Your 2017 Prescription Drug List

effective January 1, 2017

NHP Advantage Three-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 **myuhc.com**, clicking on the "Members" link and then selecting the "Pharmacy" tab on the left hand side of the page provides you access to:

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

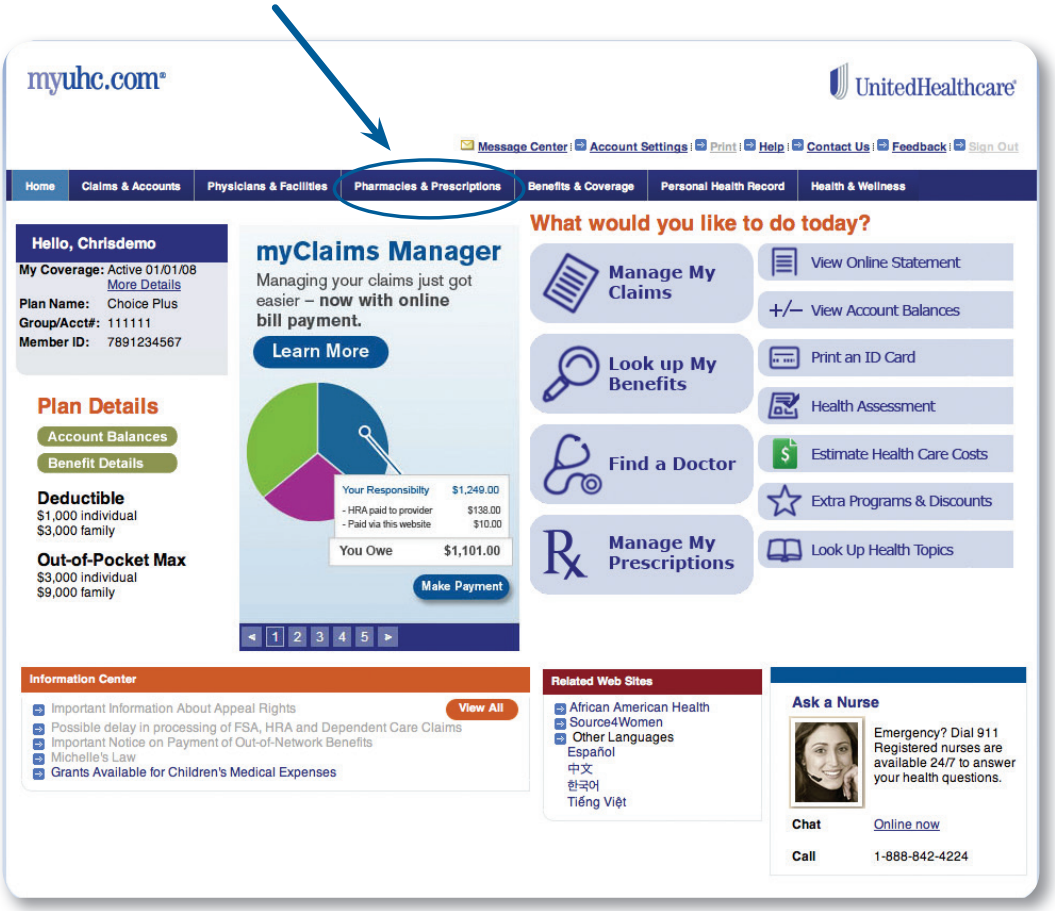
UnitedHealthcare®

Your Prescription Drug List

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

Go to myuhc.com for complete drug information

Since the PDL may change, we encourage you to visit our website, **myuhc.com**. Click on the "Members" link and then select the "Pharmacy" tab on the left hand side of the page. 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.



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We want to help you better understand your medication options.

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

What is a Prescription Drug List (PDL)?

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

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

How do I use my Prescription Drug List?

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

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

What are tiers?

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

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

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

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

When does the Prescription Drug List change?

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

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

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

Programs and Limits

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

DSP	**Designated Specialty Program*** – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the number on your ID card or call 1-888-739-5820 for more information.
E	**May be excluded from coverage or subject to prior authorization and/or trial/ failure of another medication(s)**.** Lower-cost options are available and covered.
H	**Health Care Reform Preventive** – This medication is part of a Health Care Reform preventive benefit and may be available at no cost to you.
PA	**Prior Authorization required***** – Your doctor is required to provide additional information to us to determine 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.

* Specialty medications may have a different cost share, please consult your benefit documents.

** Some medications may require tried/failed criteria instead of being excluded from coverage.

*** Depending on your benefit you may have notification or medical necessity requirements for select medications.

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

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

What is Mail Service Member Select?

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

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

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

How do I get updated information about my pharmacy benefit?

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

Si usted esta interesado en conocer mas sobre su beneficio de farmacia o si necesita asistencia leyendo esta información, por favor llame al numero de telefono en la parte de atras de su tarjeta de identificacion.

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	3	E
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Linezolid	2	PA, SL
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	3	
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Tablet	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	3	
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	3	PA, SL, ST
Acyclovir Tablet	1	
Famciclovir Tablet	2	
Tamiflu	3	SL
Valacyclovir Tablet	1	SL
Valaganciclovir	1	SL
Zovirax Cream	3	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
PA = Prior Authorization required
SL = Supply Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bexarotene Capsule	3	DSP, E, PA, SL
Bicalutamide	1	
Bosulif	2	DSP, PA, SL, ST
Cyclophosphamide Capsule	2	
Hydroxyurea Capsule	1	
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
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	3	SL
Eliquis	3	SL
Enoxaparin Sodium	2	SL
Pradaxa	2	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine-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	3	E
Crestor	3	E, SL
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	3	E
Fenofibrate 40, 48, 120, 145 mg Tablet	3	E
Fenofibrate 54, 160 mg Tablet	2	
Fluvastatin Extended-Release Tablet	3	SL, ST
Gemfibrozil	1	
Lipofen	3	E
Livalo	3	SL, ST
Lovastatin	1	
Niacin Extended-Release Tablet	3	
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	3	DSP, PA, SL, ST
Rosuvastatin	2	SL
Simvastatin	1	
Vascepa	3	PA
Vytorin	3	SL
Welchol	2	
Zetia	3	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	3	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	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	3	E, PA, SL
Concerta	2	PA, SL
Daytrana	3	E, PA, SL
Dexmethylphenidate Extended-Release Capsule	3	E, PA, SL
Dexmethylphenidate Tablet	1	PA
Dextroamphetamine-Amphetamine Extended-Release	3	E, PA, SL

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Drug Name	Drug Tier	Requirements & Limits
Dextroamphetamine-Amphetamine Tablet	1	PA
Dextroamphetamine Sulfate Tablet	3	PA
Focalin XR	3	E, PA, SL
Guanfacine Extended-Release	2	SL
Metadate CD	2	PA, SL
Methylphenidate Chewable Tablet	3	PA
Methylphenidate Extended-Release Capsule	3	E, PA, SL
Methylphenidate Extended-Release Tablet	3	E, PA, SL
Methylphenidate Tablet	1	PA
Strattera	3	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	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	3	SL, ST
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	SL
Sertraline Tablet	1	
Trazodone Tablet	1	
Trintellix	3	SL, ST

Drug Name	Drug Tier	Requirements & Limits
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	3	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	3	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	3	DSP, E, PA, SL, ST
Plegridy	3	DSP, PA, SL
Rebif	3	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	3	E, PA, SL
Buprenorphine/ Naloxone Tablet	3	E, PA, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	

Drug Name	Drug Tier	Requirements & Limits
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	3	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	3	SL
Suboxone Film	3	E, PA, SL
Tolcapone	2	
Xyrem	3	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	3	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	3	SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Absorica	3	E, PA
Aczone	3	SL
Adapalene 0.1% Cream, Gel	3	PA, SL
Adapalene 0.3% Gel	3	PA, SL
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	

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Drug Name	Drug Tier	Requirements & Limits
Claravis	2	PA
Clindamycin 1%/ Benzoyl Peroxide 5% Gel	3	E, SL
Clindamycin 1.2%/ Benzoyl Peroxide 5% Gel	3	SL
Clindamycin Gel	3	SL
Clindamycin Lotion	3	
Clindamycin Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment	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	3	E, SL
Finacea	3	
Fluocinolone Cream, Oil, Solution	3	SL
Fluocinolone Ointment	2	SL
Fluocinonide 0.05% Cream	1	
Halobetasol Ointment	2	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Mirvaso	3	SL

Drug Name	Drug Tier	Requirements & Limits
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Nystatin-Triamcinolone Acetonide Cream, Ointment	3	E
Oxsoralen-Ul	2	
Picato	3	SL
Regranex	2	PA, SL
Tacrolimus Ointment	2	PA, SL
Tazorac	3	PA, SL
Tretinoin	1	PA, SL
Tretinoin Microspheres	3	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL
Diabetes: Blood Glucose Monitoring		
Accu-Chek Test Strips	3	E, SL
Contour Test Strips	3	E, SL
Dexcom Continuous Glucose Monitoring System	3	PA, SL
Dexcom Sensor	3	PA, SL
Dexcom Transmitter	3	PA, SL
FreeStyle Test Strips	3	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio 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	3	E, PA, SL, ST
Basaglar Tier 3 until 3/31/17 Tier 1 beginning 4/1/17	3 1	SL
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 Excluded beginning 4/1/17	3	SL E
Lantus Vials Tier 3 until 3/31/17 Excluded beginning 4/1/17	3	SL E
Levemir FlexTouch Tier 1 until 3/31/17 Tier 2 beginning 4/1/17	1 2	SL
Levemir Vials Tier 1 until 3/31/17 Tier 2 beginning 4/1/17	1 2	SL
Novolin Vials (all formulations)	3	SL, ST
Novolog FlexTouch (all formulations)	3	SL, ST
Novolog Vials (all formulations)	3	SL, ST
Toujeo SoloStar	3	E, SL
Tresiba FlexTouch	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	3	E, SL, ST
Invokamet	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
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	3	SL, ST
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	3	E, SL, ST

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Drug Name	Drug Tier	Requirements & Limits
Endocrine: Growth Hormone*		
Nutropin, Nutropin AQ	2	DSP, PA, SL
*Benefit coverage and your cost share for growth hormone drugs is determined by your prescription drug benefit plan. Please consult your plan documents.		
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
Lastacaft	3	SL
Olopatadine 0.1% Ophthalmic Solution	3	SL
Pataday	3	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Ofloxacin 0.3% Ophthalmic Solution	1	

Drug Name	Drug Tier	Requirements & Limits
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
Vigamox	3	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	3	E, SL
Lansoprazole Capsules	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Ranitadine Syrup	1	
Rabeprazole Tablet	3	SL
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Emend Capsule	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	
Varubi	2	SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	3	PA, SL, ST
Apriso	2	
Asacol HD Tablet	3	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	E
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	PA, SL
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	H
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	3	
Viberzi	3	PA, SL
Zenpep	2	
Gout		
Allopurinol Tablet	1	
Colcrys	3	E
Mitigare	2	
Uloric	3	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	3	DSP, PA, SL
Viekira Pak	3	DSP, PA, SL, ST
Zepatier	3	DSP, PA, SL, ST
HIV/AIDS		
Atripla	2	DSP
Complera	3	DSP
Descovy	3	DSP
Epzicom	2	DSP
Evotaz	2	DSP
Genvoya	3	DSP, ST
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	3	DSP, E
Norvir	2	DSP
Odefsey	3	DSP
Prezcobix	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP

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Drug Name	Drug Tier	Requirements & Limits
Truvada	3	DSP
Tybost	2	DSP
Viread	2	DSP
Vitekta	2	DSP
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, PA, SL, ST
Cimzia	2	DSP, PA, SL
Cosentyx	3	DSP, PA, SL, ST
Enbrel	3	DSP, PA, SL, ST
Humira	2	DSP, PA, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	DSP, PA, SL, ST
Otezla	3	DSP, PA, SL, ST
Otrexup	3	E, SL, ST
Rasuvo	3	SL, ST
Simponi	2	DSP, PA, SL
Stelara	2	DSP, PA, SL
Taltz	3	DSP, PA, SL, ST
Xeljanz	3	DSP, PA, SL, ST
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	3	SL, ST
Doxazosin Tablet	1	
Dutasteride Capsule	3	PA
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Androgel	3	E, PA, SL
Methyltestosterone Capsule	2	
Testim	2	PA, SL
Testosterone 1% Topical Gel	3	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
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	2	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	3	SL
Hydrocodone/ Homatropine	1	
Letrozole Tablet	1	
Lidocaine Transdermal Patch	2	SL
Nuedexta	2	
Obredon	3	SL, ST

Drug Name	Drug Tier	Requirements & Limits
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	3	PA, SL
Rezira	3	
Tobi Podhaler	3	DSP, PA, SL
Tobramycin Nebulized Solution	3	DSP, E, PA, SL
Velphoro	2	
Veltassa	3	PA, SL
Zarxio	2	DSP
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, PA
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	SL
Belbuca	3	PA, SL, ST
Butrans	3	E, PA, SL, ST
Celebrex	3	E, PA, SL
Celecoxib	2	SL
Diclofenac Tablet	1	
Embeda	3	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	3	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	3	E, PA, SL, ST
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	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	

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

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	SL
Clarinex	3	E, SL
Clarinex-D	3	E, SL
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Mometasone Nasal Spray	3	E, SL
Promethazine Tablet	1	
Triamcinolone Nasal Spray	3	E, SL
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	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	SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	3	SL, ST
Flovent Diskus/HFA	3	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	

Drug Name	Drug Tier	Requirements & Limits
Levalbuterol Nebs	3	E, SL
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	3	SL
QVAR	1	SL
Seebri Neohaler	2	SL
Serevent Diskus	3	SL
Spiriva Handihaler	3	SL
Spiriva Respimat	3	SL
Stiolto Respimat	3	E, SL
Striverdi Respimat	2	SL
Symbicort	3	SL
Tudorza	2	SL
Utibron Neohaler	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Xopenex Nebs	3	E, SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, PA, SL
Adempas	2	DSP, PA, SL
Letairis	2	DSP, PA, SL
Opsumit	2	DSP, PA, SL
Orenitram	3	DSP, PA, SL
Sildenafil Tablet	1	DSP, PA, SL
Tracleer	2	DSP, PA, SL
Tyvaso	2	DSP, PA
Uptravi	3	DSP, PA, SL

Drug Name	Drug Tier	Requirements & Limits
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H, PA
Chantix Tablet	3	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	

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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
Estarylla	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	3	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

Drug Name	Drug Tier	Requirements & Limits
Next Choice	1	H
Nora BE	1	H
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	3	
Ortho Micronor	3	
Ortho-Novum	3	
Ortho-Novum 7/7/7	3	
Ortho Tri-Cyclen	3	
Ortho Tri-Cyclen Lo	3	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-Estarylla	1	H
Tri-Linyah	1	H
Tri-Lo-Estarylla	3	
Tri-Lo-Marzia	3	
Tri-Lo-Sprintec	2	
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	2	
Vestura	3	
Viorele	2	
Xulane	3	H
Yasmin 28	1	H
Yaz	2	

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

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

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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, 20mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

For more information

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

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