



# Your 2016 Prescription Drug List

effective January 1, 2016

## Student Resources Traditional 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 [www.uhcsr.com](http://www.uhcsr.com) and clicking on the “Login To My Account” link provides you access to:

- 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 [www.uhcsr.com](http://www.uhcsr.com) for complete drug information

Since the PDL may change, we encourage you to visit our website, [www.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link. 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 UnitedHealthcare StudentResources website. The header includes the UnitedHealthcare logo and the text "StudentResources". A search bar is located in the top right corner. The main navigation menu includes "Student Health Insurance & Plans", "Self Service & Support", and "Request Information". The left sidebar lists various services: "Collegiate Assistance Program", "Dental", "Intercollegiate Sports", "Prep Schools", "Prescription Drug Plan", "Global Emergency Services", "Health Insurance After College", "Student Health", "UnitedHealth Allies", and "Vision". The main content area is titled "Prescription Drug Plan" and contains the following text:

**UnitedHealthcare StudentResources Prescription Drug Programs**  
Schools today are faced with many decisions about their students' health care plan - including how to balance student benefits and health and well-being needs while keeping the health care plan affordable.

UnitedHealthcare StudentResources' insureds may have access to a comprehensive and quality pharmacy benefit. Simply log into [My Account](#) to access your Pharmacy Benefit Program information, including:

- Prescription refills/renewals
- New prescription requests
- Retail and mail-order prescription history
- Over-the-counter product offering
- Preferred Drug List (PDL)
- Pharmacy directory
- Health and well-being information
- E-mail reminders

To request reimbursement for a pharmacy (OptumRx) claim, simply submit the [Prescription Reimbursement Request Form](#) along with your original pharmacy receipt(s).

These files are in PDF format. To read and print a PDF file you must have Adobe Acrobat Reader Software 4.0 installed on your computer. You can download the Adobe Acrobat Reader [here](#).

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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 university or school to see what medications are covered under your plan. You may also log on to [www.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link 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.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link 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 university or school. 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
	<b>Tier 1 Lowest Cost</b>	Lower-cost drugs. Some brands and generics are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	<b>Tier 2 Mid-range Cost</b>	Preferred brand medications.	Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.
	<b>Tier 3 Highest Cost</b>	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 [www.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link, 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 can be up-tiered off cycle when the therapeutically equivalent medication is placed in an equal or lower tier than up-tiered medication.
- Medications may move to a higher tier on January 1.
- Medications may be excluded from coverage 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.

<b>DSP</b>	<b>Designated Specialty Program</b> – 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.
<b>E</b>	<b>May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s)</b> . Lower-cost options are available and covered.
<b>N</b>	<b>Notification or Prior Authorization required*</b> – Your doctor is required to provide additional information to us to determine coverage.
<b>SL</b>	<b>Supply Limit</b> – Amount of medication covered per copayment or in a specific time period.

\*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.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link 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.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link 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](http://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.



## 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.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link 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.uhcsr.com](http://www.uhcsr.com) and click on “Login To My Account” link.

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

Drug Name	Drug Tier	Requirements & Limits
Ofloxacin Tablet	1	
<b>Oracea</b>	3	
Penicillin V Potassium Tablet	1	
<b>Solodyn</b>	3	
Sulfamethoxazole-Trimethoprim Tablet	1	
<b>Suprax Capsule, Chewable Tablet, Tablet</b>	3	
<b>Anti-Infectives: Antifungals</b>		
Econazole Cream	1	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
<b>Noxafil Tablet, Suspension</b>	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Ointment	1	SL
Acyclovir Tablet	1	
Famciclovir Tablet	1	
<b>Tamiflu</b>	3	SL
Valacyclovir Tablet	1	SL
Valaganciclovir	1	SL
<b>Zovirax Cream</b>	3	E, SL

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**DSP** = Designated Specialty Program

**E** = May be excluded from coverage

**N** = Notification or Prior Authorization required

**SL** = Supply Limit

Drug Name	Drug Tier	Requirements & Limits
<b>Cancer</b>		
Bicalutamide	1	
<b>Bosulif</b>	2	DSP, N, SL
<b>Cyclophosphamide Capsule</b>	2	
<b>Gleevec</b>	2	DSP, N, SL
Hydroxyurea Capsule	1	
<b>Imbruvica</b>	2	DSP, N, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
<b>Revlimid</b>	2	DSP, N, SL
<b>Sutent</b>	2	DSP, N, SL
<b>Tasigna</b>	2	DSP, N, SL
<b>Xeloda</b>	1	DSP, SL
<b>Zytiga</b>	2	DSP, N, SL
<b>Cardiovascular/Heart Disease: Coagulation Therapy</b>		
Clopidogrel	1	
<b>Effient</b>	3	SL
<b>Eliquis</b>	3	SL
Enoxaparin Sodium	1	SL
<b>Pradaxa</b>	2	SL
<b>Savaysa</b>	3	SL
Warfarin Sodium	1	
<b>Xarelto</b>	2	SL
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Amlodipine	1	
Amlodipine Besylate-Benazepril	1	SL
Amlodipine-Valsartan	1	SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
<b>Benicar</b>	2	SL
<b>Benicar HCT</b>	2	SL
<b>Bidil</b>	2	
Bisoprolol	1	

Drug Name	Drug Tier	Requirements & Limits
Bisoprolol-Hydrochlorothiazide	1	
<b>Bystolic</b>	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	1	
Diltiazem Sustained-Release Capsule	1	
Diltiazem Sustained-Release Tablet	1	
<b>Diovan</b>	3	E, SL
Doxazosin	1	
<b>Dutoprol</b>	2	SL
<b>Edarbi</b>	3	SL
<b>Edarbyclor</b>	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	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Extended-Release Capsule	1	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	

Drug Name	Drug Tier	Requirements & Limits
Telmisartan	1	SL
Telmisartan-Hydrochlorothiazide	1	SL
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	1	SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	1	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	SL
Choline Fenofibrate	1	E
<b>Crestor</b>	2	SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	1	E
Fenofibrate 48, 145 mg Tablet	1	E
Fenofibrate 54, 160 mg Tablet	1	
<b>Fenoglide</b>	3	E
Gemfibrozil	1	
<b>Lescol XL</b>	3	SL
<b>Lipitor</b>	3	E, SL
<b>Lipofen</b>	3	E
<b>Livalo</b>	3	SL
Lovastatin	1	
Niacin Extended-Release Tablet	1	
<b>Niaspan</b>	3	
Omega-3-Acid Ethyl Esters Capsule	1	

Drug Name	Drug Tier	Requirements & Limits
Pravastatin	1	
<b>Simcor</b>	3	SL
Simvastatin	1	
<b>Tricor 48, 145 mg</b>	3	E
<b>Trilipix</b>	3	E
<b>Vascepa</b>	3	
<b>Vytorin</b>	3	SL
<b>Welchol</b>	2	
<b>Zetia</b>	3	SL
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide	1	
Mononitrate ER	1	
<b>Nitrostat</b>	2	
<b>Ranexa</b>	2	
Sotalol	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR</b>	1	SL
Amphetamine Salt Combo	1	
<b>Concerta</b>	1	SL
<b>Daytrana</b>	3	E, SL
Dexmethylphenidate Extended-Release Capsule	1	E, SL
Dexmethylphenidate Tablet	1	
Dextroamphetamine-Amphetamine Extended-Release	3	E, SL
Dextroamphetamine-Amphetamine Tablet	1	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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Drug Name	Drug Tier	Requirements & Limits
Dextroamphetamine Sulfate Tablet	1	
<b>Focalin XR</b>	3	E, SL
Guanfacine Extended-Release	1	SL
<b>Intuniv</b>	3	E, SL
<b>Metadate CD</b>	1	SL
Methylphenidate Chewable Tablet	1	
Methylphenidate Extended-Release Capsule	3	E, SL
Methylphenidate Extended-Release Tablet	3	E, SL
Methylphenidate Tablet		
<b>Strattera</b>	3	SL
<b>Vyvanse</b>	2	SL
<b>Central Nervous System: Depression</b>		
Amitriptyline Tablet	1	
<b>Brintellix</b>	3	SL
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
<b>Cymbalta</b>	3	E, SL
Doxepin	1	
Duloxetine Capsule	1	SL
Escitalopram Tablet	1	
<b>Fetzima</b>	3	SL
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
<b>Lexapro</b>	3	E
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Sedatives/Hypnotics</b>		
Eszopiclone Tablet	1	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Extended-Release Tablet	1	E, SL
Zolpidem Tablet	1	SL
<b>Central Nervous System: Seizure Disorders</b>		
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	1	
Levetiracetam Tablet	1	
<b>Lyrica</b>	3	SL
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	

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[Plain type = Generic drug]

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

Drug Name	Drug Tier	Requirements & Limits
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	1	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole Gel 0.75%	1	
<b>Mirvaso</b>	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide Cream, Ointment	1	E
<b>Oxsoralen-UI</b>	2	
<b>Picato</b>	3	SL
<b>Regranex</b>	2	SL
Tacrolimus Ointment	1	SL
<b>Tazorac</b>	3	N, SL
Tretinoin	1	N, SL
Tretinoin Microspheres	1	E, N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
<b>Vectical</b>	3	SL
<b>Diabetes: Blood Glucose Monitoring</b>		
<b>Accu-Chek Test Strips</b>	3	E, SL
<b>Contour Test Strips</b>	3	E, SL
<b>Dexcom G4 Platinum Continuous Glucose Monitoring System</b>	3	N, SL
<b>Dexcom Sensor</b>	3	N, SL
<b>Dexcom Transmitter</b>	3	N, SL
<b>FreeStyle Test Strips</b>	3	E, SL
<b>OneTouch Test Strips</b>	1	SL
<b>OneTouch Ultra Mini</b>	1	

Drug Name	Drug Tier	Requirements & Limits
<b>OneTouch Ultra Test Strips</b>	1	SL
<b>OneTouch Verio</b>	1	
<b>OneTouch Verio IQ</b>	1	
<b>OneTouch Verio Sync</b>	1	
<b>OneTouch Verio Test Strips</b>	1	SL
<b>Diabetes: Insulin</b>		
<b>Afrezza</b>	3	E, SL
<b>Humalog KwikPen</b>	2	SL
<b>Humalog Mix 50-50 KwikPen</b>	2	SL
<b>Humalog Mix 75-25 KwikPen</b>	2	SL
<b>Humalog Vials</b>	1	SL
<b>Humulin 70-30 KwikPen</b>	2	SL
<b>Humulin 70-30 Vials</b>	1	SL
<b>Humulin N KwikPen</b>	2	SL
<b>Humulin N Vials</b>	1	SL
<b>Humulin R Vials</b>	1	SL
<b>Lantus Solostar</b>	3	SL
<b>Lantus Vials</b>	3	SL
<b>Levemir FlexTouch</b>	1	SL
<b>Levemir Vials</b>	1	SL
<b>Novolin 70-30 Vials</b>	3	SL
<b>Novolin N Vials</b>	3	SL
<b>Novolin R Vials</b>	3	SL
<b>Novolog Flexpen</b>	3	SL
<b>Novolog Mix 70/30 Flexpen</b>	3	SL
<b>Novolog Mix 70/30 Vials</b>	3	SL
<b>Novolog Vials</b>	3	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes: Non-Insulin</b>		
<b>Bydureon</b>	2	SL
<b>Byetta</b>	2	SL
<b>Farxiga</b>	3	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
<b>Glyxambi</b>	3	E, SL
<b>Invokamet</b>	2	SL
<b>Invokana</b>	2	SL
<b>Janumet</b>	3	SL
<b>Januvia</b>	3	SL
<b>Jardiance</b>	2	SL
<b>Jentaduetto</b>	2	SL
<b>Kazano</b>	2	SL
<b>Kombiglyze XR</b>	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic <b>Glucophage XR</b> )	1	
<b>Nesina</b>	2	SL
<b>Onglyza</b>	2	SL
<b>Oseni</b>	2	SL
Pioglitazone	1	SL
<b>Tanzeum</b>	2	SL
<b>Tradjenta</b>	2	SL
<b>Trulicity</b>	3	SL
<b>Victoza 2-Pak</b>	2	SL
<b>Victoza 3-Pak</b>	3	SL
<b>Xigduo XR</b>	3	E, SL

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Drug Name	Drug Tier	Requirements & Limits
<b>Endocrine: Growth Hormone</b>		
<b>Nutropin, Nutropin AQ</b>	2	DSP, N, SL
<b>Endocrine: Other</b>		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
<b>Synthroid</b>	2	
<b>Tirosint</b>	3	E
<b>Eye Conditions: Allergies</b>		
Azelastine 0.05% Ophthalmic Solution	1	SL
<b>Lastacft</b>	3	SL
<b>Pataday</b>	3	E, SL
<b>Patanol</b>	3	E, SL

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

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

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

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<b>Norvir</b>	2	DSP
<b>Prezcobix</b>	2	DSP
<b>Prezista</b>	2	DSP
<b>Reyataz</b>	2	DSP
<b>Stribild</b>	3	DSP
<b>Sustiva</b>	2	DSP
<b>Tivicay</b>	3	DSP
<b>Triumeq</b>	2	DSP
<b>Truvada</b>	2	DSP
<b>Tybost</b>	2	DSP
<b>Viread</b>	2	DSP
<b>Vitekta</b>	2	DSP
<b>Infertility*</b>		
<b>Cetrotide</b>	2	DSP
Clomiphene	1	DSP
<b>Gonal-F</b>	2	DSP
<b>Gonal-F RFF</b>	2	DSP
<b>Ovidrel</b>	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
<b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b>		
<b>Actemra</b>	3	DSP, N, SL
<b>Cimzia</b>	2	DSP, N, SL
<b>Cosentyx</b>	3	DSP, N, SL
<b>Enbrel</b>	3	DSP, N, SL
<b>Humira</b>	2	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
<b>Orencia</b>	3	DSP, N, SL
<b>Otezla</b>	3	DSP, N, SL
<b>Otrexup</b>	3	E, SL
<b>Rasuvo</b>	3	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Simponi</b>	2	DSP, N, SL
<b>Stelara</b>	2	DSP, N, SL
<b>Xeljanz</b>	3	DSP, N, SL
<b>Men's Health: Prostate</b>		
Alfuzosin Tablet	1	
<b>Cialis</b>	3	N, SL
Doxazosin Tablet	1	
Finasteride Tablet	1	
<b>Rapaflo</b>	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	SL
<b>AndroGel</b>	3	E, SL
<b>Android</b>	2	
<b>Testim</b>	2	SL
Testosterone Cypionate Injection	1	
<b>Miscellaneous</b>		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
<b>Aranesp</b>	2	DSP, SL
<b>Auryxia</b>	3	
Benzonatate Capsule	1	
<b>Bethkis</b>	1	DSP, N, SL
<b>Bromfed DM</b>	3	
<b>Cayston</b>	2	N, SL
<b>Cerdelga</b>	2	DSP, N
Chlorhexidine Gluconate	1	

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

Drug Name	Drug Tier	Requirements & Limits
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Sodium Tablet	1	SL
<b>Forteo</b>	2	DSP, N
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate Sodium Tablet	1	SL
<b>Musculoskeletal: Other</b>		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
<b>Colcrys</b>	3	E
Cyclobenzaprine	1	
Metaxalone Tablet	1	
Methocarbamol Tablet	1	
<b>Mitigare</b>	2	
Tizanidine Tablet	1	
<b>Uloric</b>	3	SL
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen/ Codeine Tablet	1	SL
Celecoxib	1	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
Fentanyl 12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg Patch	1	SL
Fentanyl Citrate Lozenge	1	SL
Hydrocodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
<b>Hysingla</b>	3	E, SL
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
<b>Lazanda</b>	3	N, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	SL
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
<b>Nucynta</b>	3	SL
<b>Nucynta ER</b>	3	SL
<b>Opana ER</b>	2	SL
Oxycodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
<b>Oxycontin</b>	3	SL
<b>Sprix</b>	3	
<b>Subsys</b>	3	E, SL

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

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

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory: Pulmonary Arterial Hypertension</b>		
<b>Adcirca</b>	3	DSP, N, SL
<b>Adempas</b>	2	DSP, N, SL
<b>Letairis</b>	2	DSP, N, SL
<b>Opsumit</b>	2	DSP, N, SL
<b>Orenitram</b>	3	DSP, N, SL
Sildenafil Tablet	1	DSP, N, SL
<b>Tracleer</b>	2	DSP, N, SL
<b>Tyvaso</b>	2	DSP, N
<b>Transplant</b>		
Azathioprine Tablet	1	
<b>Cellcept</b>	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	1	DSP
<b>Myfortic</b>	3	DSP
<b>Neoral</b>	3	DSP
<b>Prograf</b>	3	DSP
<b>Rapamune</b>	3	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	1	DSP
<b>Vitamins/Electrolytes</b>		
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
<b>Women's Health: Contraceptives</b>		
Alyacen	1	
Amethyst	1	
Apri	1	
Aviane	1	
Azurette	1	
Camilia	1	
Cryselle	1	
Cyclafem	1	
Dasetta	1	
<b>Ella</b>	1	
Enpresse	1	
Enskyce	1	
Errin	1	
Estarylla	1	
Gianvi	1	
Gildess	1	
Gildess 24 FE	1	
Gildess Fe	1	
Heather	1	
Introvale	1	
Jencycla	1	
Jolessa	1	
Jolivette	1	
Junel	1	
Junel Fe	1	
Karvia	1	
Levonest	1	
Levora-28	1	
<b>Lo Loestrin Fe</b>	3	
LoMedia 24 FE	1	
Loryna	1	
Low-Ogestrel	1	

Drug Name	Drug Tier	Requirements & Limits
Lutera	1	
Lyza	1	
Microgestin	1	
Microgestin FE	1	
<b>Minastrin 24 FE</b>	3	E
Mono-Linyah	1	
Mononessa	1	
Myzilra	1	
<b>Natazia</b>	1	
Necon 0.5/35, 1/35, 1/50, 10/11	1	
Next Choice	1	
Nikki	1	
Norgestimate-Ethinyl Estradiol	1	
Nortrel 0.5/35	1	
<b>Nuvaring</b>	2	
Ocella	1	
Orsythia	1	
<b>Ortho-Cyclen</b>	3	
<b>Ortho Micronor</b>	3	
<b>Ortho-Novum</b>	3	
<b>Ortho Tri-Cyclen</b>	3	
<b>Ortho Tri-Cyclen Lo</b>	3	
Pimtrea	1	
Pirmella	1	
<b>Plan B One Step</b>	1	
Quasense	1	
Reclipsen	1	
Sprintec	1	
Sronyx	1	
Syeda	1	
Tri-Previfem	1	
Tri-Sprintec	1	
Trinessa	1	

Drug Name	Drug Tier	Requirements & Limits
Trivora	1	
Viorele	1	
Wymza FE	1	
Xulane	1	
<b>Yasmin 28</b>	3	
<b>Yaz</b>	3	
Zarah	1	
Zenchant FE	1	
<b>Women's Health: Hormone Replacement</b>		
<b>Cenestin</b>	3	E
<b>Climara</b>	2	SL
<b>Climara Pro</b>	3	SL
<b>Divigel</b>	3	
<b>Duavee</b>	3	
<b>Enjuvia</b>	3	
<b>Estrace Cream</b>	3	
Estradiol/Norethindrone Acetate Tablet	1	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch	1	E, SL
<b>Estring</b>	2	SL

Drug Name	Drug Tier	Requirements & Limits
Estrogen/ Methyltestosterone Tablet	1	
<b>Evamist</b>	2	
Medroxyprogesterone	1	
<b>Minivelle</b>	3	SL
<b>Premarin</b>	3	
<b>Premphase</b>	3	
<b>Prempro</b>	3	
Progesterone Micronized Capsule	1	
<b>Vagifem</b>	2	
<b>Vivelle-Dot</b>	1	SL
<b>Women's Health: Miscellaneous</b>		
<b>Osphena</b>	3	
Raloxifene	1	
Tamoxifen	1	
<b>Women's Health: Prenatal Vitamins</b>		
<b>Brand Prenatal Vitamins</b>	3	

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