



Your 2014 Prescription Drug List

effective July 1, 2014

Oxford Advantage Three-Tier

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

For additional information:



Call us toll-free at the phone number on your health plan ID card. If you have a hearing impairment and need help, please call our TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for help in Chinese, 1-888-201-4746 for help in Korean, or the phone number on your ID card for help in English and other languages.



Visit oxfordhealth.com, click the Pharmacies & Prescriptions tab and then "Online Pharmacy" to log in to the OptumRx site and:

- 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 oxfordhealth.com for complete drug information

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

Member Site Login

Username:

Password:

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Need a username and password?
Get a username and password through our free registration process for Oxford plan members.

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Smart choices

Links and Tools

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Service Notifications

Scheduled System Maintenance:

- Daily 1:30am to 3:30am EDT
- Saturday 6pm to Sunday 5am EDT

As a result, certain transactions will be unavailable during these hours. We apologize for any inconvenience and thank you for your patience.

Messages

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- [Links to health reform information](#)
- [For members who have a New York UnitedHealthcare insurance policy who may be in danger from another family member](#)
- [Public Health Alert: NY State Health Dept. Recommends Meningococcal Vaccination, Given Increase in Cases in Some NYC Boroughs](#)
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We want to help you better understand your medication options.

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

What is a Prescription Drug List (PDL)?

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

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to **oxfordhealth.com** or call us toll-free at the 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 **oxfordhealth.com** or call us toll-free at the phone number on your health plan ID card. If you have a hearing impairment and need help, please call our TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for help in Chinese, 1-888-201-4746 for help in Korean, or the phone number on your ID card for help in English and other languages.

What are tiers?

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

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

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

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

When does the Prescription Drug List change?

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

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

For the most up-to-date list, call us toll-free at the phone number on your health plan ID card.

Programs and Limits

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

DSP	Designated Specialty Program – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the phone number on your health plan ID card or 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.
MC	Multiple Copayment – More than one month's worth of medication included in package so additional copayment applies.
N	Notification or precertification (sometimes referred to as preauthorization) required* – Your doctor is required to provide additional information to us to determine coverage.
RS	Refill and Save Program – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SDP	Select Designated Pharmacy – Must use a lower cost medication at retail or transfer the impacted medication to the mail service pharmacy for network coverage.
SL	Supply Limit – Amount of medication covered per copayment or in a specific time period.
ST	Step Therapy** – Trial of a lower cost medication is required before a higher cost medication is covered.
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 health plan, you may have notification or precertification (sometimes referred to as preauthorization) for select medications.

**Step Therapy does not apply to Oxford New Jersey plans.

To learn more about a pharmacy program or to find out if it applies to you, please visit oxfordhealth.com or call us toll-free at the phone number on your health plan ID card or 1-800-444-6222. If you have a hearing impairment and need help, please call our TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for help in Chinese, 1-888-201-4746 for help in Korean, or the phone number on your ID card for help in English and other languages.

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.¹ 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 **oxfordhealth.com** to make sure.

¹ This is not applicable for Connecticut Public Sector plans and plans written in New Jersey. For Connecticut commercial business and New York plans, a prescription drug product that is therapeutically equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

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 us toll-free at the phone number on your health plan ID card to talk to a representative about finding lower-cost options.²

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 to have your prescriptions delivered right to your home or office.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit [oxfordhealth.com](https://www.oxfordhealth.com) or call us toll-free at the phone number on your health plan ID card for more current information.

For more information



Call us toll-free at the phone number on your health plan ID card. If you have a hearing impairment and need help, please call our TTY/TDD line at 1-800-201-4875. Please call 1-800-303-6719 for help in Chinese, 1-888-201-4746 for help in Korean, or the phone number on your ID card for help in English and other languages.



Or, visit [oxfordhealth.com](https://www.oxfordhealth.com)

²Not all plans require use of the specialty network. Please refer to your Prescription Drug List Rider to determine if the Specialty Pharmacy Network is required as part of your plan.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in terms does not affect your benefit coverage. Medications are categorized by common therapeutic conditions in this PDL for ease of reference only. These categories do not determine coverage for the medication for your condition. Your health plan determines coverage for these medications.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Adoxa Capsule	3	N
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Augmentin XR	3	N
Azithromycin	1	
Cefdinir	2	
Cefuroxime	1	
Centany AT	3	N
Cephalexin	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin	1	
Dificid	3	SL
Doryx	3	N
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	N, SL
Terbinafine	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	3	SL
Acyclovir Tablet	1	
Baraclude	2	DSP
Incivek	2	DSP, N, SL
Olysio	2	DSP, N, SL
Ribapapak	3	DSP, N
Ribavirin	1	DSP
Tamiflu	3	SL
Valacyclovir	2	SL
Zovirax Cream	3	SL
Cancer		
Bosulif	2	DSP, N, SL, ST
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
MC = Multiple Copayment

N = Notification or precertification (sometimes referred to as preauthorization) required

RS = May be eligible for the Refill and Save Program

SDP = Select Designated Pharmacy

SL = Supply Limit **ST** = Step Therapy

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	2	SL
Pradaxa	2	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine/Telmisartan	3	N, SL
Amlodipine Besylate-Benazepril	2	SL
Amturnide	3	N, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Azor	3	N, 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	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Coreg CR	3	N, SL
Diltiazem 24 Hour CD	2	
Diltiazem Sustained- Release Capsule	2	
Diltiazem Sustained- Release Tablet	2	
Diovan	3	SL, 1/2T

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

Drug Name	Drug Tier	Requirements & Limits
Triamterene-Hydrochlorothiazide	1	
Tribenzor	3	N, SL
Twynsta	3	N, SL
Valsartan-Hydrochlorothiazide	2	SL
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Altoprev	3	N, SL
Atorvastatin	1	SL, 1/2T
Caduet	3	N, SL
Choline Fenofibrate	3	N
Crestor	2	SL, 1/2T
Fenofibrate 48, 145 mg	3	N
Fenofibrate 54, 160 mg	2	
Fenofibrate Micronized 43, 130 mg	2	
Fenoglide	3	
Gemfibrozil	1	
Lipofen	2	
Liptruzet	3	N, SL
Livalo	3	SL
Lovastatin	1	
Lovaza	3	N
Niacin Extended-Release Tablet	3	
Niaspan	2	
Pravastatin	1	1/2T
Simcor	3	SL
Simvastatin	1	1/2T
Tricor 48 mg, 145 mg	3	N
Trilipix	3	N

Drug Name	Drug Tier	Requirements & Limits
Vascepa	3	N
Vytorin	3	SL
Welchol	2	
Zetia	3	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	2	
Nitroglycerin Sublingual Spray	3	SL
Nitrolingual Pump Spray	3	N, SL
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	N, SL
Amphetamine Salt Combo	1	N
Clonidine Extended-Release Tablet	3	N
Concerta	2	N, SL
Daytrana	3	N, SL
Dexmethylphenidate	1	N
Dexmethylphenidate Extended-Release Capsule	3	N, SL
Dextroamphetamine Sulfate	3	N
Dextroamphetamine-Amphetamine	1	N

Bold type = Brand name drug
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SDP = Select Designated Pharmacy

SL = Supply Limit **ST** = Step Therapy

1/2T = May be eligible for Half Tablet

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

Drug Name	Drug Tier	Requirements & Limits
Oleptro	3	N, SL
Paroxetine	1	
Pristiq ER	3	RS, SL
Sertraline	1	1/2T
Trazodone	1	
Venlafaxine	1	
Venlafaxine Extended- Release Capsule	1	SL
Venlafaxine Extended- Release Tablet	3	N, SL
Viibryd	3	SDP, SL
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine	1	SL
Alsuma	3	N, SL
Cambia	3	N, SL
Relpax	2	SL
Rizatriptan Orally Disintegrating Tablet	3	SL
Rizatriptan Tablet	2	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL
Treximet	3	N, SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, N, SL
Aubagio	3	DSP, N, SL, ST
Avonex	2	DSP, N, SL
Betaseron	2	DSP, N, SL
Copaxone 20 mg	2	DSP, N, SL
Extavia	3	DSP, N, SL, ST
Gilenya	3	DSP, N, SL, ST
Rebif	3	DSP, N, SL, ST
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	N
Buprenorphine/Naloxone Tablet	3	N, SL
Buspirone	1	
Carbidopa-Levodopa	1	
Diazepam	1	
Donepezil 5, 10 mg	1	
Latuda	3	SL
Lithium	1	
Lorazepam	1	
Mirapex ER	3	N
Modafinil	3	N, SL
Nuvigil	3	N, SL
Olanzapine	1	SL
Pramipexole	1	
Provigil	3	N, SL
Quetiapine	2	SL
Requip XL	3	N
Risperidone	1	
Ropinirole	1	
Seroquel XR	3	SL
Suboxone Film	3	N, SL
Tasmar	2	
Xyrem	3	N, SL
Zelapar	3	
Ziprasidone	2	SL
Zubsolv	2	N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Sedatives/Hypnotics		
Ambien CR	3	N, SL, ST
Edluar	3	N, SL, ST
Intermezzo	3	N, SL, ST
Lunesta	3	SL, ST
Silenor	3	N, SL
Temazepam	1	
Zaleplon	1	SL
Zolpidem	1	SL
Zolpidem Extended-Release	3	N, SL, ST
Zolpimist	3	SL, ST
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Clonazepam	1	
Depakote	3	N, ST
Depakote ER	3	N, ST
Diazepam	1	
Divalproex	1	
Divalproex Extended-Release	1	
Gabapentin	1	
Keppra	3	N, ST
Keppra XR	3	N, ST
Lamictal	3	N, ST
Lamictal XR	3	N, ST
Lamotrigine	1	
Levetiracetam	1	
Levetiracetam Extended-Release	2	
Lyrica	3	SDP, SL
Neurontin	3	N, ST
Oxcarbazepine	1	

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

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

Drug Name	Drug Tier	Requirements & Limits
Trianex	3	N, SL
Umecta	3	N
Umecta PD	3	N
Uramaxin GT	3	N
Vanos	3	N, SL
Vectical	3	SL
Veltin	3	N, SL
Verdeso	3	N, SL
Virasal	3	E
Xerese	3	N
Ziana	3	N, SL
Zyclara	3	N, 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	N, SL
Freestyle Test Strips	3	N, SL
One Touch Test Strips	1	SL
One Touch Ultra Meter	1	
One Touch Ultra Mini	1	

Drug Name	Drug Tier	Requirements & Limits
One Touch Ultra Test Strips	1	SL
One Touch Verio IQ	1	
One Touch Verio IQ Test Strips	1	SL
*Note: Diabetic supplies and prescription medications may be subject to different cost share arrangements. Please see your Summary of Benefits and Coverage (SBC) for specifics.		
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	3	
Levemir Flexpen	1	
Levemir Vials	1	
Novolog	3	N
Novolog Flexpen	3	N
*Note: Diabetic supplies and prescription medications may be subject to different cost share arrangements. Please see your Summary of Benefits and Coverage (SBC) for specifics.		
Diabetes: Non-Insulin*		
Bydureon	3	SL
Byetta	2	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glumetza	3	

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Drug Name	Drug Tier	Requirements & Limits
Glyburide	1	
Glyburide-Metformin	1	
Janumet	3	N, SL
Januvia	3	N, SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	2	SL
Pioglitazone-Metformin	2	SL
Prandimet	3	
Prandin	3	SL
Repaglinide	2	SL
Tradjenta	2	SL
Victoza	3	SL

***Note:** Diabetic supplies and prescription medications may be subject to different cost share arrangements. Please see your Summary of Benefits and Coverage (SBC) for specifics.

Endocrine: Growth Hormone

Genotropin	3	DSP, N, SL
Humatrope	3	DSP, N, SL
Norditropin	3	DSP, N, SL
Nutropin AQ NuSpin	2	DSP, N, SL
Omnitrope	3	DSP, 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	N

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium	1	
Levoxyl	2	
Liothyronine Sodium	2	
Methimazole	1	
NP Thyroid	1	
Synthroid	2	
Tirosint	2	
Eye Conditions: Allergies		
Azelastine	3	SL
Bepreve	3	N, SL
Elestat	3	N, SL
Emadine	3	N
Lastacft	3	SL
Pataday	3	N, SL
Patanol	3	N, SL

Eye Conditions: Antibiotics

Erythromycin	1	
Ofloxacin	1	
Polymyxin B Sulfate/ Trimethoprim	1	
Tobradex ST	3	N, SL
Tobramycin/ Dexamethasone	2	

Eye Conditions: Glaucoma

Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Cosopt PF	3	N, SL
Dorzolamide-Timolol	2	
Latanoprost	1	
Lumigan	2	SL
Simbrinza	3	N, SL
Timolol Maleate	1	
Travatan Z	2	SL

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Other		
Acuvail	3	N, SL
Bromday	3	N, SL
Ilevro	3	N
Lotemax Gel	3	N, SL
Lotemax Solution	3	SL
Prolensa	3	N, SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Helidac	3	N, SL
Nexium	3	N, SL
Omeclamox-Pak	3	SL
Omeprazole	1	
Pantoprazole	1	
Prevacid Capsules	3	N, SL
Prevacid Solutab	3	N, SL
Prevpac	3	N, SL
Pylera	3	SL
Rabeprazole	3	SL
Sucralfate Tablet	1	
Zegerid Capsule	3	E, SL
Gastrointestinal: Nausea/Vomiting		
Ondansetron	1	
Ondansetron ODT	1	
Sancuso	3	N, SL
Zuplenz	3	N, SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	3	N, SL, ST
Apriso	2	
Asacol HD Tablet	3	N
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	N
Giazo	3	N
Golytely	2	
Halflytely	3	
Hyoscyamine	1	
Lialda	2	
Linzess	2	N, SL
Metoclopramide	1	
Metozolv ODT	3	N
Moviprep	3	
Pentasa	3	N
Pertzye	3	N
Polyethylene Glycol 3350	2	
Prepopik	3	
Procort	3	N
Suclear	3	
Sulfasalazine	1	
Suprep	3	
Uceris	3	
Ultresa	3	N
Ursodiol	1	
Viokace	3	N
Zenpep	2	

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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
Norvir	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, N
Sustiva	2	DSP
Truvada	2	DSP, N
Viread	2	DSP
Infertility*		
Cetrotide	2	DSP, N
Gonal-F	2	DSP, N
Gonal-F RFF	2	DSP, N
Ovidrel	3	DSP, N
*Coverage is determined by the consumer's prescription drug benefit plan.		
Men's Health: Erectile Dysfunction		
Cialis	3	N, SL
Staxyn	3	N, SL
Viagra	3	N, SL
Men's Health: Prostate		
Alfuzosin	1	
Avodart	3	N, SDP
Doxazosin	1	
Finasteride	1	
Jalyn	3	N
Rapaflo	3	
Tamsulosin	1	
Terazosin	1	

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Testosterone Therapy		
Androderm	2	N, SL
Androgel	3	N, SL
Android	2	
Axiron	3	N, SL
Depo-Testosterone	3	
Fortesta	3	N, SL
Testim	2	N, SL
Testosterone Cypionate	1	
Testosterone Enanthate	1	
Testred	2	
Miscellaneous		
Anastrozole	1	
Antipyrine/Benzocaine	1	
Aranesp	2	DSP, SL
Auvi-Q	3	N, SL
Benzonatate	1	
Bethkis	2	DSP, N, SL
Bromfed DM	3	
Chlorhexidine Gluconate	1	
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Exemestane	2	
Fosrenol	2	
Hydrocodone/ Chlorpheniramine	3	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	2	SL
Nuedexta	2	
Pegasys	2	DSP, N, SL
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, N, SL

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

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

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Drug Name	Drug Tier	Requirements & Limits
Nabumetone	1	
Naprelan	3	N
Naproxen	1	
Nucynta	3	SL
Nucynta ER	3	N, SL
Onsolis	3	N, SL
Opana ER	2	N, SL
Oxycodone	1	
Oxycodone/ Acetaminophen	1	SL
Oxycontin	2	N, SL
Oxymorphone Extended-Release	3	N, SL
Pennsaid	3	N
Rybix ODT	3	N, SL
Sprix	3	
Subsys	3	N, SL
Tramadol	1	
Tramadol Extended-Release	3	N, SL
Tramadol Sustained-Release	2	SL
Vimovo	3	N, SL
Voltaren Gel	2	
Zipsor	3	N
Zolvit	3	N, SL
Musculoskeletal: Rheumatoid Arthritis		
Cimzia	2	DSP, N, SL
Enbrel	2	DSP, N, SL
Humira	3	DSP, N, SL, ST
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
Orencia	3	DSP, N, SL
Simponi	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Overactive Bladder		
Detrol	3	N
Detrol LA	3	N
Dicyclomine	1	
Enablex	3	N
Gelnique	3	E
Myrbetriq	3	N
Oxybutynin	1	
Oxybutynin Extended-Release	2	
Oxytrol	3	E
Sanctura	3	N
Sanctura XR	3	N
Tolterodine	3	N
Tolterodine Extended-Release	3	N
Trospium	3	N
Trospium Extended-Release	3	N
Toviaz	3	
Vesicare	3	N
Respiratory: Allergies		
Astepro	3	N, SL
Azelastine	3	SL
Beconase AQ	3	N, SL
Clarinx	3	N, SL
Clarinx-D	3	N, SL
Cyproheptadine	1	
Desloratadine	3	N, SL
Dymista	3	N, SL
Flunisolide Spray	3	
Fluticasone Propionate	2	SL
Hydroxyzine	1	
Levocetirizine Tablet	1	SL

Drug Name	Drug Tier	Requirements & Limits
Nasacort AQ	3	E, SL
Nasonex	3	N, SL
Omnaris	3	N, SL
Promethazine	1	
Qnasl	3	N, SL
Rhinocort Aqua	3	N, SL
Triamcinolone Spray	3	E, SL
Veramyst	3	N, SL
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Albuterol Sulfate	1	
Alvesco	1	SL
Asmanex	1	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	3	RS, SL
Flovent HFA	3	SDP, SL
Foradil	2	SL
Ipratropium	1	
Levalbuterol Nebs	3	N, SL
Montelukast	1	SL
Perforomist	3	SL
Proair HFA	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SDP, SL
QVAR	1	SL
Spiriva	2	SL
Symbicort	3	N, SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebs	3	N, SL

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, N, SL
Letairis	2	DSP, N, SL
Revatio	3	DSP, N, SL
Sildenafil	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N
Transplant		
Azathioprine	1	
Cellcept	3	DSP
Cyclosporine Modified	1	DSP
Mycophenolate	1	DSP
Mycophenolic Acid	2	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	DSP
Sirolimus	2	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	

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Drug Name	Drug Tier	Requirements & Limits
Women's Health: Contraceptives		
Altavera	1	
Amethia	3	MC
Apri	1	
Aviane	1	
Azurette	2	
Beyaz	3	N
Camrese	3	MC
Cryselle	1	
Cyclafem	1	
Emoquette	1	
Enpresse	1	
Generess Fe	3	N
Gianvi	3	
Gildess Fe	1	
Jolessa	2	MC
Jolivette	3	
Junel	2	
Junel Fe	1	
Kariva	2	
Levora-28	1	
Lo Loestrin Fe	3	
Loryna	3	
Low-Ogestrel	1	
Lutera	1	
Microgestin	2	
Microgestin FE	1	
Minastrin 24 FE	3	N
Mononessa	3	
Natazia	1	
Necon 0.5/35, 1/35, 1/50, 10/11	1	

Drug Name	Drug Tier	Requirements & Limits
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	
Nuvaring	2	
Orsythia	1	
Ortho Evra	3	
Ortho Micronor	1	
Ortho Tri-Cyclen	1	
Ortho Tri-Cyclen Lo	3	
Ortho-Cyclen	1	
Ortho-Novum	3	
Ortho-Novum 7/7/7	1	
Portia	1	
Previfem	3	
Quasense	2	MC
Reclipsen	1	
Safyral	3	N
Sprintec	3	
Syeda	3	
Trinessa	3	
Tri-Previfem	3	
Tri-Sprintec	3	
Trivora-28	1	
Viorele	2	
Yasmin 28	1	
Yaz	2	
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	2	
Estring	2	MC, SL
Estrogen/Methyltestosterone	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Prempro	3	
Progesterone Micronized Capsule	2	
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 health 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 health 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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