Your 2013 State of Colorado Prescription Drug List

effective July 1, 2013

UnitedHealthcare®

Your Prescription Drug List:

Helping you get the most out of your pharmacy benefit.

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers.

Go to myuhc.com® for complete and up-to-date drug information

Since the PDL may change, we encourage you to visit our website, myuhc.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.

Table of Contents

Welcome to Your Prescription Drug List 1

Frequently Asked Questions 1

Information About Tiers 2

Top 500 Medications 5

Anti-Infectives
Antibiotics 5
Antifungals 5
Antivirals 5

Cardiovascular/Heart Disease
Coagulation Therapy 6
High Blood Pressure 6
High Cholesterol 7
Other 7

Central Nervous System
Attention Deficit Disorder 7
Depression 8
Migraine 8
Sedatives/Hypnotics 8
Seizure Disorders 9
Other 9

Dermatology 10

Diabetes/Endocrine
Blood Glucose Monitoring 10
Insulin 10
Non-Insulin 11

Endocrine
Other 11

Eye Conditions
Allergies 11
Antibiotics 12
Glaucoma 12

Gastrointestinal
Acid Suppression 12
Nausea/Vomiting 13
Other 13

Men's Health
Erectile Dysfunction 13
Prostate 13

Miscellaneous
Miscellaneous 14
Overactive Bladder 14

Musculoskeletal
Osteoporosis 14
Pain Relief 15
Rheumatoid Arthritis 15
Other 15

Respiratory
Asthma/COPD 16
Nasal Allergies 16
Oral Allergies 16

Women's Health
Contraceptives 17
Estrogen/Progesterone 17
Prenatal Vitamins 17

Specialty Medications 18

Excluded Drugs with Alternatives 24

Index 26

Welcome
to your 2013 Prescription Drug List

At UnitedHealthcare, 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 placed into cost levels, also known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). The PDL is reviewed periodically and may change.

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to myuhc.com or call the toll-free member phone number on the back of 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 is organized by common medical conditions. Then, within each medical condition section, medications are listed by cost level, known as tiers.

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

What are tiers?

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

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

$ **Tier 1** Your lowest-cost medications	$$ **Tier 2** Your midrange-cost medications	$$$ **Tier 3** Your highest-cost medications

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 will apply once you hit your deductible. Refer to your enrollment and plan materials on myuhc.com, or call the toll-free number of the back of 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 its 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.

Why are there letters (AE, PA, etc.) next to certain medications in the PDL, and what do they mean?

Some medications are noted with letters next to them. The symbols refer to our pharmacy benefit programs and are provided to help you check which medications may have a program. Your benefit plan determines how these medications may be covered for you.

Symbols			
½T	Eligible for Half Tablet Program	**M**	Multisource Brand (generics available)
AE	Age Edit	**PA**	Prior Authorization Required
B	Brand	**QL**	Quantity Limit
G	Generic	**ST**	Step Therapy Required

*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 myuhc.com or call the toll-free member phone number on the back of 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.

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. Check myuhc.com to make sure.

Are you taking a specialty medication?

Specialty medications treat rare and complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the PDL.

If you are taking a specialty medication that is on Tier 2 or Tier 3, call the toll-free number on the back of 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 1-888-702-8423 and 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, we encourage you to visit myuhc.com or call the toll-free member phone number on the back of your health plan ID card for more current information.

Log on to myuhc.com for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Participating retail pharmacies by zip code
- Your prescription history

And, if mail service is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set-up e-mail reminders for refills
- Manage your account

What if I still have questions?

Please call the toll-free member phone number on the back of your health plan ID card. Representatives are available 24 hours a day (except Thanksgiving and Christmas).

Where else can I go for information?

- myuhc.com for the most up-to-date information about your specific benefit plan and medication information.
- HealthCareLane.com has short videos to help you learn more about UnitedHealthcare benefits and health insurance information.
- UHCTV.com is a fun and easy way to learn about health terms and other health-related topics.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in terms does not affect your benefit coverage.

Medications are categorized by common therapeutic conditions in this PDL for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines coverage for these medications.

Anti-Infectives Antibiotics (Oral, inhaled and ear antibiotics are listed)

Tier 1

Amoxicillin Capsule, Tablet, Suspension **G**
Amoxicillin/K Clavulanate Tablet, Suspension **G**
Azithromycin Suspension, Tablet **G**
Cefdinir Capsule, Suspension **G**
Cefprozil Tablet **G**
Cefuroxime Tablet **G**
Cephalexin Capsule, Suspension **G**
Ciprofloxacin Tablet **G**
Clarithromycin Tablet, 24-Hour Tablet **G**
Clindamycin Capsule **G**
Doxycycline Capsule, Tablet **G**
Levofloxacin Tablet **G**
Minocycline Capsule **G**
Nitrofurantoin Capsule **G**
Penicillin VK Tablet **G**
Sulfamethoxazole/Trimethoprim DS Tablet, Suspension **G**
Tetracycline Capsule **G**

Tier 2

Ery-Tab Tablet **B**
Mycobutin Capsule **B QL**

Tier 3

Avelox Tablet **B**
Solodyn 24-Hour Tablet **B QL**

Anti-Infectives Antifungals (Oral and topical antifungals are listed)

Tier 1

Fluconazole Tablet **G**
Metronidazole Gel, Tablet **G**
Nystatin Suspension **G**
Terbinafine Tablet **G**
Terconazole Cream **G QL**

Tier 2

Grifulvin V Tablet **B**
Nebupent Solution **B QL**

Anti-Infectives Antivirals

Tier 1

Acyclovir Tablet, Capsule **G**
Famciclovir Tablet **G**
Valacyclovir Tablet **G QL**

Tier 3

Tamiflu Capsule, Suspension **B QL**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
Please check your pharmacy plan details for more specific information.

Cardiovascular/Heart Disease Coagulation Therapy

Tier 1

Clopidogrel Tablet **G QL**
Warfarin Tablet **G**

Tier 2

Aggrenox 12-Hour Capsule **B**
Effient Tablet **B QL**
Elmiron Capsule **B QL**
Pradaxa Capsule **B PA QL**

Tier 3

Coumadin Tablet **M**
Plavix Tablet **M QL**

Cardiovascular/Heart Disease High Blood Pressure

Tier 1

Amlodipine Tablet **G QL**
Amlodipine/Benazepril Capsule **G QL**
Atenolol Tablet **G**
Atenolol/Chlorthalidone Tablet **G**
Benazepril Tablet **G**
Benazepril/HCTZ Tablet **G**
Bisoprolol Tablet **G**
Bisoprolol/HCTZ Tablet **G**
Bumetanide Tablet **G**
Cartia XT 24-Hour Capsule **G**
Carvedilol Tablet **G**
Chlorthalidone Tablet **G**
Clonidine Tablet **G**
Diltiazem 24-Hour Capsule, Tablet **G**
Enalapril Tablet **G**
Felodipine 24-Hour Tablet **G QL**
Fosinopril Tablet **G**
Furosemide Tablet **G**
Guanfacine Tablet **G**
Hydralazine Tablet **G**
Hydrochlorothiazide Tablet, Capsule **G**
Irbesartan Tablet **½T G QL**
Isosorbide Mononitrate 24-Hour Tablet **G**
Labetalol Tablet **G**
Lisinopril Tablet **G**
Lisinopril/HCTZ Tablet **G**
Losartan Tablet **½T G QL**
Losartan/HCTZ Tablet **G QL**
Metolazone Tablet **G**
Metoprolol Tablet, 24-Hour Tablet **G**
Nadolol Tablet **G**
Nifediac CC 24-Hour Tablet **G**
Nifedical XL 24-Hour Tablet **G**
Nifedipine 24-Hour Tablet **G**
Propranolol 24-Hour Capsule **G**
Propranolol Tablet **G**
Quinapril Tablet **G**
Quinapril/HCTZ Tablet **G**
Ramipril Capsule **G QL**
Sotalol HCl Tablet **G**
Spironolactone Tablet **G**
Torsemide Tablet **G**
Triamterene/HCTZ Capsule **G**
Valsartan/HCTZ Tablet **G QL**
Verapamil Controlled-Release Tablet, Capsule **G**

Tier 2

Benicar HCT Tablet **B QL ST**
Benicar Tablet **½T B QL ST**
Bystolic Tablet **B QL**
Diovan Tablet **½T B QL ST**
Dutoprol Tablet **B QL**
Exforge HCT Tablet **B QL ST**
Exforge Tablet **B QL ST**
Micardis HCT Tablet **B QL ST**
Micardis Tablet **B QL ST**
Tekturna Tablet **B QL ST**

Tier 3

Avapro Tablet **½T B QL**
Azor Tablet **B QL ST**
Coreg CR 24-Hour Capsule **B QL ST**
Diovan HCT Tablet **M QL**
Lotrel Capsule **B QL**
Toprol XL 24-Hour Tablet **M**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
Please check your pharmacy plan details for more specific information.

Cardiovascular/Heart Disease High Cholesterol

Tier 1

Amlodipine/Atorvastatin Tablet **G QL**
Atorvastatin Tablet **½T G**
Fenofibrate Tablet, Capsule **G QL**
Gemfibrozil Tablet **G QL**
Lovastatin Tablet **G**
Pravastatin Tablet **½T G**
Simvastatin 80 mg Tablet **G PA QL**
Simvastatin Tablet **G QL**

Tier 2

Antara Capsule **B QL**
Crestor Tablet **B QL**
Lipofen Capsule **B QL**
Lovaza Capsule **B QL**
Niaspan Controlled-Release Tablet **B QL**
Simcor 24-Hour Tablet **B QL**
Tricor Tablet **M QL**
Trilipix Delayed-Release Capsule **B QL**
Vytorin 10-80 mg Tablet **B PA QL**
Vytorin Tablet **B QL**
Welchol Tablet **B QL**

Tier 3

Advicor 24-Hour Tablet **B QL**
Caduet Tablet **M QL**
Lipitor Tablet **½T M QL**
Zetia Tablet **B QL**

Cardiovascular/Heart Disease Other

Tier 1

Amiodarone Tablet **G**
Digoxin Tablet **G**
Flecainide Tablet **G**

Tier 2

Lanoxin Tablet **M**
Nitrobid Ointment **B**
Nitrostat Sublingual Tablet **B**

Central Nervous System Attention Deficit Disorder

Tier 1

Amphetamine 24 Hour Capsule **AE G QL**
Amphetamine Tablet **AE G QL**
Methylphenidate Tablet, Controlled-Release Tablet, SR Capsule **AE G QL**

Tier 2

Adderall XR Capsule **AE M QL**
Vyvanse Capsule **AE B QL**

Tier 3

Focalin XR 24-Hour Capsule **AE B QL ST**
Intuniv 24-Hour Tablet **AE B QL ST**
Strattera Capsule **AE B QL ST**

Please refer to page 2 for a definition of notations/symbols.

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Central Nervous System **Depression**

Tier 1

Amitriptyline Tablet **G**
Budeprion XL 24-Hour Tablet **G QL**
Bupropion Tablet, 12-Hour Tablet, 24-Hour Tablet **G**
Citalopram Tablet **G**
Doxepin Capsule **G**
Escitalopram Tablet **½T G QL**
Fluoxetine Capsule, Tablet **G**
Imipramine Tablet **G**
Mirtazapine Tablet **G**
Nortriptyline Capsule **G**
Paroxetine Tablet, 24-Hour Tablet **G QL**
Sertraline Tablet **½T G**
Trazodone Tablet **G**
Venlafaxine 24-Hour Capsule, Tablet **G QL**

Tier 2

Cymbalta Delayed-Release Capsule **B QL**
Pristiq 24-Hour Tablet **B QL**

Tier 3

Effexor XR 24-Hour Capsule **M QL**
Lexapro Tablet **½T M QL**
Wellbutrin 24-Hour Tablet **B QL**

Central Nervous System **Migraine**

Tier 1

Rizatriptan Tablet **G QL**
Sumatriptan Tablet **G QL**

Tier 2

Zomig Tablet **B QL**

Tier 3

Frova Tablet **B QL**
Maxalt, Maxalt-MLT Tablet **M QL**
Relpax Tablet **B QL**

Central Nervous System **Sedatives/Hypnotics**

Tier 1

Temazepam Capsule **G**
Triazolam Tablet **G**
Zaleplon Capsule **G QL**
Zolpidem Tablet, Controlled-Release Tablet **G**

Tier 3

Ambien CR Controlled-Release Tablet **M QL**
Lunesta Tablet **B QL**

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Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan. Please check your pharmacy plan details for more specific information.

Central Nervous System Seizure Disorders

Tier 1

Carbamazepine Tablet **G**
Clonazepam Tablet **G**
Diazepam Tablet **G**
Divalproex 24-Hour Tablet, Delayed-Release **G**
Gabapentin Capsule, Tablet **G**
Lamotrigine Tablet **G**
Levetiracetam Tablet **G**
Oxcarbazepine Tablet **G**
Phenytoin Capsule **G**
Primidone Tablet **G**
Topiramate Tablet **G**
Zonisamide Capsule **G**

Tier 2

Dilantin Capsule **B**
Lamictal ODT Tablet **B**
Lamictal Tablet **B**
Lamictal XR Tablet **B QL**
Lyrica Capsule **B QL**
Tegretol Suspension **B QL**
Tegretol XR Tablet **B QL**

Tier 3

Lyrica Solution **B QL**

Central Nervous System Other

Tier 1

Alprazolam Tablet, 24-Hour Tablet **G**
Buspirone Tablet **G**
Carbidopa/Levodopa Tablet **G**
Clorazepate Tablet **G**
Donepezil Tablet **G QL**
Lithium Carbonate Controlled-Release Tablet, Capsule **G**
Lorazepam Tablet **G**
Modafinil Tablet **G PA QL**
Olanzapine Tablet **G QL**
Pramipexole Tablet **G**
Quetiapine Tablet **G QL**
Risperidone Tablet **G QL**
Ropinirole Tablet, 24-Hour Tablet **G**
Ziprasidone Capsule **G QL**

Tier 2

Abilify Tablet **½T B QL**
Seroquel XR 24-Hour Tablet **B QL**

Tier 3

Aricept Tablet **M QL**
Geodon Capsule **M QL**
Namenda Tablet **B QL**
Nuvigil Tablet **B PA QL**
Provigil Tablet **M PA QL**
Zyprexa Tablet **M QL**

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Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
Please check your pharmacy plan details for more specific information.

Dermatology

Tier 1

Adapalene Cream, Gel **G QL**
Calcipotriene Cream, Ointment, Solution **G QL**
Calcitrol Ointment **G**
Clindamycin Gel, Solution, Lotion **G**
Clindamycin/Benzoyl Peroxide Gel **G QL**
Clobetasol Cream, Ointment, Solution **G**
Clotrimazole/Betamethasone Cream **G**
Desonide Cream **G**
Econazole Cream **G**
Fluocinonide Cream **G**
Hydrocortisone Cream **G**
Imiquimod Cream **G QL**
Ketoconazole Cream, Shampoo **G**
Mometasone Cream **G**
Mupirocin Ointment **G QL**
Nystatin Cream **G**
Nystatin/Triamcinolone Cream **G**
Tretinoin Cream **AE G QL**
Triamcinolone Cream, Ointment **G**

Tier 2

Benzamycin Gel Pak **B**
Carac Cream **B**
Elidel Cream **B QL**
Eurax Cream **B**
Finacea Gel **B**
Metrogel Gel **B**
Protopic Ointment **B QL ST**
Retin-A Micro Gel **AE B QL**

Tier 3

Condylox Gel **B**
Differin Cream, Gel **M QL**
Dovonex Cream **M QL**
Epiduo Gel **B QL**
Oracea Delayed-Release Capsule **B QL**
Tazorac Cream, Gel **B QL**
Vectical Ointment **M QL**
Zovirax Ointment **B**

Diabetes/Endocrine Blood Glucose Monitoring

Tier 1

Accu-Chek Lancets **B**
Accu-Chek Test Strips **B QL**
Bayer Test Strips **B PA QL**
BD Pen Needle **B**
Freestyle Lancets **B**
Freestyle Test Strips **B PA QL**
Glucagon Kit **B QL**
Glucocard Test Strips **B**
Insulin Syringe **B**
Novofine Needles **B**
OneTouch Lancets **B**
OneTouch Test Strips **B QL**
Relion Test Strips **B PA QL**

Diabetes/Endocrine Insulin

Tier 1

Apidra Pen, Cartridge, Vial **B**
Humalog Mix Pen, Cartridge **B**
Humalog Vial **B**
Humulin R U-500 Vial **B**
Humulin Vial **B**
Lantus Pen, Cartridge, Vial **B**
Levemir Pen, Cartridge **B**
Levemir Vial **B**
Novolog Mix Pen, Cartridge **B**
Novolog Mix Vial **B**
Novolog Pen, Cartridge **G**
Novolog Vial **B**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
Please check your pharmacy plan details for more specific information.

Diabetes/Endocrine Non-Insulin

Tier 1

Actoplus Met Tablet **M QL ST**
Actos Tablet **½T M QL ST**
Avandia Tablet **½T B PA QL**
Byetta Pen **B QL ST**
Duetact Tablet **M QL**
Glimepiride Tablet **G**
Glipizide Tablet **G**
Glipizide XL 24-Hour Tablet **G**
Glyburide Tablet **G**
Glyburide/Metformin Tablet **G**
Janumet Tablet **B QL ST**
Januvia Tablet **B QL ST**
Jentadueto Tablet **B QL ST**
Kombiglyze XR Tablet **B QL ST**
Metformin Tablet, 24-Hour Tablet **G**
Onglyza Tablet **B QL ST**
Pioglitazone Tablet **½T G QL ST**
Pioglitazone/Metformin Tablet **G QL ST**
Prandimet Tablet **B QL ST**
Prandin Tablet **B QL ST**
Tradjenta Tablet **B QL ST**
SymlinPen Pen **B PA**
Victoza Pen **B QL ST**

Endocrine Other

Tier 1

Cabergoline Tablet **G**
Calcitriol Capsule **G**
Dexamethasone Tablet **G**
Fludrocortisone Tablet **G**
Hydrocortisone Tablet **G**
Levothyroxine Tablet **G**
Levoxyl Tablet **G**
Liothyronine Tablet **G**
Methimazole Tablet **G**
Methylprednisone Pack, Tablet **G**
Prednisolone Solution, Suspension, Syrup **G**
Prednisone Tablet **G**

Tier 2

Androderm Patch **B PA QL**
Androgel Gel **B PA QL**
Levothroid Tablet **B**
Synthroid Tablet **B**
Testim Gel **B PA**
Uloric Tablet **B QL ST**

Tier 3

Armour Thyroid Tablet **B**
Cytomel Tablet **B**
Methitest Tablet **B PA**

Eye Conditions Allergies

Tier 3

Pataday Solution **B QL**
Patanol Solution **B QL**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
Please check your pharmacy plan details for more specific information.

Eye Conditions **Antibiotics**

Tier 1

Ciprofloxacin Solution **G QL**
Erythromycin Ointment **G**
Gentamicin Solution **G**
Neomycin/Polymyxin/HC Suspension, Solution **G**
Ofloxacin Solution **G**
Tobramycin Solution **G**
Tobramycin/Dexamethasone Suspension **G**

Tier 2

Blephamide Suspension **B**
Blephamide S.O.P. Ointment **B**
Travatan Z Solution **B QL**
Vigamox Solution **B QL**

Tier 3

Zymaxid Solution **B QL**

Eye Conditions **Glaucoma**

Tier 1

Brimonidine Solution **G QL**
Dorzolamide/Timolol Solution **G QL**
Latanoprost Solution **G QL**
Timolol Maleate Solution **G**

Tier 2

Alphagan P Solution **B QL**
Betimol Solution **B QL**
Betoptic S Suspension **B**
Combigan Solution **B QL**
Lumigan Solution **B QL**

Gastrointestinal **Acid Suppression**

Tier 1

Lansoprazole Delayed-Release Capsule, ODT Tablet **G QL**
Omeprazole Delayed-Release Capsule **G QL**
Pantoprazole Delayed-Release Tablet **G QL**
Ranitidine Capsule, Syrup **G**
Sucralfate Tablet **G**

Tier 2

Carafate Suspension **B**
Dexilant Delayed-Release Capsule **B QL**
Helidac Pack **B QL**
Nexium Delayed-Release Capsule **B QL**
Vimovo Tablet **B QL**

Please refer to page 2 for a definition of notations/symbols.

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Gastrointestinal Nausea/Vomiting

Tier 1

Ondansetron Tablet, ODT **G QL**
Prochlorperazine Tablet **G**
Promethazine Tablet, Syrup **G**

Tier 3

Transderm-SC 72-Hour Patch **B**

Gastrointestinal Other

Tier 1

Anucort-HC Suppository **G**
Dicyclomine Tablet, Capsule **G**
Diphenoxylate/Atropine Tablet **G**
Hyoscyamine Sublingual Tablet **G**
Metoclopramide Tablet **G QL**
Peg-3350/KCL Solution **G QL**

Tier 2

Amitiza Capsule **B QL ST**
Apriso Capsule **B QL**
Creon Capsule **B**
Lialda Delayed-Release Tablet **B QL**
Nultyely Powder **M QL**
Zenpep Capsule **M**

Tier 3

Asacol Delayed-Release Tablet **B QL**
Moviprep Solution **B QL**

Men's Health Erectile Dysfunction

Tier 2

Cialis Tablet **B QL**

Tier 3

Levitra Tablet **B QL**
Viagra Tablet **B QL**

Men's Health Prostate

Tier 1

Finasteride Tablet **G**
Terazosin Capsule **G**
Tamsulosin Capsule **G QL**

Tier 2

Avodart Capsule **B QL**
Jalyn Capsule **B QL**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
Please check your pharmacy plan details for more specific information.

Miscellaneous

Tier 1

Anastrozole Tablet **G**
Antipyrine/Benzocaine Solution **G**
Azathioprine Tablet **G**
Benzonatate Capsule **G**
Cheratussin Syrup **G**
Chlorhexidine Gluconate Solution **G**
Folic Acid 1mg Tablet **G**
GG/Codeine Syrup **G**
Hydrocodone/Homatropine Syrup **G**
Hydromet Syrup **G**
Klor-Con 10, M10, M20 Controlled-Release Tablet **G**
Lidocaine Solution **G**
Phenazopyridine Tablet **G**
Potassium Chloride, Micro, Citrate Controlled-Release Capsule, Tablet
Promethazine/Codeine Syrup **G**
Sildec PE-DM Syrup **B**
Tamoxifen Tablet **G**
Vitamin D Capsule **G**

Tier 2

Epipen Injection **B QL**
FML S.O.P. Ointment **B**
Lidoderm Patch **B QL**
Mephyton Tablet **B**
Renvela Pack, Tablet **B**
Synarel Aerosol **B QL**

Tier 3

Ciprodex Suspension **B**
Lotemax Suspension **B QL**
Restasis Emulsion **B PA QL**

Miscellaneous Overactive Bladder

Tier 1

Oxybutynin 24-Hour Tablet **G QL**
Oxybutynin Tablet **G**
Tolterodine Tablet **G QL**
Trospium Tablet, SR Tablet **G QL**

Tier 2

Gelnique Gel **B QL**
Vesicare Tablet **B QL**

Tier 3

Detrol LA 24-Hour Capsule **B QL ST**
Enablex 24-Hour Tablet **B QL**
Oxytrol Patch **B QL**
Sanctura Tablet **M QL**
Sanctura XR Tablet **M QL**
Toviaz Tablet **B QL**

Musculoskeletal Osteoporosis

Tier 1

Alendronate Tablet **G**
Ibandronate Tablet **G QL**

Tier 2

Evista Tablet **B QL**

Tier 3

Actonel Tablet **B QL**
Atelvia Tablet **B QL ST**
Boniva Tablet **M QL**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
Please check your pharmacy plan details for more specific information.

Musculoskeletal Pain Relief

Tier 1

APAP/Codeine Tablet, Solution **G QL**
Baclofen Tablet **G**
Butalbital/ASA/Caffeine Capsule, Tablet **G**
Carisoprodol Tablet **G**
Cyclobenzaprine Tablet **G**
Diclofenac Delayed-Release Tablet **G QL**
Endocet Tablet **G QL**
Etodolac Tablet **G QL**
Fentanyl 72-Hour Patch **G QL**
Hydrocodone/ APAP Tablet, Solution **G QL**
Hydrocodone/Ibuprofen Tablet **G QL**
Hydromorphone Tablet **G**
Ibuprofen Tablet **G QL**
Indomethacin Capsule, Controlled-Release Capsule **G QL**
Ketorolac Tablet **G QL**
Meloxicam Tablet **G QL**
Metaxalone Tablet **G**
Methadone Tablet **G**
Methocarbamol Tablet **G**
Morphine Sulfate 12-Hour Tablet **G QL**
Morphine Sulfate Tablet **G**
Nabumetone Tablet **G QL**
Naproxen Tablet **G QL**
Oxycodone Tablet **G**
Oxycodone/APAP Tablet **G QL**
Oxymorphone 12-Hour Tablet **G QL**
Piroxicam Capsule **G QL**
Roxicet Tablet **G QL**
Sulindac Tablet **G QL**
Tizanidine Capsule, Tablet **G**
Tramadol Tablet, 24-Hour Tablet **G QL**
Tramadol/APAP Tablet **G QL**

Tier 2

Orphenadrine 12 Hour Tablet **B**
Oramorph SR Tablet **M QL**
Oxycontin 12-Hour Tablet **B QL**
Suboxone Film **B PA QL**
Voltaren Gel **B QL**

Tier 3

Celebrex Capsule **B QL**
Opana ER 12-Hour Tablet **M QL**
Suboxone Sublingual Tablet **B PA QL**

Musculoskeletal Rheumatoid Arthritis

Tier 1

Hydroxychloroquine Tablet **G**
Leflunomide Tablet **G QL**
Methotrexate Tablet **G**

Musculoskeletal Other

Tier 1

Allopurinol Tablet **G**

Tier 2

Colcrys Tablet **B QL**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
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Respiratory Asthma/COPD

Tier 1

Albuterol Nebulization Solution **G**
Budesonide Suspension **G QL**
Ipratropium Solution **G**
Ipratropium/Albuterol Solution **G**
Theophylline 12-Hour Tablet **G**

Tier 2

Advair Diskus Aerosol **B QL**
Advair HFA Aerosol **B QL**
Atrovent HFA Aerosol **B QL**
Combivent Aerosol **B QL**
Flovent Diskus Aerosol **B QL**
Flovent HFA Aerosol **B QL**
Foradil Capsule **B QL**
ProAir HFA Aerosol **B QL**
Pulmicort Aerosol **B QL**
QVAR Aerosol **B QL**
Spiriva Aerosol **B QL**
Symbicort Aerosol **B QL**
Xopenex HFA Aerosol **B QL**

Tier 3

Proventil Aerosol **B QL**
Ventolin HFA Aerosol **B QL**
Xopenex Nebulization Solution **M**

Respiratory Nasal Allergies

Tier 1

Azelastine Nasal Solution **G QL**
Fluticasone Nasal Suspension **G QL**

Tier 2

Astepro Nasal Solution **B QL**
Nasonex Nasal Suspension **B QL**
Veramyst Nasal Suspension **B QL**

Tier 3

Nasacort AQ Aerosol **B QL**
Omnaris Nasal Suspension **B QL**
Patanase Nasal Solution **B QL**
Rhinocort Nasal Suspension **B QL**

Respiratory Oral Allergies

Tier 1

Hydroxyzine Tablet, Capsule **G**
Levocetirizine Tablet **G QL**
Montelukast Tablet, Chewable **G QL**

Tier 3

Singular Tablet, Chewable **M QL**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan. Please check your pharmacy plan details for more specific information.

Women's Health Contraceptives

Tier 1

Apri Tablet **G**
Aviane Tablet **G**
Azurette Tablet **G**
Beyaz Tablet **B**
Cryselle-28 Tablet **G**
Estradiol/Norethindrone Tablet **G QL**
Errin Tablet **G**
Gianvi Tablet **G**
Gildess Fe Tablet **G**
Jolivette Tablet **G**
Junel Fe Tablet **G**
Kariva Tablet **G**
Levora-28 Tablet **G**
Low-Ogestrel Tablet **G**
Lutera Tablet **G**
Microgestin Tablet **G**
Mononessa Tablet **G**
Natazia Tablet **B**
Necon 7/7/7 Tablet **G**
Necon Tablet **G**
Nortrel Tablet **G**
Ocella Tablet **G**
Portia-28 Tablet **G**
Reclipsen Tablet **G**
Sprintec Tablet **G**
Trinessa Tablet **G**
Tri-Previfem Tablet **G**
Tri-Sprintec Tablet **G**
Trivora-28 Tablet **G**
Zarah Tablet **G**
Zovia 1/35E Tablet **G**

Tier 2

Nuvaring Ring **B**
Yaz Tablet **M**

Tier 3

Loestrin 24 Tablet **B**
Ortho Evra Patch **B QL**
Ortho Tri-Cyclen Tablet **M**
Yasmin Tablet **M**

Women's Health Estrogen/Progesterone

Tier 1

Esterified Estrogen Tablet **G QL**
Estradiol Tablet, Patch **G QL**
Medroxyprogesterone Tablet **G**

Tier 2

Climara Pro Patch **B QL**
Enjuvia Tablet **B QL**
Estraderm Patch **B QL**
Premarin Tablet **B QL**
Premarin Vaginal Cream **B**
Premphase Tablet **B QL**
Prempro Tablet **B QL**
Vagifem Tablet **B**
Vivelle-Dot Patch **B QL**

Tier 3

Combipatch Patch **B QL**
Estrace Vaginal Cream **B**
Femring Ring **B QL**
Prometrium Capsule **M**

Women's Health Prenatal Vitamins

Tier 2

CitraNatal Pack **B**
Prenate Capsule **B**

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Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
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Specialty Medications

What are Specialty Medications?

Specialty medications are high-cost products used to treat rare, complex conditions. They come in infused, inhaled, injectable and oral forms. These medications are critical to improving the lives of individuals with unique conditions. These are specialty drugs that can be self administered and do not require treatment in a physician's office or outpatient clinic.

Anemia, cancer, hepatitis and HIV/AIDS are some common conditions treated with specialty medications.

What pharmacy benefit coverage do I have with my specialty pharmacy benefit?

Depending on your plan design, you may be required to use OptumRxTM Specialty Pharmacy as your designated specialty pharmacy provider. OptumRx Specialty Pharmacy supports members who are taking these more complex specialty drugs. The specialty pharmacy is beneficial because it has experience in storing, handling and distributing these unique medications as well as providing a higher level of customized care. If you take specialty medications, your pharmacy benefit may allow you to fill your specialty medications at a retail pharmacy two times before requiring you to use OptumRx Specialty Pharmacy. With this benefit, you will receive a reminder notice when filling your specialty medication at a retail pharmacy. Check your plan documents to determine if this requirement applies to you.

How often can I get my specialty medication filled through OptumRx Specialty Pharmacy?

With OptumRx Specialty Pharmacy as your designated specialty pharmacy provider, you may receive up to a 31 days supply of specialty medication. Due to the sensitive nature of the diseases treated with specialty medications, they offer safe, accurate dispensing and the convenience of timely home delivery. Medications are delivered in confidential, temperature-sensitive packaging. Plus, they'll ship specialty medications at no additional charge to any location within the United States and its territories. OptumRx Specialty Pharmacy will call you each month, approximately one week prior to your next fill date to coordinate the next delivery and answers any questions you may have regarding these complex medications.

How can I get my specialty medication filled through OptumRx?

Getting your specialty medication filled through OptumRx Specialty Pharmacy is easy. Call them toll free at 1-866-218-7398. Representatives are available Monday through Friday, 7 a.m. to 5 p.m. Central Time. They simply need to get a prescription from your doctor. They'll work with you to get your prescriptions filled, schedule delivery, and support ongoing medication needs. You will not be able to refill your specialty medications online through myuhc.com.

Anemia

Tier 2

Aranesp Syringe, Vial **PA**
Epogen Vial **PA**
Procrit Vial **PA**

Cardiovascular/Heart Disease – Coagulation Therapy

Tier 1

Enoxaparin Injection **QL**

Cardiovascular/Heart Disease – Other

Tier 2

Letairis Tablet **B PA QL**
Tracleer Tablet **B PA QL**

Cystic Fibrosis

Tier 3

Pulmozyme Solution **QL**
Tobi Ampule, Nebulizer

Endocrine

Tier 1

Sandostatin Ampule, Vial **PA**
Testostosterone Cypionate Injection

Tier 2

Zemplar Capsule

Tier 3

Acthar H.P. Injection **PA**
Kuvan Tablet **QL**
Samsca Tablet **QL**
Sensipar Tablet
Somatuline Depot Syringe
Somavert Vial **QL**

Growth Hormone – Deficiency

Tier 2

Nutropin, Nutropin AQ Vial, Cartridge, Pen **PA QL**
Saizen Cartridge, Vial **PA QL**
Tev-Tropin Vial **PA QL**

Growth Hormone – Deficiency (AIDS Wasting)

Tier 2

Serostim Vial **PA QL**

Growth Hormone – Severe Primary IGF Deficiency

Tier 2

Increlex Vial **PA**

Growth Hormone – Short Bowel Syndrome

Tier 3

Zorbtive Vial **PA QL**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
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Hematologic

Tier 3

Mozobil Vial **PA**
Promacta Tablet **PA**

Hepatitis B

Tier 2

Epivir HBV Tablet, Solution

Tier 3

Baraclude Tablet, Solution **QL**
Hepsera Tablet
Tyzeka Tablet **QL**

Hepatitis C

Tier 1

Ribasphere Capsule, Tablet **PA**
Ribatab Tablet **PA**
Ribavirin Capsule, Tablet **PA**

Tier 2

Incivek Tablet **PA QL**
Pegasys Kit, Vial **PA**
Roferon-A Kit, Vial **PA**

Tier 3

Infergen Syringe, Vial **PA QL**
Intron A Syringe, Vial, Kit **PA**
PegIntron, PegIntron Redipen Kit, Pen **PA**
Victrelis Capsule **PA QL**

HIV/AIDS

Tier 1

Abacavir Tablet
Didanosine Delayed-Release Capsule
Lamivudine Tablet, Solution
Lamivudine/Zidovudine Tablet, Solution
Nevirapine Suspension, Tablet
Stavudine Capsule, Solution
Zidovudine Capsule, Tablet, Syrup

Tier 2

Agenerase Capsule, Solution
Aptivus Capsule, Solution
Atripla Tablet
Complera Tablet
Crixivan Capsule
Edurant Tablet
Emtriva Capspule, Solution
Epzicom Tablet
Fuzeon Kit **PA QL**
Intelence Tablet
Invirase Capsule, Tablet
Isentress Tablet
Kaletra Capsule, Tablet, Solution
Lexiva Suspension, Tablet
Norvir Capsule, Solution
Prezista Tablet
Rescriptor Tablet
Reyataz Capsule
Selzentry Tablet
Sustiva Capsule, Tablet
Trizivir Tablet
Truvada Tablet
Videx Packet, Solution, Tablet
Viracept Tablet
Viramune XR Tablet 24-Hour
Viread Tablet
Ziagen Solution

Tier 3

Combivir Tablet
Epivir Tablet, Solution
Retrovir Capsule, Syrup, Tablet
Videx EC Delayed-Release Capsule
Viramune Suspension, Tablet
Zerit Capsule, Solution
Ziagen Tablet

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Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
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Infertility*

Tier 1

Chorionic Gonadotropin Vial **QL**
Novarel Vial
Pregnyl Vial **QL**

Tier 2

Cetrotide Kit
Gonal-F, Gonal-F RFF Ampule, Kit, Vial
Luveris Vial
Ovidrel Syringe, Vial **QL**

Tier 3

Bravelle Vial
Follistim, Follistim AQ Vial, Cartridge
Follistim/Antagon Kit
Ganirelix Acetate Disp Syringe
Menopur Vial
Repronex Vial

Immune Modulator

Tier 2

Actimmune Vial

Iron Overload

Tier 3

Exjade Tablet

Multiple Sclerosis

Tier 2

Avonex Kit **PA QL**
Copaxone Kit **PA QL**
Rebif Disp Syringe **PA QL**

Tier 3

Ampyra Tablet **PA**
Betaseron Vial **PA QL**
Gilenya Capsule **PA QL**

Neutropenia

Tier 2

Leukine Vial
Neupogen Syringe, Vial

Tier 3

Neulasta Disp Syringe

* Infertility – May be excluded by plan design

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
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Oncology

Tier 1
Octreotide Acetate Tablet

Tier 2
Gleevec Capsule, Tablet
Temodar Capsule
Tretinoin Capsule **QL**
Tykerb Tablet
Xeloda Tablet

Tier 3
Afinitor Tablet **QL**
Caprelsa/Vandetanib Tablet **QL**
Hycamtin Capsule **QL**
Nexavar Tablet **QL**
Revlimid Capsule **QL**
Sprycel Tablet **QL**
Sutent Capsule **QL**
Sylatron Vial
Tarceva Tablet **QL**
Tasigna Capsule **QL**
Thalomid Capsule **QL**
Vesanoid Capsule **QL**
Votrient Tablet **QL**
Zolinza Tablet **QL**
Zytiga Tablet

Osteoporosis

Tier 2
Forteo Syringe, Pen Injector **QL**

Parkinson's Disease

Tier 2
Apokyn Cartridge

Psoriasis

Tier 2
Stelara Syringe **PA QL**

Rheumatoid Arthritis

Tier 2
Cimzia Vial **PA QL**
Enbrel Syringe, Kit, Solution **PA QL**
Humira Kit, Syringe **PA QL**
Simponi Syringe, Pen Injector **PA QL**

Tier 3
Kineret Disp Syringe **PA QL**
Orencia SC Syringe **PA QL**

Thrombocytopenia Prevention

Tier 3
Neumega Vial **PA**

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan.
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Transplant

Tier 1

Cyclosporine Capsule, Solution
Gengraf Capsule, Solution
Mycophenolate Mofetil Capsule, Tablet
Neoral Capsule, Solution
Tacrolimus Capsule

Tier 2

Cellcept Capsule, Tablet, Suspension, Vial
Sandimmune Capsule, Solution

Tier 3

Myfortic Delayed-Release Capsule
Prograf Capsule
Rapamune Tablet, Solution

Please refer to page 2 for a definition of notations/symbols.

Pharmacy programs (PA, QL, and ST) may or may not apply to your pharmacy plan. Please check your pharmacy plan details for more specific information.

Excluded Drugs with Alternatives

Antibiotics
Suprax Chewable Tablet **B** (Suprax Suspension, Tablet)

Antifungal
Miconazole Cream, Suppository, Kit **G** (Available OTC)
Monistat Cream, Suppository, Kit **M** (Available OTC)
Oravig Troche **B**

Central Nervous System - Migraine
Treximet Tablet **B** (Available As Individual Products (Sumatriptan & Naproxen))

Cough/Cold/Allergy
Zonatuss 150 Capsule **B**

Depression
Oleptro Tablet **B** (Trazodone)

Dermatology
Ketodan Kit **B** (Ketoconazole)
Oscion Pad, Lotion **G** (OTC Equivalent)
Oxsoralen Lotion **B**
Triaz Pad, Lotion **M** (OTC Benzoyl Peroxide Product)
Ultravate X Cream **B** (Halobetasol)

Diabetes/Endocrine – Non-Insulin
Actoplus Met XR Tablet **B** (Actoplus Met Regular Release)
Kazano **B** (Janumet, Kombiglyze)
Nesina **B** (Januvia, Onglyza)
Oseni **B** (Januvia, Onglyza, Pioglitazone)

Gastrointestinal – Acid Suppression
Aciphex Tablet **B** (Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant)
Cimetidine 200 mg Tablet **G** (Available OTC)
Famotidine Tablet **G** (Available OTC)
First-Omepra Suspension **B** (Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant)
Omeclamox Pak **B** (Helidac)
Omeprazole/Sodium Bicarbonate Capsule **G** (Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant)
Prevacid Solutab, Suspension, Capsule **M** (Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant)
Prilosec Capsule **M** (Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant)
Protonix Tablet **M** (Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant)
Ranitidine Tablet **G** (Available OTC)
Zegerid Capsule, Pack **M** (Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant)

Gastrointestinal – Digestive Aids
Pancreaze Capsules **B** (Creon)

Gastrointestinal Agent – Other
Linzess Capsule **B** (Amitiza)
Loperamide Capsule **G** (Available OTC)

Growth Hormone
Genotropin Injection **B** (Nutropin, Saizen, Tev-Tropin)
Humatrope Injection **B** (Nutropin, Saizen, Tev-Tropin)
Norditropin Injection **B** (Nutropin, Saizen, Tev-Tropin)
Omnitrope Injection **B** (Nutropin, Saizen, Tev-Tropin)

Hepatitis C
Ribapak Tablet **B** (Ribavirin)

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Excluded Drugs with Alternatives

High Blood Pressure
Amturnide Tablet **B** (Amlodipine, HCTZ, Tekturna)
Edarbi Tablet **B** (Losartan, Diovan)
Edarbyclor Tablet **B** (Losartan/HCTZ, Diovan)
Nexiclon XR Tablet, Suspension **B** (Clonidine)

Metabolic/Endocrine
Axiron Solution **B** (Androgel, Androderm, Testim)
Tirosint Capsule **B** (Levothyroxine)

Multiple Sclerosis
Extavia Injection **B** (Betaseron)

Musculoskeletal – Pain Relief
Abstral Tablet Sublingual **B** (Fentanyl)
Pennsaid 1% Solution **B** (Voltaren Gel)
Rybix ODT Tablet **B** (Tramadol, Ultram ER)
Ryzolt ODT Tablet, ODT **B** (Tramadol, Ultram ER)
Subsys Spray **B** (Fentanyl)

Nausea/Vomiting
Meclizine Tablet **G** (Available OTC)

Oral Allergies
Allegra ODT Tablet Dispersible **B** (Available OTC)
Allegra Tablet **M** (Available OTC)
Allegra-D Tablet SR 12/24 Hour **B** (Available OTC)
Clarinex Tablet, Syrup, RDT **B** (OTC Equivalents)
Clarinex-D Tablet **B** (OTC Equivalents)

Overactive Bladder
Myrbetriq **B** (Tolterodine, Trospium)

Respiratory – Asthma/COPD
Combivent Respimat **B** (Combivent Inhaler)

Respiratory – Nasal Allergies
Dymista Nasal Spray **B** (Available as Individual Products (Azelastine & Fluticasone))

Smoking Cessation
Bupropion (Smoking Deterrent) 12-Hour Tablet **G** (May be covered by some plans)
Chantix Tablet **B** (May be covered by some plans)
Nicotrol NS Nasal Spray **B** (May be covered by some plans)
Zyban 12-Hour Tablet **M** (May be covered by some plans)

Urinary Disease
Uribel Capsule **B** (Uretron DS)
Urocit-K 15 Tablet Controlled-Release **M** (Potassium Citrate)

Vitamins/Minerals/Electrolytes
Deplin 7.5 mg Tablet **M**
Folic Acid, B-6, B-12 Tablet **G** (Available OTC)
L-Methylfolate 7.5 mg Tablet **G** (Available OTC)

Weight Loss
Xenical Capsule **B** (May be covered by some plans)

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Index

A

Abacavir Tablet 20
Abilify Tablet 9
Abstral Tablet Sublingual 25
Accu-Chek Lancets 10
Accu-Chek Test Strips 10
Aciphex Tablet 24
Acthar H.P. Injection 19
Actimmune Vial 21
Actonel Tablet 14
Actoplus Met Regular Release 24
Actoplus Met Tablet 11
Actoplus Met XR Tablet 24
Actos Tablet 11
Acyclovir Tablet, Capsule 5
Adapalene Cream, Gel 10
Adderall XR Capsule 7
Advair Diskus Aerosol 16
Advair HFA Aerosol 16
Advicor 24-Hour Tablet 7
Afinitor Tablet 22
Agenerase Capsule, Solution 20
Aggrenox 12-Hour Capsule 6
Albuterol Nebulization Solution 16
Alendronate Tablet 14
Allegra-D Tablet SR 12/24 Hour 25
Allegra ODT Tablet Dispersible 25
Allegra Tablet 25
Allopurinol Tablet 15
Alphagan P Solution 12
Alprazolam Tablet, 24-Hour Tablet 9
Ambien CR Controlled-Release Tablet 8
Amiodarone Tablet 7
Amitiza 13, 24
Amitiza Capsule 13
Amitriptyline Tablet 8
Amlodipine/Atorvastatin Tablet 7
Amlodipine/Benazepril Capsule 6
Amlodipine, HCTZ 25
Amlodipine Tablet 6
Amoxicillin/K Clavulanate Tablet, Suspension 5
Amoxicillin Capsule, Tablet, Suspension 5
Amphetamine 24 Hour Capsule 7
Amphetamine Tablet 7
Ampyra Tablet 21
Amturnide Tablet 25
Anastrozole Tablet 14
Androderm 11, 25
Androderm Patch 11
Androgel 11, 25
Androgel Gel 11
Antara Capsule 7
Antipyrine/Benzocaine Solution 14
Anucort-HC Suppository 13
APAP/Codeine Tablet, Solution 15
Apidra Pen, Cartridge, Vial 10
Apokyn Cartridge 22
Apri Tablet 17
Apriso Capsule 13
Aptivus Capsule, Solution 20
Aranesp Syringe, Vial 19
Aricept Tablet 9
Armour Thyroid Tablet 11
Asacol Delayed-Release Tablet 13
Astepro Nasal Solution 16
Atelvia Tablet 14
Atenolol/Chlorthalidone Tablet 6
Atenolol Tablet 6
Atorvastatin Tablet 7
Atripla Tablet 20
Atrovent HFA Aerosol 16
Avandia Tablet 11
Avapro Tablet 6
Avelox Tablet 5
Aviane Tablet 17
Avodart Capsule 13
Avonex Kit 21
Axiron Solution 25
Azathioprine Tablet 14
Azelastine 16, 25
Azelastine Nasal Solution 16
Azithromycin Suspension, Tablet 5
Azor Tablet 6
Azurette Tablet 17

B

Baclofen Tablet 15
Baraclude Tablet, Solution 20
Bayer Test Strips 10
BD Pen Needle 10
Benazepril/HCTZ Tablet 6
Benazepril Tablet 6
Benicar HCT Tablet 6
Benicar Tablet 6
Benzamycin Gel Pak 10
Benzonatate Capsule 14
Benzoyl Peroxide Product 24
Betaseron 21, 25
Betaseron Vial 21
Betimol Solution 12
Betoptic S Suspension 12
Beyaz Tablet 17
Bisoprolol/HCTZ Tablet 6
Bisoprolol Tablet 6
Blephamide S.O.P. Ointment 12
Blephamide Suspension 12
Boniva Tablet 14
Bravelle Vial 21
Brimonidine Solution 12
Budeprion XL 24-Hour Tablet 8
Budesonide Suspension 16
Bumetanide Tablet 6
Bupropion (Smoking Deterrent) 12-Hour Tablet 25
Bupropion Tablet, 12-Hour Tablet, 24-Hour Tablet 8
Buspirone Tablet 9
Butalbital/ASA/Caffeine Capsule, Tablet 15
Byetta Pen 11
Bystolic Tablet 6

C

Cabergoline Tablet 11
Caduet Tablet 7
Calcipotriene Cream, Ointment, Solution 10
Calcitriol Capsule 11
Calcitrol Ointment 10
Caprelsa/Vandetanib Tablet 22
Carac Cream 10
Carafate Suspension 12
Carbamazepine Tablet 9
Carbidopa/Levodopa Tablet 9
Carisoprodol Tablet 15
Cartia XT 24-Hour Capsule 6
Carvedilol Tablet 6
Cefdinir Capsule, Suspension 5
Cefprozil Tablet 5
Cefuroxime Tablet 5
Celebrex Capsule 15
Cellcept Capsule, Tablet, Suspension, Vial 23
Cephalexin Capsule, Suspension 5
Cetrotide Kit 21
Chantix Tablet 25
Cheratussin Syrup 14
Chlorhexidine Gluconate Solution 14
Chlorthalidone Tablet 6
Chorionic Gonadotropin Vial 21
Cialis Tablet 13
Cimetidine 200 mg Tablet 24
Cimzia Vial 22
Ciprodex Suspension 14
Ciprofloxacin Solution 12

Ciprofloxacin Tablet 5
Citalopram Tablet 8
CitraNatal Pack 17
Clarinex-D Tablet 25
Clarinex Tablet, Syrup, RDT 25
Clarithromycin Tablet, 24-Hour Tablet 5
Climara Pro Patch 17
Clindamycin/Benzoyl Peroxide Gel 10
Clindamycin Capsule 5
Clindamycin Gel, Solution, Lotion 10
Clobetasol Cream, Ointment, Solution 10
Clonazepam Tablet 9
Clonidine 6, 25
Clonidine Tablet 6
Clopidogrel Tablet 6
Clorazepate Tablet 9
Clotrimazole/Betamethasone Cream 10
Colcrys Tablet 15
Combigan Solution 12
Combipatch Patch 17
Combivent Aerosol 16
Combivent Inhaler 25
Combivent Respimat 25
Combivir Tablet 20
Complera Tablet 20
Condylox Gel 10
Copaxone Kit 21
Coreg CR 24-Hour Capsule 6
Coumadin Tablet 6
Creon 13, 24
Creon Capsule 13
Crestor Tablet 7
Crixivan Capsule 20
Cryselle-28 Tablet 17
Cyclobenzaprine Tablet 15
Cyclosporine Capsule, Solution 23
Cymbalta Delayed-Release Capsule 8
Cytomel Tablet 11

D

Deplin 7.5 mg Tablet 25
Desonide Cream 10
Detrol LA 24-Hour Capsule 14
Dexamethasone Tablet 11
Dexilant 12, 24
Dexilant Delayed-Release Capsule 12
Diazepam Tablet 9
Diclofenac Delayed-Release Tablet 15
Dicyclomine Tablet, Capsule 13
Didanosine Delayed-Release Capsule 20
Differin Cream, Gel 10
Digoxin Tablet 7
Dilantin Capsule 9
Diltiazem 24-Hour Capsule, Tablet 6
Diovan 6, 25
Diovan HCT Tablet 6
Diovan Tablet 6
Diphenoxylate/Atropine Tablet 13
Divalproex 24-Hour Tablet, Delayed-Release 9
Donepezil Tablet 9
Dorzolamide/Timolol Solution 12
Dovonex Cream 10
Doxepin Capsule 8
Doxycycline Capsule, Tablet 5
Duetact Tablet 11
Dutoprol Tablet 6
Dymista Nasal Spray 25

E

Econazole Cream 10
Edarbi Tablet 25
Edarbyclor Tablet 25
Edurant Tablet 20
Effexor XR 24-Hour Capsule 8
Effient Tablet 6
Elidel Cream 10
Elmiron Capsule 6
Emtriva Capspule, Solution 20
Enablex 24-Hour Tablet 14
Enalapril Tablet 6
Enbrel Syringe, Kit, Solution 22
Endocet Tablet 15
Enjuvia Tablet 17
Enoxaparin Injection 19
Epiduo Gel 10
Epipen Injection 14
Epivir HBV Tablet, Solution 20
Epivir Tablet, Solution 20
Epogen Vial 19
Epzicom Tablet 20
Errin Tablet 17
Ery-Tab Tablet 5
Erythromycin Ointment 12
Escitalopram Tablet 8
Esterified Estrogen Tablet 17
Estrace Vaginal Cream 17
Estraderm Patch 17
Estradiol/Norethindrone Tablet 17
Estradiol Tablet, Patch 17
Etodolac Tablet 15
Eurax Cream 10
Evista Tablet 14
Exforge HCT Tablet 6
Exforge Tablet 6
Exjade Tablet 21
Extavia Injection 25

F

Famciclovir Tablet 5
Famotidine Tablet 24
Felodipine 24-Hour Tablet 6
Femring Ring 17
Fenofibrate Tablet, Capsule 7
Fentanyl 15, 25
Fentanyl 72-Hour Patch 15
Finacea Gel 10
Finasteride Tablet 13
First-Omepra Suspension 24
Flecainide Tablet 7
Flovent Diskus Aerosol 16
Flovent HFA Aerosol 16
Fluconazole Tablet 5
Fludrocortisone Tablet 11
Fluocinonide Cream 10
Fluoxetine Capsule, Tablet 8
Fluticasone 16, 25
Fluticasone Nasal Suspension 16
FML S.O.P. Ointment 14
Focalin XR 24-Hour Capsule 7
Folic Acid 1mg Tablet 14
Folic Acid, B-6, B-12 Tablet 25
Follistim/Antagon Kit 21
Follistim, Follistim AQ Vial, Cartridge 21
Foradil Capsule 16
Forteo Syringe, Pen Injector 22
Fosinopril Tablet 6
Freestyle Lancets 10
Freestyle Test Strips 10
Frova Tablet 8
Furosemide Tablet 6
Fuzeon Kit 20

G

Gabapentin Capsule, Tablet 9
Ganirelix Acetate Disp Syringe 21
Gelnique Gel 14
Gemfibrozil Tablet 7
Gengraf Capsule, Solution 23
Genotropin Injection 24
Gentamicin Solution 12
Geodon Capsule 9
GG/Codeine Syrup 14
Gianvi Tablet 17
Gildess Fe Tablet 17
Gilenya Capsule 21
Gleevec Capsule, Tablet 22
Glimepiride Tablet 11
Glipizide Tablet 11
Glipizide XL 24-Hour Tablet 11
Glucagon Kit 10
Glucocard Test Strips 10

Glyburide/Metformin Tablet 11
Glyburide Tablet 11
Gonal-F, Gonal-F RFF Ampule, Kit, Vial 21
Grifulvin V Tablet 5
Guanfacine Tablet 6

H

Halobetasol 24
Helidac 12, 24
Helidac Pack 12
Hepsera Tablet 20
Humalog Mix Pen, Cartridge 10
Humalog Vial 10
Humatrope Injection 24
Humira Kit, Syringe 22
Humulin R U-500 Vial 10
Humulin Vial 10
Hycamtin Capsule 22
Hydralazine Tablet 6
Hydrochlorothiazide Tablet, Capsule 6
Hydrocodone/ APAP Tablet, Solution 15
Hydrocodone/Homatropine Syrup 14
Hydrocodone/Ibuprofen Tablet 15
Hydrocortisone Cream 10
Hydrocortisone Tablet 11
Hydromet Syrup 14
Hydromorphone Tablet 15
Hydroxychloroquine Tablet 15
Hydroxyzine Tablet, Capsule 16
Hyoscyamine Sublingual Tablet 13

I

Ibandronate Tablet 14
Ibuprofen Tablet 15
Imipramine Tablet 8
Imiquimod Cream 10
Incivek Tablet 20
Increlex Vial 19
Indomethacin Capsule, Controlled-Release Capsule 15
Infergen Syringe, Vial 20
Insulin Syringe 10
Intelence Tablet 20
Intron A Syringe, Vial, Kit 20
Intuniv 24-Hour Tablet 7
Invirase Capsule, Tablet 20
Ipratropium/Albuterol Solution 16
Ipratropium Solution 16
Irbesartan Tablet 6
Isentress Tablet 20
Isosorbide Mononitrate 24-Hour Tablet 6

J

Jalyn Capsule 13
Janumet 11, 24
Janumet Tablet 11
Januvia 11, 24
Januvia Tablet 11
Jentadueto Tablet 11
Jolivette Tablet 17
Junel Fe Tablet 17

K

Kaletra Capsule, Tablet, Solution 20
Kariva Tablet 17
Kazano 24
Ketoconazole 10, 24
Ketoconazole Cream, Shampoo 10
Ketodan Kit 24
Ketorolac Tablet 15
Kineret Disp Syringe 22
Klor-Con 10, M10, M20 Controlled-Release Tablet 14
Kombiglyze 11, 24
Kombiglyze XR Tablet 11
Kuvan Tablet 19

L

L-Methylfolate 7.5 mg Tablet 25
Labetalol Tablet 6
Lamictal ODT Tablet 9
Lamictal Tablet 9
Lamictal XR Tablet 9
Lamivudine/Zidovudine Tablet, Solution 20
Lamivudine Tablet, Solution 20
Lamotrigine Tablet 9
Lanoxin Tablet 7
Lansoprazole 12, 24
Lansoprazole Delayed-Release Capsule, ODT Tablet 12
Lantus Pen, Cartridge, Vial 10
Latanoprost Solution 12
Leflunomide Tablet 15
Letairis Tablet 19
Leukine Vial 21
Levemir Pen, Cartridge 10
Levemir Vial 10
Levetiracetam Tablet 9
Levitra Tablet 13
Levocetirizine Tablet 16
Levofloxacin Tablet 5
Levora-28 Tablet 17
Levothroid Tablet 11
Levothyroxine 11, 25
Levothyroxine Tablet 11
Levoxyl Tablet 11
Lexapro Tablet 8
Lexiva Suspension, Tablet 20
Lialda Delayed-Release Tablet 13
Lidocaine Solution 14
Lidoderm Patch 14
Linzess Capsule 24
Liothyronine Tablet 11
Lipitor Tablet 7
Lipofen Capsule 7
Lisinopril/HCTZ Tablet 6
Lisinopril Tablet 6
Lithium Carbonate Controlled-Release Tablet, Capsule 9
Loestrin 24 Tablet 17
Loperamide Capsule 24
Lorazepam Tablet 9
Losartan 6, 25
Losartan/HCTZ 6, 25
Losartan/HCTZ Tablet 6
Losartan Tablet 6
Lotemax Suspension 14
Lotrel Capsule 6
Lovastatin Tablet 7
Lovaza Capsule 7
Low-Ogestrel Tablet 17
Lumigan Solution 12
Lunesta Tablet 8
Lutera Tablet 17
Luveris Vial 21
Lyrica Capsule 9
Lyrica Solution 9

M

Maxalt, Maxalt-MLT Tablet 8
Meclizine Tablet 25
Medroxyprogesterone Tablet 17
Meloxicam Tablet 15
Menopur Vial 21
Mephyton Tablet 14
Metaxalone Tablet 15
Metformin Tablet, 24-Hour Tablet 11
Methadone Tablet 15
Methimazole Tablet 11
Methitest Tablet 11
Methocarbamol Tablet 15
Methotrexate Tablet 15
Methylphenidate Tablet, Controlled-Release Tablet, SR Capsule 7
Methylprednisone Pack, Tablet 11
Metoclopramide Tablet 13
Metolazone Tablet 6
Metoprolol Tablet, 24-Hour Tablet 6
Metrogel Gel 10
Metronidazole Gel, Tablet 5
Micardis HCT Tablet 6
Micardis Tablet 6
Miconazole Cream, Suppository, Kit 24
Microgestin Tablet 17

Minocycline Capsule 5
Mirtazapine Tablet 8
Modafinil Tablet 9
Mometasone Cream 10
Monistat Cream, Suppository, Kit 24
Mononessa Tablet 17
Montelukast Tablet, Chewable 16
Morphine Sulfate 12-Hour Tablet 15
Morphine Sulfate Tablet 15
Moviprep Solution 13
Mozobil Vial 20
Mupirocin Ointment 10
Mycobutin Capsule 5
Mycophenolate Mofetil Capsule, Tablet 23
Myfortic Delayed-Release Capsule 23
Myrbetriq 25

N

Nabumetone Tablet 15
Nadolol Tablet 6
Namenda Tablet 9
Naproxen 15, 24
Naproxen Tablet 15
Nasacort AQ Aerosol 16
Nasonex Nasal Suspension 16
Natazia Tablet 17
Nebupent Solution 5
Necon 7/7/7 Tablet 17
Necon Tablet 17
Neomycin/Polymyxin/HC Suspension, Solution 12
Neoral Capsule, Solution 23
Nesina 24
Neulasta Disp Syringe 21
Neumega Vial 22
Neupogen Syringe, Vial 21
Nevirapine Suspension, Tablet 20
Nexavar Tablet 22
Nexiclon XR Tablet, Suspension 25
Nexium 12, 24
Nexium Delayed-Release Capsule 12
Niaspan Controlled-Release Tablet 7
Nicotrol NS Nasal Spray 25
Nifediac CC 24-Hour Tablet 6
Nifedical XL 24-Hour Tablet 6
Nifedipine 24-Hour Tablet 6
Nitrobid Ointment 7
Nitrofurantoin Capsule 5
Nitrostat Sublingual Tablet 7
Norditropin Injection 24
Nortrel Tablet 17
Nortriptyline Capsule 8
Norvir Capsule, Solution 20
Novarel Vial 21
Novofine Needles 10
Novolog Mix Pen, Cartridge 10
Novolog Mix Vial 10
Novolog Pen, Cartridge 10
Novolog Vial 10
Nultyely Powder 13
Nutropin 19, 24
Nutropin, Nutropin AQ Vial, Cartridge, Pen 19
Nuvaring Ring 17
Nuvigil Tablet 9
Nystatin/Triamcinolone Cream 10
Nystatin Cream 10
Nystatin Suspension 5

O

Ocella Tablet 17
Octreotide Acetate Tablet 22
Ofloxacin Solution 12
Olanzapine Tablet 9
Oleptro Tablet 24
Omeclamox Pak 24
Omeprazole 12, 24
Omeprazole/Sodium Bicarbonate Capsule 24
Omeprazole Delayed-Release Capsule 12
Omnaris Nasal Suspension 16
Omnitrope Injection 24
Ondansetron Tablet, ODT 13
OneTouch Lancets 10
OneTouch Test Strips 10
Onglyza 11, 24
Onglyza Tablet 11
Opana ER 12-Hour Tablet 15
Oracea Delayed-Release Capsule 10
Oramorph SR Tablet 15
Oravig Troche 24
Orencia SC Syringe 22
Orphenadrine 12 Hour Tablet 15
Ortho Evra Patch 17
Ortho Tri-Cyclen Tablet 17
Oscion Pad, Lotion 24
Oseni 24
Ovidrel Syringe, Vial 21
Oxcarbazepine Tablet 9
Oxsoralen Lotion 24
Oxybutynin 24-Hour Tablet 14
Oxybutynin Tablet 14
Oxycodone/APAP Tablet 15
Oxycodone Tablet 15
Oxycontin 12-Hour Tablet 15
Oxymorphone 12-Hour Tablet 15
Oxytrol Patch 14

P

Pancreaze Capsules 24
Pantoprazole 12, 24
Pantoprazole Delayed-Release Tablet 12
Paroxetine Tablet, 24-Hour Tablet 8
Pataday Solution 11
Patanase Nasal Solution 16
Patanol Solution 11
Peg-3350/KCL Solution 13
Pegasys Kit, Vial 20
PegIntron, PegIntron Redipen Kit, Pen 20
Penicillin VK Tablet 5
Pennsaid 1% Solution 25
Phenazopyridine Tablet 14
Phenytoin Capsule 9
Pioglitazone 11, 24
Pioglitazone/Metformin Tablet 11
Pioglitazone Tablet 11
Piroxicam Capsule 15
Plavix Tablet 6
Portia-28 Tablet 17
Potassium Chloride, Micro, Citrate Controlled-Release Capsule, Tablet 14
Potassium Citrate 25
Pradaxa Capsule 6
Pramipexole Tablet 9
Prandimet Tablet 11
Prandin Tablet 11
Pravastatin Tablet 7
Prednisolone Solution, Suspension, Syrup 11
Prednisone Tablet 11
Pregnyl Vial 21
Premarin Tablet 17
Premarin Vaginal Cream 17
Premphase Tablet 17
Prempro Tablet 17
Prenate Capsule 17
Prevacid Solutab, Suspension, Capsule 24
Prezista Tablet 20
Prilosec Capsule 24
Primidone Tablet 9
Pristiq 24-Hour Tablet 8
ProAir HFA Aerosol 16
Prochlorperazine Tablet 13
Procrit Vial 19
Prograf Capsule 23
Promacta Tablet 20
Promethazine/Codeine Syrup 14
Promethazine Tablet, Syrup 13
Prometrium Capsule 17
Propranolol 24-Hour Capsule 6
Propranolol Tablet 6

Protonix Tablet 24
Protopic Ointment 10
Proventil Aerosol 16
Provigil Tablet 9
Pulmicort Aerosol 16
Pulmozyme Solution 19
Q
Quetiapine Tablet 9
Quinapril/HCTZ Tablet 6
Quinapril Tablet 6
QVAR Aerosol 16
R
Ramipril Capsule 6
Ranitidine Capsule, Syrup 12
Ranitidine Tablet 24
Rapamune Tablet, Solution 23
Rebif Disp Syringe 21
Reclipsen Tablet 17
Relion Test Strips 10
Relpax Tablet 8
Renvela Pack, Tablet 14
Repronex Vial 21
Rescriptor Tablet 20
Restasis Emulsion 14
Retin-A Micro Gel 10
Retrovir Capsule, Syrup, Tablet 20
Revlimid Capsule 22
Reyataz Capsule 20
Rhinocort Nasal Suspension 16
Ribapak Tablet 24
Ribasphere Capsule, Tablet 20
Ribatab Tablet 20
Ribavirin 20, 24
Ribavirin Capsule, Tablet 20
Risperidone Tablet 9
Rizatriptan Tablet 8
Roferon-A Kit, Vial 20
Ropinirole Tablet, 24-Hour Tablet 9
Roxicet Tablet 15
Rybix ODT Tablet 25
Ryzolt ODT Tablet, ODT 25
S
Saizen 19, 24
Saizen Cartridge, Vial 19
Samsca Tablet 19
Sanctura Tablet 14
Sanctura XR Tablet 14
Sandimmune Capsule, Solution 23
Sandostatin Ampule, Vial 19
Selzentry Tablet 20
Sensipar Tablet 19
Seroquel XR 24-Hour Tablet 9
Serostim Vial 19
Sertraline Tablet 8
Sildec PE-DM Syrup 14
Simcor 24-Hour Tablet 7
Simponi Syringe, Pen Injector 22
Simvastatin 80 mg Tablet 7
Simvastatin Tablet 7
Singular Tablet, Chewable 16
Solodyn 24-Hour Tablet 5
Somatuline Depot Syringe 19
Somavert Vial 19
Sotalol HCl Tablet 6
Spiriva Aerosol 16
Spironolactone Tablet 6
Sprintec Tablet 17
Sprycel Tablet 22
Stavudine Capsule, Solution 20
Stelara Syringe 22
Strattera Capsule 7
Suboxone Film 15
Suboxone Sublingual Tablet 15
Subsys Spray 25
Sucralfate Tablet 12
Sulfamethoxazole/ Trimethoprim DS Tablet, Suspension 5
Sulindac Tablet 15
Sumatriptan 8, 24
Sumatriptan Tablet 8
Suprax Chewable Tablet 24
Suprax Suspension, Tablet 24
Sustiva Capsule, Tablet 20
Sutent Capsule 22
Sylatron Vial 22
Symbicort Aerosol 16
SymlinPen Pen 11
Synarel Aerosol 14
Synthroid Tablet 11
T
Tacrolimus Capsule 23
Tamiflu Capsule, Suspension 5
Tamoxifen Tablet 14
Tamsulosin Capsule 13
Tarceva Tablet 22
Tasigna Capsule 22
Tazorac Cream, Gel 10
Tegretol Suspension 9
Tegretol XR Tablet 9
Tekturna 6, 25
Tekturna Tablet 6
Temazepam Capsule 8
Temodar Capsule 22
Terazosin Capsule 13
Terbinafine Tablet 5
Terconazole Cream 5
Testim 11, 25
Testim Gel 11
Testostosterone Cypionate Injection 19
Tetracycline Capsule 5
Tev-Tropin 19, 24
Tev-Tropin Vial 19
Thalomid Capsule 22
Theophylline 12-Hour Tablet 16
Timolol Maleate Solution 12
Tirosint Capsule 25
Tizanidine Capsule, Tablet 15
Tobi Ampule, Nebulizer 19
Tobramycin/Dexamethasone Suspension 12
Tobramycin Solution 12
Tolterodine 14, 25
Tolterodine Tablet 14
Topiramate Tablet 9
Toprol XL 24-Hour Tablet 6
Torsemide Tablet 6
Toviaz Tablet 14
Tracleer Tablet 19
Tradjenta Tablet 11
Tramadol 15, 25
Tramadol/APAP Tablet 15
Tramadol Tablet, 24-Hour Tablet 15
Transderm-SC 72-Hour Patch 13
Travatan Z Solution 12
Trazodone 8, 24
Trazodone Tablet 8
Tretinoin Capsule 22
Tretinoin Cream 10
Treximet Tablet 24
Tri-Previfem Tablet 17
Tri-Sprintec Tablet 17
Triamcinolone Cream, Ointment 10
Triamterene/HCTZ Capsule 6
Triaz Pad, Lotion 24
Triazolam Tablet 8
Tricor Tablet 7
Trilipix Delayed-Release Capsule 7
Trinessa Tablet 17
Trivora-28 Tablet 17
Trizivir Tablet 20
Trospium 14, 25
Trospium Tablet, SR Tablet 14
Truvada Tablet 20
Tykerb Tablet 22
Tyzeka Tablet 20
U
Uloric Tablet 11
Ultram ER 25
Ultravate X Cream 24
Uretron DS 25
Uribel Capsule 25
Urocit-K 15 Tablet Controlled-Release 25
V
Vagifem Tablet 17
Valacyclovir Tablet 5

Valsartan/HCTZ Tablet 6
Vectical Ointment 10
Venlafaxine 24-Hour Capsule, Tablet 8
Ventolin HFA Aerosol 16
Veramyst Nasal Suspension 16
Verapamil Controlled-Release Tablet, Capsule 6
Vesanoid Capsule 22
Vesicare Tablet 14
Viagra Tablet 13
Victoza Pen 11
Victrelis Capsule 20
Videx EC Delayed-Release Capsule 20
Videx Packet, Solution, Tablet 20
Vigamox Solution 12
Vimovo Tablet 12
Viracept Tablet 20
Viramune Suspension, Tablet 20
Viramune XR Tablet 24-Hour 20
Viread Tablet 20
Vitamin D Capsule 14
Vivelle-Dot Patch 17
Voltaren Gel 15, 25
Votrient Tablet 22
Vytorin 10-80 mg Tablet 7
Vytorin Tablet 7
Vyvanse Capsule 7

W

Warfarin Tablet 6
Welchol Tablet 7
Wellbutrin 24-Hour Tablet 8

X

Xeloda Tablet 22
Xenical Capsule 25
Xopenex HFA Aerosol 16
Xopenex Nebulization Solution 16

Y

Yasmin Tablet 17
Yaz Tablet 17

Z

Zaleplon Capsule 8
Zarah Tablet 17
Zegerid Capsule, Pack 24
Zemplar Capsule 19
Zenpep Capsule 13
Zerit Capsule, Solution 20
Zetia Tablet 7
Ziagen Solution 20
Ziagen Tablet 20
Zidovudine Capsule, Tablet, Syrup 20
Ziprasidone Capsule 9
Zolinza Tablet 22
Zolpidem Tablet, Controlled-Release Tablet 8
Zomig Tablet 8
Zonatuss 150 Capsule 24
Zonisamide Capsule 9
Zorbtive Vial 19
Zovia 1/35E Tablet 17
Zovirax Ointment 10
Zyban 12-Hour Tablet 25
Zymaxid Solution 12
Zyprexa Tablet 9
Zytiga Tablet 22

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Created April, 2013

2013 Prescription Drug List – State of Colorado Three-Tier
7/13