Your 2015 Prescription Drug List

Effective January 1, 2015

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. TTY users can dial 711. Si usted necesita ayuda en español llame al número de teléfono en su tarjeta de identificación, 若需中文協助, 請致電1-800-303-6719, 한국어로 도움이 필요하시면 1-888-201-4746, 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[1] website and:

- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

UnitedHealthcare® Oxford

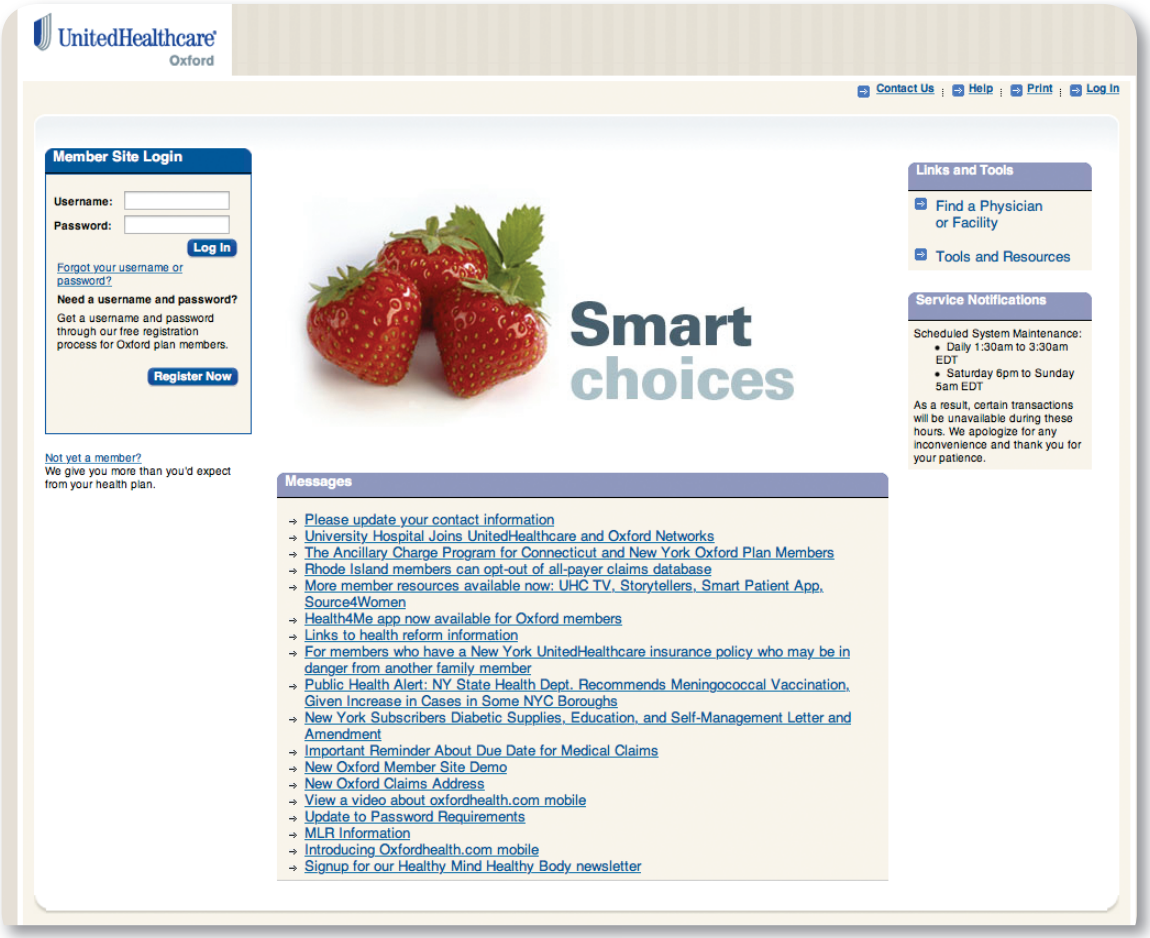
[1]OptumRx is the administrator of your Oxford pharmacy benefit plan.

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 drug information.

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



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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 (PDL).

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. The PDL 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 at the toll-free phone number on your health plan ID card for more information.

How do I use my PDL?

When choosing a medication, you and your doctor should consult the PDL. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special programs apply. Bring this guide 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 guide, please visit **oxfordhealth.com** or call us at the toll-free phone number on your health plan ID card. TTY users can dial 711. Si usted necesita ayuda en español llame al número de teléfono en su tarjeta de identificación, 若需中文協助，請致電1-800-303-6719, 한국어로 도움이 필요하시면 1-888-201-4746, 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 PDL 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 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 in-network coverage. Call us toll-free at the phone number on your health plan ID card or call 1-888-739-5820 for more information.
E	**May be excluded from coverage or subject to prior authorization and/or trial/ failure of another medication(s)**. Lower-cost options are available and covered.
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**[1] – 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 in-network coverage.
SL	**Supply Limit** – Amount of medication covered per copayment or in a specific time period.
ST	**Step Therapy**[2] – Trial of a lower-cost medication is required before a higher-cost medication is covered.

[1]Depending on your benefit you may have notification or precertification requirements for select medications.

[2]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. TTY users can dial 711. Si usted necesita ayuda en español llame al número de teléfono en su tarjeta de identificación, 若需中文協助，請致電 1-800-303-6719, 한국어로 도움이 필요하시면 1-888-201-4746, or the phone number on your ID card for help in English and other languages.

Why are some medications excluded from coverage?

A medication 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.[3] There may be other medication options available.

Should I talk to my doctor about over-the-counter (OTC) medications?

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, simvastatin).

What if my doctor writes a prescription for a brand-name medication?

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.

Are you taking a specialty medication?

Specialty medications are high-cost and may be used to treat rare or complex conditions. For most plans, these medications are managed through the Specialty Pharmacy Program.[4] Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit UHCSpecialtyRx.com or call the toll-free phone number on your health plan ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on Tier 3, call us toll-free at the phone number on your health plan ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

[3] 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.

[4] Not all plans require use of the specialty network. Please refer to your Prescription Drug List Rider to determine if the specialty network is required as part of your plan.

What is Mail Service Member Select?

Your plan may include a home delivery program called Mail Service Member Select, which encourages you to use the OptumRx® Mail Service Pharmacy for medication you take regularly. Choosing home delivery can help you better manage the medication you take on a regular basis, and may save you time and money.

You can either confirm enrollment in the OptumRx Mail Service Pharmacy or you can disenroll from mail service and continue to fill your maintenance medications at a retail pharmacy. You can get up to two fills at a retail pharmacy before you have to decide. However, please be aware that you must make a decision about whether or not to enroll in Mail Service Member Select.

If you do nothing and continue to fill your medications at a retail pharmacy, you may pay up to 100 percent of your drug cost until you make a decision and take action. You must confirm your decision every year. To learn more, you may 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 get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **oxfordhealth.com** or call us toll-free at the phone number on your health plan ID card for more current information.

For more information

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Or, visit **oxfordhealth.com**

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 Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Augmentin XR	3	N
Azithromycin Tablet	1	
Cefdinir Capsule	2	
Cefuroxime Tablet	1	
Centany AT	3	N
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doryx	3	N
Doxycycline Hyclate Capsule, Tablet	2	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Doxycycline Monohydrate 75 mg Capsule	3	N
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim Tablet	1	
Anti-Infectives: Antifungals		
Ertaczo	3	N
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Luzu	3	N, SL
Naftin 1%, 2% Cream, Gel	3	N, SL
Nystatin Cream, Ointment	1	
Onmel	3	N, SL
Oxistat Cream	3	N, SL, ST
Oxistat Lotion	3	N
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	3	N, SL, ST
Acyclovir Tablet	1	
Baraclude	2	DSP
Denavir Cream	3	N
Olysio	2	DSP, N, SL
Ribapak	3	DSP, N
Ribavirin Tablet	1	DSP
Tamiflu	3	SL
Valacyclovir Tablet	2	SL
Zovirax Cream	3	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
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Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bosulif	2	DSP, N, SL, ST
Capecitabine Tablet	1	DSP, SL
Gleevec	2	DSP, N, SL
Hydroxyurea Capsule	1	
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Sutent	2	DSP, N, SL
Tasigna	2	DSP, N, SL
Zytiga	2	DSP, N, SL
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 Besylate-Benazepril	2	SL
Amlodipine/Telmisartan	3	N, SL
Amturnide	3	N, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Azor	3	N, SL
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	2	

Drug Name	Drug Tier	Requirements & Limits
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
Doxazosin	1	
Dutoprol	2	SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Enalapril-Hydrochlorothiazide	1	
Epaned	3	N
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
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	2	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Tablet	1	
Quinapril	1	

Drug Name	Drug Tier	Requirements & Limits
Ramipril	1	
Spironolactone	1	
Tekamlo	3	N, SL
Telmisartan	2	SL
Telmisartan/ Hydrochlorothiazide	2	SL
Terazosin	1	
Torsemide	1	
Triamterene-Hydrochlorothiazide	1	
Tribenzor	3	N, SL
Twynsta	3	N, SL
Valsartan	3	SL
Valsartan-Hydrochlorothiazide	2	SL
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Altoprev	3	N, SL
Antara	3	N
Atorvastatin	1	SL
Caduet	3	N, SL
Choline Fenofibrate	3	N
Crestor	2	SL
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	3	N
Fenofibrate 48, 145 mg Tablet	3	N
Fenofibrate 54, 160 mg Tablet	2	
Fenofibric Acid	3	N
Fenoglide	3	N

Drug Name	Drug Tier	Requirements & Limits
Gemfibrozil	1	
Lipofen	3	N
Liptruzet	3	N, SL
Livalo	3	SL
Lovastatin	1	
Niacin Extended-Release Tablet	3	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	N
Pravastatin	1	
Simcor	3	SL
Simvastatin	1	
Tricor 48, 145 mg	3	N
Triglide	3	N
Trilipix	3	N
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	

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Drug Name	Drug Tier	Requirements & Limits
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 Extended-Release Capsule	3	N, SL
Dexmethylphenidate Tablet	1	N
Dextroamphetamine Sulfate Tablet	3	N
Dextroamphetamine-Amphetamine Extended-Release	3	N, SL
Dextroamphetamine-Amphetamine Tablet	1	N
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
Quillivant XR	3	N, SL
Ritalin LA	3	N, SL
Strattera	3	SL
Vyvanse	2	N, SL
Zenzedi	3	N

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Aplenzin	3	N, SL
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Desvenlafaxine	3	N, SL
Doxepin	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Forfivo XL	3	N, SL
Imipramine Tablet	1	
Khedezla	3	N, SL
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Oleptro	3	N, SL
Paroxetine Tablet	1	
Pexeva	3	N, SL
Pristiq ER	3	RS, SL
Sertraline Tablet	1	
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	SL
Venlafaxine Extended-Release Tablet	3	N, SL
Venlafaxine Tablet	1	
Viibryd	3	SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine 325 mg/50 mg/40mg	1	SL
Acetaminophen/ Butalbital/Caffeine/ Codeine 325 mg/ 50 mg/40 mg/30 mg	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	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
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aricept 23 mg	3	N
Buprenorphine/ Naloxone Tablet	3	N, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Mirapex ER	3	N
Modafinil Tablet	3	N, SL
Namenda XR	3	
Nuvigil	3	N, SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Provigil	3	N, SL
Quetiapine Tablet	2	SL
Requip XL	3	N
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	3	SL
Suboxone Film	3	N, SL
Tasmar	2	
Xyrem	3	N, SL
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	N, SL

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

Drug Name	Drug Tier	Requirements & Limits
Trokendi XR	3	N, ST
Zonegran	3	N, ST
Zonisamide Capsule	1	
Dermatology		
Absorica	3	N
Acanya	3	N, SL
Aczone	3	SL
Adapalene 0.1% Cream, Gel	3	N, SL
Adapalene 0.3% Gel	3	N, SL
Atralin	3	N, SL
Azelex	3	SL
Benzaclin	3	N, SL
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Betamethasone Valerate 0.12% Foam	3	N, SL
Betamethasone/ Calcipotriene Ointment	3	SL
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	N
Clindagel	3	N, SL
Clindamycin 1%/ Benzoyl Peroxide 5% Gel	3	N, SL
Clindamycin 1.2%/ Benzoyl Peroxide 5% Gel	3	SL
Clindamycin Gel	3	SL
Clindamycin Lotion	3	
Clindamycin Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment, Solution	1	
Clobetasol Propionate Foam, Lotion, Shampoo	3	N
Clocortolone Cream	3	SL, ST

Drug Name	Drug Tier	Requirements & Limits
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Condylox Gel	3	
Desonide 0.05% Cream, Lotion, Ointment	3	SL
Desoximetasone Gel, Ointment	3	SL
Differin 1%	2	N, SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Epiduo	3	SL
Fabior	3	N, SL
Finacea	3	
Fluocinolone Cream, Oil, Ointment, Solution	3	SL
Fluocinonide 0.05% Cream	1	
Fluocinonide 0.1% Cream	3	N, SL
Hydrocortisone 2.5% Cream, Ointment	1	
Hydrocortisone Butyrate Cream	3	N, SL
Keralyt Scalp Kit	3	N
Locoid Lipocream	3	N, SL
Locoid Lotion	3	N, SL
Luxiq	3	N, SL
Metrogel 1%	3	N
Metronidazole Gel 0.75%	1	
Metronidazole Gel 1%	3	N
Mirvaso	3	SL

Drug Name	Drug Tier	Requirements & Limits
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Noritate	3	N
Nystatin-Triamcinolone Acetonide Cream, Ointment	3	N
Olux, Olux-E	3	N, SL
Oxsoralen-Ul	2	
Picato	3	SL
Protopic	2	N, SL
Retin-A Micro	3	N, SL
Sodium Sulfacetamide-Sulfur	1	
Sorilux	3	N, SL
Topicort Spray	3	N, SL
Tretin-X	3	N, SL
Tretinoin	1	N
Tretinoin Microspheres	3	N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Urea 40%	1	
Vanos	3	N, SL
Vectical	3	SL
Veltin	3	N, SL
Verdeso	3	N, SL
Virasal	3	E
Vusion	3	N
Xerese	3	N
Ziana	3	N, SL
Zyclara	3	N, SL

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

***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.

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin*		
Humalog KwikPen	2	
Humalog Mix 75-25 KwikPen	2	
Humalog Vials	1	
Humulin 70-30 Vials	1	
Humulin KwikPen	2	
Humulin N KwikPen	2	
Humulin N Vials	1	
Humulin R Vials	1	
Lantus Solostar	3	
Lantus Vials	3	
Levemir Flexpen	1	
Levemir Vials	1	
Novolog	3	N
Novolog Flexpen	3	N

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin*		
Bydureon	3	SL
Byetta	2	SL
Farxiga	3	N, SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glumetza	3	N
Glyburide	1	
Glyburide-Metformin	1	
Invokamet	2	SL
Invokana	2	N, SL
Janumet	3	N, SL
Januvia	3	N, SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extened-Release Osmotic Tablet	3	N
Metformin Extended-Release Tablet	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
Tanzeum	2	SL
Tradjenta	2	SL
Victoza	3	SL

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Drug Name	Drug Tier	Requirements & Limits
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 Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prednisolone Solution, Syrup	1	
Prednisone Tablet	1	
Rayos	3	N
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Levoxyl	2	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Tirosint	2	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	3	SL
Bepreve	3	N, SL
Elestat	3	N, SL
Emadine	3	N
Lastacaft	3	SL
Pataday	3	N, SL
Patanol	3	N, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobradex ST	3	N, SL
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Cosopt PF	3	N, SL
Dorzolamide-Timolol 2%-0.5% Ophthalmic Solution	2	
Latanoprost 0.005% Ophthalmic Solution	1	

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Drug Name	Drug Tier	Requirements & Limits
Lumigan	2	SL
Simbrinza	3	N, SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
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		
Aciphex Sprinkle	3	N, SL
Dexilant	3	SL
Helidac	3	N, SL
Lansoprazole Capsules	3	N, SL
Nexium Capsule	3	E, SL
Nexium Suspension Packet	3	N, SL, ST
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Prevacid Solutab	3	N, SL, ST
Prevpac	3	N, SL
Prilosec Suspension	3	N, SL
Protonix Suspension	3	N, SL
Pylera	3	SL
Rabeprazole Tablet	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	SL
Asacol HD Tablet	3	N, SL
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	N, SL
Giazo	3	N
Golytely	2	
Halflytely	3	
Hyoscyamine Tablet	1	
Lialda	2	SL
Linzess	2	N, SL
Metoclopramide Tablet	1	
Metozolv ODT	3	N
Moviprep	3	
Pentasa	3	N, SL
Pertzye	3	ST
Polyethylene Glycol 3350	2	
Prepopik	3	
Procort	3	N
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Ultresa	3	ST
Ursodiol Capsule, Tablet	1	
Viokace	3	ST
Zenpep	2	

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 your prescription drug benefit plan.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, N, SL, ST
Cimzia	2	DSP, N, SL
Enbrel	3	DSP, N, SL, ST
Humira	2	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
Orencia	3	DSP, N, SL, ST
Otezla	3	DSP, N, SL, ST
Simponi	2	DSP, N, SL
Stelara	2	DSP, N, SL
Xeljanz	3	DSP, N, SL, ST
Men's Health: Erectile Dysfunction		
Cialis	3	N, SL
Staxyn	3	N, SL
Viagra	3	N, SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Avodart	3	N, SDP
Doxazosin Tablet	1	
Finasteride Tablet	1	
Jalyn	3	N
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
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 Injection	1	
Testosterone Enanthate Injection	1	
Testosterone Topical Gel	3	N, SL
Testred	2	

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Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auvi-Q	3	N, SL
Benzonatate Capsule	1	
Bethkis	2	DSP, N, SL
Brisdelle	3	N, SL
Bromfed DM	3	
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	3	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Exemestane Tablet	2	
Fosrenol	2	
Hydrocodone/ Chlorpheniramine Suspension	3	SL
Hydrocodone/ Homatropine	1	
Letrozole Tablet	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
Rectiv	3	N, SL
Restasis	3	N, SL
Rezira	3	

Drug Name	Drug Tier	Requirements & Limits
Sevelamer Carbonate	2	
Soltamox	3	N
Tamoxifen Tablet	1	
Tobi	3	DSP, N, SL
Tobi Podhaler	3	DSP, N, SL
Tobramycin Nebulized Solution	3	DSP, N, SL
Zonatuss	3	N
Musculoskeletal: Osteoporosis		
Actonel	3	SL
Alendronate Sodium Tablet	1	SL
Atelvia	3	N, SL
Binosto	3	N, SL
Forteo	2	DSP, N
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate 150 mg Tablet	3	SL
Musculoskeletal: Other		
Allopurinol Tablet	1	
Amrix	3	N
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	2	
Cyclobenzaprine	1	
Gralise	3	N, SL
Horizant	3	N, SL
Lorzone	3	N, SL
Methocarbamol Tablet	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 Tablet	1	SL
Celebrex	3	SL
Conzip	3	N, SL
Diclofenac 1.5% Topical Solution	3	N
Diclofenac Sodium Tablet	1	
Duexis	3	N, SL
Etodolac Capsule	1	
Fentanyl Patches	2	SL
Fentora	3	N, SL
Flector	3	N
Hydrocodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Extended-Release Tablet	3	N, SL
Hydromorphone Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Kadian	3	N, SL
Ketorolac Tablet	1	
Lazanda	3	N, SL
Meloxicam Tablet	1	
Methadone Tablet	1	
Morphine Sulfate Extended-Release 10, 20, 30, 50, 60, 80, 100, 200 mg Capsule	3	N, SL

Drug Name	Drug Tier	Requirements & Limits
Morphine Sulfate Extended-Release 30, 45, 60, 75, 90, 120 mg Capsule	3	N, SL
Morphine Sulfate Extended-Release Tablet	1	SL
Nabumetone Tablet	1	
Naprelan	3	N
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	N, SL
Onsolis	3	N, SL
Opana ER	2	N, SL
Oxycodone Tablet	1	
Oxycodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Oxycontin	2	N, SL
Oxymorphone Extended-Release Tablet	3	N, SL
Rybix ODT	3	N, SL
Sprix	3	
Subsys	3	N, SL
Tramadol Extended-Release Tablet	3	N, SL
Tramadol Sustained-Release Tablet	2	SL
Tramadol Tablet	1	
Vicodin 5/300 mg, 7.5/300 mg, 10/300 mg Tablet	3	N, SL
Vimovo	3	N, SL
Voltaren Gel	2	
Zipsor	3	N

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Drug Name	Drug Tier	Requirements & Limits
Zohydro ER	3	N, SL
Zolvit	3	N, SL
Zorvolex	3	N
Overactive Bladder		
Detrol	3	N
Detrol LA	3	N
Dicyclomine Tablet	1	
Enablex	3	N
Gelnique	3	E
Myrbetriq	3	N
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Oxytrol	3	E
Sanctura	3	N
Sanctura XR	3	N
Tolterodine Extended-Release Tablet	3	N
Tolterodine Tablet	3	N
Toviaz	3	
Trospium Extended-Release Capsule	3	N
Trospium Tablet	3	N
Vesicare	3	N
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	SL
Azelastine 0.15% Nasal Spray	3	N, SL
Beconase AQ	3	N, SL
Budesonide Nasal Spray	3	N, SL
Clarinex	3	N, SL
Clarinex-D	3	N, SL
Cyproheptadine Tablet	1	
Desloratadine Orally Disintegrating Tablet, Tablet	3	N, SL
Dymista	3	N, SL
Flunisolide Nasal Spray	3	
Fluticasone Nasal Spray	2	SL

Drug Name	Drug Tier	Requirements & Limits
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Nasacort AQ	3	E, SL
Nasonex	3	N, SL
Omnaris	3	N, SL
Promethazine Tablet	1	
Qnasl	3	N, SL
Triamcinolone Nasal Spray	3	E, SL
Veramyst	3	N, SL
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Aerospan	3	SL
Albuterol Sulfate Tablet	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 Diskus/HFA	3	SL
Foradil	2	SL
Ipratropium Nebs	1	
Levalbuterol Nebs	3	N, SL
Montelukast Chewable Tablet, Tablet	1	SL
Montelukast Granules	2	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 Tablet	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N
Transplant		
Astagraf XL	3	DSP, N
Azathioprine Tablet	1	
Cellcept	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule	1	DSP
Mycophenolic Acid Tablet	2	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	DSP
Sirolimus Tablet	2	DSP
Tacrolimus Capsule	1	DSP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	

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	
Lo Minastrin 24 FE	3	N
LoMedia 24 FE	3	
Loryna	3	
Low-Ogestrel	1	
Lutera	1	
Microgestin	2	
Microgestin FE	1	
Minastrin 24 FE	3	N
Mononessa	3	

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Drug Name	Drug Tier	Requirements & Limits
Natazia	1	
Necon 0.5/35, 1/35, 1/50, 10/11	1	
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	
Nuvaring	2	
Orsythia	1	
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	
Quartette	3	N
Quasense	2	MC
Reclipsen	1	
Safyral	3	N
Sprintec	3	
Syeda	3	
Tri-Previfem	3	
Tri-Sprintec	3	
Trinessa	3	
Trivora-28	1	
Viorele	2	
Xulane	3	
Yasmin 28	1	
Yaz	2	
Zovia 1-35E	1	

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

Common brand-name medications excluded from coverage under many benefit plans	Lower-cost option(s)
Aciphex	Omeprazole (generic Prilosec), Pantoprazole (generic Protonix), Rabeprazole (generic Aciphex), **Dexilant**
Actiq	Fentanyl Lozenge (generic Actiq)
Actos	Pioglitazone (generic Actos)
Adderall	Amphetamine/Dextroamphetamine Immediate-Release (generic Adderall)
Adoxa Tablet	Doxycycline Hyclate (generic Vibra-Tab), Doxycycline Monohydrate Tablet (generic Adoxa Tablet)
Ambien	Zolpidem (generic Ambien)
Arimidex	Anastrozole (generic Arimidex)
Astelin	Azelastine Nasal Spray (generic Astelin)
Ativan	Lorazepam (generic Ativan)
Avelox Tablet	Moxifloxacin Tablet (generic Avelox)
Avinza	Morphine Sulfate Extended-Release Tablet (generic MS Contin), Morphine Sulfate Extended-Release Capsule (generic Avinza)
Celexa	Citalopram (generic Celexa)
Cipro Suspension	Ciprofloxacin Oral Suspension (generic Cipro Suspension)
Cloderm Cream	Clocortolone 0.1% Cream (generic Cloderm), Mometasone Furoate Cream 0.1 % (generic Elocon)
Cymbalta	Duloxetine (generic Cymbalta)
Diovan HCT	Valsartan/Hydrochlorothiazide (generic Diovan HCT)
Duac	Clindamycin Solution (generic Cleocin T) plus OTC Benzoyl Peroxide, Clindamycin 1.2%/Benzoyl Peroxide 5% (generic Duac)
Duragesic	Fentanyl Transdermal Patch (generic Duragesic)
Effexor XR	Venlafaxine Extended-Release Capsule (generic Effexor XR)
Entocort EC	Budesonide (generic Entocort EC)
Evista	Raloxifene (generic Evista)
Femara	Letrozole (generic Femara)
Fioricet with Codeine 50 mg/325 mg/40 mg/ 30 mg	Butalbital/Acetaminophen/Caffeine/Codeine Phosphate 50 mg/325 mg/40 mg/30 mg (generic Fioricet with Codeine)
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)
Lofibra 54, 160 mg	Fenofibrate 54, 160 mg (generic Lofibra)
Lovaza	Omega-3-Acid Ethyl Esters (generic Lovaza)
Lunesta	Eszopiclone (generic Lunesta), Zaleplon (generic Sonata), Zolpidem (generic Ambien)

Bold type = Brand name drug [Plain type = Generic drug]

Common brand-name medications excluded from coverage under many benefit plans	Lower-cost option(s)
Maxalt	Rizatriptan (generic Maxalt)
Maxalt-MLT	Rizatriptan (generic Maxalt), Rizatriptan Orally Disintegrating Tablet (generic Maxalt MLT)
Mepron Suspension	Atovaquone Suspension (generic Mepron)
Micardis	Losartan (generic Cozaar), Telmisartan (generic Micardis)
Micardis HCT	Losartan/Hydrochlorothiazide (generic Hyzaar), Telmisartan/Hydrochlorothiazide (generic Micardis HCT)
Monodox	Doxycycline Hyclate (generic Vibramycin), Doxycycline Monohydrate (generic Monodox)
Natroba	Malathion (generic Ovide), Permethrin (generic Elimite), Spinosad (generic Natroba)
Optivar	Azelastine (generic Optivar), **Lastacaft**
Ortho Evra	Norelgestromin/Ethinyl Estradiol Topical Patch, Xulane (generic Ortho Evra)
Percocet	Acetaminophen/Oxycodone (generic Percocet)
Plavix	Clopidogrel (generic Plavix)
Prilosec	Omeprazole (generic Prilosec)
Protonix	Pantoprazole (generic Protonix)
Prozac	Fluoxetine (generic Prozac)
Revatio	Sildenafil (generic Revatio)
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)
Taclonex Ointment	Betamethasone/Calcipotriene Ointment (generic Taclonex)
Valium	Diazepam (generic Valium)
Valtrex	Valacyclovir (generic Valtrex)
Viramune XR 400 mg	Nevirapine Extended-Release (generic Viramune XR)
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)
Zutripro	Chlorpheniramine/Hydrocodone/Pseudoephedrine (generic Zutripro)
Zyprexa	Olanzapine (generic Zyprexa)
Zyprexa Zydis	Olanzapine (generic Zyprexa), Olanzapine Orally Disintegrating Tablet (generic Zyprexa Zydis)

Bold type = Brand name drug [Plain type = Generic drug]

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“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

For more information

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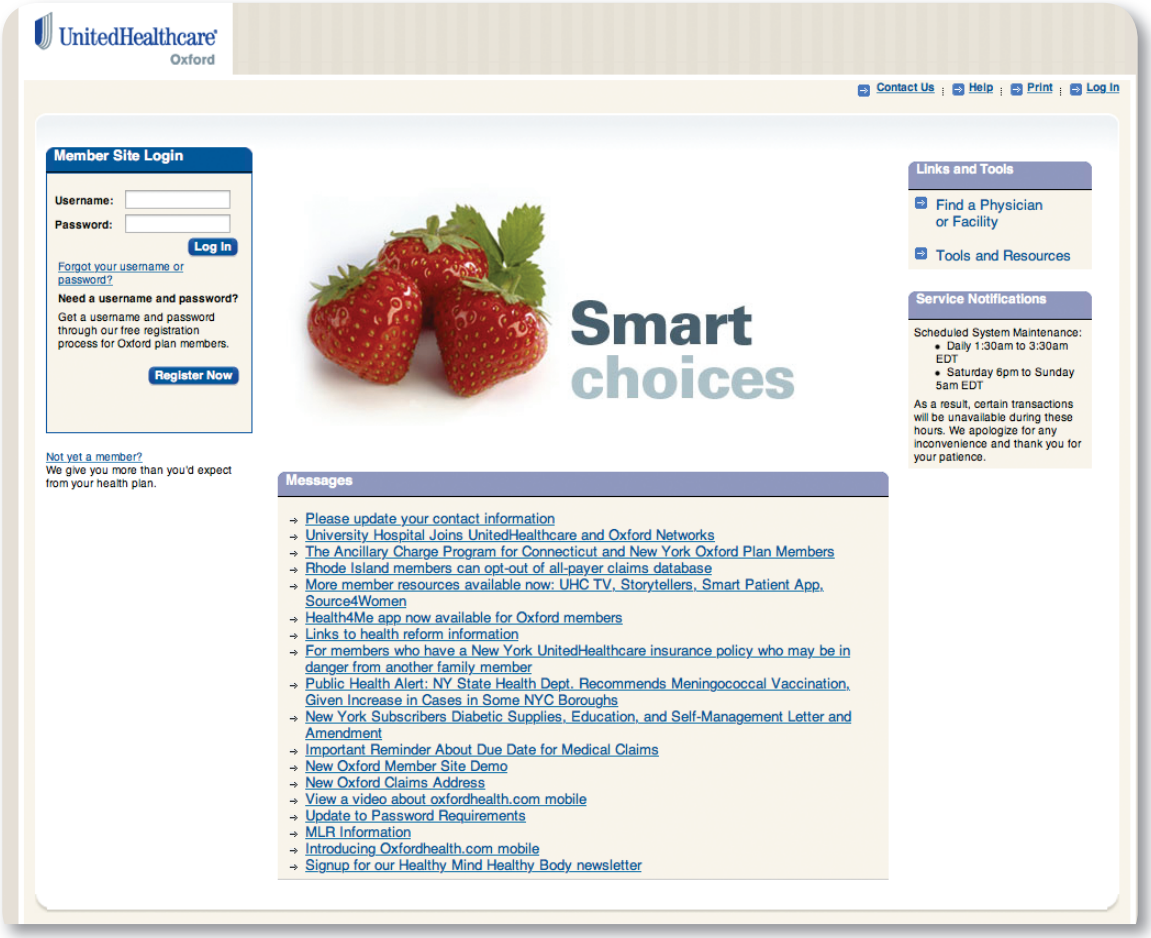

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