



Your 2016 Four-Tier Prescription Drug List

effective January 1, 2016

All Savers Advantage Four-Tier

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.



Visiting www.myallsavers.com and clicking on the “Find a Doctor” tab provides you access to:

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



Note: Benefits may not be available for all drugs on this list, and not all programs will apply. Please check your plan documents to be sure. For Alternate Funding members, Sedatives/Hypnotics, Non-Sedating Antihistamines, and Erectile Dysfunction medications are covered under the member's plan. For fully-insured members, Sedatives/Hypnotics, Non-Sedating Antihistamines, and Erectile Dysfunction medications are not covered under the member's plan.

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 www.myallsavers.com for complete drug information

Since the PDL may change, we encourage you to visit our website, www.myallsavers.com and click on the “Find a Doctor” tab. 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.

All Savers



Prescription Benefits

UnitedHealthcare wants you to get the most out of your pharmacy benefit. As a UnitedHealthcare member, you have benefit coverage for a wide variety of U.S. Food and Drug Administration (FDA)-approved prescription medications.

Find a Network Pharmacy

The pharmacy network includes over 64,000 retail pharmacies, including all large national chains, many local, community pharmacies and the OptumRx Mail Service Pharmacy.

➔ [Click to find a retail network pharmacy](#)

Drug Pricing

We want to help you manage your prescription medication costs and get the most out of your pharmacy benefit. Our programs and tools are designed to help you make informed decisions about your choice of prescription medications.

Please choose your employer's benefit plan type from the two options listed below.

Copay Plans

If your pharmacy benefit includes a tiered copay plan, please refer to the Prescription Drug List (PDL) to find the tier placement of your drug. Once you've identified the tier placement, use your employer's plan benefit documents to find the copay amount for that tier.

Prescription Drug List (PDL)

The UnitedHealthcare PDL includes brand and generic prescription medications approved by the FDA. Medications are placed on different "tiers" based on our evaluation of their overall value. Tier 1 is the lowest-cost tier option. The PDL is a tool to help you look for lower-cost alternatives. When selecting a medication, you and your doctor may wish to consult the PDL. You and your doctor make decisions about your health care, including the choice of prescription medications.

➔ [Click here to view the Prescription Drug List](#)

NOTE - This PDL does not apply to all plans. Talk to your employer to learn more about your pharmacy benefits and medication coverage.

All Other Plans

The drug pricing tool estimates the average cost of the drug and does not take into account any cost that your plan pays. It is not specific to your benefit and is not available for all medications. Lower cost medication savings may vary based on drug prices, prescription programs and your employer's plan design. Some or all of the alternatives may not be appropriate for you and all will require your doctor's approval. The information is for informational purposes only and is not meant to substitute for the advice provided by your own physician or other medical professional.

➔ [Click here to price a medication](#)

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	Hepatitis C	18
Antifungals	10	HIV/AIDS	19
Antivirals	10	Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis	19
Cancer	11	Men's Health	
Cardiovascular/Heart Disease		Erectile Dysfunction.....	19
Coagulation Therapy	11	Prostate	19
High Blood Pressure	11	Testosterone Therapy	20
High Cholesterol	12	Miscellaneous	20
Other.....	12	Musculoskeletal	
Central Nervous System		Osteoporosis.....	20
Attention Deficit Disorder.....	13	Other.....	21
Depression	13	Pain Relief.....	21
Migraine	14	Overactive Bladder	21
Multiple Sclerosis.....	14	Respiratory	
Other.....	14	Allergies	22
Sedatives/Hypnotics	14	Asthma/COPD.....	22
Seizure Disorders	15	Pulmonary Arterial Hypertension.....	22
Dermatology	15	Smoking Cessation	23
Diabetes/Endocrine		Transplant	23
Blood Glucose Monitoring	15	Vitamins/Electrolytes	23
Insulin	16	Women's Health	
Non-Insulin	17	Contraceptives	23
Endocrine		Hormone Replacement.....	24
Growth Hormone.....	17	Miscellaneous.....	24
Other.....	17	Prenatal Vitamins	24
Thyroid Hormone Replacement	17	Index	25
Eye Conditions			
Allergies	17		
Antibiotics	17		
Glaucoma.....	18		

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 **www.myallsavers.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 **www.myallsavers.com** or call the toll-free member phone number on your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2, 3 or 4, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

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

\$	Drug Tier	Includes	Helpful Tips
	Tier 1 Lowest Cost	Lower-cost drugs. Some brands and generics 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 three 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 www.myallsavers.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, please visit www.myallsavers.com.

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.
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.
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.

To learn more about a pharmacy program or to find out if it applies to you, please visit www.myallsavers.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 www.myallsavers.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 or Tier 4, 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.

How do I get updated information about my pharmacy benefit?

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

For more information



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



Or, visit **www.myallsavers.com**

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	4	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	

Drug Name	Drug Tier	Requirements & Limits
Ofloxacin Tablets	1	
Oracea	4	
Penicillin V Potassium Tablet	1	
Solodyn	4	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	4	
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	4	N, SL, ST
Acyclovir Tablet	1	
Famciclovir	1	
Tamiflu	3	SL
Valacyclovir Tablet	2	SL
Valganciclovir	1	SL
Zovirax Cream	4	E, 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

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
Cancer		
Bicalutamide	1	
Bosulif	2	DSP, N, SL, ST
Cyclophosphamide Capsule	2	
Gleevec	2	DSP, N, SL
Hydroxyurea Capsule	3	
Imbruvica	2	DSP, N, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, N, SL
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	4	SL
Eliquis	4	SL
Enoxaparin Sodium	2	SL
Pradaxa	2	SL
Savaysa	4	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

Drug Name	Drug Tier	Requirements & Limits
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	4	E, SL
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	

Drug Name	Drug Tier	Requirements & Limits
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	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	SL
Choline Fenofibrate	4	E
Crestor	2	SL
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	4	E
Fenofibrate 48, 145 mg Tablet	4	E
Fenofibrate 54, 160 mg Tablet	2	
Fenoglide	4	E
Gemfibrozil	1	
Lescol XL	4	SL, ST
Lipitor	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Lipofen	4	E
Livalo	4	SL, ST
Lovastatin	1	
Niacin Extended-Release Tablet	4	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	N
Pravastatin	1	
Simcor	4	SL
Simvastatin	1	
Tricor 48, 145 mg	4	E
Vascepa	4	N
Vytorin	4	SL
Welchol	2	
Zetia	4	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Nitrostat	2	
Ranexa	2	
Sotalol	1	

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[Plain type = Generic drug]

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	N, SL
Amphetamine Salt Combo	1	N
Concerta	2	N, SL
Daytrana	4	E, N, SL
Dexmethylphenidate Extended-Release Capsule	4	E, N, SL
Dexmethylphenidate Tablet	1	N
Dextroamphetamine-Amphetamine Extended-Release	4	E, N, SL
Dextroamphetamine-Amphetamine Tablet	1	N
Dextroamphetamine Sulfate Tablet	3	N
Focalin XR	4	E, N, SL
Guanfacine Extended-Release	4	SL, ST
Intuniv	4	E, SL, ST
Metadate CD	2	N, SL
Methylphenidate Chewable Tablet	3	N
Methylphenidate Extended-Release Capsule	4	E, N, SL
Methylphenidate Extended-Release Tablet	4	E, N, SL
Methylphenidate Tablet	1	N
Strattera	4	SL
Vyvanse	2	N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Brintellix	4	SL, ST
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Cymbalta	4	E, SL
Doxepin Capsule	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	4	SL, ST
Fluoxetine Capsule, Tablet	1	
Fluvoxamine Tablet	1	
Lexapro	4	E
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	RS, SL
Sertraline Tablet	1	
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	4	SL
Wellbutrin XL	4	E

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine 325 mg/50 mg/40 mg	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	4	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	4	DSP, E, N, SL, ST
Rebif	4	DSP, N, SL, ST
Tecfidera	2	DSP, N, SL
Central Nervous System: Other		
Abilify Tablet	4	E, SL
Alprazolam Extended- Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Buprenorphine/ Naloxone Tablet	4	E, N, SL
Buspirone Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	4	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine	3	
Modafinil Tablet	4	E, N, SL
Namenda XR	4	
Nuvigil	4	N, SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Tablet	1	SL
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	4	SL
Suboxone Film	4	E, N, SL
Tolcapone	2	
Xyrem	4	N, SL
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	N, SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	2	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Extended- Release Tablet	4	E, SL
Zolpidem Tablet	1	SL

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[Plain type = Generic drug]

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Drug Name	Drug Tier	Requirements & Limits
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	4	SDP, SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Absorica	4	E, N
Aczone	4	SL
Adapalene 0.1% Cream, Gel	3	N, SL
Adapalene 0.3% Gel	3	N, SL
Bethamethasone Dipropionate 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	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
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
Desoximetasone Gel, Ointment	3	SL
Differin 1% Cream, Gel	2	N, SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Epiduo	3	SL
Finacea	4	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	3	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	2	SL
Metronidazole Gel 0.75%	1	
Mirvaso	4	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide Cream, Ointment	4	E
Oxsoralen-UI	2	
Picato	3	SL

Drug Name	Drug Tier	Requirements & Limits
Regranex	2	N, SL
Tacrolimus Ointment	2	N, SL
Tazorac	4	N, SL
Tretinoin	1	N, SL
Tretinoin Microspheres	4	E, N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL
Diabetes: Blood Glucose Monitoring		
Accu-Chek Test Strips	4	E, SL
Contour Test Strips	4	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	4	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

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Afrezza	4	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
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	4	SDP, SL, ST
Novolog Mix 70/30 Flexpen	4	SDP, SL, ST
Novolog Mix 70/30 Vials	4	SDP, SL, ST
Novolog Vials	4	SDP, SL, ST

Bold type = Brand-name drug

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	4	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	4	E, SL, ST
Invokamet	2	SL
Invokana	2	SL, ST
Janumet	4	SL, ST
Januvia	4	SL, ST
Jardiance	2	SL, ST
Jentaduo	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
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	4	SL, ST
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	4	E, SL, ST
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
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	4	E
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacaft	3	SL
Pataday	4	E, SL
Patanol	4	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	4	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
Vigamox	4	

Drug Name	Drug Tier	Requirements & Limits
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
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	4	E, SL
Lansoprazole Capsules	3	E, SL
Nexium Capsule	4	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	3	SL
Ranitadine Syrup	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	4	SL
Emend	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	4	N, SL, ST
Apriso	2	
Asacol HD Tablet	4	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	4	E
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
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	4	DSP, E
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, N, SL, ST
Viekira Pak	4	DSP, N, SL, ST

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Drug Name	Drug Tier	Requirements & Limits
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
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	2	DSP
Tyboost	2	DSP
Viread	2	DSP
Vitekta	2	DSP
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	4	DSP, N, SL, ST
Cimzia	2	DSP, N, SL
Cosentyx	4	DSP, N, SL, ST
Enbrel	4	DSP, N, SL, ST
Humira	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Hydroxychloroquine Sulfate Tablet	1	
Leflunomide Tablet	1	
Methotrexate Tablet	1	
Orencia	4	DSP, N, SL, ST
Otezla	4	DSP, N, SL, ST
Otrexup	4	E, SL, ST
Rasuvo	4	SL, ST
Simponi	2	DSP, N, SL
Stelara	2	DSP, N, SL
Xeljanz	4	DSP, N, SL, ST
Men's Health: Erectile Dysfunction		
Cialis	4	SL
Levitra	4	SL
Stendra	4	SL
Viagra	4	SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	4	SL, ST
Doxazosin Tablet	1	
Finasteride Tablet	1	
Rapaflo	4	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Testosterone Therapy		
Androderm	2	N, SL
Androgel	4	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
Chlorpheniramine/Hydrocodone/Pseudoephedrine Solution	2	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	
Hydrocodone/Chlorpheniramine Suspension	3	SL

Drug Name	Drug Tier	Requirements & Limits
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	4	N, SL
Rezira	3	
Tobi Podhaler	3	DSP, N, SL
Tobramycin Nebulized Solution	4	DSP, E, N, SL
Velphoro	2	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, N
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL

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Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Other		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	4	E
Cyclobenzaprine Tablet	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Mitigare	2	
Tizanidine Tablet	1	
Uloric	4	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
Fentanyl Citrate Lozenge	2	N, SL
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Hysingla	4	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

Drug Name	Drug Tier	Requirements & Limits
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	4	SL
Nucynta ER	3	N, SL
Opana ER	2	N, SL
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
Oxycontin	4	N, SL, ST
Sprix	3	
Subsys	4	E, N, SL
Tramadol-Acetaminophen	1	SL
Tramadol Sustained-Release Tablet	2	SL
Tramadol Tablet	1	
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	4	E, SL
Voltaren Gel	2	
Zohydro ER	4	N, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended-Release Tablet	4	E
Tolterodine Tablet	4	E
Toviaz	3	
Vesicare	4	E

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	SL
Clarinet	4	E, SL
Clarinet-D	3	E, SL
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Nasonex	4	E, SL
Promethazine Tablet	1	
Qnasl	4	E, SL
Triamcinolone Nasal Spray	4	E, SL
Zetonna	3	SL
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

Drug Name	Drug Tier	Requirements & Limits
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	4	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	4	SDP, SL
QVAR	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler	4	SL
Spiriva Respimat	4	SL
Striverdi Respimat	2	SL
Symbicort	4	E, SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebs	4	E, SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	4	DSP, N, SL
Adempas	2	DSP, N, SL
Letairis	2	DSP, N, SL
Opsumit	2	DSP, N, SL
Orenitram	4	DSP, N, SL
Sildenafil Tablet	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N

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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
Transplant		
Azathioprine Tablet	1	
Cellcept	4	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	2	DSP
Myfortic	4	DSP
Neoral	4	DSP
Prograf	4	DSP
Rapamune	4	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	

Drug Name	Drug Tier	Requirements & Limits
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	
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	4	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

Drug Name	Drug Tier	Requirements & Limits
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	
Women's Health: Hormone Replacement		
Cenestin	4	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	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Estring	2	SL
Estrogen/ Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone Tablet	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vagifem	2	
Vivelle-Dot	2	SL
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		B	
Abilify Tablet	14	Baclofen Tablet	21
Absorica.....	15	Benazepril.....	11
Accu-Chek Test Strips	16	Benazepril-	
Acetaminophen/Butalbital/ Caffeine 325 mg/ 50 mg/40 mg	14	Hydrochlorothiazide.....	11
Acetaminophen/Codeine Tablet.....	21	Benicar	11
Actemra.....	19	Benicar HCT	11
Acyclovir Ointment.....	10	Benzonatate Capsule	20
Acyclovir Tablet	10	Betamethasone Dipropionate 0.05% Cream, Ointment	15
Aczone.....	15	Betaseron	14
Adapalene 0.1% Cream, Gel..	15	Bethamethasone Dipropionate 0.05% Augmented Lotion, Ointment.....	15
Adapalene 0.3% Gel.....	15	Bethkis	20
Adcirca	22	Bicalutamide.....	11
Adderall XR.....	13	Bidil.....	11
Adempas.....	22	Bisoprolol.....	11
Advair Diskus/HFA.....	22	Bisoprolol-	
Aerospan	22	Hydrochlorothiazide.....	11
Afrezza	16	Bosulif.....	11
Akynzeo	18	Brand Prenatal Vitamins	24
Albuterol Nebs	22	Breo Ellipta	22
Albuterol Sulfate Tablet.....	22	Brintellix.....	13
Alendronate Sodium Tablet...	20	Bromfed DM.....	20
Alfuzosin Tablet.....	19	Budesonide Nebs	22
Allopurinol Tablet	21	Buprenorphine/ Naloxone Tablet.....	14
Alphagan P 0.1%	18	Bupropion Extended-Release Tablet.....	13
Alprazolam Extended-Release Tablet.....	14	Bupropion Sustained-Release Tablet.....	13, 23
Alprazolam Tablet.....	14	Bupropion Tablet	13
Alvesco	22	Buspirone Tablet.....	14
Amiodarone.....	12	Bydureon	17
Amitiza.....	18	Byetta	17
Amitriptyline Tablet.....	13	Bystolic	11
Amlodipine	11		
Amlodipine-Valsartan	11		
Amlodipine			
Besylate-Benazepril	11		
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet.....	10		
Amoxicillin Capsule, Chewable Tablet	10		
Amphetamine Salt Combo....	13		
Ampyra.....	14		
Anastrozole Tablet	20		
Androderm.....	20		
Androgel.....	20		
Android	20		
Antipyrine/Benzocaine Otic Solution	20		
Apri	23		
Apriso.....	18		
Aranesp	20		
Aripiprazole Tablet.....	14		
Armour Thyroid.....	17		
Arnuity Ellipta	22		
Asacol HD Tablet	18		
Asmanex.....	22		
Atenolol.....	11		
Atenolol-Chlorthalidone	11		
Atorvastatin.....	12		
Atripla	19		
Aubagio	14		
Auryxia.....	20		
Aviane	23		
Avonex.....	14		
Azathioprine Tablet.....	23		
Azelastine 0.05% Ophthalmic Solution	17		
Azelastine 0.1% Nasal Spray .	22		
Azithromycin Tablet.....	10		
Azopt.....	18		
Azurette	23		

C

Calcitriol Capsule.....17	Clindamycin 1%/Benzoyl Peroxide 5% Gel 15	Delzicol18
Canasa18	Clindamycin 1.2%/Benzoyl Peroxide 5% Gel 15	Desmopressin Tablet17
Carac 15	Clindamycin Capsule10	Desonide 0.05% Cream, Lotion, Ointment 15
Carbamazepine Tablet..... 15	Clindamycin Gel 15	Desoximetasone Gel, Ointment..... 15
Carbidopa-Levodopa14	Clindamycin Lotion 15	Dexamethasone Tablet17
Carisoprodol 350 mg Tablet ...21	Clindamycin Solution, Swabs..... 15	Dexcom G4 Platinum Continuous Glucose Monitoring System16
Cartia XT.....11	Clobetasol Propionate Cream, Ointment, Solution..... 15	Dexcom Sensor.....16
Carvedilol.....11	Clonazepam Tablet..... 15	Dexcom Transmitter16
Cayston..... 20	Clonidine Tablet.....11	Dexilant.....18
Cefadroxil Capsule, Tablet10	Clopidogrel.....11	Dexmethylphenidate Extended-Release Capsule..... 13
Cefdinir Capsule10	Clotrimazole-Betamethasone Cream..... 15	Dexmethylphenidate Tablet... 13
Cefixime Suspension10	Clotrimazole-Betamethasone Lotion..... 15	Dextroamphetamine-Amphetamine Extended-Release 13
Cefprozil Tablet.....10	Colcrys21	Dextroamphetamine-Amphetamine Tablet..... 13
Cefuroxime Tablet.....10	Combigan.....18	Dextroamphetamine Sulfate Tablet..... 13
Celecoxib21	Combivent Respimat 22	Diazepam Tablet 14, 15
Cellcept 23	Complera.....19	Diclofenac Tablet.....21
Cenestin 24	Concerta 13	Dicyclomine Tablet21
Cephalexin Capsule.....10	Condyllox Gel 15	Differin 1% Cream, Gel 15
Cerdelga 20	Contour Test Strips16	Dificid10
Chantix Tablet..... 23	Copaxone.....14	Diflorasone Diacetate 0.05% Cream, Ointment 15
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution .. 20	Cortifoam.....18	Digoxin 12
Chlorthalidone11	Cosentyx.....19	Diltiazem 24 Hour CD11
Choline Fenofibrate 12	Creon.....18	Diltiazem Sustained-Release Capsule.....11
Cialis19	Crestor..... 12	Diltiazem Sustained-Release Tablet.....11
Ciclopirox Cream, Gel, Lotion, Solution 15	Cryselle..... 23	Diovan.....11
Cimzia.....19	Cyclafem 23	Diphenoxylate-Atropine Tablet.....18
Ciprodex..... 20	Cyclobenzaprine Tablet21	
Ciprofloxacin Tablet10	Cyclophosphamide Capsule....11	
Citalopram Tablet..... 13	Cyclosporine Modified Capsule..... 23	
Claravis..... 15	Cymbalta 13	
Clarinox..... 22	Cyproheptadine Tablet 22	
Clarinox-D 22		
Clarithromycin Tablet10		
Climara..... 24		
Climara Pro..... 24		

D

Daytrana..... 13

Divalproex Delayed-Release Tablet.....	15	Estrace Cream	24	Focalin XR	13
Divalproex Extended-Release Tablet.....	15	Estradiol/Norethindrone Acetate Tablet.....	24	Folic Acid	23
Divigel.....	24	Estradiol Tablet	24	Foradil	22
Donepezil 5, 10 mg ODT, Tablet.....	14	Estradiol Twice-Weekly Transdermal Patch.....	24	Forteo	20
Doryx	10	Estring.....	24	Fosrenol	20
Doxazosin.....	11, 19	Estrogen/Methyltestosterone Tablet.....	24	FreeStyle Test Strips.....	16
Doxazosin Tablet.....	19	Eszopiclone Tablet.....	14	Furosemide	11
Doxepin Capsule	13	Etodolac Capsule.....	21	G	
Doxycycline Hyclate Capsule, Tablet.....	10	Evamist.....	24	Gabapentin Capsule, Tablet ..	15
Doxycycline Monohydrate 50, 100 mg Capsule	10	Evotaz.....	19	Gemfibrozil	12
Duavee.....	24	F		Gentamicin Ophthalmic Ointment, Solution.....	17
Dulera.....	22	Famciclovir	10	Gildess.....	23
Duloxetine Capsule	13	Farxiga.....	17	Gildess Fe.....	23
Dutoprol	11	Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule ..	12	Gilenya	14
E		Fenofibrate 48, 145 mg Tablet.....	12	Glatopa.....	14
Econazole Cream	10	Fenofibrate 54, 160 mg Tablet.....	12	Gleevec	11
Edarbi.....	11	Fenoglide	12	Glimepiride	17
Edarbyclor	11	Fentanyl 12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg Patch.....	21	Glipizide.....	17
Effient	11	Fentanyl Citrate Lozenge	21	Glipizide Extended-Release ...	17
Eliquis	11	Fetzima.....	13	Glyburide.....	17
Ella	23	Finacea	15	Glyxambi.....	17
Emend	18	Finasteride Tablet.....	19	Golytely	18
Enalapril.....	11	Flecainide	12	Guanfacine	11, 13
Enbrel.....	19	Flovent Diskus/HFA.....	22	Guanfacine Extended-Release	13
Enjuvia	24	Fluconazole Tablet.....	10	H	
Enoxaparin Sodium.....	11	Fluocinolone Cream, Oil, Ointment, Solution.....	15	Harvoni	18
Enskyce	23	Fluocinonide 0.05% Cream ..	15	Humalog KwikPen.....	16
Epiduo	15	Fluoride	23	Humalog Mix 50-50 KwikPen.....	16
Epipen	20	Fluoxetine Capsule, Tablet	13	Humalog Mix 75-25 KwikPen.....	16
Epipen-Jr	20	Fluticasone Nasal Spray.....	22	Humalog Vials	16
Epzicom	19	Fluvoxamine Tablet	13	Humira.....	19
Erythromycin 0.5% Ophthalmic Ointment.....	17			Humulin 70-30 KwikPen.....	16
Escitalopram Tablet.....	13			Humulin 70-30 Vials	16
Esomeprazole Capsule.....	18			Humulin N KwikPen	16
				Humulin N Vials.....	16

Humulin R Vials	16
Hydralazine	11
Hydrochlorothiazide.....	11
Hydrocodone/Acetaminophen 5/325, 7.5/325, 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 Tablet.....	19
Hydroxyurea Capsule	11
Hydroxyzine Capsule, Tablet	22
Hyoscyamine Tablet	18
Hysingla	21

I

Ibandronate Tablet	20
Ibuprofen Tablet	21
Imbruvica	11
Imiquimod 5% Cream	15
Incruse Ellipta	22
Indomethacin Capsule.....	21
Intelence	19
Introvale	23
Intuniv.....	13
Invokamet.....	17
Invokana.....	17
Ipratropium-Albuterol Nebs ..	22
Ipratropium Nebs	22
Irbesartan	11
Isentress	19
Isosorbide Mononitrate ER ...	12
Itraconazole Capsule.....	10

J

Janumet	17
Januvia	17
Jardiance	17
Jentadueto	17
Jolessa	23
Junel.....	23
Junel Fe.....	23

K

Kaletra	19
Kazano	17
Ketoconazole Cream	10
Ketorolac Tablet.....	21
Klor-Con M10	23
Klor-Con M20.....	23
Kombiglyze XR.....	17

L

Labetalol.....	11
Lamivudine-Zidovudine	19
Lamotrigine Tablet.....	15
Lansoprazole Capsules	18
Lantus Solostar.....	16
Lantus Vials	16
Lastacaft.....	17
Latanoprost 0.005% Ophthalmic Solution	18
Latuda	14
Lazanda.....	21
Leflunomide Tablet	19
Lescol XL.....	12
Letairis	22
Letrozole Tablet	20
Leucovorin Calcium Tablet	11
Levalbuterol Nebs.....	22
Levemir FlexTouch	16
Levemir Vials	16
Levetiracetam Extended-Release Tablet	15
Levetiracetam Tablet	15

Levitra	19
Levocetirizine Tablet	22
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, 34
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.....	18
Lutera	23
Lyrica	15

M

Medroxyprogesterone Tablet.....	24
Meloxicam Tablet.....	21
Memantine	14
Mercaptopurine Tablet	11
Metadate CD	13
Metaxalone Tablet.....	21
Metformin.....	17

Metformin Extended-Release Tablet (generic Glucophage XR).....17	Morphine Sulfate Extended-Release Tablet21	Nicotrol Inhaler..... 23
Methadone Tablet, Oral Solution, Concentrate Solution21	Morphine Sulfate Oral Solution21	Nicotrol Nasal Spray..... 23
Methimazole Tablet17	Movantik.....18	Nifedipine Extended-Release11
Methocarbamol Tablet21	Moviprep18	Nitrofurantoin Capsule.....10
Methotrexate Tablet19	Moxeza.....17	Nitrofurantoin Macrocrystal Capsule.....10
Methylphenidate Chewable Tablet..... 13	Moxifloxacin Tablet.....10	Nitrostat 12
Methylphenidate Extended-Release Capsule..... 13	Mupirocin Ointment 15	Norgestimate-Ethinyl Estradiol..... 23
Methylphenidate Extended-Release Tablet 13	Mycophenolate Capsule, Suspension 23	Nortrel 0.5/35..... 23
Methylphenidate Tablet..... 13	Mycophenolic Acid Tablet.... 23	Nortriptyline Capsule..... 13
Methylprednisolone Tablet.....17	Myfortic 23	Norvir.....19
Metoclopramide Tablet18	N	Novolin 70-30 Vials16
Metoprolol Succinate 50, 100, 200 mg.....11	Nabumetone Tablet21	Novolin N Vials16
Metoprolol Tartrate11	Nadolol.....11	Novolin R Vials.....16
Metronidazole Gel 0.75%..... 15	Namenda XR.....14	Novolog Flexpen16
Metronidazole Tablet10	Naproxen Tablet21	Novolog Mix 70/30 Flexpen ..16
Microgestin 23	Naratriptan14	Novolog Mix 70/30 Vials16
Microgestin FE 23	Nasonex 22	Novolog Vials16
Minastrin 24 FE 23	Natazia 23	Noxafil Tablet, Suspension10
Minivelle 24	Necon 0.5/35, 1/35, 1/50, 10/11..... 23	NP Thyroid Tablet17
Minocycline Capsule.....10	Neoral..... 23	Nucynta.....21
Minocycline Tablet.....10	Nesina.....17	Nucynta ER.....21
Mirtazapine Tablet..... 13	Nevirapine19	Nuedexta 20
Mirvaso 15	Nevirapine Extended-Release19	Nutropin, Nutropin AQ.....17
Mitigare.....21	Nexium Capsule18	Nuvaring..... 23
Modafinil Tablet.....14	Next Choice..... 23	Nuvigil.....14
Mometasone Furoate Cream, Lotion, Ointment 15	Niacin Extended-Release Tablet..... 12	Nystatin-Triamcinolone Acetonide Cream, Ointment..... 15
Mononessa..... 23	Niaspan 12	Nystatin Cream, Ointment.....10
Montelukast Chewable Tablet, Tablet..... 22	Nicoderm CQ..... 23	O
Montelukast Granules 22	Nicorette Gum 23	Ofloxacin 0.3% Ophthalmic Solution17
	Nicorette Lozenge 23	Ofloxacin Tablets.....10
	Nicorette Mini-Lozenge 23	Olanzapine Tablet14
	Nicotine Gum 23	Omeclamox-Pak18
	Nicotine Lozenge 23	Omega-3-Acid Ethyl Esters Capsule..... 12
	Nicotine Patch 23	

Omeprazole Capsule	18	Paroxetine Tablet	13	Proventil HFA.....	22
Ondansetron.....	18	Pataday	17	Pulmicort Flexhaler.....	22
Ondansetron ODT.....	18	Patanol.....	17	Pulmozyme	20
OneTouch Test Strips	16	Pegasys	20	Pylera.....	18
OneTouch Ultra Meter	16	Penicillin V Potassium		Q	
OneTouch Ultra Mini	16	Tablet.....	10	Qnasl	22
OneTouch Ultra Test Strips....	16	Perforomist	22	Quasense	24
OneTouch Verio	16	Phenazopyridine.....	20	Quetiapine Tablet	14
OneTouch Verio IQ.....	16	Phenytoin Capsule,		Quinapril.....	12
OneTouch Verio Sync.....	16	Suspension	15	QVAR	22
OneTouch Verio Test Strips....	16	Picato.....	15	R	
Onglyza	17	Pioglitazone	17	Rabeprazole Tablet	18
Opana ER	21	Plan B One Step.....	23	Raloxifene.....	20, 24
Opsumit	22	Polyethylene Glycol 3350.....	18	Raloxifene Tablet.....	20
Oracea	10	Potassium Chloride	23	Ramipril	12
Orencia.....	19	Potassium Citrate	23	Ranexa.....	12
Orenitram.....	22	Pradaxa.....	11	Ranitidine Syrup.....	18
Orsythia	23	Pramipexole Tablet.....	14	Rapaflo	19
Ortho-Cyclen.....	23	Pravastatin	12	Rapamune	23
Ortho-Novum	23	Prednisone Tablet.....	17	Rasuvo	19
Ortho-Novum 7/7/7.....	23	Premarin.....	24	Rebif.....	14
Ortho Micronor	23	Premphase	24	Reclipsen	24
Ortho Tri-Cyclen	23	Prempro	24	Rectiv	20
Ortho Tri-Cyclen Lo.....	23	Prenisolone Oral Solution.....	17	Regranex.....	16
Oseni	17	Prepopik	18	Relpax.....	14
Osphena	24	Prezcobix	19	Renvela	20
Otezla.....	19	Prezista	19	Restasis	20
Otrexup	19	Pristiq ER.....	13	Revlimid	11
Oxcarbazepine Tablet	15	Proair HFA	22	Reyataz	19
Oxsoralen-UI.....	15	Procrit.....	20	Rezira	20
Oxybutynin Extended-Release		Progesterone Micronized		Ribapak	18
Tablet.....	21	Capsule	24	Ribavirin Tablet.....	18
Oxybutynin Tablet	21	Prograf.....	23	Risedronate Sodium Tablet ...	20
Oxycodone/Acetaminophen		Promethazine/Codeine.....	20	Risperidone Tablet.....	14
5/325, 7.5/325, 10/325 mg		Promethazine/		Rizatriptan ODT, Tablet.....	14
Tablet.....	21	Dextromethorphan	20	Ropinirole Tablet.....	14
Oxycodone Tablet.....	21	Promethazine Tablet.....	22	S	
Oxycontin.....	21	Propranolol Extended-Release		Savaysa	11
P		Capsule	11		
Pantoprazole Tablet	18	Propranolol Tablet	12		

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	12
Sprintec	24
Sprix	21
Sronyx.....	24
Stelara.....	19
Stendra	19
Strattera.....	13
Stribild.....	19
Striverdi Respimat.....	22
Suboxone Film	14
Subsys.....	21
Suclear	18
Sucalfate Tablet.....	18
Sulfamethoxazole- Trimethoprim Tablet	10
Sulfasalazine Tablet	18
Sumatriptan Nasal Spray	14
Sumatriptan Succinate Tablet, Injection.....	14
Sumavel DosePro	14
Suprax Capsule, Chewable Tablet, Tablet.....	10
Suprep	18
Sustiva	19
Sutent	11
Symbicort	22
Synthroid.....	17

T

Tacrolimus Capsule	23
Tacrolimus Ointment	16
Tamiflu	10
Tamoxifen.....	24
Tamsulosin Capsule.....	19
Tanzeum.....	17
Tasigna	11
Tazorac	16
Tecfidera	14
Telmisartan.....	12
Telmisartan- Hydrochlorothiazide.....	12
Temazepam Capsule.....	14
Terazosin	12, 19
Terazosin Capsule, Tablet.....	19
Terbinafine Tablet	10
Testim.....	20
Testosterone Cypionate Injection.....	20
Thrive Gum	23
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	18
Tirosint.....	17
Tivicay	19
Tizanidine Tablet	21
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.....	15
Toviaz	21

Tracleer.....	22
Tradjenta.....	17
Tramadol-Acetaminophen.....	21
Tramadol Sustained-Release Tablet.....	21
Tramadol Tablet	21
Transderm-Scop	18
Travatan Z.....	18
Trazodone Tablet.....	13
Tretinoin.....	16
Tretinoin Microspheres	16
Tri-Previfem	24
Tri-Sprintec	24
Triamcinolone Acetonide Cream, Lotion, Ointment ...	16
Triamcinolone Nasal Spray....	22
Triamterene- Hydrochlorothiazide.....	12
Triazolam Tablet	14
Tricor 48, 145 mg	12
Trinessa	24
Triumeq.....	19
Trulicity.....	17
Truvada	19
Tudorza	22
Tybost.....	19
Tyvaso	22

U

Uceris.....	18
Uloric.....	21

V

Vagifem	24
Valacyclovir Tablet	10
Valaganciclovir	10
Valsartan.....	12
Valsartan- Hydrochlorothiazide.....	12
Vascepa.....	12
Vectical	16

Velphoro	20
Venlafaxine Extended-Release Capsule	13
Venlafaxine Tablet	13
Ventolin HFA.....	22
Verapamil	12
Verapamil Sustained-Release	12
Vesicare.....	21
Vestura.....	24
Viagra.....	19
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	21
Victoza 2-Pak.....	17
Victoza 3-Pak.....	17
Viekira Pak.....	18
Vigamox	17
Viibryd	13
Viorele	24
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	24
Xyrem	14

Y

Yasmin 28.....	24
Yaz.....	24

Z

Zaleplon Capsule.....	14
Zelapar	14
Zenpep	18
Zetia	12
Zetonna	22
Ziprasidone Capsule	14
Zohydro ER	21
Zolpidem Extended-Release Tablet.....	14
Zolpidem Tablet	14
Zonisamide Capsule.....	15
Zovirax Cream	10
Zubsolv.....	14
Zytiga.....	11

Notes

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“My Medications” worksheet

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

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

For more information

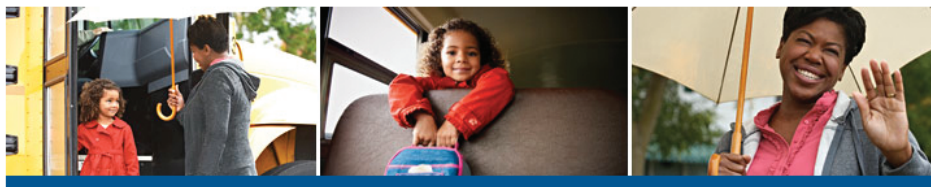


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Prescription Benefits

UnitedHealthcare wants you to get the most out of your pharmacy benefit. As a UnitedHealthcare member, you have benefit coverage for a wide variety of U.S. Food and Drug Administration (FDA)-approved prescription medications.

Find a Network Pharmacy

The pharmacy network includes over 64,000 retail pharmacies, including all large national chains, many local, community pharmacies and the OptumRx Mail Service Pharmacy.

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Drug Pricing

We want to help you manage your prescription medication costs and get the most out of your pharmacy benefit. Our programs and tools are designed to help you make informed decisions about your choice of prescription medications.

Please choose your employer's benefit plan type from the two options listed below.

Copay Plans

If your pharmacy benefit includes a tiered copay plan, please refer to the Prescription Drug List (PDL) to find the tier placement of your drug. Once you've identified the tier placement, use your employer's plan benefit documents to find the copay amount for that tier.

Prescription Drug List (PDL)

The UnitedHealthcare PDL includes brand and generic prescription medications approved by the FDA. Medications are placed on different "tiers" based on our evaluation of their overall value. Tier 1 is the lowest-cost tier option. The PDL is a tool to help you look for lower-cost alternatives. When selecting a medication, you and your doctor may wish to consult the PDL. You and your doctor make decisions about your health care, including the choice of prescription medications.

→ [Click here to view the Prescription Drug List](#)

NOTE - This PDL does not apply to all plans. Talk to your employer to learn more about your pharmacy benefits and medication coverage.

All Other Plans

The drug pricing tool estimates the average cost of the drug and does not take into account any cost that your plan pays. It is not specific to your benefit and is not available for all medications. Lower cost medication savings may vary based on drug prices, prescription programs and your employer's plan design. Some or all of the alternatives may not be appropriate for you and all will require your doctor's approval. The information is for informational purposes only and is not meant to substitute for the advice provided by your own physician or other medical professional.

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