



Your 2015 Prescription Drug List

effective July 1, 2015

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** 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 for complete drug information

Since the PDL may change, we encourage you to visit our website, 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 displays 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 bar features four tabs: "Student Health Insurance & Plans", "Self Service & Support", and "Request Information". The "Student Health Insurance & Plans" tab is active, and a sidebar on the left lists various services, with "Prescription Drug Plan" highlighted. 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' insured's 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](#).

The footer contains links for [Mobile](#), [About Us](#), [Contact Us](#), [Feedback](#), [Privacy Policy](#), [Terms Of Use](#), and [Site Map](#).

Table of Contents

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

We want to help you better understand your medication options.

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

What is a Prescription Drug List (PDL)?

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

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your university or school to see what medications are covered under your plan. You may also log on to **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** 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
	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	Preferred brand medications.	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 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.

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.
N	Notification or 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.

*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 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. Visit 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 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** 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** and click on “Login To My Account” link.

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	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Difidid	3	SL
Doryx	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	
Ofloxacin Tablet	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Suprax Capsule, Suspension, Tablet	3	
Anti-Infectives: Antifungals		
Econazole Cream	1	
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	1	SL
Acyclovir Tablet	1	
Famciclovir Tablet	1	
Tamiflu	3	SL
Valacyclovir Tablet	1	SL
Zovirax Cream	3	E, SL
Cancer		
Bicalutamide	1	
Bosulif	2	DSP, N, SL
Capecitabine Tablet	1	DSP, SL
Cyclophosphamide Capsule	3	
Gleevec	2	DSP, N, SL
Hydroxyurea Capsule	1	
Imbruvica	2	DSP, N, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, N, SL
Sutent	2	DSP, N, SL
Tasigna	2	DSP, N, SL
Zytiga	2	DSP, N, 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
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Effient	3	SL
Eliquis	3	SL
Enoxaparin Sodium	1	SL
Pradaxa	2	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine Besylate-Benazepril	1	SL
Amlodipine-Valsartan	1	E, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Azor	3	E, SL
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	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	
Diovan	3	E, SL
Doxazosin	1	
Dutoprol	2	SL

Drug Name	Drug Tier	Requirements & Limits
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	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Extended-Release Capsule	1	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
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	

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

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Nitrostat	2	
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	SL
Amphetamine Salt Combo	1	
Concerta	1	SL
Daytrana	3	E, SL
Dexmethylphenidate Extended-Release Capsule	1	E, SL
Dexmethylphenidate Tablet	1	
Dextroamphetamine-Amphetamine Extended-Release	3	E, SL
Dextroamphetamine-Amphetamine Tablet	1	
Dextroamphetamine Sulfate Tablet	1	
Focalin XR	3	E, SL
Guanfacine Extended-Release	1	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
Intuniv	3	E, SL
Metadate CD	1	SL
Methylphenidate	1	
Methylphenidate Extended-Release Capsule	3	E, SL
Methylphenidate Extended-Release Tablet	3	E, SL
Strattera	3	SL
Vyvanse	2	SL
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Brintellix	3	SL
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Cymbalta	3	E, SL
Doxepin	1	
Duloxetine Capsule	1	SL
Escitalopram Tablet	1	
Fetzima	3	SL
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Lexapro	3	E
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	SL

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

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

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

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
Dermatology		
Absorica	3	E
Aczone	3	SL
Adapalene Cream, Gel	1	N, SL
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Carac	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	
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Condylox Gel	3	
Desonide 0.05% Cream, Lotion, Ointment	1	SL
Desoximetasone Cream, Gel, Ointment	1	SL

Drug Name	Drug Tier	Requirements & Limits
Differin	3	N, SL
Diflorasone Diacetate 0.05% Cream, Ointment	1	SL
Epiduo	3	SL
Finacea	3	
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	
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide Cream, Ointment	1	E
Oxsoralen-UI	2	
Picato	3	SL
Regranex	2	SL
Sodium Sulfacetamide-Sulfur	1	
Tacrolimus Ointment	1	SL
Tazorac	3	SL
Tretinoin	1	N, SL
Tretinoin Microspheres	1	E, N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Accu-Chek Active Test Strips	1	SL
Accu-Chek Aviva Plus	1	
Accu-Chek Aviva Plus Test Strips	1	SL
Accu-Chek Comfort Curve Test Strips	1	SL
Accu-Chek Compact Test Strips	1	SL
Accu-Chek Nano SmartView	1	
Accu-Chek Nano SmartView Test Strips	1	SL
Contour Test Strips	3	SL
Freestyle Test Strips	3	SL
One Touch Test Strips	1	SL
One Touch Ultra Mini	1	
One Touch Ultra Test Strips	1	SL
One Touch Verio	1	
One Touch Verio IQ	1	
One Touch Verio IQ Test Strips	1	SL
One Touch Verio Sync	1	

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Humalog KwikPen	2	SL
Humalog Mix 50-50 KwikPen	2	SL
Humalog Mix 75-25 KwikPen	2	SL
Humalog Vials	1	SL
Humulin 70-30 KwikPen	2	SL
Humulin 70-30 Vials	1	SL
Humulin N KwikPen	2	SL
Humulin N Vials	1	SL
Humulin R Vials	1	SL
Lantus Solostar	3	SL
Lantus Vials	3	SL
Levemir FlexTouch	1	SL
Levemir Vials	1	SL
Novolin 70-30 Vials	3	SL
Novolin N Vials	3	SL
Novolin R Vials	3	SL
Novolog Flexpen	3	SL
Novolog Mix 70/30 Flexpen	3	SL
Novolog Mix 70/30 Vials	3	SL
Novolog Vials	3	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
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Invokamet	2	SL
Invokana	2	SL
Janumet	3	SL
Januvia	3	SL
Jardiance	2	SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Endocrine: Growth Hormone		
Genotropin	3	DSP, E, N, SL
Humatrope	3	DSP, E, N, SL
Norditropin	3	DSP, E, N, SL
Nutropin, Nutropin AQ	2	DSP, N, SL
Omnitrope	3	DSP, E, N, SL
Saizen	2	DSP, E, N, SL
Tev-Tropin	2	DSP, E, N, SL

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Tirosint	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacaft	3	SL
Patanol	3	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Tobramycin Ophthalmic Solution	1	
Vigamox	3	

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

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	3	SL
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	SL
Metoclopramide Tablet	1	
Moviprep	3	
Polyethylene Glycol 3350	1	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Zenpep	2	
Hepatitis C		
Harvoni	2	DSP, N, SL
Olysio	2	DSP, N, SL
Ribapak	1	DSP, E
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, N, SL
Viekira Pak	3	DSP, N, 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
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	1	DSP
Norvir	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	2	DSP
Viread	2	DSP
Infertility*		
Cetrotide	2	DSP
Clomiphene	1	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP

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

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, N, SL
Cimzia	2	DSP, N, SL
Enbrel	3	DSP, N, SL
Humira	2	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	DSP, N, SL
Otezla	3	DSP, N, SL
Otrexup	3	E, SL
Rasuvo	3	SL
Simponi	2	DSP, N, SL
Stelara	2	DSP, N, SL
Xeljanz	3	DSP, N, SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	3	N
Doxazosin Tablet	1	
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	SL
Androgel	3	E, SL
Android	2	
Testim	2	SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Benzonatate Capsule	1	
Bethkis	1	DSP, N, SL
Bromfed DM	3	
Cayston	2	DSP, N, SL
Cerdelga	2	DSP, N
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	1	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	2	
Hydrocodone/ Chlorpheniramine Suspension	1	SL

Drug Name	Drug Tier	Requirements & Limits
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	1	SL
Nuedexta	2	
Pegasys	2	DSP, N, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, N, SL
Rectiv	3	SL
Renvela	2	
Restasis	3	SL
Rezira	3	
Tamoxifen	1	
Tobi Podhaler	3	DSP, N, SL
Tobramycin Nebulized Solution	1	DSP, E, N, SL
Velphoro	2	
Musculoskeletal: Osteoporosis		
Actonel	3	SL
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, N
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	

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
Musculoskeletal: Other		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	2	
Cyclobenzaprine	1	
Metaxalone Tablet	1	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Uloric	3	SL
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine Tablet	1	SL
Celecoxib	1	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	
Fentanyl Patches	1	SL
Hydrocodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	SL
Meloxicam Tablet	1	
Meloxicam Tablet	1	
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	

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

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	1	SL
Clarinox	3	E, SL
Clarinox-D	3	E, SL
Cyproheptadine Tablet	1	
Dymista	3	E, SL
Fluticasone Nasal Spray	1	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Nasonex	3	E, SL
Promethazine Tablet	1	
Qnasl	3	E, SL
Triamcinolone Nasal Spray	1	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
Asmanex	1	SL
Breo Ellipta	3	SL
Budesonide Nebs	1	SL
Combivent Respimat	3	SL
Dulera	3	SL
Flovent Diskus/HFA	3	SL
Foradil	2	SL

Drug Name	Drug Tier	Requirements & Limits
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	1	E, SL
Montelukast	1	SL
Perforomist	3	SL
Proair HFA	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SL
QVAR	1	SL
Spiriva Handihaler	2	SL
Spiriva Respimat	3	SL
Symbicort	3	E, SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebs	3	E, SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, N, SL
Adempas	2	DSP, N, SL
Letairis	2	DSP, N, SL
Opsumit	2	DSP, N, SL
Sildenafil Tablet	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N

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
Transplant		
Azathioprine Tablet	1	
Cellcept	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	1	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	1	DSP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Apri	1	
Aviane	1	
Azurette	1	
Cryselle	1	
Cyclafem	1	
Enskyce	1	
Gildess	1	
Gildess Fe	1	
Junel	1	

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

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Cenestin	3	E
Climara	2	SL
Climara Pro	3	SL
Divigel	2	
Duavee	3	
Enjuvia	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	1	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch	1	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	1	
Vagifem	2	
Vivelle-Dot	1	SL

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	
Prenatal Plus	1	

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

Index

A

Abilify	14
Absorica.....	15
Accu-Chek Active Test Strips.....	16
Accu-Chek Aviva Plus.....	16
Accu-Chek Aviva Plus Test Strips.....	16
Accu-Chek Comfort Curve Test Strips.....	16
Accu-Chek Compact Test Strips.....	16
Accu-Chek Nano SmartView.....	16
Accu-Chek Nano SmartView Test Strips.....	16
Acetaminophen/Butalbital/ Caffeine 325 mg/50 mg/ 40 mg	13
Acetaminophen/Codeine Tablet.....	21
Actemra.....	19
Actonel	20
Acyclovir Ointment.....	10
Acyclovir Tablet	10
Aczone.....	15
Adapalene Cream, Gel	15
Adcirca	22
Adderall XR.....	12
Adempas.....	22
Advair Diskus/HFA.....	22
Aerospan	22
Albuterol Nebs	22
Albuterol Sulfate Tablet.....	22
Alendronate Sodium Tablet...	20
Alfuzosin Tablet.....	19
Allopurinol Tablet	21
Alphagan P 0.1%.....	18
Alprazolam Extended-Release Tablet.....	14
Alprazolam Tablet.....	14
Alvesco	22
Amiodarone.....	12
Amitiza.....	18
Amitriptyline Tablet.....	13
Amlodipine	11
Amlodipine-Valsartan	11
Amlodipine Besylate-Benazepril	11
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet.....	10
Amoxicillin Capsule, Chewable Tablet	10
Amphetamine Salt Combo....	12
Ampyra.....	13
Anastrozole Tablet	20
Androderm.....	20
Androgel.....	20
Android	20
Antipyrine/Benzocaine Otic Solution	20
Apri	23
Apriso.....	18
Aranesp	20
Armour Thyroid.....	17
Asacol HD Tablet	18
Asmanex.....	22
Atenolol.....	11
Atenolol-Chlorthalidone	11
Atorvastatin.....	12
Atripila	19
Aubagio	13
Aviane	23
Avonex.....	13
Azathioprine Tablet.....	23

Azelastine 0.05% Ophthalmic Solution	17
Azelastine 0.1% Nasal Spray.....	22
Azithromycin Tablet.....	10
Azopt.....	18
Azor	11
Azurette	23

B

Baclofen Tablet.....	21
Benazepril.....	11
Benazepril- Hydrochlorothiazide.....	11
Benicar	11
Benicar HCT	11
Benzonatate Capsule	20
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment.....	15
Betamethasone Dipropionate 0.05% Cream, Ointment	15
Betaseron	13
Bethkis	20
Bicalutamide.....	10
Bidil.....	11
Bisoprolol.....	11
Bisoprolol- Hydrochlorothiazide.....	11
Bosulif.....	10
Brand Prenatal Vitamins	24
Breo Ellipta	22
Brintellix.....	13
Bromfed DM.....	20
Budesonide Nebs	22
Buprenorphine/Naloxone Tablet.....	14
Bupropion Extended-Release Tablet.....	13

Bupropion Sustained-Release Tablet.....	13
Bupropion Tablet.....	13
Buspiron Tablet.....	14
Bydureon	17
Byetta	17
Bystolic	11

C

Calcitriol Capsule.....	17
Canasa	18
Capecitabine Tablet	10
Carac	15
Carbamazepine Tablet.....	14
Carbidopa-Levodopa	14
Carisoprodol 350 mg Tablet ...	21
Cartia XT.....	11
Carvedilol.....	11
Cayston.....	20
Cefadroxil Capsule, Tablet	10
Cefdinir Capsule	10
Cefprozil Tablet.....	10
Cefuroxime Tablet.....	10
Celecoxib	21
Cellcept	23
Cenestin	24
Cephalexin Capsule.....	10
Cerdelga	20
Cetrotide	19
Chlorhexidine Gluconate.....	20
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution ..	20
Chlorthalidone	11
Choline Fenofibrate	12
Cialis	19
Ciclopirox Cream, Gel, Lotion, Solution	15
Cimzia	19
Ciprodex.....	20
Ciprofloxacin Tablet	10

Citalopram Tablet.....	13
Claravis.....	15
Clarinox.....	22
Clarinox-D	22
Clarithromycin Tablet	10
Climara.....	24
Climara Pro	24
Clindamycin 1%/Benzoyl Peroxide 5% Gel	15
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	15
Clindamycin Capsule	10
Clindamycin Gel	15
Clindamycin Lotion, Solution, Swabs	15
Clobetasol Propionate Cream, Ointment, Solution.....	15
Clomiphene	19
Clonazepam Tablet.....	14
Clonidine Tablet.....	11
Clopidogrel.....	11
Clotrimazole-Betamethasone Cream.....	15
Clotrimazole-Betamethasone Lotion.....	15
Colcrys	21
Combigan.....	18
Combivent Respimat	22
Complera	19
Concerta	12
Condylox Gel	15
Contour Test Strips	16
Copaxone.....	13
Cortifoam.....	18
Creon.....	18
Crestor.....	12
Cryselle.....	23
Cyclafem	23
Cyclobenzaprine	21
Cyclophosphamide Capsule....	10

Cyclosporine Modified Capsule.....	23
Cymbalta	13
Cyproheptadine Tablet	22

D

Daytrana.....	12
Delzicol	18
Desmopressin Tablet	17
Desonide 0.05% Cream, Lotion, Ointment	15
Desoximetasone Cream, Gel, Ointment.....	15
Dexamethasone Tablet	17
Dexilant.....	18
Dexmethylphenidate Extended-Release Capsule.....	12
Dexmethylphenidate Tablet...	12
Dextroamphetamine- Amphetamine Extended-Release	12
Dextroamphetamine- Amphetamine Tablet.....	12
Dextroamphetamine Sulfate Tablet.....	12
Diazepam Tablet	14
Diclofenac Tablet.....	21
Dicyclomine Tablet	21
Differin.....	15
Dificid	10
Diflorasone Diacetate 0.05% Cream, Ointment	15
Digoxin	12
Diltiazem 24 Hour CD.....	11
Diltiazem Sustained-Release Capsule.....	11
Diltiazem Sustained-Release Tablet.....	11
Diovan.....	11

Diphenoxylate-Atropine Tablet.....18	Esomeprazole Capsule.....18	Foradil 22
Divalproex Delayed-Release Tablet.....14	Estrace Cream 24	Forteo 20
Divalproex Extended-Release Tablet.....14	Estradiol/Norethindrone Acetate Tablet..... 24	Fosrenol 20
Divigel..... 24	Estradiol Tablet 24	Freestyle Test Strips.....16
Donepezil ODT, 5, 10 mg Tablet.....14	Estradiol Twice-Weekly Transdermal Patch..... 24	Furosemide.....11
Doryx10	Estring..... 24	
Doxazosin..... 11, 19	Estrogen/Methyltestosterone Tablet..... 24	G
Doxazosin Tablet.....19	Eszopiclone Tablet.....14	Gabapentin Capsule, Tablet ...14
Doxepin 13	Etodolac Capsule.....21	Gemfibrozil 12
Doxycycline Hyclate Capsule, Tablet.....10	Evamist..... 24	Genotropin17
Doxycycline Monohydrate 50, 100 mg Capsule10	Extavia..... 13	Gentamicin Ophthalmic Ointment, Solution.....17
Duavee..... 24	F	Gildess..... 23
Dulera..... 22	Famciclovir Tablet10	Gildess Fe..... 23
Duloxetine Capsule 13	Farxiga.....17	Gilenya 13
Dutoprol.....11	Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule.. 12	Gleevec10
Dymista..... 22	Fenofibrate 48, 145 mg Tablet..... 12	Glimepiride17
E	Fenofibrate 54, 160 mg Tablet..... 12	Glipizide17
Econazole Cream10	Fenoglide 12	Glipizide Extended-Release ...17
Edarbi.....11	Fentanyl Patches21	Glyburide.....17
Edarbyclor11	Fetzima..... 13	Golytely.....18
Effient11	Finacea 15	Gonal-F.....19
Eliquis11	Finasteride Tablet.....19	Gonal-F RFF19
Enalapril.....11	Flecainide 12	Guanfacine11, 12
Enbrel.....19	Flovent Diskus/HFA..... 22	Guanfacine Extended-Release 12
Enjuvia 24	Fluconazole Tablet.....10	H
Enoxaparin Sodium.....11	Fluocinolone Cream, Oil, Ointment, Solution..... 15	Harvoni18
Enskyce 23	Fluocinonide 0.05% Cream ... 15	Humalog KwikPen.....16
Epiduo 15	Fluoride 23	Humalog Mix 50-50 KwikPen.....16
Epipen 20	Fluoxetine Tablet, Capsule 13	Humalog Mix 75-25 KwikPen.....16
Epipen-Jr 20	Fluticasone Nasal Spray..... 22	Humalog Vials16
Epzicom19	Fluvoxamine Tablet 13	Humatrope17
Erythromycin 0.5% Ophthalmic Ointment.....17	Focalin XR 12	Humira.....19
Escitalopram Tablet..... 13	Folic Acid 23	Humulin 70-30 KwikPen.....16
		Humulin 70-30 Vials16
		Humulin N KwikPen16
		Humulin N Vials.....16

Humulin R Vials.....16	Januvia.....17	Levothyroxine Sodium Tablet.....17
Hydralazine.....11	Jardiance.....17	Lexapro.....13
Hydrochlorothiazide.....11	Jentadueto.....17	Lialda.....18
Hydrocodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet.....21	Junel.....23	Lidocaine Transdermal Patch.....20
Hydrocodone/ Chlorpheniramine Suspension.....20	Junel Fe.....23	Linzess.....18
Hydrocodone/Homatropine ..20	K	Liothyronine Sodium Tablet.....17
Hydrocodone/Ibuprofen Tablet.....21	Kaletra.....19	Lipitor.....12
Hydrocortisone 2.5% Cream, Ointment.....15	Kazano.....17	Lipofen.....12
Hydromorphone Tablet.....21	Ketoconazole Cream.....10	Lisinopril.....11, 34
Hydroxychloroquine Sulfate...19	Ketorolac Tablet.....21	Lisinopril- Hydrochlorothiazide.....11
Hydroxyurea Capsule.....10	Klor-Con M10.....23	Lithium Capsule.....14
Hydroxyzine Capsule, Tablet.....22	Klor-Con M20.....23	Livalo.....12
Hyoscyamine Tablet.....18	Kombiglyze XR.....17	Lo Loestrin Fe.....23
I	L	Lorazepam Tablet.....14
Ibandronate Tablet.....20	Labetalol.....11	Loryna.....23
Ibuprofen Tablet.....21	Lamivudine-Zidovudine.....19	Losartan.....11
Imbruvica.....10	Lamotrigine Tablet.....14	Losartan- Hydrochlorothiazide.....11
Imiquimod 5% Cream.....15	Lansoprazole Capsule.....18	Lovastatin.....12
Incruse Ellipta.....22	Lantus Solostar.....16	Low-Ogestrel.....23
Indomethacin Capsule.....21	Lantus Vials.....16	Lumigan.....18
Intelence.....19	Lastacaft.....17	Lunesta.....14
Intuniv.....13	Latanoprost 0.005% Ophthalmic Solution.....18	Lutera.....23
Invokamet.....17	Latuda.....14	Lyrica.....14
Invokana.....17	Lazanda.....21	M
Ipratropium-Albuterol Nebs..22	Leflunomide.....19	Medroxyprogesterone.....24
Ipratropium Nebs.....22	Letairis.....22	Meloxicam Tablet.....21
Irbesartan.....11	Letrozole.....20	Mercaptopurine Tablet.....10
Isentress.....19	Leucovorin Calcium Tablet....10	Metadate CD.....13
Isosorbide Mononitrate ER...12	Levalbuterol Nebs.....22	Metaxalone Tablet.....21
Itraconazole Capsule.....10	Levemir FlexTouch.....16	Metformin.....17
J	Levemir Vials.....16	Metformin Extended-Release Tablet.....17
Janumet.....17	Levetiracetam Extended-Release Tablet.....14	Methimazole Tablet.....17
	Levetiracetam Tablet.....14	Methocarbamol Tablet.....21
	Levocetirizine Tablet.....22	Methotrexate Tablet.....19
	Levofloxacin Tablet.....10	
	Levora-28.....23	

Sumavel DosePro	13
Suprax Capsule, Suspension, Tablet.....	10
Suprep	18
Sustiva	19
Sutent	10
Symbicort	22
Synthroid.....	17

T

Tacrolimus Capsule	23
Tacrolimus Ointment	15
Tamiflu.....	10
Tamoxifen.....	20
Tamsulosin Capsule.....	19
Tanzeum.....	17
Tasigna	10
Tasmar.....	14
Tazorac	15
Tecfidera.....	13
Telmisartan.....	11
Telmisartan- Hydrochlorothiazide.....	11
Temazepam Capsule.....	14
Terazosin	11, 19
Terazosin Capsule, Tablet.....	19
Terbinafine Tablet	10
Testim.....	20
Testosterone Cypionate Injection.....	20
Tev-Tropin.....	17
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	18
Tirosint.....	17
Tivicay	19
Tizanidine Tablet	21
Tobi Podhaler	20
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	17

Tobramycin Nebulized Solution	20
Tobramycin Ophthalmic Solution	17
Tolterodine Extended-Release Tablet.....	21
Tolterodine Tablet	21
Topiramate Tablet.....	14
Toviaz.....	21
Tracleer.....	22
Tradjenta.....	17
Tramadol-Acetaminophen.....	21
Tramadol Sustained-Release Tablet.....	21
Tramadol Tablet	21
Transderm-Scop	18
Travatan Z.....	18
Trazodone Tablet.....	13
Tretinoin.....	15
Tretinoin Microspheres	15
Tri-Previfem	23
Tri-Sprintec	23
Triamcinolone Acetonide Cream, Lotion, Ointment ..	15
Triamcinolone Nasal Spray....	22
Triamterene- Hydrochlorothiazide.....	11
Triazolam Tablet	14
Tricor 48, 145 mg	12
Trilipix.....	12
Trinessa	23
Triumeq.....	19
Trulicity.....	17
Truvada	19
Tudorza	22
Tyvaso	22

U

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

V

Vagifem	24
Valacyclovir Tablet	10
Valsartan.....	11
Valsartan- Hydrochlorothiazide.....	11
Vascepa.....	12
Vectical	15
Velphoro	20
Venlafaxine Extended-Release Capsule.....	13
Venlafaxine Tablet.....	13
Ventolin HFA.....	22
Verapamil	11
Verapamil Sustained-Release..	11
Vesicare.....	21
Vectura.....	23
Vicodin 5/300 mg, 7.5/300 mg, 10/300 mg Tablet	21
Victoza 2-Pak	17
Victoza 3-Pak	17
Viekira Pak.....	18
Vigamox	17
Viibryd	13
Viorele	23
Viread.....	19
Vivelle-Dot.....	24
Voltaren Gel	21
Vytorin	12
Vyvanse	13

W

Warfarin Sodium	11
Welchol	12
Wellbutrin XL.....	13

X

Xarelto.....	11
Xeljanz.....	19
Xopenex HFA	22
Xopenex Nebes.....	22

Xulane	23
Xyrem	14

Y

Yasmin 28	23
Yaz	23

Z

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

Notes

[illegible]

“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.



Or, visit www.uhcsr.com and click on “Login To My Account” link.

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. The main navigation bar has three tabs: "Student Health Insurance & Plans", "Self Service & Support", and "Request Information". The left sidebar lists various services, with "Prescription Drug Plan" highlighted. 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' insured's 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](#).

The footer contains links for Mobile, About Us, Contact Us, Feedback, Privacy Policy, Terms Of Use, and Site Map.



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