Your 2016 Prescription Drug List

effective January 1, 2016

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**®

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

UnitedHealthcare®

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.

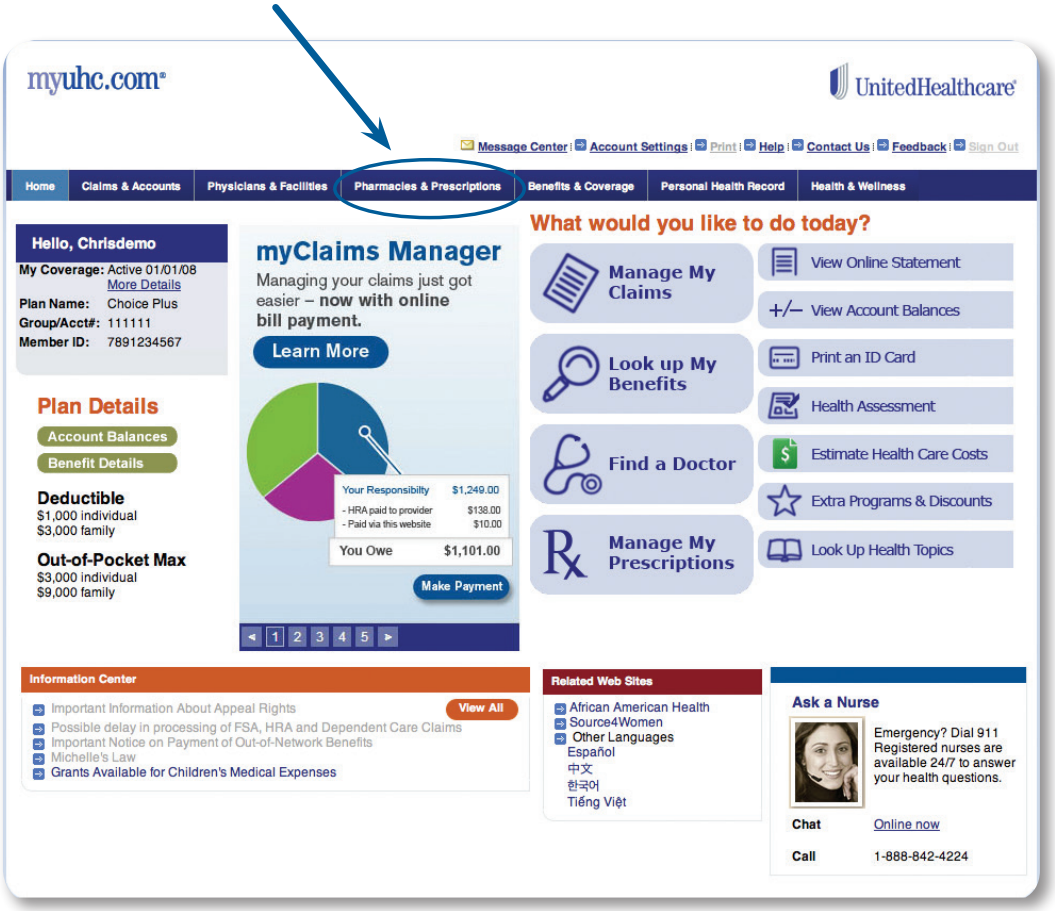

Table of Contents

Drug tiers and cost 5

Programs and Limits 7

Drugs by category 10

Anti-Infectives

Antibiotics 10

Antifungals 10

Antivirals 10

Cancer 10

Cardiovascular/Heart Disease

Coagulation Therapy 11

High Blood Pressure 11

High Cholesterol 12

Other 12

Central Nervous System

Attention Deficit Disorder 12

Depression 13

Migraine 13

Multiple Sclerosis 13

Other 14

Sedatives/Hypnotics 14

Seizure Disorders 14

Dermatology 15

Diabetes/Endocrine

Blood Glucose Monitoring 16

Insulin 16

Non-Insulin 16

Endocrine

Growth Hormone 17

Other 17

Thyroid Hormone Replacement 17

Eye Conditions

Allergies 17

Antibiotics 17

Glaucoma 17

Gastrointestinal

Acid Suppression 18

Nausea/Vomiting 18

Other 18

Hepatitis C 18

HIV/AIDS 18

Infertility 19

Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis 19

Men's Health

Erectile Dysfunction 19

Prostate 19

Testosterone Therapy 19

Miscellaneous 19

Musculoskeletal

Osteoporosis 20

Other 20

Pain Relief 20

Overactive Bladder 21

Respiratory

Allergies 21

Asthma/COPD 22

Pulmonary Arterial Hypertension 22

Smoking Cessation 22

Transplant 23

Vitamins/Electrolytes 23

Women's Health

Contraceptives 23

Hormone Replacement 24

Miscellaneous 24

Prenatal Vitamins 24

Index 25

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

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

What is a Prescription Drug List (PDL)?

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

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

How do I use my Prescription Drug List?

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

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

What are tiers?

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

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

$	Drug Tier	Includes	Helpful Tips
$	**Tier 1** **Lowest Cost**	Lower-cost drugs. Some brands and generics are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
$$	**Tier 2** **Mid-range Cost**	Mix of brands and generics.	Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.
$$$	**Tier 3** **Highest Cost**	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**, or call the toll-free number on your health plan ID card for more information about your benefit plan.

When does the Prescription Drug List change?

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

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

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

Programs and Limits

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

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.
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.
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 us 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 impacted 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.

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

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

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

Why are some medications excluded from coverage?

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

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

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options.

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

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

Is it a generic or brand-name drug?

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

What if my doctor writes a brand-name prescription?

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

Are you taking a specialty medication?

Specialty medications are high-cost and may be used to treat rare or complex conditions. For most plans, these medications are managed through the Specialty Pharmacy Program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit **UHCSpecialtyRx.com** or call the toll-free phone number on your health plan ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on Tier 3, call the toll-free number on your health plan ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

What is Mail Service Member Select?

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

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

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

How do I get updated information about my pharmacy benefit?

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

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

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

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

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

For more information

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

Or, visit **myuhc.com®**

Where else can I go for information?

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

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

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

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

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

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

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

DSP = Designated Specialty Program
E = May be excluded from coverage
H = Health Care Reform Preventive
MC = Multiple Copay
N = Notification or Prior Authorization required
RS = May be eligible for the Refill and Save Program
SDP = Select Designated Pharmacy
SL = Supply Limit
ST = Step Therapy

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Accu-Chek Test Strips	3	E, SL
Contour Test Strips	3	E, SL
Dexcom G4 Platinum Continuous Glucose Monitoring System	3	N, SL
Dexcom Sensor	3	N, SL
Dexcom Transmitter	3	N, SL
FreeStyle Test Strips	3	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL
Diabetes: Insulin		
Afrezza	3	E, N, SL, ST
Humalog KwikPen	2	SL
Humalog Mix 50-50 KwikPen	2	SL
Humalog Mix 75-25 KwikPen	2	SL
Humalog Vials	1	SL
Humulin 70-30 KwikPen	2	SL
Humulin 70-30 Vials	1	SL
Humulin N KwikPen	2	SL

Drug Name	Drug Tier	Requirements & Limits
Humulin N Vials	1	SL
Humulin R Vials	1	SL
Lantus Solostar	3	SL
Lantus Vials	3	SL
Levemir FlexTouch	1	SL
Levemir Vials	1	SL
Novolin 70-30 Vials	3	SDP, SL, ST
Novolin N Vials	3	SDP, SL, ST
Novolin R Vials	3	SDP, SL, ST
Novolog Flexpen	3	SDP, SL, ST
Novolog Mix 70/30 Flexpen	3	SDP, SL, ST
Novolog Mix 70/30 Vials	3	SDP, SL, ST
Novolog Vials	3	SDP, SL, ST
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	3	E, SL, ST
Invokamet	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	

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Drug Name	Drug Tier	Requirements & Limits
Metformin Extended-Release Tablet (generic **Glucophage XR**)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL, ST
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	3	E, SL, ST
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, N, SL
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Tirosint	3	E

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacaft	3	SL
Pataday	3	E, SL
Patanol	3	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
Vigamox	3	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	3	E, SL
Lansoprazole Capsules	3	E, SL
Nexium Capsule	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Ranitadine Syrup	1	
Rabeprazole Tablet	3	SL
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Emend	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	
Gastrointestinal: Other		
Amitiza	3	N, SL, ST
Apriso	2	
Asacol HD Tablet	3	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	E
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	

Drug Name	Drug Tier	Requirements & Limits
Linzess	2	N, SL
Metoclopramide Tablet	1	
Movantik	2	N, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Zenpep	2	
Hepatitis C		
Harvoni	2	DSP, N, SL
Ribapak	3	DSP, E
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, N, SL, ST
Viekira Pak	3	DSP, N, SL, ST
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Evotaz	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	2	DSP
Norvir	2	DSP
Prezcobix	2	DSP

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Drug Name	Drug Tier	Requirements & Limits
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	2	DSP
Tybost	2	DSP
Viread	2	DSP
Vitekta	2	DSP
Infertility*		
Cetrotide	2	DSP
Clomiphene	1	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP

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

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, N, SL, ST
Cimzia	2	DSP, N, SL
Cosentyx	3	DSP, N, SL, ST
Enbrel	3	DSP, N, SL, ST
Humira	2	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	DSP, N, SL, ST
Otezla	3	DSP, N, SL, ST
Otrexup	3	E, SL, ST
Rasuvo	3	SL, ST
Simponi	2	DSP, N, SL
Stelara	2	DSP, N, SL
Xeljanz	3	DSP, N, SL, ST

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Erectile Dysfunction		
Cialis	3	SL
Levitra	3	SL
Stendra	3	SL
Viagra	3	SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	3	SL, ST
Doxazosin Tablet	1	
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	N, SL
Androgel	3	E, N, SL
Android	2	
Testim	2	N, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auryxia	3	
Benzonatate Capsule	1	
Bethkis	2	DSP, N, SL
Bromfed DM	3	
Cayston	2	N, SL
Cerdelga	2	DSP, N
Chlorhexidine Gluconate	1	

Drug Name	Drug Tier	Requirements & Limits
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	2	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	3	SL
Hydrocodone/ Homatropine	1	
Letrozole Tablet	1	
Lidocaine Transdermal Patch	2	SL
Nuedexta	2	
Pegasys	2	DSP, N, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, N, SL
Rectiv	3	N, SL
Renvela	2	
Restasis	3	N, SL
Rezira	3	
Tobi Podhaler	3	DSP, N, SL
Tobramycin Nebulized Solution	3	DSP, E, N, SL
Velphoro	2	

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, N
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL
Musculoskeletal: Other		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	3	E
Cyclobenzaprine	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Mitigare	2	
Tizanidine Tablet	1	
Uloric	3	SL, ST
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	SL
Celecoxib	3	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	
Fentanyl 12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg Patch	2	SL

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Drug Name	Drug Tier	Requirements & Limits
Fentanyl Citrate Lozenge	2	N, SL
Hydrocodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Hysingla	3	E, N, SL, ST
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	N, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	SL
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	N, SL
Opana ER	2	N, SL
Oxycodone Tablet	1	
Oxycodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Oxycontin	3	N, SL, ST
Sprix	3	
Subsys	3	E, N, SL
Tramadol-Acetaminophen	1	SL

Drug Name	Drug Tier	Requirements & Limits
Tramadol Sustained-Release Tablet	2	SL
Tramadol Tablet	1	
Vicodin 5/300 mg, 7.5/300 mg, 10/300 mg Tablet	3	E, SL
Voltaren Gel	2	
Zohydro ER	3	N, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended-Release Tablet	3	E
Tolterodine Tablet	3	E
Toviaz	3	
Vesicare	3	E
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	SL
Clarinex	3	E, SL
Clarinex-D	3	E, SL
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Nasonex	3	E, SL
Promethazine Tablet	1	
Qnasl	3	E, SL
Triamcinolone Nasal Spray	3	E, SL
Zetonna	3	SL

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Aerospan	3	SL
Albuterol Nebs	1	
Albuterol Sulfate Tablet	1	
Alvesco	1	SL
Arnuity Ellipta	3	SL
Asmanex	1	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	3	RS, SL
Flovent Diskus/HFA	3	SL
Foradil	3	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	3	E, SL
Montelukast Chewable Tablet, Tablet	1	SL
Montelukast Granules	2	SL
Perforomist	3	SL
Proair HFA	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SDP, SL
QVAR	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler	3	SL
Spiriva Respimat	3	SL
Striverdi Respimat	2	SL
Symbicort	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebs	3	E, SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, N, SL
Adempas	2	DSP, N, SL
Letairis	2	DSP, N, SL
Opsumit	2	DSP, N, SL
Orenitram	3	DSP, N, SL
Sildenafil Tablet	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H
Chantix Tablet	3	H, N
Nicoderm CQ	3	H
Nicorette Gum	3	H
Nicorette Lozenge	3	H
Nicorette Mini-Lozenge	3	H
Nicotine Gum	1	H
Nicotine Lozenge	1	H
Nicotine Patch	1	H
Nicotrol Inhaler	3	H, N
Nicotrol Nasal Spray	3	H, N
Thrive Gum	1	H

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Drug Name	Drug Tier	Requirements & Limits
Transplant		
Azathioprine Tablet	1	
Cellcept	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	2	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	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		
Apri	1	H
Aviane	1	H
Azurette	2	
Cryselle	1	H
Cyclafem	1	H
Ella	1	H
Enskyce	1	H
Gildess	2	
Gildess Fe	1	H
Introvale	2	H
Jolessa	2	H
Junel	2	

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

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

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Miscellaneous		
Osphena	3	
Raloxifene	2	H, N
Tamoxifen	1	H, N
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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Index

A

Abilify Tablet 14
Absorica..... 15
Accu-Chek Test Strips 16
Acetaminophen/Butalbital/ Caffeine 325 mg/50 mg/ 40mg 13
Acetaminophen/Codeine Tablet..... 20
Actemra..... 19
Acyclovir Ointment..... 10
Acyclovir Tablet 10
Aczone..... 15
Adapalene 0.1% Cream, Gel.. 15
Adapalene 0.3% Gel..... 15
Adcirca 22
Adderall XR..... 12
Adempas..... 22
Advair Diskus/HFA..... 22
Aerospan 22
Afrezza..... 16
Akynzeo 18
Albuterol Nebs 22
Albuterol Sulfate Tablet..... 22
Alendronate Sodium Tablet... 20
Alfuzosin Tablet..... 19
Allopurinol Tablet 20
Alphagan P 0.1%..... 17
Alprazolam Extended-Release Tablet..... 14
Alprazolam Tablet..... 14
Alvesco 22
Amiodarone..... 12
Amitiza..... 18
Amitriptyline Tablet..... 13
Amlodipine 11
Amlodipine-Valsartan 11
Amlodipine Besylate-Benazepril 11
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet..... 10
Amoxicillin Capsule, Chewable Tablet..... 10
Amphetamine Salt Combo.... 12
Ampyra..... 13
Anastrozole Tablet 19
Androderm..... 19
Androgel..... 19
Android 19
Antipyrine/Benzocaine Otic Solution 19
Apri 23
Apriso..... 18
Aranesp 19
Aripiprazole Tablet..... 14
Armour Thyroid..... 17
Arnuity Ellipta 22
Asacol HD Tablet 18
Asmanex..... 22
Atenolol 11
Atenolol-Chlorthalidone 11
Atorvastatin..... 12
Atripla 18
Aubagio 13
Auryxia..... 19
Aviane 23
Avonex..... 13
Azathioprine Tablet..... 23
Azelastine 0.05% Ophthalmic Solution 17
Azelastine 0.1% Nasal Spray . 21
Azithromycin Tablet..... 10
Azopt..... 17
Azurette 23

B

Baclofen Tablet..... 20
Benazepril..... 11
Benazepril-Hydrochlorothiazide..... 11
Benicar 11
Benicar HCT 11
Benzonatate Capsule 19
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment..... 15
Betamethasone Dipropionate 0.05% Cream, Ointment 15
Betaseron 13
Bethkis 19
Bicalutamide..... 10
Bidil..... 11
Bisoprolol..... 11
Bisoprolol-Hydrochlorothiazide..... 11
Bosulif 10
Brand Prenatal Vitamins 24
Breo Ellipta 22
Brintellix..... 13
Bromfed DM..... 19
Budesonide Nebs 22
Buprenorphine/Naloxone Tablet..... 14
Bupropion Extended-Release Tablet..... 13
Bupropion Sustained-Release Tablet..... 13, 22
Bupropion Tablet..... 13
Buspirone Tablet..... 14
Bydureon 16
Byetta 16
Bystolic 11

C

Calcitriol Capsule 17
Canasa 18
Carac 15
Carbamazepine Tablet..... 14

Carbidopa-Levodopa 14
Carisoprodol 350 mg Tablet ..20
Cartia XT 11
Carvedilol 11
Cayston 19
Cefadroxil Capsule, Tablet 10
Cefdinir Capsule 10
Cefixime Suspension 10
Cefprozil Tablet 10
Cefuroxime Tablet 10
Celecoxib 20
Cellcept 23
Cenestin 24
Cephalexin Capsule 10
Cerdelga 19
Cetrotide 19
Chantix Tablet 22
Chlorhexidine Gluconate 19
Chlorpheniramine/
Hydrocodone/
Pseudoephedrine Solution ..20
Chlorthalidone 11
Choline Fenofibrate 12
Cialis 19
Ciclopirox Cream, Gel, Lotion,
Solution 15
Cimzia 19
Ciprodex 20
Ciprofloxacin Tablet 10
Citalopram Tablet 13
Claravis 15
Clarinex 21
Clarinex-D 21
Clarithromycin Tablet 10
Climara 24
Climara Pro 24
Clindamycin 1%/Benzoyl
Peroxide 5% Gel 15
Clindamycin 1.2%/Benzoyl
Peroxide 5% Gel 15
Clindamycin Capsule 10
Clindamycin Gel 15
Clindamycin Lotion 15
Clindamycin Solution,
Swabs 15
Clobetasol Propionate Cream,
Ointment, Solution 15
Clomiphene 19
Clonazepam Tablet 14
Clonidine Tablet 11
Clopidogrel 11
Clotrimazole-Betamethasone
Cream 15
Clotrimazole-Betamethasone
Lotion 15
Colcrys 20
Combigan 17
Combivent Respimat 22
Complera 18
Concerta 12
Condylox Gel 15
Contour Test Strips 16
Copaxone 13
Cortifoam 18
Cosentyx 19
Creon 18
Crestor 12
Cryselle 23
Cyclafem 23
Cyclobenzaprine 20
Cyclophosphamide Capsule... 10
Cyclosporine Modified
Capsule 23
Cymbalta 13
Cyproheptadine Tablet 21

D

Daytrana 12
Delzicol 18
Desmopressin Tablet 17
Desonide 0.05% Cream,
Lotion, Ointment 15
Desoximetasone Gel,
Ointment 15
Dexamethasone Tablet 17
Dexcom G4 Platinum
Continuous Glucose
Monitoring System 16
Dexcom Sensor 16
Dexcom Transmitter 16
Dexilant 18
Dexmethylphenidate
Extended-Release Capsule . 12
Dexmethylphenidate Tablet... 12
Dextroamphetamine-
Amphetamine
Extended-Release 12
Dextroamphetamine-
Amphetamine Tablet 12
Dextroamphetamine Sulfate
Tablet 12
Diazepam Tablet 14
Diclofenac Tablet 20
Dicyclomine Tablet 21
Differin 1% Cream, Gel 15
Dificid 10
Diflorasone Diacetate 0.05%
Cream, Ointment 15
Digoxin 12
Diltiazem 24 Hour CD 11
Diltiazem Sustained-Release
Capsule 11
Diltiazem Sustained-Release
Tablet 11
Diovan 11
Diphenoxylate-Atropine
Tablet 18
Divalproex Delayed-Release
Tablet 14
Divalproex Extended-Release
Tablet 14
Divigel 24

Donepezil 5, 10 mg ODT, Tablet 14
Doryx 10
Doxazosin 11, 19
Doxazosin Tablet 19
Doxepin 13
Doxycycline Hyclate Capsule, Tablet 10
Doxycycline Monohydrate 50, 100 mg Capsule 10
Duavee 24
Dulera 22
Duloxetine Capsule 13
Dutoprol 11

E

Econazole Cream 10
Edarbi 11
Edarbyclor 11
Effient 11
Eliquis 11
Ella 23
Emend 18
Enalapril 11
Enbrel 19
Enjuvia 24
Enoxaparin Sodium 11
Enskyce 23
Epiduo 15
Epipen 20
Epipen-Jr 20
Epzicom 18
Erythromycin 0.5% Ophthalmic Ointment 17
Escitalopram Tablet 13
Esomeprazole Capsule 18
Estrace Cream 24
Estradiol/Norethindrone Acetate Tablet 24
Estradiol Tablet 24
Estradiol Twice-Weekly Transdermal Patch 24
Estring 24
Estrogen/Methyltestosterone Tablet 24
Eszopiclone Tablet 14
Etodolac Capsule 20
Evamist 24
Evotaz 18

F

Famciclovir Tablet 10
Farxiga 16
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule 12
Fenofibrate 48, 145 mg Tablet 12
Fenofibrate 54, 160 mg Tablet 12
Fenoglide 12
Fentanyl 12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg Patch 20
Fentanyl Citrate Lozenge 21
Fetzima 13
Finacea 15
Finasteride Tablet 19
Flecainide 12
Flovent Diskus/HFA 22
Fluconazole Tablet 10
Fluocinolone Cream, Oil, Ointment, Solution 15
Fluocinonide 0.05% Cream 15
Fluoride 23
Fluoxetine Tablet, Capsule 13
Fluticasone Nasal Spray 21
Fluvoxamine Tablet 13
Focalin XR 12
Folic Acid 23
Foradil 22
Forteo 20
Fosrenol 20
FreeStyle Test Strips 16
Furosemide 11

G

Gabapentin Capsule, Tablet 14
Gemfibrozil 12
Gentamicin Ophthalmic Ointment, Solution 17
Gildess 23
Gildess Fe 23
Gilenya 13
Glatopa 13
Gleevec 10
Glimepiride 16
Glipizide 16
Glipizide Extended-Release 16
Glyburide 16
Glyxambi 16
Golytely 18
Gonal-F 19
Gonal-F RFF 19
Guanfacine 11, 12
Guanfacine Extended-Release 12

H

Harvoni 18
Humalog KwikPen 16
Humalog Mix 50-50 KwikPen 16
Humalog Mix 75-25 KwikPen 16
Humalog Vials 16
Humira 19
Humulin 70-30 KwikPen 16
Humulin 70-30 Vials 16
Humulin N KwikPen 16
Humulin N Vials 16
Humulin R Vials 16
Hydralazine 11
Hydrochlorothiazide 11

Hydrocodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet 21
Hydrocodone/ Chlorpheniramine Suspension 20
Hydrocodone/Homatropine .. 20
Hydrocodone/Ibuprofen Tablet 21
Hydrocortisone 2.5% Cream, Ointment 15
Hydromorphone Tablet 21
Hydroxychloroquine Sulfate .. 19
Hydroxyurea Capsule 10
Hydroxyzine Capsule, Tablet 21
Hyoscyamine Tablet 18
Hysingla 21

I

Ibandronate Tablet 20
Ibuprofen Tablet 21
Imbruvica 10
Imiquimod 5% Cream 15
Incruse Ellipta 22
Indomethacin Capsule 21
Intelence 18
Introvale 23
Intuniv 13
Invokamet 16
Invokana 16
Ipratropium-Albuterol Nebs .. 22
Ipratropium Nebs 22
Irbesartan 11
Isentress 18
Isosorbide Mononitrate ER ... 12
Itraconazole Capsule 10

J

Janumet 16
Januvia 16
Jardiance 16
Jentadueto 16
Jolessa 23
Junel 23
Junel Fe 23

K

Kaletra 18
Kazano 16
Ketoconazole Cream 10
Ketorolac Tablet 21
Klor-Con M10 23
Klor-Con M20 23
Kombiglyze XR 16

L

Labetalol 11
Lamivudine-Zidovudine 18
Lamotrigine Tablet 14
Lansoprazole Capsules 18
Lantus Solostar 16
Lantus Vials 16
Lastacaft 17
Latanoprost 0.005% Ophthalmic Solution 17
Latuda 14
Lazanda 21
Leflunomide 19
Lescol XL 12
Letairis 22
Letrozole Tablet 20
Leucovorin Calcium Tablet ... 10
Levalbuterol Nebs 22
Levemir FlexTouch 16
Levemir Vials 16
Levetiracetam Extended-Release Tablet 14
Levetiracetam Tablet 14
Levitra 19
Levocetirizine Tablet 21
Levofloxacin Tablet 10
Levora-28 23
Levothyroxine Sodium Tablet 17
Lexapro 13
Lialda 18
Lidocaine Transdermal Patch 20
Linzess 18
Liothyronine Sodium Tablet . 17
Lipitor 12
Lipofen 12
Lisinopril 11, 33
Lisinopril-Hydrochlorothiazide 11
Lithium Capsule 14
Livalo 12
Lo Loestrin Fe 23
Lorazepam Tablet 14
Loryna 23
Losartan 11
Losartan-Hydrochlorothiazide 11
Lovastatin 12
Low-Ogestrel 23
Lumigan 17
Lutera 23
Lyrica 14

M

Medroxyprogesterone 24
Meloxicam Tablet 21
Memantine 14
Mercaptopurine Tablet 10
Metadate CD 13
Metaxalone Tablet 20
Metformin 16, 17
Metformin Extended-Release Tablet (generic Glucophage XR) 17
Methadone Tablet, Oral Solution, Concentrate Solution 21

Methimazole Tablet 17
Methocarbamol Tablet 20
Methotrexate Tablet 19
Methylphenidate Chewable Tablet 13
Methylphenidate Extended-Release Capsule 13
Methylphenidate Extended-Release Tablet 13
Methylphenidate Tablet 13
Methylprednisolone Tablet 17
Metoclopramide Tablet 18
Metoprolol Succinate 50, 100, 200 mg 11
Metoprolol Tartrate 11
Metronidazole Gel 0.75% 15
Metronidazole Tablet 10
Microgestin 23
Microgestin FE 23
Minastrin 24 FE 23
Minivelle 24
Minocycline Capsule 10
Minocycline Tablet 10
Mirtazapine Tablet 13
Mirvaso 15
Mitigare 20
Modafinil Tablet 14
Mometasone Furoate Cream, Lotion, Ointment 15
Mononessa 23
Montelukast Chewable Tablet, Tablet 22
Montelukast Granules 22
Morphine Sulfate Extended-Release Tablet 21
Morphine Sulfate Oral Solution 21
Movantik 18
Moviprep 18
Moxeza 17
Moxifloxacin Tablet 10
Mupirocin Ointment 15
Mycophenolate Capsule, Suspension 23
Mycophenolic Acid Tablet 23
Myfortic 23

N

Nabumetone Tablet 21
Nadolol 11
Namenda XR 14
Naproxen Tablet 21
Naratriptan 13
Nasonex 21
Natazia 23
Necon 0.5/35, 1/35, 1/50, 10/11 23
Neoral 23
Nesina 17
Nevirapine 18
Nevirapine Extended-Release 18
Nexium Capsule 18
Next Choice 23
Niacin Extended-Release Tablet 12
Niaspan 12
Nicoderm CQ 22
Nicorette Gum 22
Nicorette Lozenge 22
Nicorette Mini-Lozenge 22
Nicotine Gum 22
Nicotine Lozenge 22
Nicotine Patch 22
Nicotrol Inhaler 22
Nicotrol Nasal Spray 22
Nifedipine Extended-Release 11
Nitrofurantoin Capsule 10
Nitrofurantoin Macrocrystal Capsule 10
Nitrostat 12
Norgestimate-Ethinyl Estradiol 23
Nortrel 0.5/35 23
Nortriptyline Capsule 13
Norvir 18
Novolin 70-30 Vials 16
Novolin N Vials 16
Novolin R Vials 16
Novolog Flexpen 16
Novolog Mix 70/30 Flexpen . 16
Novolog Mix 70/30 Vials 16
Novolog Vials 16
Noxafil Tablet, Suspension 10
NP Thyroid Tablet 17
Nucynta 21
Nucynta ER 21
Nuedexta 20
Nutropin, Nutropin AQ 17
Nuvaring 23
Nuvigil 14
Nystatin-Triamcinolone Acetonide Cream, Ointment 15
Nystatin Cream, Ointment 10

O

Ofloxacin 0.3% Ophthalmic Solution 17
Ofloxacin Tablet 10
Olanzapine Tablet 14
Omeclamox-Pak 18
Omega-3-Acid Ethyl Esters Capsule 12
Omeprazole Capsule 18
Ondansetron 18
Ondansetron ODT 18
OneTouch Test Strips 16
OneTouch Ultra Meter 16
OneTouch Ultra Mini 16
OneTouch Ultra Test Strips ... 16
OneTouch Verio 16

OneTouch Verio IQ.....16
OneTouch Verio Sync.....16
OneTouch Verio Test Strips...16
Onglyza.....17
Opana ER.....21
Opsumit.....22
Oracea.....10
Orencia.....19
Orenitram.....22
Orsythia.....23
Ortho-Cyclen.....23
Ortho-Novum.....23
Ortho-Novum 7/7/7.....23
Ortho Micronor.....23
Ortho Tri-Cyclen.....23
Ortho Tri-Cyclen Lo.....23
Oseni.....17
Osphena.....24
Otezla.....19
Otrexup.....19
Ovidrel.....19
Oxcarbazepine Tablet.....14
Oxsoralen-Ul.....15
Oxybutynin Extended-Release Tablet.....21
Oxybutynin Tablet.....21
Oxycodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet.....21
Oxycodone Tablet.....21
Oxycontin.....21

P

Pantoprazole Tablet.....18
Paroxetine Tablet.....13
Pataday.....17
Patanol.....17
Pegasys.....20
Penicillin V Potassium Tablet.....10
Perforomist.....22
Phenazopyridine.....20
Phenytoin Capsule, Suspension.....14
Picato.....15
Pioglitazone.....17
Plan B One Step.....23
Polyethylene Glycol 3350.....18
Potassium Chloride.....23
Potassium Citrate.....23
Pradaxa.....11
Pramipexole Tablet.....14
Pravastatin.....12
Prednisone Tablet.....17
Premarin.....24
Premphase.....24
Prempro.....24
Prenisolone Oral Solution.....17
Prepopik.....18
Prezcobix.....18
Prezista.....19
Pristiq ER.....13
Proair HFA.....22
Procrit.....20
Progesterone Micronized Capsule.....24
Prograf.....23
Promethazine/Codeine.....20
Promethazine/ Dextromethorphan.....20
Promethazine Tablet.....21
Propranolol Extended-Release Capsule.....11
Propranolol Tablet.....11
Proventil HFA.....22
Pulmicort Flexhaler.....22
Pulmozyme.....20
Pylera.....18

Q

Qnasl.....21
Quasense.....23
Quetiapine Tablet.....14
Quinapril.....11
QVAR.....22

R

Rabeprazole Tablet.....18
Raloxifene.....20, 24
Raloxifene Tablet.....20
Ramipril.....11
Ranexa.....12
Ranitadine Syrup.....18
Rapaflo.....19
Rapamune.....23
Rasuvo.....19
Rebif.....13
Reclipsen.....23
Rectiv.....20
Regranex.....15
Relpax.....13
Renvela.....20
Restasis.....20
Revlimid.....10
Reyataz.....19
Rezira.....20
Ribapak.....18
Ribavirin Tablet.....18
Risedronate Sodium Tablet...20
Risperidone Tablet.....14
Rizatriptan ODT, Tablet.....13
Ropinirole Tablet.....14

S

Savaysa.....11
Serevent Diskus.....22
Seroquel XR.....14
Sertraline Tablet.....13
Sildenafil Tablet.....22
Simcor.....12
Simponi.....19
Simvastatin.....12
Sirolimus Tablet.....23
Solodyn.....10

Sotalol....12
Sovaldi....18
Spiriva Handihaler....22
Spiriva Respimat....22
Spironolactone....11
Sprintec....23
Sprix....21
Sronyx....23
Stelara....19
Stendra....19
Strattera....13
Stribild....19
Striverdi Respimat....22
Suboxone Film....14
Subsys....21
Suclear....18
Sucralfate Tablet....18
Sulfamethoxazole-Trimethoprim Tablet....10
Sulfasalazine Tablet....18
Sumatriptan Nasal Spray....13
Sumatriptan Succinate Tablet, Injection....13
Sumavel DosePro....13
Suprax Capsule, Chewable Tablet, Tablet....10
Suprep....18
Sustiva....19
Sutent....11
Symbicort....22
Synthroid....17

T

Tacrolimus Capsule....23
Tacrolimus Ointment....15
Tamiflu....10
Tamoxifen....24
Tamsulosin Capsule....19
Tanzeum....17
Tasigna....11
Tazorac....15
Tecfidera....13
Telmisartan....11
Telmisartan-Hydrochlorothiazide....11
Temazepam Capsule....14
Terazosin....11, 19
Terazosin Capsule, Tablet....19
Terbinafine Tablet....10
Testim....19
Testosterone Cypionate Injection....19
Thrive Gum....22
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution....17
Tirosint....17
Tivicay....19
Tizanidine Tablet....20
Tobi Podhaler....20
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension....17
Tobramycin Nebulized Solution....20
Tobramycin Ophthalmic Solution....17
Tolcapone....14
Tolterodine Extended-Release Tablet....21
Tolterodine Tablet....21
Topiramate Tablet....14
Toviaz....21
Tracleer....22
Tradjenta....17
Tramadol-Acetaminophen....21
Tramadol Sustained-Release Tablet....21
Tramadol Tablet....21
Transderm-Scop....18
Travatan Z....17
Trazodone Tablet....13
Tretinoin....15
Tretinoin Microspheres....15
Tri-Previfem....23
Tri-Sprintec....23
Triamcinolone Acetonide Cream, Lotion, Ointment....15
Triamcinolone Nasal Spray....21
Triamterene-Hydrochlorothiazide....11
Triazolam Tablet....14
Tricor 48, 145 mg....12
Trilipix....12
Trinessa....23
Triumeq....19
Trulicity....17
Truvada....19
Tudorza....22
Tybost....19
Tyvaso....22

U

Uceris....18
Uloric....20

V

Vagifem....24
Valacyclovir Tablet....10
Valaganciclovir....10
Valsartan....11
Valsartan-Hydrochlorothiazide....11
Vascepa....12
Vectical....15
Velphoro....20
Venlafaxine Extended-Release Capsule....13
Venlafaxine Tablet....13
Ventolin HFA....22
Verapamil....11
Verapamil Sustained-Release....11
Vesicare....21
Vestura....23

Viagra 19
Vicodin 5/300 mg, 7.5/300 mg, 10/300 mg Tablet 21
Victoza 2-Pak 17
Victoza 3-Pak 17
Viekira Pak 18
Vigamox 17
Viibryd 13
Viorele 23
Viread 19
Vitekta 19
Vivelle-Dot 24
Voltaren Gel 21
Vytorin 12
Vyvanse 13

W

Warfarin Sodium 11
Welchol 12
Wellbutrin XL 13

X

Xarelto 11
Xeljanz 19
Xeloda 11
Xigduo XR 17
Xopenex HFA 22
Xopenex Nebs 22
Xulane 23
Xyrem 14

Y

Yasmin 28 23
Yaz 23

Z

Zaleplon Capsule 14
Zelapar 14
Zenpep 18
Zetia 12
Zetonna 21
Ziprasidone Capsule 14
Zohydro ER 21
Zolpidem Extended-Release Tablet 14
Zolpidem Tablet 14
Zonisamide Capsule 14
Zovirax Cream 10
Zubsolv 14
Zytiga 11

“My Medications” worksheet

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

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

Notes

For more information

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

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100-16910 1/16