



Your 2014 Prescription Drug List

effective July 1, 2014

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 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 such as "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' 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	HIV/AIDS	18
Antifungals	10	Infertility	19
Antivirals	10	Men’s Health	
Cancer	10	Prostate	19
Cardiovascular/Heart Disease		Testosterone Therapy	19
Coagulation Therapy	11	Miscellaneous	19
High Blood Pressure	11	Musculoskeletal	
High Cholesterol	12	Osteoporosis.....	20
Other.....	12	Other	20
Central Nervous System		Pain Relief.....	20
Attention Deficit Disorder.....	12	Rheumatoid Arthritis.....	21
Depression	13	Overactive Bladder	21
Migraine	13	Respiratory	
Multiple Sclerosis.....	13	Allergies	22
Other.....	14	Asthma/COPD.....	22
Sedatives/Hypnotics	14	Pulmonary Arterial Hypertension.....	22
Seizure Disorders	14	Transplant	23
Dermatology	15	Vitamins/Electrolytes	23
Diabetes/Endocrine		Women’s Health	
Blood Glucose Monitoring	16	Contraceptives.....	23
Insulin	16	Hormone Replacement.....	24
Non-Insulin	16	Prenatal Vitamins	24
Endocrine		Brand Only Exclusions	25
Growth Hormone.....	17	Index	27
Other.....	17		
Thyroid Hormone Replacement	17		
Eye Conditions			
Allergies	17		
Antibiotics	17		
Glaucoma.....	17		
Other.....	17		

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 rules 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 may move to a higher tier when a generic becomes available.
- 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.
1/2T	Half Tablet Program – Save up-to 50% when you split your tablet (double the strength) in half. Program eligibility may vary.

*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. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

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. Please note, not all specialty medications are listed in the PDL.

If you are taking a specialty medication that is on Tier 3, call the toll-free number on your health plan ID card to talk to a representative about finding lower-cost options.

OptumRx is the specialty pharmacy that can provide most of your specialty medications along with helpful programs and services. Call OptumRx Specialty Pharmacy at 1-888-739-5820 and have your prescriptions delivered right to you.

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 the “Login To My Account” link.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Adoxa Capsule	3	E
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Augmentin XR	3	E
Azithromycin	1	
Cefdinir	1	
Cefuroxime	1	
Centany AT	3	E
Cephalexin	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin	1	
Dificid	3	SL
Doryx	3	E
Doxycycline Capsule, Tablet	1	
Doxycycline Hyclate Capsule, Tablet	1	
Levofloxacin	1	
Metronidazole	1	
Minocycline Capsule, Tablet	1	
Nitrofurantoin	1	
Nitrofurantoin Macrocrystal	1	
Oracea	3	
Penicillin V Potassium	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim	1	

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Fluconazole	1	
Itraconazole	1	SL
Ketoconazole	1	
Nystatin	1	
Onmel	3	E, SL
Terbinafine	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	1	SL
Acyclovir Tablet	1	
Baraclude	2	DSP
Incivek	2	DSP, N, SL
Olysio	2	DSP, N, SL
Ribapapak	1	DSP, E
Ribavirin	1	DSP
Tamiflu	3	SL
Valacyclovir	1	SL
Zovirax Cream	3	SL
Cancer		
Bosulif	2	DSP, N, SL
Gleevec	2	DSP, N, SL
Hydroxyurea	1	
Leucovorin Calcium	1	
Mercaptopurine	1	
Sutent	2	DSP, N, SL
Tasigna	2	DSP, N, SL
Xeloda	2	DSP, 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

1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Coumadin	2	
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/Telmisartan	1	E, SL
Amturnide	3	E, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Azor	3	E, SL
Benazepril	1	
Benazepril- Hydrochlorothiazide	1	
Benicar	2	SL, 1/2T
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol- Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Coreg CR	3	E, SL
Diltiazem 24 Hour CD	1	
Diltiazem Sustained- Release Capsule	1	
Diltiazem Sustained- Release Tablet	1	
Diovan	3	SL, 1/2T
Doxazosin	1	

Drug Name	Drug Tier	Requirements & Limits
Dutoprol	2	SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Enalapril- Hydrochlorothiazide	1	
Exforge	3	E, SL
Exforge HCT	3	E, SL
Felodipine	1	
Fosinopril Sodium	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Indapamide	1	
Irbesartan	1	SL, 1/2T
Labetalol	1	
Lisinopril	1	
Lisinopril- Hydrochlorothiazide	1	
Losartan	1	1/2T
Losartan- Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	1	
Metoprolol Tartrate	1	
Micardis HCT	2	SL
Nadolol	1	
Nexiclon XR	3	E
Nifedipine Extended-Release	1	
Propranolol	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
Tekamlo	3	E, SL
Telmisartan	1	SL
Terazosin	1	
Torsemide	1	
Triamterene- Hydrochlorothiazide	1	
Tribenzor	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Twynsta	3	E, SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	1	
Cardiovascular/Heart Disease: High Cholesterol		
Altoprev	3	E, SL
Atorvastatin	1	SL, 1/2T
Caduet	3	E, SL
Choline Fenofibrate	1	E
Crestor	2	SL, 1/2T
Fenofibrate 48, 145 mg	1	E
Fenofibrate 54, 160 mg	1	
Fenofibrate Micronized 43, 130 mg	1	
Fenoglide	3	
Gemfibrozil	1	
Lipofen	2	
Liptruzet	3	E, SL
Livalo	3	SL
Lovastatin	1	
Lovaza	3	
Niacin Extended-Release Tablet	1	
Niaspan	3	
Pravastatin	1	1/2T
Simcor	3	SL
Simvastatin	1	1/2T
Tricor 48 mg, 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	
Multaq	2	
Nitroglycerin Sublingual Spray	1	SL
Nitrolingual Pump Spray	3	E, SL
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	SL
Amphetamine Salt Combo	1	
Clonidine Extended-Release Tablet	1	E
Concerta	1	SL
Daytrana	3	E, SL
Dexmethylphenidate	1	
Dexmethylphenidate Extended-Release Capsule	1	E, SL
Dextroamphetamine Sulfate	1	
Dextroamphetamine-Amphetamine	1	
Dextroamphetamine-Amphetamine Extended-Release	3	E, SL
Focalin XR	3	E, SL
Intuniv	2	E, SL
Kapvay	3	E

Bold type = Brand name drug

[Plain type = Generic drug]

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SL = Supply Limit

1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Metadate CD	1	SL
Methylphenidate	1	
Methylphenidate Extended-Release Capsule	3	E, SL
Methylphenidate Extended-Release Tablet	3	E, SL
Quilivant XR	3	E, SL
Ritalin LA	3	E, SL
Strattera	3	SL
Vyvanse	2	SL
Zenzedi	3	E
Central Nervous System: Depression		
Amitriptyline	1	
Aplenzin	3	E, SL
Bupropion	1	
Bupropion Extended-Release	1	
Bupropion Sustained-Release	1	
Citalopram	1	
Desvenlafaxine	3	E, SL
Doxepin	1	
Duloxetine	1	SL
Escitalopram	1	1/2T
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	3	E, SL
Imipramine	1	
Mirtazapine	1	
Nortriptyline	1	
Oleptro	3	E, SL
Paroxetine	1	
Pristiq ER	3	SL

Drug Name	Drug Tier	Requirements & Limits
Sertraline	1	1/2T
Trazodone	1	
Venlafaxine	1	
Venlafaxine Extended-Release Capsule	1	SL
Venlafaxine Extended-Release Tablet	1	E, SL
Viibryd	3	SL
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine	1	SL
Alsuma	3	E, SL
Cambia	3	E, SL
Relpax	2	SL
Rizatriptan Orally Disintegrating Tablet	1	SL
Rizatriptan Tablet	1	SL
Sumatriptan Nasal Spray	1	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL
Treximet	3	E, 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 20 mg	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, 1/2T
Alprazolam	1	
Alprazolam Extended-Release	1	
Aricept 23 mg	3	E
Buprenorphine/Naloxone Tablet	1	E, SL
Buspirone	1	
Carbidopa-Levodopa	1	
Diazepam	1	
Donepezil 5, 10 mg	1	
Latuda	3	SL
Lithium	1	
Lorazepam	1	
Mirapex ER	3	E
Modafinil	1	E, SL
Nuvigil	3	SL
Olanzapine	1	SL
Pramipexole	1	
Provigil	3	E, SL
Quetiapine	1	SL
Requip XL	3	E
Risperidone	1	
Ropinirole	1	
Seroquel XR	3	SL
Suboxone Film	2	E, SL
Tasmar	2	
Xyrem	3	N, SL
Zelapar	3	
Ziprasidone	1	SL
Zubsolv	1	SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Sedatives/Hypnotics		
Ambien CR	3	E, SL
Edluar	3	E, SL
Intermezzo	3	E, SL
Lunesta	3	SL
Silenor	3	E, SL
Temazepam	1	
Zaleplon	1	SL
Zolpidem	1	SL
Zolpidem Extended-Release	1	E, SL
Zolpimist	3	SL
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Clonazepam	1	
Depakote	3	
Depakote ER	3	
Diazepam	1	
Divalproex	1	
Divalproex Extended-Release	1	
Gabapentin	1	
Keppra	3	
Keppra XR	3	
Lamictal	3	
Lamictal XR	3	
Lamotrigine	1	
Levetiracetam	1	
Levetiracetam Extended-Release	1	
Lyrica	3	SL
Neurontin	3	
Oxcarbazepine	1	

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Drug Name	Drug Tier	Requirements & Limits
Oxtellar XR	3	E
Phenytoin	1	
Topamax	3	
Topiramate	1	
Trileptal	3	
Trokendi XR	3	E
Zonegran	3	
Zonisamide	1	
Dermatology		
Absorica	3	E
Acanya	3	E, SL
Aczone	3	SL
Adapalene	1	N, SL
Azelex	3	SL
Benzaclin	3	E, SL
Betamethasone Dipropionate Cream, Lotion, Ointment	1	
Betamethasone Valerate Foam	1	E, SL
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	
Clindagel	3	E, SL
Clindamycin 1%/Benzoyl Peroxide 5% Jar	1	SL
Clindamycin 1.2%/Benzoyl Peroxide 5%	1	E, SL
Clindamycin Gel, Lotion, Solution, Swabs	1	
Clobetasol Propionate Cream, Lotion, Ointment, Solution	1	
Clobex Shampoo	3	E, SL
Cloderm	3	SL
Clotrimazole-Betamethasone Cream, Lotion	1	
Condylox Gel	3	
Desonide Cream, Lotion, Ointment	1	
Differin	3	N, SL

Drug Name	Drug Tier	Requirements & Limits
Duac	3	E, SL
Epiduo	3	SL
Finacea	3	
Fluocinonide 0.05% Cream, Ointment, Solution	1	
Fluocinonide 0.1% Cream	1	E, SL
Hydrocortisone Butyrate Cream	1	E, SL
Hydrocortisone Cream, Ointment	1	
Keralyt Scalp Kit	3	E
Locoid Lipocream	3	E, SL
Locoid Lotion	3	E, SL
Luxiq	3	E, SL
Metrogel 1%	3	E
Metronidazole Gel 0.75%	1	
Metronidazole Gel 1%	1	E
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide Cream, Ointment	1	
Oxsoralen-UI	2	
Picato	3	SL
Protopic	2	SL
Retin-A Micro	3	E, N, SL
Sodium Sulfacetamide-Sulfur	1	
Sorilux	3	E, SL
Stelara	2	DSP, N, SL
Sumadan	3	E
Sumaxin CP	3	E
Sumaxin TS	3	E
Taclonex	3	SL
Tretinoin	1	N
Tretinoin Microspheres	1	E, N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Trianex	1	E, SL
Umecta	3	E

Drug Name	Drug Tier	Requirements & Limits
Umecta PD	3	E
Uramaxin GT	3	E
Vanos	3	E, SL
Vectical	3	SL
Veltin	3	E, SL
Verdeso	3	E, SL
Virasal	3	E
Xerese	3	E
Ziana	3	E, SL
Zyclara	3	E, SL
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 IQ	1	
One Touch Verio IQ Test Strips	1	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Humalog KwikPen	2	
Humalog Mix 75-25 KwikPen	2	
Humalog Vials	1	
Humulin 70-30 Vials	1	
Humulin KwikPen	2	
Humulin N KwikPen	2	
Humulin N Vials	1	
Humulin R Vials	1	
Lantus Solostar	3	
Lantus Vials	2	
Levemir Flexpen	1	
Levemir Vials	1	
Novolog	3	
Novolog Flexpen	3	
Diabetes: Non-Insulin		
Bydureon	3	SL
Byetta	2	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glumetza	3	
Glyburide	1	
Glyburide-Metformin	1	
Janumet	3	SL
Januvia	3	SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release	1	

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Drug Name	Drug Tier	Requirements & Limits
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Pioglitazone-Metformin	1	SL
Prandimet	3	
Prandin	3	SL
Repaglinide	1	SL
Tradjenta	2	SL
Victoza	3	SL
Endocrine: Growth Hormone		
Genotropin	3	DSP, E, N, SL
Humatrope	3	DSP, E, N, SL
Norditropin	3	DSP, E, N, SL
Nutropin AQ NuSpin	2	DSP, N, SL
Omnitrope	3	DSP, E, N, SL
Saizen	2	DSP, N, SL
Tev-Tropin	2	DSP, N, SL
Endocrine: Other		
Calcitriol	1	
Desmopressin	1	
Dexamethasone	1	
Methylprednisolone	1	
Prednisolone	1	
Prednisone	1	
Rayos	3	E
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium	1	
Levoxyl	1	
Liothyronine Sodium	1	
Methimazole	1	
NP Thyroid	1	
Synthroid	2	
Tirosint	2	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Allergies		
Azelastine	1	SL
Bepreve	3	E, SL
Elestat	3	E, SL
Emadine	3	E
Lastacraft	3	SL
Pataday	3	E, SL
Patanol	3	E, SL
Eye Conditions: Antibiotics		
Erythromycin	1	
Ofloxacin	1	
Polymyxin B Sulfate/ Trimethoprim	1	
Tobradex ST	3	E, SL
Tobramycin/ Dexamethasone	1	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Cosopt PF	3	E, SL
Dorzolamide-Timolol	1	
Latanoprost	1	
Lumigan	2	SL
Simbrinza	3	E, SL
Timolol Maleate	1	
Travatan Z	2	SL
Eye Conditions: Other		
Acuvail	3	E, SL
Bromday	3	E, SL
Ilevro	3	E
Lotemax Gel	3	E, SL
Lotemax Solution	3	SL
Prolensa	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Helidac	3	E, SL
Nexium	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole	1	
Pantoprazole	1	
Prevacid Capsules	3	E, SL
Prevacid Solutab	3	E, SL
Prevpac	3	E, SL
Pylera	3	SL
Rabeprazole	1	SL
Sucralfate Tablet	1	
Zegerid Capsule	3	E, SL
Gastrointestinal: Nausea/Vomiting		
Ondansetron	1	
Ondansetron ODT	1	
Sancuso	3	E, SL
Zuplenz	3	E, SL
Gastrointestinal: Other		
Amitiza	3	SL
Apriso	2	
Asacol HD Tablet	3	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	E
Giazo	3	E
Golytely	2	
Halflytely	3	
Hyoscyamine	1	

Drug Name	Drug Tier	Requirements & Limits
Lialda	2	
Linzess	2	SL
Metoclopramide	1	
Metozolv ODT	3	E
Moviprep	3	
Pentasa	3	E
Pertzye	3	E
Polyethylene Glycol 3350	1	
Prepopik	3	
Procort	3	E
Suclear	3	
Sulfasalazine	1	
Suprep	3	
Uceris	3	
Ultresa	3	E
Ursodiol	1	
Viokace	3	E
Zenpep	2	
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Norvir	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, N
Sustiva	2	DSP
Truvada	2	DSP, N
Viread	2	DSP

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Drug Name	Drug Tier	Requirements & Limits
Infertility*		
Cetrotide	2	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
Men's Health: Prostate		
Alfuzosin	1	
Avodart	3	
Doxazosin	1	
Finasteride	1	
Jalyn	3	E
Rapaflo	3	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	SL
Androgel	3	E, SL
Android	2	
Axiron	3	E, SL
Depo-Testosterone	3	
Fortesta	3	E, SL
Testim	2	SL
Testosterone Cypionate	1	
Testosterone Enanthate	1	
Testred	2	

Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole	1	
Antipyrine/Benzocaine	1	
Aranesp	2	DSP, SL
Auvi-Q	3	E, SL
Benzonatate	1	
Bethkis	1	DSP, N, SL
Bromfed DM	3	
Chlorhexidine Gluconate	1	
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Exemestane	1	
Fosrenol	2	
Hydrocodone/ Chlorpheniramine	1	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	1	SL
Nuedexta	2	
Pegasys	2	DSP, N, SL
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	
Soltamox	3	E

Drug Name	Drug Tier	Requirements & Limits
Tamoxifen	1	
Tobi	3	DSP, E, N, SL
Tobi Podhaler	3	DSP, N, SL
Tobramycin Nebulized Solution	1	DSP, E, N, SL
Zonatuss	3	E
Zutripro	3	SL
Musculoskeletal: Osteoporosis		
Actonel	3	SL
Alendronate Sodium	1	SL
Atelvia	3	E, SL
Binosto	3	E, SL
Evista	2	
Forteo	2	DSP, N
Ibandronate	1	SL
Musculoskeletal: Other		
Allopurinol	1	
Amrix	3	E
Baclofen	1	
Carisoprodol 350 mg	1	
Colcrys	2	
Cyclobenzaprine	1	
Gralise	3	E, SL
Horizant	3	E, SL
Lorzone	3	E, SL
Methocarbamol	1	
Soma 250	3	E
Tizanidine Tablet	1	
Uloric	3	SL

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Pain Relief		
Abstral	3	E, SL
Acetaminophen/Codeine	1	SL
Avinza	3	SL
Celebrex	3	SL
Conzip	3	E, SL
Diclofenac Sodium	1	
Duexis	3	E, SL
Duragesic	3	SL
Etodolac	1	
Exalgo	3	SL
Fentanyl Patches	1	SL
Fentora	3	E, SL
Flector	3	E
Hydrocodone/Acetaminophen	1	SL
Hydrocodone/Acetaminophen 5/300 mg, 7.5/300 mg, 10/300 mg	1	E, SL
Hydrocodone/Ibuprofen	1	
Hydromorphone	1	
Ibuprofen	1	
Indomethacin	1	
Kadian	3	E, SL
Ketorolac	1	
Lazanda	3	SL
Meloxicam	1	
Methadone	1	

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Drug Name	Drug Tier	Requirements & Limits
Morphine Sulfate Extended-Release Capsule	1	E, SL
Morphine Sulfate Extended-Release Tablet	1	SL
Nabumetone	1	
Naprelan	3	E
Naproxen	1	
Nucynta	3	SL
Nucynta ER	3	SL
Onsolis	3	SL
Opana ER	2	SL
Oxycodone	1	
Oxycodone/Acetaminophen	1	SL
Oxycontin	2	SL
Oxymorphone Extended-Release	1	SL
Pennsaid	3	E
Rybix ODT	3	E, SL
Sprix	3	
Subsys	3	SL
Tramadol	1	
Tramadol Extended-Release	1	E, SL
Tramadol Sustained-Release	1	SL
Vimovo	3	E, SL
Voltaren Gel	2	
Zipsor	3	E
Zolvit	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Rheumatoid Arthritis		
Cimzia	2	DSP, N, SL
Enbrel	2	DSP, N, SL
Humira	3	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
Orencia	3	DSP, N, SL
Simponi	2	DSP, N, SL
Overactive Bladder		
Detrol	3	E
Detrol LA	3	E
Dicyclomine	1	
Enblex	3	E
Gelnique	3	E
Myrbetriq	3	E
Oxybutynin	1	
Oxybutynin Extended-Release	1	
Oxytrol	3	E
Sanctura	3	E
Sanctura XR	3	E
Tolterodine	1	E
Tolterodine Extended-Release	1	E
Toviaz	3	
Trospium	1	E
Trospium Extended-Release	1	E
Vesicare	3	E

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Astepro	3	E, SL
Azelastine	1	SL
Beconase AQ	3	E, SL
Clarinet	3	E, SL
Clarinet-D	3	E, SL
Cyproheptadine	1	
Desloratadine	1	E, SL
Dymista	3	E, SL
Flunisolide Spray	1	
Fluticasone Propionate	1	SL
Hydroxyzine	1	
Levocetirizine Tablet	1	SL
Nasacort AQ	3	E, SL
Nasonex	3	E, SL
Omnaris	2	E, SL
Promethazine	1	
Qnasl	3	E, SL
Rhinocort Aqua	3	E, SL
Triamcinolone Spray	1	E, SL
Veramyst	3	E, SL
Zetonna	2	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	SL
Albuterol Sulfate	1	
Alvesco	1	SL
Asmanex	1	SL
Breo Ellipta	3	SL
Budesonide Nebs	1	SL
Combivent Respimat	3	SL

Drug Name	Drug Tier	Requirements & Limits
Dulera	3	SL
Flovent HFA	3	SL
Foradil	2	SL
Ipratropium	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	2	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
Letairis	2	DSP, N, SL
Revatio	3	DSP, E, N, SL
Sildenafil	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N

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Drug Name	Drug Tier	Requirements & Limits
Transplant		
Azathioprine	1	
Cellcept	3	DSP
Cyclosporine Modified	1	DSP
Mycophenolate	1	DSP
Mycophenolic Acid	1	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	DSP
Sirolimus	1	DSP
Tacrolimus	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		
Altavera	1	
Amethia	1	
Apri	1	
Aviane	1	
Azurette	1	
Beyaz	3	E
Camrese	1	
Cryselle	1	
Cyclafem	1	
Emoquette	1	
Enpresse	1	
Generess Fe	3	E
Gianvi	1	
Gildess Fe	1	
Jolessa	1	
Jolivette	1	
Junel	1	
Junel Fe	1	

Drug Name	Drug Tier	Requirements & Limits
Kariva	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 Evra	3	
Ortho Micronor	3	
Ortho Tri-Cyclen	3	
Ortho Tri-Cyclen Lo	3	
Ortho-Cyclen	3	
Ortho-Novum	3	
Portia	1	
Previfem	1	
Quasense	1	
Reclipsen	1	
Safyral	3	E
Sprintec	1	
Syeda	1	
Trinessa	1	
Tri-Previfem	1	
Tri-Sprintec	1	
Trivora-28	1	
Viorele	1	
Yasmin 28	3	
Yaz	3	
Zovia 1-35E	1	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Cenestin	2	
Climara	2	SL
Climara Pro	3	SL
Divigel	2	
Enjuvia	2	
Estrace Cream	2	
Estradiol	1	
Estradiol/Norethindrone Acetate	1	
Estring	2	SL
Estrogen/ Methyltestosterone	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Prempo	3	
Progesterone Micronized Capsule	1	
Vagifem	2	
Vivelle-Dot	2	SL

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

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Common Brand medications excluded from coverage under many benefit plans	Lower-cost option(s)
Aciphex	Omeprazole (generic Prilosec), Pantoprazole (generic Protonix), Rabeprazole (generic Aciphex), Dexilant
Actiq	Fentanyl Lozenge (generic Actiq)
Actos	Pioglitazone (generic Actos)
Adderall	Amphetamine/Dextroamphetamine Immediate-Release (generic Adderall)
Adoxa Tablet	Doxycycline Hyclate (generic Vibra-Tab), Doxycycline Monohydrate Tablet (generic Adoxa Tablet)
Ambien	Zolpidem (generic Ambien)
Arimidex	Anastrozole (generic Arimidex)
Astelin	Azelastine Nasal Spray (generic Astelin)
Ativan	Lorazepam (generic Ativan)
Benzaclin Jar	Clindamycin 1%/Benzoyl Peroxide 5% Gel (generic Benzaclin)
Celexa	Citalopram (generic Celexa)
Cymbalta	Duloxetine (generic Cymbalta)
Diovan HCT	Valsartan/Hydrochlorothiazide (generic Diovan HCT)
Effexor XR	Venlafaxine Extended-Release Capsule (generic Effexor XR)
Entocort EC	Budesonide (generic Entocort EC)
Femara	Letrozole (generic Femara)
Flomax	Tamsulosin (generic Flomax)
Geodon	Ziprasidone (generic Geodon)
Imitrex Injection & Tablets	Sumatriptan Injection, Tablet (generic Imitrex)
Lexapro	Escitalopram (generic Lexapro)
Lidoderm	Lidocaine Transdermal Patch (generic Lidoderm)
Lipitor	Atorvastatin (generic Lipitor)
Maxalt	Rizatriptan (generic Maxalt)
Maxalt-MLT	Rizatriptan (generic Maxalt), Rizatriptan Orally Disintegrating Tablet (generic Maxalt MLT)
Monodox	Doxycycline Hyclate (generic Vibramycin), Doxycycline Monohydrate (generic Monodox)
Natroba	Malathion (generic Ovide), Permethrin (generic Elimite), Spinosad (generic Natroba)
Optivar	Azelastine (generic Optivar), Lastacft
Percocet	Acetaminophen/Oxycodone (generic Percocet)
Plavix	Clopidogrel (generic Plavix)
Prilosec Capsules	Omeprazole (generic Prilosec)
Protonix	Pantoprazole (generic Protonix)
Prozac	Fluoxetine (generic Prozac)
Revatio	Sildenafil (generic Revatio)

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Common Brand medications excluded from coverage under many benefit plans	Lower-cost option(s)
Risperdal	Risperidone (generic Risperdal)
Seroquel	Quetiapine (generic Seroquel)
Singulair Chewable Tablet	Montelukast Chewable Tablet (generic Singulair)
Singulair Tablet	Montelukast (generic Singulair)
Skelaxin	Metaxalone (generic Skelaxin)
Valium	Diazepam (generic Valium)
Valtrex	Valacyclovir (generic Valtrex)
Wellbutrin SR	Bupropion Extended-Release (generic Wellbutrin SR)
Wellbutrin XL	Bupropion Extended-Release (generic Wellbutrin XL)
Xanax	Alprazolam (generic Xanax)
Xanax XR	Alprazolam Extended-Release (generic Xanax XR)
Zoloft	Sertraline (generic Zoloft)
Zovirax Ointment	Acyclovir Ointment (generic Zovirax)
Zyprexa	Olanzapine (generic Zyprexa)
Zyprexa Zydis	Olanzapine (generic Zyprexa), Olanzapine Orally Disintegrating Tablet (generic Zyprexa Zydis)

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Index

A

Abilify	14	Alphagan P 0.1%	17	Astelin	25
Absorica.....	15	Alprazolam	14, 26	Astepro	22
Abstral.....	20	Alprazolam Extended-Release	14, 26	Atelvia	20
Acanya.....	15	Alsuma	13	Atenolol.....	11
Accu-Chek Active Test Strips.....	16	Altavera	23	Atenolol-Chlorthalidone	11
Accu-Chek Aviva Plus.....	16	Altoprev.....	12	Ativan.....	25
Accu-Chek Aviva Plus Test Strips.....	16	Alvesco	22	Atorvastatin.....	12, 25
Accu-Chek Comfort Curve Test Strips.....	16	Ambien.....	14, 25	Atripla	18
Accu-Chek Compact Test Strips.....	16	Ambien CR.....	14	Aubagio	13
Accu-Chek Nano SmartView.....	16	Amethia.....	23	Augmentin XR.....	10
Accu-Chek Nano SmartView Test Strips.....	16	Amiodarone.....	12	Auvi-Q.....	19
Acetaminophen/Butalbital/ Caffeine	13	Amitiza.....	18	Aviane	23
Acetaminophen/Codeine.....	20	Amitriptyline.....	13	Avinza	20
Acetaminophen/Oxycodone..	25	Amlodipine	11	Avodart.....	19
Aciphex	25	Amlodipine/Telmisartan.....	11	Avonex.....	13
Actiq.....	25	Amlodipine Besylate-Benzazepril	11	Axiron	19
Actonel	20	Amoxicillin.....	10	Azathioprine.....	23
Actos	25	Amoxicillin/Potassium Clavulanate.....	10	Azelastine.....	17, 22, 25
Acuvail	17	Amphetamine/ Dextroamphetamine Immediate-Release	25	Azelastine Nasal Spray	25
Acylovir Ointment.....	10, 26	Amphetamine Salt Combo....	12	Azelex.....	15
Acylovir Tablet	10	Ampyra.....	13	Azithromycin	10
Aczone.....	15	Amrix.....	20	Azopt.....	17
Adapalene.....	15	Amturnide.....	11	Azor	11
Adcirca	22	Anastrozole	19, 25	Azurette	23
Adderall.....	12, 25	Androderm.....	19		
Adderall XR.....	12	Androgel.....	19		
Adoxa Capsule.....	10	Android	19		
Adoxa Tablet	25	Antipyrine/Benzocaine	19		
Advair Diskus/HFA.....	22	Aplenzin	13		
Albuterol Sulfate	22	Apri	23		
Alendronate Sodium	20	Apriso	18		
Alfuzosin.....	19	Aranesp	19		
Allopurinol.....	20	Aricept 23 mg.....	14		
		Arimidex	25		
		Armour Thyroid.....	17		
		Asacol HD Tablet	18		
		Asmanex.....	22		

B

Baclofen.....	20
Baraclude	10
Beconase AQ.....	22
Benazepril.....	11
Benazepril- Hydrochlorothiazide.....	11
Benicar	11
Benicar HCT	11
Benzaclin.....	15, 25
Benzaclin Jar	25
Benzonatate	19
Bepreve.....	17
Betamethasone Dipropionate Cream, Lotion, Ointment ..	15
Betamethasone Valerate Foam.....	15

Dicyclomine	21	Emadine	17	Finacea	15
Differin.....	15	Emoquette.....	23	Finasteride.....	19
Difcid	10	Enablex.....	21	Flecainide	12
Digoxin	12	Enalapril.....	11	Flector	20
Diltiazem 24 Hour CD.....	11	Enalapril- Hydrochlorothiazide.....	11	Flomax	25
Diltiazem Sustained-Release Capsule.....	11	Enbrel.....	21	Flovent HFA	22
Diltiazem Sustained-Release Tablet.....	11	Enjuvia	24	Fluconazole.....	10
Diovan.....	11, 25	Enoxaparin Sodium.....	11	Flunisolide Spray.....	22
Diovan HCT.....	25	Enpresse	23	Fluocinonide 0.05% Cream, Ointment, Solution.....	15
Divalproex	14	Entocort EC.....	25	Fluocinonide 0.1% Cream	15
Divalproex Extended-Release	14	Epiduo	15	Fluoride	23
Divigel.....	24	Epipen	19	Fluoxetine.....	13, 25
Donepezil 5, 10 mg	14	Epipen-Jr	19	Fluticasone Propionate	22
Doryx	10	Epzicom	18	Fluvoxamine	13
Dorzolamide-Timolol.....	17	Erythromycin	17	Focalin XR.....	12
Doxazosin.....	11, 19	Escitalopram.....	13, 25	Folic Acid	23
Doxepin.....	13	Estrace Cream	24	Foradil	22
Doxycycline Capsule, Tablet ..	10	Estradiol.....	23, 24	Forfivo XL.....	13
Doxycycline Hyclate.....	10, 25	Estradiol/Norethindrone Acetate.....	24	Forteo	20
Doxycycline Hyclate Capsule, Tablet.....	10	Estring.....	24	Fortesta.....	19
Doxycycline Monohydrate.....	25	Estrogen/ Methyltestosterone	24	Fosinopril Sodium	11
Doxycycline Monohydrate Tablet.....	25	Etodolac	20	Fosrenol	19
Duac	15	Evamist.....	24	Freestyle Test Strips.....	16
Duexis	20	Evista.....	20	Furosemide.....	11
Dulera.....	22	Exalgo	20	G	
Duloxetine.....	13, 25	Exemestane.....	19	Gabapentin.....	14
Duragesic.....	20	Exforge	11	Gelnique.....	21
Dutoprol.....	11	Exforge HCT	11	Gemfibrozil	12
Dymista.....	22	Extavia.....	13	Generess Fe	23
E		F		Genotropin	17
Edarbi.....	11	Felodipine.....	11	Geodon.....	25
Edarbyclor	11	Femara.....	25	Gianvi.....	23
Edluar.....	14	Fenofibrate 48, 145 mg	12	Giazo.....	18
Effexor XR	25	Fenofibrate 54, 160 mg.....	12	Gildess Fe.....	23
Effient	11	Fenofibrate Micronized 43, 130 mg.....	12	Gilenya	13
Elestat.....	17	Fenoglide	12	Gleevec	10
Elimite.....	25	Fentanyl Lozenge	25	Glimepiride	16
Eliquis	11	Fentanyl Patches	20	Glipizide.....	16
		Fentora.....	20	Glipizide Extended-Release ..	16
				Glumetza.....	16
				Glyburide.....	16
				Glyburide-Metformin	16

Golytely.....	18	Ibuprofen.....	20	Lamictal XR.....	14
Gonal-F.....	19	Ilevro.....	17	Lamotrigine.....	14
Gonal-F RFF.....	19	Imipramine.....	13	Lantus Solostar.....	16
Gralise.....	20	Imitrex.....	25	Lantus Vials.....	16
Guanfacine.....	11	Imitrex Injection & Tablets ...	25	Lastacaft.....	17, 25
H					
Halflytely.....	18	Incivek.....	10	Latanoprost.....	17
Helidac.....	18	Indapamide.....	11	Latuda.....	14
Horizant.....	20	Indomethacin.....	20	Lazanda.....	20
Humalog KwikPen.....	16	Intelence.....	18	Leflunomide.....	21
Humalog Mix 75-25 KwikPen.....	16	Intermezzo.....	14	Letairis.....	22
Humalog Vials.....	16	Intuniv.....	12	Letrozole.....	19, 25
Humatrope.....	17	Ipratropium.....	22	Leucovorin Calcium.....	10
Humira.....	21	Irbesartan.....	11	Levalbuterol Nebs.....	22
Humulin 70-30 Vials.....	16	Isentress.....	18	Levemir Flexpen.....	16
Humulin KwikPen.....	16	Isosorbide Mononitrate ER...	12	Levemir Vials.....	16
Humulin N KwikPen.....	16	Itraconazole.....	10	Levetiracetam.....	14
Humulin N Vials.....	16	J			
Humulin R Vials.....	16	Jalyn.....	19	Levetiracetam Extended-Release.....	14
Hydralazine.....	11	Janumet.....	16	Levocetirizine Tablet.....	22
Hydrochlorothiazide.....	11, 25	Januvia.....	16	Levofloxacin.....	10
Hydrocodone/ Acetaminophen.....	20	Jentaduo.....	16	Levora-28.....	23
Hydrocodone/Acetaminophen 5/300 mg, 7.5/300 mg, 10/300 mg.....	20	Jolessa.....	23	Levothyroxine Sodium.....	17
Hydrocodone/ Chlorpheniramine.....	19	Jolivette.....	23	Levoxyl.....	17
Hydrocodone/Homatropine ...	19	Junel.....	23	Lexapro.....	25
Hydrocodone/Ibuprofen.....	20	Junel Fe.....	23	Lialda.....	18
Hydrocortisone Butyrate Cream.....	15	K			
Hydrocortisone Cream, Ointment.....	15	Kadian.....	20	Lidocaine Transdermal Patch.....	19, 25
Hydromorphone.....	20	Kaletra.....	18	Lidoderm.....	25
Hydroxychloroquine Sulfate...	21	Kapvay.....	12	Linzess.....	18
Hydroxyurea.....	10	Kariva.....	23	Liothyronine Sodium.....	17
Hydroxyzine.....	22	Kazano.....	16	Lipitor.....	25
Hyoscyamine.....	18	Keppra.....	14	Lipofen.....	12
I					
Ibandronate.....	20	Keppra XR.....	14	Liptruzet.....	12
		Keralyt Scalp Kit.....	15	Lisinopril.....	11, 35
		Ketoconazole.....	10	Lisinopril- Hydrochlorothiazide.....	11
		Ketorolac.....	20	Lithium.....	14
		Klor-Con M10.....	23	Livalo.....	12
		Klor-Con M20.....	23	Lo Loestrin Fe.....	23
		Kombiglyze XR.....	16	Locoid Lipocream.....	15
L					
Labetalol.....	11				
Lamictal.....	14				

Ritalin LA.....	13
Rizatriptan	13, 25
Rizatriptan Orally Disintegrating Tablet.....	13, 25
Rizatriptan Tablet.....	13
Ropinirole.....	14
Rybix ODT	21

S

Safyral	23
Saizen	17
Sanctura	21
Sanctura XR.....	21
Sancuso.....	18
Seroquel.....	14, 26
Seroquel XR	14
Sertraline	13, 26
Sildenafil.....	22, 25
Silenor	14
Simbrinza	17
Simcor	12
Simponi	21
Simvastatin	8, 12
Singulair	26
Singulair Chewable Tablet ...	26
Singulair Tablet.....	26
Sirolimus	23
Skelaxin.....	26
Sodium Sulfacetamide-Sulfur.....	15
Solodyn.....	10
Soltamox.....	19
Soma 250.....	20
Sorilux	15
Sotalol.....	12
Spinosad	25
Spiriva	22
Spironolactone	11
Sprintec	23
Sprix	21
Stelara.....	15
Strattera.....	13
Stribild.....	18
Suboxone Film	14

Subsys	21
Suclear	18
Sucralfate Tablet.....	18
Sulfamethoxazole- Trimethoprim.....	10
Sulfasalazine.....	18
Sumadan.....	15
Sumatriptan Injection, Tablet	25
Sumatriptan Nasal Spray.....	13
Sumatriptan Succinate Tablet, Injection.....	13
Sumavel DosePro	13
Sumaxin CP	15
Sumaxin TS	15
Suprep	18
Sustiva	18
Sutent	10
Syeda	23
Symbicort	22
Synthroid.....	17

T

Taclonex	15
Tacrolimus	23
Tamiflu.....	10
Tamoxifen.....	20
Tamsulosin	19, 25
Tasigna	10
Tasmar.....	14
Tecfidera.....	13
Tekamlo.....	11
Telmisartan.....	11
Temazepam	14
Terazosin	11, 19
Terbinafine	10
Testim.....	19
Testosterone Cypionate.....	19
Testosterone Enanthate	19
Testred.....	19
Tev-Tropin.....	17
Timolol Maleate	17
Tirosint.....	17
Tizanidine Tablet	20
Tobi	20

Tobi Podhaler	20
Tobradex ST.....	17
Tobramycin/Dexamethasone..	17
Tobramycin Nebulized Solution	20
Tolterodine	21
Tolterodine Extended-Release	21
Topamax.....	15
Topiramate	15
Torsemide.....	11
Toviaz.....	21
Tracleer.....	22
Tradjenta.....	17
Tramadol	21
Tramadol Extended-Release...	21
Tramadol Sustained-Release...	21
Travatan Z.....	17
Trazodone.....	13
Tretinoin.....	15
Tretinoin Microspheres	15
Treximet	13
Tri-Previfem	23
Tri-Sprintec	23
Triamcinolone Acetonide Cream, Lotion, Ointment ..	15
Triamcinolone Spray.....	22
Triamterene- Hydrochlorothiazide.....	11
Trianex	15
Tribenzor.....	11
Tricor 48 mg, 145 mg	12
Trileptal.....	15
Trilipix.....	12
Trinessa	23
Trivora-28.....	23
Trokendi XR	15
Trospium	21
Trospium Extended-Release...	21
Truvada	18
Tudorza	22
Twynsta	12
Tyvaso	22

U	
Uceris.....	18
Uloric.....	20
Ultresa	18
Umecta	15, 16
Umecta PD.....	16
Uramaxin GT.....	16
Ursodiol.....	18

V	
Vagifem	24
Valacyclovir	10, 26
Valium	26
Valsartan- Hydrochlorothiazide.....	12
Valsartan/ Hydrochlorothiazide.....	25
Valtrex	26
Vanos	16
Vascepa	12
Vectical.....	16
Veltin	16
Venlafaxine.....	13, 25
Venlafaxine Extended-Release Capsule.....	13, 25
Venlafaxine Extended-Release Tablet.....	13
Ventolin HFA.....	22
Veramyst.....	22
Verapamil	12
Verapamil Sustained-Release.	12
Verdeso	16

Vesicare.....	21
Vibra-Tab.....	25
Vibramycin	25
Victoza	17
Viibryd	13
Vimovo	21
Viokace.....	18
Viorele	23
Virasal	16
Viread.....	18
Vivelle-Dot.....	24
Voltaren Gel	21
Vytorin	12
Vyvanse	13

W	
Warfarin Sodium	11
Welchol	12
Wellbutrin SR	26
Wellbutrin XL.....	26

X	
Xanax	26
Xanax XR.....	26
Xarelto.....	11
Xeloda	10
Xerese	16
Xopenex HFA	22
Xopenex Nebs.....	22
Xyrem	14

Y	
Yasmin 28.....	23

Yaz.....	23
----------	----

Z	
Zaleplon	14
Zegerid Capsule	18
Zelapar	14
Zenpep	18
Zenzedi	13
Zetia	12
Zetonna	22
Ziana	16
Ziprasidone.....	14, 25
Zipsor	21
Zolofit	26
Zolpidem	14, 25
Zolpidem Extended-Release...	14
Zolpimist.....	14
Zolvit.....	21
Zonatuss.....	20
Zonegran.....	15
Zonisamide.....	15
Zovia 1-35E.....	23
Zovirax.....	10, 26
Zovirax Cream	10
Zovirax Ointment	26
Zubsolv.....	14
Zuplenz	18
Zutripro.....	20
Zyclara.....	16
Zyprexa.....	26
Zyprexa Zydis.....	26
Zytiga.....	10

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- Over-the-counter product offering
- Preferred Drug List (PDL)
- Pharmacy directory
- Health and well-being information
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