



Your 2017 Four-Tier Prescription Drug List

effective January 1, 2017

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

For additional information:



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



Visit myuhc.com[®]

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



Your Prescription Drug List

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

Go to myuhc.com® for complete drug information

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

The screenshot shows the myuhc.com website interface. At the top, the myuhc.com logo is on the left and the UnitedHealthcare logo is on the right. A navigation bar contains links for Home, Claims & Accounts, Physicians & Facilities, Pharmacies & Prescriptions (highlighted with a blue arrow), Benefits & Coverage, Personal Health Record, and Health & Wellness. Below the navigation bar, there are several sections:

- Hello, Chrisdemo**: My Coverage: Active 01/01/08, Plan Name: Choice Plus, Group/Acct#: 111111, Member ID: 7891234567.
- Plan Details**: Account Balances, Benefit Details, Deductible (\$1,000 individual, \$3,000 family), Out-of-Pocket Max (\$3,000 individual, \$9,000 family).
- myClaims Manager**: Managing your claims just got easier – now with online bill payment. Includes a pie chart showing 'Your Responsibility' (\$1,249.00) and 'You Owe' (\$1,101.00).
- What would you like to do today?**: Manage My Claims, Look up My Benefits, Find a Doctor, Manage My Prescriptions, View Online Statement, View Account Balances, Print an ID Card, Health Assessment, Estimate Health Care Costs, Extra Programs & Discounts, Look Up Health Topics.
- Information Center**: Important Information About Appeal Rights, Possible delay in processing of FSA, HRA and Dependent Care Claims, Important Notice on Payment of Out-of-Network Benefits, Michelle's Law, Grants Available for Children's Medical Expenses.
- Related Web Sites**: African American Health, Source4Women, Other Languages (Español, 中文, 한국어, Tiếng Việt).
- Ask a Nurse**: Emergency? Dial 911. Registered nurses are available 24/7 to answer your health questions. Chat: Online now. Call: 1-888-842-4224.

Table of Contents

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

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, 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 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 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
MC	Multiple Copay – More than one month’s worth of medication included in package so additional copay applies.
PA	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.
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 medical necessity 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, **Invokana**) and generic drugs in plain type (for example, Metformin).

What if my doctor writes a brand-name prescription?

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

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 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**®

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	1	
Cefixime Suspension	3	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	2	
Doxycycline Hyclate Delayed-Release Tablet	4	E
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	

Drug Name	Drug Tier	Requirements & Limits
Nitrofurantoin Macrocrystal Capsule	1	
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		
Cresemba	3	SL
Econazole Cream	3	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	PA, SL, ST
Acyclovir Tablet	1	
Famciclovir	2	
Tamiflu	3	SL
Valacyclovir Tablet	1	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

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bexarotene Capsule	4	DSP, E, PA, SL
Bicalutamide	1	
Bosulif	2	DSP, PA, SL, ST
Cyclophosphamide Capsule		
Hydroxyurea Capsule	3	
Imatinib Tablet	1	DSP, PA, SL
Imbruvica	2	DSP, PA, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, PA, SL
Sutent	2	DSP, PA, SL
Targretin Capsule	2	DSP, SL
Targretin Gel	3	SL
Tasigna	2	DSP, PA, SL, ST
Xeloda	1	DSP, SL
Zytiga	2	DSP, PA, 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-Benazepril	1	SL
Amlodipine-Valsartan	2	SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL
Benicar HCT	2	SL
Bidil	2	

Drug Name	Drug Tier	Requirements & Limits
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	
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 50, 100 mg	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Extended-Release Capsule	2	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	

Drug Name	Drug Tier	Requirements & Limits
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	4	E, SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	4	E
Fenofibrate 40, 48, 120, 145 mg Tablet	4	E
Fenofibrate 54, 160 mg Tablet	2	
Fluvastatin Extended-Release Tablet	3	SL, ST
Gemfibrozil	1	
Lipofen	4	E
Livalo	4	SL, ST
Lovastatin	1	
Niacin Extended-Release Tablet	4	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	PA
Praluent	2	DSP, PA, SL, ST
Pravastatin	1	

Drug Name	Drug Tier	Requirements & Limits
Repatha	4	DSP, PA, SL, ST
Rosuvastatin	2	SL
Simvastatin	1	
Vascepa	4	PA
Vytorin	4	SL
Welchol	2	
Zetia	4	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	4	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	4	PA
Nitrostat	2	
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	PA, SL
Amphetamine Salt Combo	1	PA
Aptensio XR	4	E, PA, SL
Concerta	2	PA, SL
Daytrana	4	E, PA, SL
Dexmethylphenidate Extended-Release Capsule	4	E, PA, SL
Dexmethylphenidate Tablet	1	PA
Dextroamphetamine-Amphetamine Extended-Release	4	E, PA, 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

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Dextroamphetamine-Amphetamine Tablet	1	PA
Dextroamphetamine Sulfate Tablet	3	PA
Focalin XR	4	E, PA, SL
Guanfacine Extended-Release	2	SL
Metadate CD	2	PA, SL
Methylphenidate Chewable Tablet	3	PA
Methylphenidate Extended-Release Capsule	4	E, PA, SL
Methylphenidate Extended-Release Tablet	4	E, PA, SL
Methylphenidate Tablet	1	PA
Strattera	4	SL
Vyvanse	2	PA, SL
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Doxepin Capsule	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	4	SL, ST
Fluoxetine Capsule, Tablet	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	RS, SL
Sertraline Tablet	1	
Trazodone Tablet	1	
Trintellix	4	SL, ST

Drug Name	Drug Tier	Requirements & Limits
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	4	SL
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Frovatriptan	3	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	4	E, SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, PA, SL
Aubagio	3	DSP, PA, SL
Avonex	2	DSP, PA, SL
Betaseron	2	DSP, PA, SL
Copaxone	2	DSP, PA, SL
Gilenya	3	DSP, PA, SL
Glatopa	4	DSP, E, PA, SL, ST
Plegridy	3	DSP, PA, SL
Rebif	4	DSP, PA, SL, ST
Tecfidera	2	DSP, PA, SL
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Armodafanil	4	E, PA, SL
Buprenorphine/Naloxone Tablet	4	E, PA, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	4	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine Tablet	2	
Modafinil Tablet	3	PA, SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	4	SL
Suboxone Film	4	E, PA, SL
Tolcapone	2	
Xyrem	4	PA, SL
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	PA, 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
Central Nervous System: Seizure Disorders		
Carbamazepine Extended-Release Capsule	2	
Carbamazepine Extended-Release Tablet	3	

Drug Name	Drug Tier	Requirements & Limits
Carbamazepine Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	2	
Gabapentin Capsule, Tablet	1	
Lamotrigine Tablet	1	
Levetiracetam Extended-Release Tablet	2	
Levetiracetam Tablet	1	
Lyrica	4	SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Absorica	4	E, PA
Aczone	4	SL
Adapalene 0.1% Cream, Gel	3	PA, SL
Adapalene 0.3% Gel	3	PA, SL
Bethamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Carac	2	

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

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	PA
Clindamycin 1%/ Benzoyl Peroxide 5% Gel	4	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	2	SL
Clobetasol Propionate 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	PA, SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Epiduo	3	SL
Epiduo Forte	4	E, SL
Finacea	4	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Solution	3	SL
Fluocinolone Ointment	2	SL
Halobetasol Ointment	2	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	

Drug Name	Drug Tier	Requirements & Limits
Mirvaso	4	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Nystatin-Triamcinolone Acetonide Cream, Ointment	4	E
Oxsoralen-UI	2	
Picato	3	SL
Regranex	2	PA, SL
Tacrolimus Ointment	2	PA, SL
Tazorac	4	PA, SL
Tretinoin	1	PA, SL
Tretinoin Microspheres	4	E, PA, 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 Continuous Glucose Monitoring System	3	PA, SL
Dexcom Sensor	3	PA, SL
Dexcom Transmitter	3	PA, 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 Flex	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, PA, SL, ST
Basaglar		
Tier 3 until 3/31/17	3	SL
Tier 1 beginning 4/1/17	1	
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL
Lantus Solostar		
Tier 3 until 3/31/17	3	SL
Tier 4 and Excluded beginning 4/1/17	4	E
Lantus Vials		
Tier 3 until 3/31/17	3	SL
Tier 4 and Excluded beginning 4/1/17	4	E
Levemir FlexTouch		
Tier 1 until 3/31/17	1	SL
Tier 2 beginning 4/1/17	2	
Levemir Vials		
Tier 1 until 3/31/17	1	SL
Tier 2 beginning 4/1/17	2	
Novolin Vials (all formulations)	3	SL, ST
Novolog FlexTouch (all formulations)	4	SL, ST
Novolog Vials (all formulations)	4	SL, ST
Toujeo SoloStar	4	E, SL
Tresiba FlexTouch	4	E, SL

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
Jentaducto	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
Synjardy	2	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

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

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, PA, 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	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacft	3	SL
Olopatadine 0.1% Ophthalmic Solution	3	SL
Pataday	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	

Drug Name	Drug Tier	Requirements & Limits
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
Vigamox	4	
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
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	3	SL
Ranitidine Syrup	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	4	SL
Emend Capsule	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	
Varubi	2	SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	4	PA, 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	PA, SL
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	3	
Viberzi	4	PA, SL
Zenpep	2	
Gout		
Allopurinol Tablet	1	
Colcrys	4	E
Mitigare	2	
Uloric	4	SL, ST

Drug Name	Drug Tier	Requirements & Limits
Hepatitis C		
Daklinza	2	DSP, PA, SL, ST
Harvoni	2	DSP, PA, SL
Ribapak	3	DSP, E
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, PA, SL, ST
Technivie	4	DSP, PA, SL
Viekira Pak	4	DSP, PA, SL, ST
Zepatier	4	DSP, PA, SL, ST
HIV/AIDS		
Atripla	2	DSP
Complera	4	DSP
Descovy	4	DSP
Epzicom	2	DSP
Evotaz	2	DSP
Genvoya	4	DSP, ST
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	4	DSP, E
Norvir	2	DSP
Odefsey	4	DSP
Prezcobix	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP

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

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Truvada	4	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.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	4	DSP, PA, SL, ST
Cimzia	2	DSP, PA, SL
Cosentyx	3	DSP, PA, SL, ST
Enbrel	4	DSP, PA, SL, ST
Humira	2	DSP, PA, SL
Hydroxychloroquine Sulfate Tablet	1	
Leflunomide Tablet	1	
Methotrexate Tablet	1	
Orencia	4	DSP, PA, SL, ST
Otezla	4	DSP, PA, SL, ST
Otrexup	4	E, SL, ST
Rasuvo	4	SL, ST
Simponi	2	DSP, PA, SL
Stelara	2	DSP, PA, SL
Taltz	4	DSP, PA, SL, ST
Xeljanz	4	DSP, PA, SL, ST
Men's Health: Erectile Dysfunction		
Cialis	4	SL
Levitra	4	SL
Stendra	4	SL
Viagra	4	SL

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	4	SL, ST
Doxazosin Tablet	1	
Dutasteride Capsule	3	PA
Finasteride Tablet	1	
Rapaflo	4	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Androgel	4	E, PA, SL
Methyltestosterone Capsule	2	
Testim	2	PA, SL
Testosterone 1% Topical Gel	4	E, PA, 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, PA, SL
Bromfed DM	3	
Cayston	2	PA, SL
Cerdelga	2	DSP, PA
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	2	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	

Drug Name	Drug Tier	Requirements & Limits
Hydrocodone/ Chlorpheniramine Suspension	3	SL
Hydrocodone/ Homatropine	1	
Letrozole Tablet	1	
Lidocaine Transdermal Patch	2	SL
Nuedexta	2	
Obredon	4	SL, ST
Pegasys	2	DSP, PA, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, PA, SL
Rectiv	3	PA, SL
Renvela	2	
Restasis	4	PA, SL
Rezira	3	
Tobi Podhaler	3	DSP, PA, SL
Tobramycin Nebulized Solution	4	DSP, E, PA, SL
Veltassa	3	PA, SL
Velphoro	2	
Zarxio	2	DSP
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine Tablet	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, PA
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	SL
Belbuca	3	PA, SL, ST
Butrans	4	E, PA, SL, ST
Celecoxib	2	SL
Diclofenac Tablet	1	
Embeda	4	E, PA, SL, ST
Etodolac Capsule	1	
Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	SL
Fentanyl 37.5, 62.5, 87.5 mcg Patch	4	E, SL
Fentanyl Citrate Lozenge	2	PA, SL
Hydrocodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Hysingla	4	E, PA, SL, ST
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	

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

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Lazanda	4	PA, 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	4	SL
Nucynta ER	3	PA, SL
Opana ER	2	PA, SL
Oxycodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
Oxycontin	4	E, PA, SL, ST
Sprix	3	
Subsys	4	E, PA, SL
Tramadol- Acetaminophen	1	SL
Tramadol Sustained- Release Tablet	2	SL
Tramadol Tablet	1	
Trexix	4	SL
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	4	E, SL
Voltaren Gel	2	
Xtampza ER	3	PA, SL
Zohydro ER	4	PA, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended- Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended- Release Tablet	4	E

Drug Name	Drug Tier	Requirements & Limits
Tolterodine Tablet	4	E
Toviaz	3	
Vesicare	4	E
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	SL
Clarinox	4	E, SL
Clarinox-D	3	E, SL
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Mometasone Nasal Spray	4	E, SL
Promethazine Tablet	1	
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
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex	1	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	4	SL, ST
Flovent Diskus/HFA	3	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Montelukast Chewable Tablet, Tablet	1	
Montelukast Granules	2	
Perforomist	3	SL
ProAir HFA	3	SL
ProAir Respiclick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	4	SL
QVAR	1	SL
Seebri Neohaler	2	SL
Serevent Diskus	3	SL
Spiriva Handihaler	4	SL
Spiriva Respimat	4	SL
Stiolto Respimat	4	E, SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Tudorza	2	SL
Utibron Neohaler	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Xopenex Nebs	4	E, SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	4	DSP, PA, SL
Adempas	2	DSP, PA, SL
Letairis	2	DSP, PA, SL
Opsumit	2	DSP, PA, SL
Orenitram	4	DSP, PA, SL
Sildenafil Tablet	1	DSP, PA, SL
Tracleer	2	DSP, PA, SL
Tyvaso	2	DSP, PA
Uptravi	4	DSP, PA, SL

Drug Name	Drug Tier	Requirements & Limits
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H, PA
Chantix Tablet	4	H, PA
Nicoderm CQ	3	H, PA
Nicorette Gum	3	H, PA
Nicorette Lozenge	3	H, PA
Nicorette Mini-Lozenge	3	H, PA
Nicotine Gum	1	H, PA
Nicotine Lozenge	1	H, PA
Nicotine Patch	1	H, PA
Nicotrol Inhaler	3	H, PA
Nicotrol Nasal Spray	3	H, PA
Thrive Gum	1	H, PA
Transplant		
Azathioprine Tablet	1	
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	2	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	

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

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Contraceptives		
Alyacen 7/7/7	1	H
Apri	1	H
Aviane	1	H
Azurette	2	
Camila	1	H
Cryselle	1	H
Cyclafem	1	H
Cyclafem 7/7/7	1	H
Dasetta 7/7/7	1	H
Deblitane	1	H
Ella	1	H
Enskyce	1	H
Errin	1	H
Estartylla	1	H
Gildess	2	
Gildess Fe	1	H
Heather	1	H
Introvale	2	H
Jencycla	1	H
Jolessa	2	H
Jolivette	1	H
Junel	2	
Junel Fe	1	H
Levora-28	1	H
Lo Loestrin Fe	3	
Loryna	3	
Low-Ogestrel	1	H
Lutera	1	H
Lyza	1	H
Microgestin	2	
Microgestin FE	1	H
Minastrin 24 FE	4	E
Mono-Linyah	1	H
MonoNessa	1	H
Natazia	1	H
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice	1	H
Nora BE	1	H

Drug Name	Drug Tier	Requirements & Limits
Norethindrone 0.35 mg	1	H
Norgestimate-Ethinyl Estradiol	3	
Norgestimate-Ethinyl Estradiol Lo	2	
Norlyroc	1	H
Nortrel 7/7/7, 0.5/35	1	H
Nuvaring	2	H
Orsythia	1	H
Ortho-Cyclen	4	
Ortho Micronor	4	
Ortho-Novum	4	
Ortho-Novum 7/7/7	4	
Ortho Tri-Cyclen	4	
Ortho Tri-Cyclen Lo	4	E
Pirmella 7/7/7	1	H
Plan B One Step	1	H
Previfem	1	H
Quasense	2	H
Reclipsen	1	H
Sharobel	1	H
Sprintec	1	H
Sronyx	1	H
Tri-Estartylla	1	H
Tri-Linyah	1	H
Tri-Lo-Estartylla	3	
Tri-Lo-Marzia	3	
Tri-Lo-Sprintec	3	
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	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	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
Estring	2	MC, 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

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Miscellaneous		
Addyi	4	PA, SL
Osphena	3	
Raloxifene	2	H, PA
Tamoxifen	1	H, PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Index

A

Absorica.....	14	Amlodipine-Valsartan	11	Azurette	23
Accu-Chek Test Strips	15	Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet.....	10	B	
Acetaminophen/Butalbital/ Caffeine 325 mg/50 mg/ 40 mg	13	Amoxicillin Capsule, Chewable Tablet	10	Baclofen Tablet.....	20
Acetaminophen/ Codeine Tablet	20	Amphetamine Salt Combo....	12	Basaglar	16
Actemra.....	19	Ampyra.....	13	Belbuca	20
Acyclovir Ointment.....	10	Anastrozole Tablet	19	Benazepril.....	11
Acyclovir Tablet	10	Androderm.....	19	Benazepril- Hydrochlorothiazide.....	11
Aczone.....	14	Androgel.....	19	Benicar	11
Adapalene 0.1% Cream, Gel...14		Anoro Ellipta.....	21	Benicar HCT	11
Adapalene 0.3% Gel.....	14	Antipyrine/Benzocaine Otic Solution	19	Benzonatate Capsule	19
Adcirca	22	Apri	23	Betamethasone Dipropionate 0.05% Cream, Ointment	14
Adderall XR.....	12	Apriso	18	Betaseron.....	13
Addyi.....	24	Aptensio XR.....	12	Bethamethasone Dipropionate 0.05% Augmented Lotion, Ointment.....	14
Adempas.....	22	Aranesp	19	Bethkis	19
Advair Diskus/HFA.....	21	Aripiprazole Tablet.....	13	Bexarotene Capsule	11
Aerospan	21	Armodafanil.....	13	Bicalutamide.....	11
Afrezza	16	Armour Thyroid.....	17	Bidil.....	11
Akynzeo	17	Arnuity Ellipta	21	Bisoprolol.....	11
Albuterol Nebs	21	Asacol HD Tablet	18	Bisoprolol- Hydrochlorothiazide.....	11
Albuterol Sulfate Tablet.....	21	Asmanex.....	21	Bosulif	11
Alendronate Sodium Tablet... 20		Atenolol.....	11	Brand Prenatal Vitamins	24
Alfuzosin Tablet.....	19	Atenolol-Chlorthalidone	11	Breo Ellipta	21
Allopurinol Tablet	18	Atorvastatin.....	12	Bromfed DM.....	19
Alphagan P 0.1%	17	Atripla	18	Budesonide Nebs	21
Alprazolam Extended-Release Tablet.....	13	Aubagio	13	Buprenorphine/ Naloxone Tablet.....	13
Alprazolam Tablet.....	13	Auryxia.....	19	Bupropion Extended-Release Tablet.....	13
Alvesco	21	Aviane	23	Bupropion Sustained-Release Tablet.....	13, 22
Alyacen 7/7/7.....	23	Avonex.....	13	Bupropion Tablet	13
Amiodarone.....	12	Azathioprine Tablet.....	22	Buspironone Tablet.....	13
Amitiza.....	18	Azelastine 0.05% Ophthalmic Solution	17	Butrans	20
Amitriptyline Tablet.....	13	Azelastine 0.1% Nasal Spray ..21			
Amlodipine	11	Azithromycin Tablet.....	10		
Amlodipine-Benazepril.....	11	Azopt.....	17		

Bydureon	16	Citalopram Tablet.....	13	Cresemba.....	10
Byetta	16	Claravis.....	15	Crestor.....	12
Bystolic	11	Clarinox.....	21	Cryselle.....	23
C					
Calcitriol Capsule	17	Clarinox-D	21	Cyclafem	23
Camila.....	23	Clarithromycin Tablet	10	Cyclafem 7/7/7	23
Canasa.....	18	Climara.....	24	Cyclobenzaprine Tablet	20
Carac	14	Climara Pro.....	24	Cyclophosphamide Capsule....	11
Carbamazepine		Clindamycin 1%/Benzoyl		Cyclosporine Modified	
Extended-Release Capsule ..	14	Peroxide 5% Gel	15	Capsule.....	22
Carbamazepine		Clindamycin 1.2%/Benzoyl		Cyproheptadine Tablet	21
Extended-Release Tablet	14	Peroxide 5% Gel	15	D	
Carbamazepine Tablet.....	14	Clindamycin Capsule	10	Daklinza.....	18
Carbidopa-Levodopa	13	Clindamycin Gel	15	Dasetta 7/7/7	23
Carisoprodol 350 mg Tablet ..	20	Clindamycin Lotion	15	Daytrana.....	12
Cartia XT.....	11	Clindamycin Solution,		Deblitane	23
Carvedilol.....	11	Swabs.....	15	Delzicol	18
Cayston.....	19	Clobetasol Propionate Cream,		Descovy	18
Cefadroxil Capsule, Tablet	10	Ointment.....	15	Desmopressin Tablet	17
Cefdinir Capsule	10	Clobetasol Propionate		Desonide 0.05% Cream,	
Cefixime Suspension	10	Solution	15	Lotion, Ointment	15
Cefprozil Tablet.....	10	Clomiphene	19	Desoximetasone Gel,	
Cefuroxime Tablet.....	10	Clonazepam Tablet.....	14	Ointment.....	15
Celecoxib.....	20	Clonidine Tablet.....	11	Dexamethasone Tablet	17
Cenestin	24	Clopidogrel.....	11	Dexcom Continuous Glucose	
Cephalexin Capsule.....	10	Clotrimazole-Betamethasone		Monitoring System.....	15
Cerdelga	19	Cream.....	15	Dexcom Sensor.....	15
Cetrotide	19	Clotrimazole-Betamethasone		Dexcom Transmitter	15
Chantix Tablet.....	22	Lotion.....	15	Dexilant.....	17
Chlorpheniramine/		Colcrys	18	Dexmethylphenidate	
Hydrocodone/		Combigan.....	17	Extended-Release	
Pseudoephedrine Solution ...	19	Combivent Respimat.....	21	Capsule.....	12
Chlorthalidone	11	Complera.....	18	Dexmethylphenidate Tablet...	12
Choline Fenofibrate	12	Concerta	12	Dextroamphetamine-	
Cialis	19	Condylox Gel	15	Amphetamine	
Ciclopirox Cream, Gel,		Contour Test Strips	15	Extended-Release	12
Lotion, Solution	15	Copaxone.....	13	Dextroamphetamine-	
Cimzia.....	19	Corlanor	12	Amphetamine Tablet.....	13
Ciprodex.....	19	Cortifoam.....	18	Dextroamphetamine Sulfate	
Ciprofloxacin Tablet	10	Cosentyx.....	19	Tablet.....	13
		Creon.....	18	Diazepam Tablet	13, 14

Diclofenac Tablet.....	20	Effient	11	Fenofibrate 43, 50 , 67, 130,	
Dicyclomine Tablet	21	Eliquis	11	134, 150, 200 mg Capsule ..	12
Differin 1% Cream, Gel	15	Ella	23	Fenofibrate 54, 160 mg	
Dificid	10	Embeda	20	Tablet.....	12
Diflorasone Diacetate 0.05%		Emend Capsule	17	Fentanyl 12, 25, 50,	
Cream, Ointment	15	Enalapril.....	11	75, 100 mcg Patch	20
Digoxin	12	Enbrel.....	19	Fentanyl 37.5, 62.5, 87.5 mcg	
Diltiazem 24 Hour CD	11	Enjuvia	24	Patch.....	20
Diltiazem Sustained-Release		Enoxaparin Sodium.....	11	Fentanyl Citrate Lozenge	20
Capsule.....	11	Enskyce	23	Fetzima.....	13
Diltiazem Sustained-Release		Entresto	12	Finacea	15
Tablet.....	11	Epiduo	15	Finasteride Tablet.....	19
Diphenoxylate-Atropine		Epiduo Forte.....	15	Flecainide	12
Tablet.....	18	Epipen	19	Flovent Diskus/HFA.....	21
Divalproex Delayed-Release		Epipen-Jr	19	Fluconazole Tablet.....	10
Tablet.....	14	Epzicom	18	Fluocinolone Cream, Oil,	
Divalproex Extended-Release		Errin.....	23	Solution	15
Tablet.....	14	Erythromycin 0.5%		Fluocinolone Ointment	15
Divigel.....	24	Ophthalmic Ointment.....	17	Fluocinonide 0.05% Cream ...	15
Donepezil 5, 10 mg ODT,		Escitalopram Tablet.....	13	Fluoride	22
Tablet.....	14	Esomeprazole Capsule.....	17	Fluoxetine Capsule, Tablet	13
Doxazosin.....	11, 19	Estasylla	23	Fluticasone Nasal Spray.....	21
Doxazosin Tablet.....	19	Estrace Cream	24	Fluvastatin Extended-Release	
Doxepin Capsule	13	Estradiol/Norethindrone		Tablet.....	12
Doxycycline Hyclate		Acetate Tablet.....	24	Fluvoxamine Tablet	13
50, 100 mg Capsule,		Estradiol Tablet	24	Focalin XR.....	13
Tablet.....	10	Estradiol Twice-Weekly		Folic Acid	22
Doxycycline Hyclate		Transdermal Patch.....	24	Forteo	20
Delayed-Release Tablet	10	Estring.....	24	Fosrenol	19
Doxycycline Monohydrate		Estrogen/Methyltestosterone		FreeStyle Test Strips.....	15
50, 100 mg Capsule	10	Tablet.....	24	Frovatriptan.....	13
Duavee.....	24	Eszopiclone Tablet.....	14	Furosemide.....	11
Dulera.....	21	Etodolac Capsule.....	20		
Duloxetine Capsule	13	Evamist.....	24	G	
Dutasteride Capsule	19	Evotaz.....	18	Gabapentin Capsule, Tablet ...	14
Dutoprol	11			Gemfibrozil	12
		F		Gentamicin Ophthalmic	
E		Famciclovir	10	Ointment, Solution.....	17
Econazole Cream	10	Farxiga.....	16	Genvoya.....	18
Edarbi.....	11	Fenofibrate 40, 48,		Gildess.....	23
Edarbyclor	11	120, 145 mg Tablet	12	Gildess Fe.....	23

Gilenya	13	Hydroxyzine Capsule, Tablet.....	21	Klor-Con M20	22
Glatopa.....	13	Hyoscyamine Tablet	18	Kombiglyze XR.....	16
Glimepiride	16	Hysingla	20	L	
Glipizide.....	16	I			
Glipizide Extended-Release ...	16	Ibandronate Tablet	20	Labetalol.....	11
Glyburide.....	16	Ibuprofen Tablet	20	Lamivudine-Zidovudine	18
Glyxambi.....	16	Imatinib Tablet.....	11	Lamotrigine Tablet.....	14
Golytely.....	18	Imbruvica	11	Lansoprazole Capsules	17
Gonal-F.....	19	Imiquimod 5% Cream	15	Lantus Solostar.....	16
Gonal-F RFF	19	Incruse Ellipta	21	Lantus Vials	16
Guanfacine	11, 13	Indomethacin Capsule.....	20	Lastacaft.....	17
Guanfacine Extended-Release	13	Intelence	18	Latanoprost 0.005% Ophthalmic Solution	17
H					
Halobetasol Ointment.....	15	Introvale	23	Latuda	14
Harvoni	18	Invokamet.....	16	Lazanda.....	21
Heather.....	23	Invokana.....	16	Leflunomide Tablet	19
Humalog KwikPens	16	Ipratropium-Albuterol Nebs ...	21	Letairis	22
Humalog Vials	16	Ipratropium Nebs	21	Letrozole Tablet	20
Humira.....	19	Irbesartan	11	Leucovorin Calcium Tablet	11
Humulin KwikPens.....	16	Isentress	18	Levalbuterol Nebs.....	21
Humulin Vials.....	16	Isosorbide Mononitrate ER...	12	Levemir FlexTouch	16
Hydralazine	11	Itraconazole Capsule.....	10	Levemir Vials	16
Hydrochlorothiazide.....	11	J			
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	20	Janumet	16	Levetiracetam Extended-Release Tablet	14
Hydrocodone/ Chlorpheniramine Suspension.....	20	Januvia	16	Levetiracetam Tablet	14
Hydrocodone/Homatropine ..	20	Jardiance	16	Levitra	19
Hydrocodone/ Ibuprofen Tablet	20	Jencycla.....	23	Levocetirizine Tablet	21
Hydrocortisone 2.5% Cream, Ointment	15	Jentaduo.....	16	Levofloxacin Tablet	10
Hydromorphone Tablet	20	Jolessa	23	Levora-28	23
Hydroxychloroquine Sulfate Tablet.....	19	Jolivette.....	23	Levothyroxine Sodium Tablet.....	17
Hydroxyurea Capsule	11	Junel.....	23	Lialda	18
		Junel Fe.....	23	Lidocaine Transdermal Patch.....	20
		K			
		Kaletra	18	Linzess	18
		Kazano	16	Liothyronine Sodium Tablet ..	17
		Ketoconazole Cream	10	Lipofen	12
		Ketorolac Tablet.....	20	Lisinopril	11, 34
		Klor-Con M10	22	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
Lyza.....	23

M

Medroxyprogesterone Tablet.....	24
Meloxicam Tablet.....	21
Memantine Tablet	14
Mercaptopurine Tablet	11
Metadate CD	13
Metaxalone Tablet.....	20
Metformin.....	16
Metformin Extended-Release Tablet (generic Glucophage XR).....	16
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

Methyltestosterone Capsule....	19
Metoclopramide Tablet	18
Metoprolol Succinate 50, 100, 200 mg.....	11
Metoprolol Tartrate 50, 100 mg.....	11
Metronidazole 0.75% Topical Gel.....	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.....	18
Modafinil Tablet.....	14
Mometasone Furoate Cream, Lotion, Ointment	15
Mometasone Nasal Spray	21
Mono-Linyah	23
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
Multaq.....	12
Mupirocin Ointment.....	15
Mycophenolate Capsule, Suspension.....	22
Mycophenolic Acid Tablet.....	22

N

Nabumetone Tablet	21
Nadolol.....	11
Naproxen Tablet	21
Naratriptan	13
Natazia	23
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	23
Nesina.....	16
Nevirapine	18
Nevirapine Extended-Release	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
Nora BE	23
Norethindrone 0.35 mg	23
Norgestimate-Ethinyl Estradiol	23
Norgestimate-Ethinyl Estradiol Lo	23
Norlyroc.....	23
Nortrel 7/7/7, 0.5/35	23
Nortriptyline Capsule.....	13

Norvir.....	18	Opana ER	21	Pirmella 7/7/7	23
Novolin Vials.....	16	Opsumit	22	Plan B One Step.....	23
Novolog FlexTouch	16	Oracea	10	Plegridy	13
Novolog Vials	16	Orencia.....	19	Polyethylene Glycol 3350.....	18
Noxafil Tablet, Suspension	10	Orenitram.....	22	Potassium Chloride	22
NP Thyroid Tablet	17	Orsythia	23	Potassium Citrate	22
Nucynta.....	21	Ortho-Cyclen.....	23	Pradaxa.....	11
Nucynta ER.....	21	Ortho-Novum	23	Praluent	12
Nuedexta	20	Ortho-Novum 7/7/7	23	Pramipexole Tablet	14
Nutropin, Nutropin AQ.....	17	Ortho Micronor	23	Pravastatin	12
Nuvaring.....	23	Ortho Tri-Cyclen	23	Prednisone Tablet.....	17
Nystatin-Triamcinolone Acetonide Cream, Ointment.....	15	Ortho Tri-Cyclen Lo.....	23	Premarin.....	24
Nystatin Cream, Ointment.....	10	Oseni	16	Premphase	24
O					
Obredon	20	Osphena	24	Prempro.....	24
Odefsey.....	18	Otezla.....	19	Prenisolone Oral Solution.....	17
Ofloxacin 0.3% Ophthalmic Solution	17	Otrexup	19	Prepopik.....	18
Ofloxacin Tablets.....	10	Ovidrel	19	Previfem	23
Olanzapine Tablet	14	Oxcarbazepine Tablet.....	14	Prezcobix.....	18
Olopatadine 0.1% Ophthalmic Solution	17	Oxsoralen-UI.....	15	Prezista	18
Omeclamox-Pak.....	17	Oxybutynin Extended-Release Tablet.....	21	Pristiq ER.....	13
Omega-3-Acid Ethyl Esters Capsule.....	12	Oxybutynin Tablet	21	ProAir HFA.....	22
Omeprazole Capsule	17	Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	21	ProAir Respiclick	22
Ondansetron.....	17	Oxycodone Tablet.....	21	Procrit.....	20
Ondansetron ODT.....	17	Oxycontin.....	21	Progesterone Micronized Capsule.....	24
OneTouch Test Strips	15	P			
OneTouch Ultra Meter.....	15	Pantoprazole Tablet	17	Promethazine/Codeine.....	20
OneTouch Ultra Mini	15	Paroxetine Tablet.....	13	Promethazine/ Dextromethorphan.....	20
OneTouch Ultra Test Strips...	15	Pataday	17	Promethazine Tablet.....	21
OneTouch Verio	15	Pegasys	20	Propranolol Extended-Release Capsule.....	11
OneTouch Verio Flex.....	15	Penicillin V Potassium Tablet.....	10	Propranolol Tablet	11
OneTouch Verio IQ.....	15	Perforomist	22	Proventil HFA.....	22
OneTouch Verio Sync.....	15	Phenazopyridine.....	20	Pulmicort Flexhaler.....	22
OneTouch Verio Test Strips...	15	Phenytoin Capsule, Suspension.....	14	Pulmozyme	20
Onglyza	16	Picato.....	15	Pylera.....	17
		Pioglitazone.....	16	Q	
				Quasense	23
				Quetiapine Tablet	14
				Quinapril.....	11

QVAR 22

R

Rabepazole Tablet17
Raloxifene..... 20, 24
Raloxifene Tablet..... 20
Ramipril11
Ranexa..... 12
Ranitadine Syrup.....17
Rapaflo19
Rasuvo19
Rebif..... 13
Reclipsen 23
Rectiv 20
Regranex..... 15
Relpax..... 13
Renvela 20
Repatha 12
Restasis 20
Revlimid.....11
Reyataz18
Rezira 20
Ribapak18
Ribavirin Tablet.....18
Risedronate Sodium Tablet ... 20
Risiperidone Tablet.....14
Rizatriptan ODT, Tablet..... 13
Ropinirole Tablet.....14
Rosuvastatin 12

S

Savaysa11
Seebri Neohaler 22
Serevent Diskus 22
Seroquel XR14
Sertraline Tablet 13
Sharobel..... 23
Sildenafil Tablet..... 22
Simponi19
Simvastatin 12
Sirolimus Tablet..... 22

Solodyn.....10
Sotalol..... 12
Sovaldi.....18
Spiriva Handihaler 22
Spiriva Respimat..... 22
Spironolactone11
Sprintec 23
Sprix21
Sronyx..... 23
Stelara.....19
Stendra19
Stiolto Respimat 22
Strattera 13
Stribild.....18
Striverdi Respimat 22
Suboxone Film14
Subsys.....21
Suclear18
Sucralfate Tablet.....17
Sulfamethoxazole-
Trimethoprim Tablet10
Sulfasalazine Tablet.....18
Sumatriptan Nasal Spray 13
Sumatriptan Succinate Tablet,
Injection..... 13
Sumavel DosePro 13
Suprax Capsule, Chewable
Tablet, Tablet.....10
Suprep18
Sustiva18
Sutent11
Symbicort 22
Synjardy16
Synthroid.....17

T

Tacrolimus Capsule 22
Tacrolimus Ointment 15
Taltz19
Tamiflu10
Tamoxifen..... 24

Tamsulosin Capsule.....19
Tanzeum.....16
Targretin Capsule11
Targretin Gel.....11
Tasigna11
Tazorac 15
Tecfidera 13
Technivie18
Telmisartan..... 12
Telmisartan-
Hydrochlorothiazide..... 12
Temazepam Capsule.....14
Terazosin12, 19
Terazosin Capsule, Tablet.....19
Terbinafine Tablet10
Testim.....19
Testosterone 1% Topical Gel ..19
Testosterone Cypionate
Injection.....19
Thrive Gum 22
Timolol Maleate 0.25%, 0.5%
Ophthalmic Solution17
Tivicay.....18
Tizanidine Tablet 20
Tobi Podhaler 20
Tobramycin/Dexamethasone
0.3%-0.1% Ophthalmic
Suspension.....17
Tobramycin Nebulized
Solution 20
Tobramycin Ophthalmic
Solution17
Tolcapone14
Tolterodine Extended-Release
Tablet.....21
Tolterodine Tablet21
Topiramate Tablet.....14
Toujeo SoloStar16
Toviaz.....21
Tracleer..... 22

Tradjenta.....	16	Uptravi.....	22	Vyvanse	13
Tramadol-Acetaminophen.....	21	Utibron Neohaler.....	22	W	
Tramadol Sustained-Release Tablet.....	21	V		Warfarin Sodium	11
Tramadol Tablet	21	Vagifem	24	Welchol	12
Transderm-Scop	17	Valacyclovir Tablet	10	X	
Travatan Z.....	17	Valganciclovir	10	Xarelto	11
Trazodone Tablet.....	13	Valsartan.....	12	Xeljanz.....	19
Tresiba FlexTouch	16	Valsartan- Hydrochlorothiazide.....	12	Xeloda	11
Tretinoin.....	15	Varubi.....	17	Xigduo XR.....	16
Tretinoin Microspheres	15	Vascepa	12	Xopenex HFA	22
Trezix	21	Vectical.....	15	Xopenex Nebs.....	22
Tri-Estarylla	23	Velphoro	20	Xtampza ER.....	21
Tri-Linyah.....	23	Veltassa	20	Xulane	23
Tri-Lo-Estarylla	23	Venlafaxine Extended-Release Capsule.....	13	Xyrem.....	14
Tri-Lo-Marzia.....	23	Venlafaxine Tablet.....	13	Y	
Tri-Lo-Sprintec.....	23	Ventolin HFA.....	22	Yasmin 28.....	23
Tri-Previfem	23	Verapamil	12	Yaz.....	23
Tri-Sprintec	23	Verapamil Sustained-Release	12	Z	
Triamcinolone Acetonide Cream, Lotion, Ointment ..	15	Vesicare.....	21	Zaleplon Capsule.....	14
Triamcinolone Nasal Spray.....	21	Vestura.....	23	Zarxio.....	20
Triamterene- Hydrochlorothiazide.....	12	Viagra.....	19	Zelapar	14
Triazolam Tablet	14	Viberzi.....	18	Zenpep	18
Trinessa	23	Vicodin 5/300, 7.5/300, 10/300 mg Tablet	21	Zepatier	18
Trinessa Lo.....	23	Victoza 2-Pak	16	Zetia.....	12
Trintellix.....	13	Victoza 3-Pak	16	Zetonna	21
Triumeq.....	18	Viekira Pak.....	18	Ziprasidone Capsule	14
Trulicity.....	16	Vigamox	17	Zohydro ER.....	21
Truvada	19	Viibryd	13	Zolpidem Extended-Release Tablet.....	14
Tudorza	22	Viorele	23	Zolpidem Tablet.....	14
Tybost.....	19	Viread.....	19	Zonisamide Capsule.....	14
Tyvaso	22	Vitekta.....	19	Zovirax Cream	10
U		Vivelle-Dot.....	24	Zubsolv.....	14
Uceris Foam.....	18	Voltaren Gel	21	Zytiga.....	11
Uceris Tablet.....	18	Vytorin	12		
Uloric.....	18				

For more information



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



Or, visit myuhc.com[®]

myuhc.com[®] UnitedHealthcare[®]

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

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

Hello, Chrisdemo
My Coverage: Active 01/01/08
More Details
Plan Name: Choice Plus
Group/Acct#: 111111
Member ID: 7891234567

Plan Details
Account Balances
Benefit Details

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

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

myClaims Manager
Managing your claims just got easier – now with online bill payment.
Learn More

Your Responsibility	\$1,249.00
- HRA paid to provider	\$138.00
- Paid via this website	\$10.00
You Owe	\$1,101.00

Make Payment

What would you like to do today?

- Manage My Claims
- View Online Statement
- View Account Balances
- Look up My Benefits
- Print an ID Card
- Health Assessment
- Find a Doctor
- Estimate Health Care Costs
- Extra Programs & Discounts
- Manage My Prescriptions
- Look Up Health Topics

Information Center
Important Information About Appeal Rights [View All](#)
Possible delay in processing of FSA, HRA and Dependent Care Claims
Important Notice on Payment of Out-of-Network Benefits
Michelle's Law
Grants Available for Children's Medical Expenses

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

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



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