 'Plan Details' (Deductible, Out-of-Pocket Max), and a 'myClaims Manager' section with a pie chart showing 'Your Responsibility' and 'You Owe'. The 'What would you like to do today?' section includes links for 'Manage My Claims', 'Look up My Benefits', 'Find a Doctor', and 'Manage My Prescriptions'. The bottom section includes an 'Information Center' with links to 'Important Information About Appeal Rights', 'Possible delay in processing of FSA, HRA and Dependent Care Claims', 'Important Notice on Payment of Out-of-Network Benefits', 'Michelle's Law', and 'Grants Available for Children's Medical Expenses'. There is also a 'Related Web Sites' section and an 'Ask a Nurse' chat box.

myuhc.com® UnitedHealthcare®

Message Center | Account Settings | Print | Help | Contact Us | Feedback | Sign Out

Home | Claims & Accounts | Physicians & Facilities | **Pharmacies & Prescriptions** | Benefits & Coverage | Personal Health Record | Health & Wellness

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.
Learn More

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
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
View All

Related Web Sites
African American Health
Source4Women
Other Languages
Español
中文
한국어
Tiếng Việt

Ask a Nurse
Emergency? Dial 911
Registered nurses are available 24/7 to answer your health questions.
Chat: Online now
Call: 1-888-842-4224

Table of Contents

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

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

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

What is a Prescription Drug List (PDL)?

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

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to **myuhc.com** or call the toll-free member phone number on 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
	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 and 3 Mid-range Cost	Mix of brands and generics.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
	Tier 4 Highest Cost	Mostly higher-cost brand as well as select generic drugs.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. 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, 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 its 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 may be covered for you.

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

*Depending on your benefit you may have notification or 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** 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 treat rare and complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the PDL.

If you are taking a specialty medication that is on Tier 2, Tier 3 or Tier 4, 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 1-888-702-8423 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
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Participating retail pharmacies by zip code
- Your prescription history

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

- Refill prescriptions
- Check the status of your order
- Set-up e-mail reminders for refills
- [Manage your account](#)

For more information



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



Or, visit **myuhc.com**[®]

Where else can I go for information?

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

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

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Adoxa Capsule	4	E
Adoxa Tablet	4	E
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Augmentin XR	4	E
Azithromycin	1	
Cefdinir	2	
Cefuroxime	1	
Centany AT	4	E
Cephalexin	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin	1	
Difcid	3	SL
Doryx	4	E
Doxycycline Hyclate	1	
Doxycycline Monohydrate	1	
Levofloxacin	1	
Metronidazole	1	
Minocycline	1	
Monodox	4	E
Nitrofurantoin	1	
Nitrofurantoin Macrocrystal	1	
Oracea	4	
Penicillin V Potassium	1	
Solodyn 45, 90, 135 mg	4	
Solodyn 55, 65, 80, 105, 115 mg	4	
Sulfamethoxazole-Trimethoprim	1	

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Fluconazole	1	
Itraconazole	1	
Ketoconazole	1	
Nystatin	1	
Onmel	4	E, SL
Terbinafine	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	3	SL
Acyclovir Tablet	1	
Baraclude	2	DSP
Incivek	2	DSP, N, SL
Ribapak	4	DSP, E
Ribavirin	1	DSP
Tamiflu	3	SL
Valacyclovir	2	SL
Valtrex	4	E, SL
Zovirax Cream	3	SL
Zovirax Ointment	4	E, SL
Cancer		
Bosulif	2	DSP, N, SL
Gleevec	2	DSP, N, SL
Hydroxyurea	3	
Leucovorin Calcium	1	
Mercaptopurine	1	
Xeloda	2	DSP, SL
Zytiga	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
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Coumadin	2	
Effient	4	SL
Enoxaparin Sodium	2	SL
Plavix	4	E
Pradaxa	4	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine Besylate-Benazepril	2	SL
Amturnide	4	E, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Azor	4	E, SL
Benazepril	1	
Benazepril- Hydrochlorothiazide	1	
Benicar	2	SL, 1/2T
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol- Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Coreg CR	4	E, SL
Diltiazem 24 Hour CD	2	
Diltiazem Sustained- Release Capsule	2	
Diltiazem Sustained- Release Tablet	2	
Diovan	3	SL, 1/2T
Diovan HCT	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Doxazosin	1	
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Enalapril- Hydrochlorothiazide	1	
Exforge	4	E, SL
Exforge HCT	4	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	
Micardis	2	SL
Micardis HCT	2	SL
Nadolol	1	
Nexiclon XR	4	E
Nifedical XL	1	
Nifedipine Extended-Release	1	
Propranolol	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekamlo	4	E, SL
Terazosin	1	
Toprol XL	4	
Torsemide	1	

Drug Name	Drug Tier	Requirements & Limits
Triamterene-Hydrochlorothiazide	1	
Tribenzor	4	E, SL
Twynsta	4	E, SL
Valsartan-Hydrochlorothiazide	2	SL
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Altoprev	4	E, SL
Atorvastatin	1	SL, 1/2T
Caduet	4	E, SL
Choline Fenofibrate	4	E
Crestor	2	SL, 1/2T
Fenofibrate 48, 145 mg	4	E
Fenofibrate 54, 160 mg	2	
Fenofibrate Micronized 43, 130 mg	2	
Fenoglide	3	
Gemfibrozil	1	
Lipitor	4	E, SL, 1/2T
Lipofen	2	
Livalo	4	SL
Lovastatin	1	
Lovaza	4	N
Niaspan	4	
Pravastatin	1	1/2T
Simcor	4	SL
Simvastatin	1	1/2T
Tricor 48 mg, 145 mg	4	E
Trilipix	4	E
Vytorin	4	SL
Welchol	2	
Zetia	4	SL

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	2	
Nitroglycerin Sublingual Spray	3	SL
Nitrolingual Pump Spray	4	E, SL
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall	4	E, N
Adderall XR	2	N, SL
Amphetamine Salt Combo	1	N
Concerta	4	E, N, SL
Dexmethylphenidate	1	N
Dextroamphetamine Sulfate	1	N
Dextroamphetamine-Amphetamine	1	N
Dextroamphetamine-Amphetamine Extended-Release	4	E, N, SL
Focalin XR	4	N, SL
Intuniv	2	SL
Kapvay	4	E
Metadate CD	4	E, N, SL
Methylphenidate	1	N
Methylphenidate Extended-Release Capsule	4	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
Methylphenidate Extended-Release Tablet	4	N, SL
Strattera	4	SL
Vyvanse	2	N, SL
Central Nervous System: Depression		
Amitriptyline	1	
Aplenzin	4	E, SL
Bupropion	1	
Bupropion Extended-Release	1	
Bupropion Sustained-Release	1	
Celexa	4	E
Citalopram	1	
Cymbalta	3	SDP, SL
Desvenlafaxine	4	E, SL
Doxepin	1	
Effexor XR	4	E, SL
Escitalopram	1	SL, 1/2T
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	4	E, SL
Imipramine	1	
Lexapro	4	E, SL, 1/2T
Mirtazapine	1	
Nortriptyline	1	
Oleptro	4	E, SL
Paroxetine	1	
Pristiq ER	3	RS, SL
Prozac	4	E
Sertraline	1	1/2T
Trazodone	1	
Venlafaxine	1	
Venlafaxine Extended-Release Capsule	1	SL
Venlafaxine Extended-Release Tablet	3	E, SL
Viibryd	4	SDP, SL
Wellbutrin SR	4	E
Wellbutrin XL	4	E
Zoloft	4	E, 1/2T

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine	1	SL
Alsuma	4	E, SL
Cambia	4	E, SL
Imitrex	4	E, SL
Maxalt	4	E, SL
Maxalt MLT	4	E, SL
Relpax	2	SL
Rizatriptan Orally Disintegrating Tablet	3	SL
Rizatriptan Tablet	2	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL
Treximet	4	E, SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, N, SL
Aubagio	4	DSP, N, SL, ST
Avonex	2	DSP, N, SL
Betaseron	2	DSP, N, SL
Copaxone	2	DSP, N, SL
Extavia	4	DSP, E, N, SL, ST
Gilenya	3	DSP, N, SL, ST
Rebif	4	DSP, N, SL, ST
Tecfidera	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Other		
Abilify	4	SL, 1/2T
Alprazolam	1	
Alprazolam Extended-Release	1	
Aricept 23 mg	4	E
Ativan	4	E
Buspirone	1	
Carbidopa-Levodopa	1	
Diazepam	1	
Donepezil 5, 10 mg	1	
Geodon	4	E, SL
Latuda	4	SL
Lithium	1	
Lorazepam	1	
Modafinil	4	E, N, SL
Mirapex ER	4	E
Nuvigil	4	N, SL
Olanzapine	1	SL
Pramipexole	1	
Provigil	4	E, N, SL
Quetiapine	2	SL
Requip XL	4	E
Risperdal	4	E
Risperidone	1	
Ropinirole	1	
Ropinirole Extended-Release	4	E
Seroquel	4	E, SL
Seroquel XR	4	SL
Suboxone Film	2	N, SL
Tasmar	2	
Valium	4	E
Xanax	4	E
Xanax XR	4	E

Drug Name	Drug Tier	Requirements & Limits
Xyrem	4	N, SL
Zelapar	3	
Ziprasidone	2	SL
Zyprexa	4	E, SL
Zyprexa Zydys	4	E, SL
Central Nervous System: Sedatives/Hypnotics		
Ambien	4	E, SL, ST
Ambien CR	4	E, SL, ST
Edluar	4	E, SL, ST
Intermezzo	4	E, SL, ST
Lunesta	4	SL, ST
Silenor	4	E, SL
Temazepam	1	
Zaleplon	1	SL
Zolpidem	1	SL
Zolpidem Extended-Release	4	SL, ST
Zolpimist	3	SL, ST
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Clonazepam	1	
Depakote	4	N, ST
Depakote ER	4	N, ST
Diazepam	1	
Divalproex	1	
Divalproex Extended-Release	1	
Gabapentin	1	
Keppra	4	N, ST
Keppra XR	4	N, ST
Lamictal	4	N, ST
Lamictal XR	4	N, ST
Lamotrigine	1	
Levetiracetam	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
Levetiracetam Extended-Release	2	
Lyrica	4	SDP, SL
Neurontin	4	N
Oxcarbazepine	1	
Phenytoin	1	
Topamax	4	N, ST
Topiramate	1	
Trileptal	4	N, ST
Zonegran	4	N
Zonisamide	1	
Dermatology		
Absorica	4	E, N
Acanya	4	E, SL
Aczone	4	SL
Adapalene	3	N, SL
Azelex	3	SL
Benzaclin	4	E, SL
Betamethasone Dipropionate	1	
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	N
Clindagel	4	E, SL
Clindamycin 1%/Benzoyl Peroxide 5% Jar	3	SL
Clindamycin 1.2%/Benzoyl Peroxide 5%	4	E, SL
Clindamycin Gel, Lotion, Solution, Swabs	1	
Clobetasol Propionate	1	
Clobex Shampoo	4	E, SL
Cloderm	3	SL
Clotrimazole-Betamethasone	1	
Condylox Gel	3	
Desonide	1	
Differin 1%	2	N, SL
Differin 3%	3	N, SL

Drug Name	Drug Tier	Requirements & Limits
Duac	4	E, SL
Epiduo	3	SL
Finacea	4	
Fluocinonide	1	
Hydrocortisone	1	
Keralyt Scalp Kit	4	E
Locoid Lipocream	4	E, SL
Locoid Lotion	4	E, SL
Metrogel 1%	4	E, MC
Metronidazole Gel 0.75%	2	SL
Metronidazole Gel 1%	4	E, MC, SL
Mometasone Furoate	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide	1	
Oxsoralen-UI	2	
Picato	3	SL
Protopic	2	N, SL
Retin-A Micro	4	E, N, SL
Sodium Sulfacetamide-Sulfur	1	
Sorilux	4	E, SL
Stelara	2	DSP, N, SL
Sumadan	4	E
Sumaxin CP	4	E
Sumaxin TS	4	E
Taclonex	4	SL
Tretinoin	1	N
Tretinoin Microspheres	4	E, N, SL
Triamcinolone Acetonide	1	
Trianex	4	E, SL
Umecta	4	E
Umecta PD	4	E
Uramaxin GT	4	E
Veltin	4	E, SL
Virasal	4	E
Xerese	4	E
Ziana	4	E, SL
Zyclara	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Accu-Chek Active Test Strips	1	SL
Accu-Chek Aviva Plus	1	
Accu-Chek Aviva Plus Test Strips	1	SL
Accu-Chek Comfort Curve Test Strips	1	SL
Accu-Chek Compact Test Strips	1	SL
Accu-Chek Nano SmartView	1	
Accu-Chek Nano SmartView Test Strips	1	SL
Contour Test Strips	4	SDP, SL
Freestyle Test Strips	4	SDP, SL
One Touch Test Strips	1	SL
One Touch Ultra Mini	1	
One Touch Ultra Test Strips	1	SL
One Touch Verio IQ	1	
One Touch Verio IQ Test Strips	1	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Humalog KwikPen	2	
Humalog Mix 75-25 KwikPen	2	
Humalog Vials	1	
Humulin 70-30 Vials	1	
Humulin KwikPen	2	
Humulin N KwikPen	2	
Humulin N Vials	1	
Humulin R Vial	1	
Lantus Solostar	4	
Lantus Vials	2	
Levemir Flexpen	4	
Levemir Vials	2	
Novolog	4	SDP
Novolog Flexpen	4	SDP

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
Diabetes: Non-Insulin		
Actos	4	E, SL, 1/2T
Bydureon	3	SL
Byetta	2	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glumetza	4	
Glyburide	1	
Glyburide-Metformin	1	
Janumet	4	SDP, SL
Januvia	4	SDP, SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	2	SL
Pioglitazone-Metformin	2	SL
Prandimet	3	
Prandin	4	SL
Repaglinide	2	SL
Tradjenta	2	SL
Victoza	3	SL
Endocrine: Growth Hormone		
Genotropin	4	DSP, E, N, SL
Humatrope	4	DSP, E, N, SL
Norditropin	4	DSP, E, N, SL
Nutropin AQ NuSpin	2	DSP, N, SL
Omnitrope	4	DSP, E, N, SL
Saizen	2	DSP, N, SL
Tev-Tropin	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Other		
Calcitriol	1	
Desmopressin	1	
Dexamethasone	1	
Methylprednisolone	1	
Prednisolone	1	
Prednisone	1	
Rayos	4	E
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium	1	
Levoxyl	2	
Liothyronine Sodium	2	
Methimazole	1	
NP Thyroid	1	
Synthroid	2	
Tirosint	2	
Eye Conditions: Allergies		
Azelastine	3	SL
Bepreve	4	E, SL
Elestat	4	E, SL
Emadine	4	E
Lastacraft	3	SL
Optivar	4	E, SL
Pataday	4	E, SL
Patanol	4	E, SL
Eye Conditions: Antibiotics		
Ciprodex	2	
Erythromycin	1	
Ofloxacin	1	
Polymyxin B Sulfate/ Trimethoprim	1	
Tobradex ST	4	E, SL
Tobramycin/ Dexamethasone	2	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Cosopt PF	4	E, SL
Dorzolamide-Timolol	2	
Latanoprost	1	SL
Lumigan	2	SL
Timolol Maleate	1	
Travatan Z	2	SL
Eye Conditions: Other		
Acuvail	4	E, SL
Bromday	4	E, SL
Gastrointestinal: Acid Suppression		
Aciphex	3	SL
Dexilant	3	SL
Helidac	4	E, SL
Nexium	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole	1	
Pantoprazole	1	
Prevacid Capsules	3	E, SL
Prevacid Solutab	4	E, SL
Prevpac	4	E, SL
Prilosec Capsules	3	E
Protonix Tablets	4	E
Pylera	3	SL
Sucralfate Tablet	1	
Zegerid Capsule	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Nausea/Vomiting		
Ondansetron	1	
Ondansetron ODT	1	
Sancuso	4	E, SL
Zuplenz	4	E, SL
Gastrointestinal: Other		
Apriso	2	
Asacol HD Tablet	4	E, SDP
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	4	E
Entocort EC	4	E
Golytely	2	
Halflytely	3	
Hyoscyamine	1	
Lialda	2	
Metoclopramide	1	
Metozolv ODT	4	E
Pentasa	4	E
Pertzye	4	E
Polyethylene Glycol 3350	1	
Procort	4	E
Sulfasalazine	1	
Suprep	3	
Ultresa	4	E
Uceris	3	
Ursodiol	1	
Viokace	4	E
Zenpep	2	

Bold type = Brand name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

MC = Multiple Copay

N = Notification or Prior Authorization required

RS = May be eligible for the Refill and Save Program

SDP = Select Designated Pharmacy

SL = Supply Limit

ST = Step Therapy

1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Norvir	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Sustiva	2	DSP
Truvada	2	DSP, N
Viread	2	DSP
Infertility*		
Cetrotide	2	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP
Men's Health: Erectile Dysfunction		
Cialis	4	SL
Staxyn	4	E, SL
Viagra	4	SL

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

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Prostate		
Alfuzosin	1	
Avodart	4	N, SDP
Doxazosin	1	
Finasteride	1	
Flomax	4	E
Jalyn	4	E
Rapaflo	4	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	SL
Androgel	4	E, SL
Android	2	
Axiron	4	E, SL
Depo-Testosterone	4	
Fortesta	4	E, SL
Testim	2	SL
Testosterone Cypionate	1	
Testosterone Enanthate	1	
Testred	2	

Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole	1	
Antipyrine/Benzocaine	1	
Aranesp	2	DSP, SL
Arimidex	4	E
Auvi-Q	4	E, SL
Benzonatate	1	
Bromfed DM	3	
Chlorhexidine Gluconate	1	
Epipen	2	SL
Epipen-Jr	2	SL
Exemestane	2	
Femara	4	E
Fosrenol	2	
Hydrocodone/ Chlorpheniramine	3	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidoderm Patch	2	SL
Natroba	4	E
Nuedexta	2	
Pegasys	2	DSP, N, SL
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, SL
Rectiv	3	N, SL
Renvela	2	
Restasis	4	N, SL
Rezira	3	
Soltamox	4	E

Drug Name	Drug Tier	Requirements & Limits
Tamoxifen	1	
Zemlar	2	DSP
Zonatuss	4	E
Zutripro	3	SL
Musculoskeletal: Osteoporosis		
Actonel	3	SL
Alendronate Sodium	1	SL
Atelvia	4	E, SL
Binosto	4	E, SL
Evista	2	
Forteo	2	DSP, N
Ibandronate	2	SL
Musculoskeletal: Other		
Allopurinol	1	
Amrix	4	E
Baclofen	1	
Carisoprodol 350 mg	1	
Colcrys	2	
Cyclobenzaprine	1	
Gralise	4	E, SL
Horizant	4	E, SL
Lorzone	4	E, SL
Methocarbamol	1	
Skelaxin	4	E
Soma 250	4	E
Tizanidine Tablet	1	
Uloric	3	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
Musculoskeletal: Pain Relief		
Abstral	4	E, N, SL
Acetaminophen/ Codeine	1	SL
Actiq	4	E, N, SL
Avinza	4	SL
Celebrex	4	SL
Conzip	4	E, SL
Diclofenac Sodium	1	
Duexis	4	E, SL
Duragesic	1	SL
Etodolac	1	
Exalgo	4	SL
Fentanyl Patches	3	SL
Fentora	4	E, N, SL
Flector	4	E
Hydrocodone/ Acetaminophen	1	SL
Hydrocodone/Ibuprofen	1	
Hydromorphone	1	
Ibuprofen	1	
Indomethacin	1	
Kadian	4	E, SL
Ketorolac	1	
Lazanda	4	N, SL
Meloxicam	1	
Methadone	1	
Morphine Sulfate Extended-Release Capsule	4	E, SL
Morphine Sulfate Extended-Release Tablet	1	SL
Nabumetone	1	
Naprelan	4	E
Naproxen	1	
Nucynta	4	SL
Nucynta ER	4	SL
Opana ER	2	SL
Oxycodone	1	

Drug Name	Drug Tier	Requirements & Limits
Oxycodone/ Acetaminophen	1	SL
Oxycontin	2	SL
Pennsaid	4	E
Percocet	4	E, SL
Rybix ODT	4	E, SL
Sprix	3	SL
Subsys	3	N, SL
Tramadol	1	
Tramadol Extended-Release	4	E, SL
Tramadol Sustained-Release	2	SL
Vimovo	4	E, SL
Voltaren Gel	2	
Zipsor	4	E
Zolvit	4	E, SL
Musculoskeletal: Rheumatoid Arthritis		
Cimzia	2	DSP, N, SL
Enbrel	2	DSP, N, SL
Humira	4	DSP, N, SL, ST
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
Orencia	3	DSP, N, SL
Simponi	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Overactive Bladder		
Detrol	4	E
Detrol LA	4	E
Dicyclomine	1	
Enablex	4	E
Gelnique	4	E
Myrbetriq	4	E
Oxybutynin	1	
Oxybutynin Extended-Release	2	
Oxytrol	4	E
Sanctura	4	E
Sanctura XR	4	E
Tolterodine	4	E
Toviaz	3	
Trospium	4	E
Trospium Extended-Release	4	E
Vesicare	4	E
Respiratory: Asthma/COPD		
Advair Diskus	3	RS, SL
Advair HFA	3	RS, SL
Albuterol Sulfate	1	
Alvesco	1	SL
Asmanex	1	SL
Budesonide Nebbs	2	SL
Combivent Respimat	3	SL
Dulera	3	RS, SL
Flovent HFA	4	SDP, SL
Foradil	2	SL
Ipratropium	1	
Levalbuterol Nebbs	4	E, SL
Montelukast	1	SL
Perforomist	3	SL
Proair HFA	3	SL

Drug Name	Drug Tier	Requirements & Limits
Proventil HFA	3	SL
Pulmicort Flexhaler	4	SDP, SL
QVAR	1	SL
Singulair	4	E, SL
Spiriva	2	SL
Symbicort	4	SDP, SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebbs	4	E, SL
Respiratory: Nasal Allergies		
Astelin	4	E, SL
Astepro	4	E, SL
Azelastine	3	SL
Beconase AQ	4	E, SL
Dymista	4	E, SL
Fluticasone Propionate	1	SL
Nasonex	3	SL
Omnaris	2	SL
Qnasl	3	SL
Veramyst	4	E, SL
Zetonna	2	SL
Respiratory: Oral Allergies		
Clarinet	4	E, SL
Clarinet-D	3	E, SL
Cyproheptadine	1	
Desloratadine	3	E, SL
Hydroxyzine	1	
Levocetirizine Tablet	1	SL
Promethazine	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
Respiratory:		
Pulmonary Arterial Hypertension		
Adcirca	4	DSP, N, SL
Letairis	2	DSP, N
Revatio	4	DSP, E, N, SL
Sildenafil	1	DSP, N, SL
Tracleer	2	DSP, N
Tyvaso	2	DSP, N
Transplant		
Azathioprine	1	
Cellcept	4	DSP
Cyclosporine Modified	1	DSP
Mycophenolate	1	DSP
Myfortic	4	DSP
Neoral	4	DSP
Prograf	4	DSP
Rapamune	2	DSP
Tacrolimus	1	DSP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Altavera	1	
Amethia	3	MC
Apri	1	
Aviane	1	
Azurette	2	
Beyaz	4	E
Camrese	3	MC
Cryselle	1	
Cyclafem	1	
Ella	1	SL
Emoquette	1	
Enpresse	1	
Generess Fe	4	E
Gianvi	3	
Gildess Fe	1	

Drug Name	Drug Tier	Requirements & Limits
Jolessa	2	MC
Jolivette	3	
Junel	2	
Junel Fe	1	
Kariva	2	
Levora-28	1	
Lo Loestrin Fe	3	
Loestrin 24 Fe	3	
Loryna	3	
Low-Ogestrel	1	
Lutera	1	
Microgestin	2	
Microgestin FE	1	
Mononessa	3	
Natazia	1	
Necon 0.5/35, 1/35, 1/50, 10/11	1	
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	
Nuvaring	2	
Orsythia	1	
Ortho Evra	3	
Ortho Micronor	1	
Ortho Tri-Cyclen	1	
Ortho Tri-Cyclen Lo	3	
Ortho-Cyclen	1	
Ortho-Novum	3	
Portia	1	
Previfem	3	
Quasense	2	MC
Reclipsen	1	
Safyral	4	E
Sprintec	3	
Syeda	3	
Trinessa	3	
Tri-Previfem	3	
Tri-Sprintec	3	
Trivora-28	1	
Viorele	2	
Yasmin 28	1	
Yaz	2	
Zovia 1-35E	1	

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

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

Bold type = Brand name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

MC = Multiple Copay

N = Notification or Prior Authorization required

RS = May be eligible for the Refill and Save Program

SDP = Select Designated Pharmacy

SL = Supply Limit

ST = Step Therapy

1/2T = May be eligible for Half Tablet

Index of covered drugs

A					
Abilify	14	Allopurinol	20	Atelvia	20
Absorica.....	15	Alphagan P 0.1%.....	18	Atenolol	11
Abstral.....	21	Alprazolam	14	Atenolol-Chlorthalidone	11
Acanya.....	15	Alprazolam		Ativan.....	14
Accu-Chek Active		Extended-Release	14	Atorvastatin.....	12
Test Strips.....	16	Alsuma	13	Atripla	19
Accu-Chek Aviva Plus.....	16	Altavera	23	Aubagio	13
Accu-Chek Aviva Plus		Altoprev.....	12	Augmentin XR.....	10
Test Strips.....	16	Alvesco	22	Auvi-Q.....	20
Accu-Chek Comfort Curve Test		Ambien.....	14	Aviane	23
Strips	16	Ambien CR.....	14	Avinza	21
Accu-Chek Compact		Amethia.....	23	Avodart.....	19
Test Strips.....	16	Amiodarone.....	12	Avonex.....	13
Accu-Chek Nano		Amitriptyline.....	13	Axiron	19
SmartView.....	16	Amlodipine	11	Azathioprine.....	23
Accu-Chek Nano		Amlodipine		Azelastine.....	17, 22
SmartView Test Strips.....	16	Besylate-Benazepril	11	Azelastine.....	17, 22
Acetaminophen/Butalbital/		Amoxicillin.....	10	Azelex.....	15
Caffeine	13	Amoxicillin/Potassium		Azithromycin	10
Acetaminophen/Codeine.....	21	Clavulanate.....	10	Azopt.....	18
Aciphex	18	Amphetamine Salt Combo....	12	Azor	11
Actiq.....	21	Ampyra.....	13	Azurette	23
Actonel	20	Amrix.....	20		
Actos	17	Amturnide.....	11	B	
Acuvail	18	Anastrozole	20	Baclofen.....	20
Acyclovir Ointment.....	10	Androderm.....	19	Baraclude.....	10
Acyclovir Tablet	10	Androgel.....	19	Beconase AQ.....	22
Aczone.....	15	Android	19	Benazepril.....	11
Adapalene.....	15	Antipyrine/Benzocaine	20	Benazepril-	
Adcirca	23	Aplenzin	13	Hydrochlorothiazide.....	11
Adderall.....	12	Apri	23	Benicar	11
Adderall XR.....	12	Apriso.....	18	Benicar HCT	11
Adoxa Capsule.....	10	Aranesp	20	Benzaclin.....	15
Adoxa Tablet	10	Aricept 23 mg.....	14	Benzonatate	20
Advair Diskus.....	22	Arimidex	20	Bepreve.....	17
Advair HFA	22	Armour Thyroid.....	17	Betamethasone	
Albuterol Sulfate	22	Asacol HD Tablet	18	Dipropionate.....	15
Alendronate Sodium	20	Asmanex.....	22	Betaseron	13
Alfuzosin.....	19	Astelin	22	Beyaz	23
		Astepro	22	Bidil.....	11
				Binosto	20

Bisoprolol.....	11
Bisoprolol- Hydrochlorothiazide.....	11
Bosulif.....	10
Brand Prenatal Vitamins	24
Bromday	18
Bromfed DM.....	20
Budesonide Nebs	22
Bupropion.....	13
Bupropion Extended-Release	13
Bupropion Sustained-Release	13
Buspirone.....	14
Bydureon	17
Byetta	17
Bystolic	11

C

Caduet	12
Calcitriol.....	17
Cambia	13
Camrese.....	23
Canasa	18
Carac	15
Carbamazepine.....	14
Carbidopa-Levodopa.....	14
Carisoprodol 350 mg	20
Cartia XT.....	11
Carvedilol.....	11
Cefdinir	10
Cefuroxime.....	10
Celebrex.....	21
Celexa.....	13
Cellcept	23
Cenestin	24
Centany AT.....	10
Cephalexin	10
Cetrotide	19
Chlorhexidine Gluconate.....	20
Chlorthalidone	11
Choline Fenofibrate	12
Cialis	19

Ciclopirox Cream, Gel, Lotion, Solution	15
Cimzia	21
Ciprodex.....	17
Ciprofloxacin Tablet	10
Citalopram.....	13
Claravis.....	15
Clarinet.....	22
Clarinet-D	22
Clarithromycin Tablet	10
Climara.....	24
Climara Pro	24
Clindagel	15
Clindamycin	10, 15
Clindamycin 1%/Benzoyl Peroxide 5% Jar.....	15
Clindamycin 1.2%/Benzoyl Peroxide 5%	15
Clindamycin Gel, Lotion, Solution, Swabs	15
Clobetasol Propionate.....	15
Clobex Shampoo	15
Cloderm	15
Clonazepam.....	14
Clonidine Tablet.....	11
Clopidogrel.....	11
Clotrimazole-Betamethasone	15
Colcrys	20
Combigan.....	18
Combivent Respimat	22
Complera.....	19
Concerta.....	12
Condylox Gel	15
Contour Test Strips	16
Conzip.....	21
Copaxone.....	13
Coreg CR.....	11
Cortifoam.....	18
Cosopt PF	18
Coumadin.....	11
Creon.....	18
Crestor.....	8, 12
Cryselle.....	23

Cyclafem	23
Cyclobenzaprine	20
Cyclosporine Modified	23
Cymbalta	13
Cyproheptadine	22

D

Delzicol	18
Depakote	14
Depakote ER.....	14
Depo-Testosterone.....	19
Desloratadine.....	22
Desmopressin	17
Desonide	15
Desvenlafaxine	13
Detrol	22
Detrol LA.....	22
Dexamethasone	17
Dexilant.....	18
Dexmethylphenidate.....	12
Dextroamphetamine- Amphetamine.....	12
Dextroamphetamine- Amphetamine Extended-Release	12
Dextroamphetamine Sulfate..	12
Diazepam	14
Diazepam	14
Diclofenac Sodium	21
Dicyclomine	22
Differin 1%.....	15
Differin 3%.....	15
Difcid	10
Digoxin	12
Diltiazem 24 Hour CD	11
Diltiazem Sustained-Release Capsule.....	11
Diltiazem Sustained-Release Tablet.....	11
Diovan.....	11
Diovan HCT.....	11
Divalproex	14

Divalproex	Estradiol	23, 24	Fosrenol	20
Extended-Release	Estradiol/Norethindrone		Freestyle Test Strips.....	16
Divigel.....	Acetate.....	24	Furosemide.....	11
Donepezil 5, 10 mg	Estring.....	24		
Doryx	Estrogen/Methyltestosterone	24	G	
Dorzolamide-Timolol.....	Etodolac	21	Gabapentin.....	14
Doxazosin.....	Evamist.....	24	Gelnique.....	22
Doxazosin.....	Evista.....	20	Gemfibrozil	12
Doxepin.....	Exalgo	21	Generess Fe	23
Doxycycline Hyclate.....	Exemestane.....	20	Genotropin	17
Doxycycline Monohydrate.....	Exforge	11	Geodon.....	14
Duac.....	Exforge HCT	11	Gianvi.....	23
Duexis	Extavia.....	13	Gildess Fe.....	23
Dulera.....			Gilenya	13
Duragesic.....	F		Gleevec	10
Dymista.....	Felodipine	11	Glimepiride	17
	Femara.....	20	Glipizide	17
E	Fenofibrate 48, 145 mg	12	Glipizide Extended-Release ...	17
Edarbi.....	Fenofibrate 54, 160 mg	12	Glumetza.....	17
Edarbyclor	Fenofibrate Micronized		Glyburide.....	17
Edluar.....	43, 130 mg.....	12	Glyburide-Metformin	17
Effexor XR	Fenoglide	12	Golytely.....	18
Effient	Fentanyl Patches	21	Gonal-F.....	19
Elestat.....	Fentora.....	21	Gonal-F RFF	19
Ella	Finacea	15	Gralise.....	20
Emadine	Finasteride	19	Guanfacine	11
Emoquette	Flecainide	12		
Enablex.....	Flector	21	H	
Enalapril.....	Flomax	19	Halflytely.....	18
Enalapril-	Flovent HFA	22	Helidac	18
Hydrochlorothiazide.....	Fluconazole.....	10	Horizant	20
Enbrel.....	Fluocinonide.....	15	Humalog KwikPen.....	16
Enjuvia	Fluoride	23	Humalog Mix 75-25	
Enoxaparin Sodium.....	Fluoxetine.....	13	KwikPen.....	16
Enpresse	Fluticasone Propionate	22	Humalog Vials	16
Entocort EC.....	Fluvoxamine	13	Humatrope	17
Epiduo	Focalin XR.....	12	Humira.....	21
Epipen	Folic Acid	23	Humulin 70-30 Vials	16
Epipen-Jr	Foradil	22	Humulin KwikPen	16
Epzicom	Forfivo XL.....	13	Humulin N KwikPen	16
Erythromycin	Forteo	20	Humulin N Vials.....	16
Escitalopram.....	Fortesta.....	19	Humulin R Vial	16
Estrace Cream	Fosinopril Sodium	11	Hydralazine	11

Hydrochlorothiazide.....11	Kapvay.....12	Lipofen.....12	
Hydrocodone/ Acetaminophen.....21	Kariva.....23	Lisinopril.....11, 28	
Hydrocodone/ Chlorpheniramine.....20	Kazano.....17	Lisinopril- Hydrochlorothiazide.....11	
Hydrocodone/Homatropine..20	Keppra.....14	Lithium.....14	
Hydrocodone/Ibuprofen.....21	Keppra XR.....14	Livalo.....12	
Hydrocortisone.....15	Keralyt Scalp Kit.....15	Lo Loestrin Fe.....23	
Hydromorphone.....21	Ketoconazole.....10	Locoid Lipocream.....15	
Hydroxychloroquine Sulfate...21	Ketorolac.....21	Locoid Lotion.....15	
Hydroxyurea.....10	Klor-Con M10.....23	Loestrin 24 Fe.....23	
Hydroxyzine.....22	Klor-Con M20.....23	Lorazepam.....14	
Hyoscyamine.....18	Kombiglyze XR.....17	Loryna.....23	
L			
Ibandronate.....20	Labetalol.....11	Lorzone.....20	
Ibuprofen.....21	Lamictal.....14	Losartan.....11	
Imipramine.....13	Lamictal XR.....14	Losartan- Hydrochlorothiazide.....11	
Imitrex.....13	Lamotrigine.....14	Lovastatin.....12	
Incivek.....10	Lantus Solostar.....16	Lovaza.....12	
Indapamide.....11	Lantus Vials.....16	Low-Ogestrel.....23	
Indomethacin.....21	Lastacast.....17	Lumigan.....18	
Intelence.....19	Latanoprost.....18	Lunesta.....14	
Intermezzo.....14	Latuda.....14	Lutera.....23	
Intuniv.....12	Lazanda.....21	Lyrica.....15	
Ipratropium.....22	Leflunomide.....21	M	
Irbesartan.....11	Letairis.....23	Maxalt.....13	
Isentress.....19	Letrozole.....20	Maxalt MLT.....13	
Isosorbide Mononitrate ER...12	Leucovorin Calcium.....10	Medroxyprogesterone.....24	
J			
Jalyn.....19	Levalbuterol Nebs.....22	Meloxicam.....21	
Janumet.....17	Levemir Flexpen.....16	Mercaptopurine.....10	
Januvia.....17	Levemir Vials.....16	Metadate CD.....12	
Jentadueto.....17	Levetiracetam.....14, 15	Metformin.....17	
Jolessa.....23	Levetiracetam Extended-Release.....15	Metformin Extended-Release.....17	
Jolivet.....23	Levocetirizine Tablet.....22	Methadone.....21	
Junel.....23	Levofloxacin.....10	Methimazole.....17	
Junel Fe.....23	Levora-28.....23	Methocarbamol.....20	
K			
Kadian.....21	Levothyroxine Sodium.....17	Methotrexate.....21	
Kaletra.....19	Levoxyl.....17	Methylphenidate.....12, 13	
	Lexapro.....13	Methylphenidate Extended-Release Capsule .12	
	Lialda.....18	Methylphenidate Extended-Release Tablet13	
	Lidoderm Patch.....20		
	Liothyronine Sodium.....17		
	Lipitor.....12		

Methylprednisolone	17	Nesina.....	17	One Touch Ultra Mini	16
Metoclopramide	18	Neurontin	15	One Touch Ultra Test Strips ..	16
Metoprolol Succinate		Nexiclon XR.....	11	One Touch Verio IQ.....	16
50, 100, 200 mg.....	11	Nexium.....	18	One Touch Verio IQ	
Metoprolol Tartrate	11	Niaspan	12	Test Strips.....	16
Metozolv ODT	18	Nifedical XL	11	Onglyza	17
Metrogel 1%	15	Nifedipine		Onmel	10
Metronidazole	10, 15	Extended-Release	11	Opana ER	21
Metronidazole Gel 0.75%.....	15	Nitrofurantoin	10	Optivar	17
Metronidazole Gel 1%.....	15	Nitrofurantoin Macrocrystal ..	10	Oracea	10
Micardis	11	Nitroglycerin Sublingual		Orencia.....	21
Micardis HCT	11	Spray.....	12	Orsythia	23
Microgestin	23	Nitrolingual Pump Spray	12	Ortho-Cyclen.....	23
Microgestin FE	23	Norditropin.....	17	Ortho-Novum	23
Minocycline.....	10	Norgestimate-Ethinyl		Ortho Evra	23
Mirapex ER.....	14	Estradiol	23	Ortho Micronor	23
Mirtazapine	13	Nortrel 0.5/35.....	23	Ortho Tri-Cyclen	23
Modafinil	14	Nortriptyline	13	Ortho Tri-Cyclen Lo.....	23
Mometasone Furoate	15	Norvir.....	19	Oseni	17
Monodox	10	Novolog	16	Ovidrel	19
Mononessa.....	23	Novolog Flexpen	16	Oxcarbazepine.....	15
Montelukast.....	22	NP Thyroid	17	Oxsoralen-UI.....	15
Morphine Sulfate		Nucynta	21	Oxybutynin	22
Extended-Release Capsule ..	21	Nucynta ER.....	21	Oxybutynin	
Morphine Sulfate		Nuedexta	20	Extended-Release	22
Extended-Release Tablet	21	Nutropin AQ NuSpin.....	17	Oxycodone	21
Multaq.....	12	Nuvaring.....	23	Oxycodone/Acetaminophen ...	21
Mupirocin Ointment	15	Nuvigil.....	14	Oxycontin.....	21
Mycophenolate	23	Nystatin	10	Oxytrol	22
Myfortic	23	Nystatin-Triamcinolone			
Myrbetriq	22	Acetonide	15		
N		O		P	
Nabumetone	21	Ofloxacin	17	Pantoprazole	18
Nadolol.....	11	Olanzapine	14	Paroxetine.....	13
Naprelan	21	Oleptro	13	Pataday	17
Naproxen	21	Omeclamox-Pak	18	Patanol.....	17
Nasonex.....	22	Omeprazole	18	Pegasys	20
Natazia	23	Omnaaris	22	Penicillin V Potassium.....	10
Natroba.....	20	Omnitrope.....	17	Pennsaid	21
Necon 0.5/35, 1/35, 1/50,		Ondansetron.....	18	Pentasa.....	18
10/11.....	23	Ondansetron ODT.....	18	Percocet	21
Neoral.....	23	One Touch Test Strips.....	16	Perforomist	22
				Pertzye.....	18
				Phenytoin	15

Picato.....	15	Pulmicort Flexhaler.....	22	Sanctura	22	
Pioglitazone.....	17	Pulmozyme	20	Sanctura XR.....	22	
Pioglitazone-Metformin.....	17	Pylera.....	18	Sancuso.....	18	
Plavix.....	11				Seroquel.....	14
Polyethylene Glycol 3350.....	18				Seroquel XR.....	14
Polymyxin B Sulfate/ Trimethoprim	17				Sertraline	13
Portia	23				Sildenafil.....	23
Potassium Chloride	23				Silenor	14
Potassium Citrate	23				Simcor	12
Pradaxa.....	11				Simponi	21
Pramipexole.....	14				Simvastatin	8, 12
Prandimet.....	17				Singulair.....	22
Prandin.....	17				Skelaxin.....	20
Pravastatin	12				Sodium	
Prednisolone	17				Sulfacetamide-Sulfur.....	15
Prednisone	17				Solodyn 45, 90, 135 mg.....	10
Premarin.....	24				Solodyn 55, 65, 80, 105, 115 mg.....	10
Prempro	24				Soltamox.....	20
Prenatal Plus.....	24				Soma 250.....	20
Prevacid Capsules	18				Sorilux	15
Prevacid Solutab	18				Sotalol.....	12
Previfem	23				Spiriva	22
Prevpac	18				Spironolactone	11
Prezista	19				Sprintec	23
Prilosec Capsules	18				Sprix	21
Pristiq ER.....	13				Staxyn.....	19
Proair HFA	22				Stelara.....	15
Procort.....	18				Strattera.....	13
Procrit.....	20				Suboxone Film	14
Progesterone Micronized Capsule	24				Subsys.....	21
Prograf.....	23				Sucrafate Tablet.....	18
Promethazine.....	20, 22				Sulfamethoxazole- Trimethoprim.....	10
Promethazine/Codeine.....	20				Sulfasalazine.....	18
Promethazine/ Dextromethorphan.....	20				Sumadan.....	15
Propranolol	11				Sumatriptan Nasal Spray	13
Protonix Tablets.....	18				Sumatriptan Succinate Tablet, Injection.....	13
Protopic	15				Sumavel DosePro	13
Proventil HFA.....	22				Sumaxin CP	15
Provigil.....	14				Sumaxin TS	15
Prozac	13				Suprep	18
		</				

Sustiva	19	Treximet	13	Veramyst.....	22
Syeda	23	Tri-Previfem	23	Verapamil	12
Symbicort	22	Tri-Sprintec	23	Verapamil Sustained-Release..	12
Synthroid.....	17	Triamcinolone Acetonide	15	Vesicare.....	22
T		Triamterene-		Viagra.....	19
Taclonex	15	Hydrochlorothiazide.....	12	Victoza	17
Tacrolimus	23	Trianex	15	Viibryd	13
Tamiflu.....	10	Tribenzor.....	12	Vimovo	21
Tamoxifen.....	20	Tricor 48 mg, 145 mg	12	Viokace.....	18
Tamsulosin	19	Trileptal.....	15	Viorele	23
Tasmar.....	14	Trilipix.....	12	Virasal	15
Tecfidera.....	13	Trinessa	23	Viread.....	19
Tekamlo.....	11	Trivora-28.....	23	Vivelle-Dot.....	24
Temazepam	14	Trospium	22	Voltaren Gel	21
Terazosin	11, 19	Trospium Extended-Release..	22	Vytorin	12
Terazosin	11, 19	Truvada	19	Vyvanse	13
Terbinafine	10	Tudorza	22	W	
Testim.....	19	Twynsta	12	Warfarin Sodium	11
Testosterone Cypionate.....	19	Tyvaso	23	Welchol	12
Testosterone Enanthate	19	U		Wellbutrin SR	13
Testred.....	19	Uceris.....	18	Wellbutrin XL.....	13
Tev-Tropin	17	Uloric.....	20	X	
Timolol Maleate	18	Ultresa	18	Xanax	14
Tirosint.....	17	Umecta	15	Xanax XR.....	14
Tizanidine Tablet	20	Umecta PD.....	15	Xarelto.....	11
Tobradex ST.....	17	Uramaxin GT.....	15	Xeloda	10
Tobramycin/Dexamethasone..	17	Ursodiol.....	18	Xerese	15
Tolterodine	22	V		Xopenex HFA	22
Topamax.....	15	Vagifem	24	Xopenex Nebs.....	22
Topiramate	15	Valacyclovir	10	Xyrem.....	14
Toprol XL.....	11	Valium	14	Y	
Torseamide	11	Valsartan-		Yasmin 28.....	23
Toviaz.....	22	Hydrochlorothiazide.....	12	Yaz.....	23
Tracleer.....	23	Valtrex	10	Z	
Tradjenta.....	17	Veltin	15	Zaleplon	14
Tramadol	21	Venlafaxine.....	13	Zegerid Capsule	18
Tramadol Extended-Release...21		Venlafaxine Extended-Release		Zelapar	14
Tramadol Sustained-Release...21		Capsule.....	13	Zemplar.....	20
Travatan Z.....	18	Venlafaxine Extended-Release		Zenpep	18
Trazodone.....	13	Tablet.....	13	Zetia.....	12
Tretinoin.....	15	Ventolin HFA.....	22		
Tretinoin Microspheres	15				

Zetonna	22
Ziana	15
Ziprasidone.....	14
Zipsor	21
Zoloft	13
Zolpidem	14
Zolpidem Extended-Release...	14
Zolpimist	14
Zolvit.....	21
Zonatuss.....	20
Zonegran	15
Zonisamide.....	15
Zovia 1-35E.....	23
Zovirax Cream	10
Zovirax Ointment	10
Zuplenz	18
Zutripro	20
Zyclara.....	15
Zyprexa.....	14
Zyprexa Zydis.....	14
Zytiga	10

Notes

[illegible]

“My Medications” worksheet

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

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

For more information



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



Or, visit **myuhc.com**[®]

Where else can I go for information?

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

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

myuhc.com UnitedHealthcare

Message Center | Account Settings | Print | Help | Contact Us | Feedback | Sign Out

Home | Claims & Accounts | Physicians & Facilities | **Pharmacies & Prescriptions** | Benefits & Coverage | Personal Health Record | Health & Wellness

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.
[Learn More](#)

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](#)
[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](#) [View All](#)

Related Web Sites
[African American Health](#)
[Source4Women](#)
[Other Languages](#)
[Español](#)
[中文](#)
[한국어](#)
[Tiếng Việt](#)

Ask a Nurse

Emergency? Dial 911
Registered nurses are available 24/7 to answer your health questions.
[Chat](#) [Online now](#)
[Call](#) 1-888-842-4224



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