



Your 2016 Prescription Drug List

effective July 1, 2016

Louisiana Advantage Three-Tier

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

For additional information:



Call the toll-free member phone number on your health plan ID card.



Visit **myuhc.com**[®]

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



Your Prescription Drug List

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers. An important part of the PDL is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to myuhc.com® for complete 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.

The screenshot shows the myuhc.com website interface. At the top left is the myuhc.com logo, and at the top right is the UnitedHealthcare logo. Below the logos is a navigation bar with the following items: Home, Claims & Accounts, Physicians & Facilities, Pharmacies & Prescriptions (circled with a blue arrow and pointed to by a blue arrow from above), Benefits & Coverage, Personal Health Record, and Health & Wellness. Below the navigation bar is a main content area. On the left, there is a 'Hello, Chrisdemo' section with user details: My Coverage: Active 01/01/08, Plan Name: Choice Plus, Group/Acct#: 111111, Member ID: 7891234567. Below this is a 'Plan Details' section with buttons for 'Account Balances' and 'Benefit Details'. The 'Deductible' section shows \$1,000 individual and \$3,000 family. The 'Out-of-Pocket Max' section shows \$3,000 individual and \$9,000 family. In the center is the 'myClaims Manager' section with a pie chart showing 'Your Responsibility' of \$1,249.00 (broken down into \$138.00 for HRA paid to provider and \$110.00 for HRA paid via website) and 'You Owe' of \$1,101.00. On the right is a 'What would you like to do today?' section with various service tiles: Manage My Claims, Look up My Benefits, Find a Doctor, Manage My Prescriptions, View Online Statement, View Account Balances, Print an ID Card, Health Assessment, Estimate Health Care Costs, Extra Programs & Discounts, and Look Up Health Topics. At the bottom, there are three sections: 'Information Center' with a list of articles, 'Related Web Sites' with links to African American Health, Source4Women, and Other Languages, and 'Ask a Nurse' with a chat option (Online now) and a call option (1-888-842-4224).

Table of Contents

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

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

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to **myuhc.com** or call the toll-free member phone number on your health plan ID card for more information.

How do I use my Prescription Drug List?




When choosing a medication, you and your doctor should consult the PDL. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special programs apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your 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 myuhc.com, or call the toll-free number on your health plan ID card for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often upon your group's renewal.

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

For the most up-to-date list, call customer service at the number on your ID card.

Programs and Limits

Some medications are noted with letters next to them. The letters refer to our pharmacy benefit programs. Your benefit plan determines how these medications are covered and may differ than what is noted in the PDL. Call the number for Member Services listed 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 network coverage. Call the number on your ID card or call 1-888-739-5820 for more information.
E	May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). Lower-cost options are available and covered.
H	Health Care Reform Preventive – This medication is part of a Health Care Reform preventive benefit and may be available at no cost to you.
MC	Multiple Copay – More than one month’s worth of medication included in package so additional copay applies.
PA	Prior Authorization required* – Your doctor is required to provide additional information to us to determine coverage.
RS	Refill and Save Program – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SL	Supply Limit – Amount of medication covered per copayment or in a specific time period.
ST	Step Therapy – Trial of a lower cost medication is required before a higher cost medication is covered.

*Depending on your benefit you may have notification or medical necessity 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 your health plan ID card.

Why are some medications excluded from coverage?

Medications may be excluded from coverage under your pharmacy benefit when it works the same or similar as another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

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

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

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

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

Is it a generic or brand-name drug?

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

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans if a brand-name drug is prescribed and a generic equivalent is available, your cost share may be the copay PLUS the cost difference between the brand-name drug and generic equivalent. Visit **myuhc.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. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit **UHCSpecialtyRx.com** or call the toll-free phone number on your health plan ID card to learn more.

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

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 more for your medication until you make a decision and take action. You must confirm your decision every year.

To learn more, you may log on to **myuhc.com** or call the toll-free member 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 **myuhc.com** or call the toll-free member phone number on 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
- 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

For more information



Call the toll-free member phone number on your health plan ID card.



Or, visit **myuhc.com**®

Where else can I go for information?

HealthCareLane.com includes 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.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	1	
Cefixime Suspension	3	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doryx	3	E
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	2	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	3	
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Oracea	3	
Penicillin V Potassium Tablet	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	3	
Anti-Infectives: Antifungals		
Cresemba	3	SL
Econazole Cream	3	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Noxafil Tablet, Suspension	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	3	PA, SL, ST
Acyclovir Tablet	1	
Famciclovir Tablet	2	
Tamiflu	3	SL
Valacyclovir Tablet	2	SL
Valganciclovir	1	SL
Zovirax Cream	3	E, SL

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bexarotene Capsule	3	DSP, E, PA, SL
Bicalutamide	1	
Bosulif	2	DSP, PA, SL, ST
Cyclophosphamide Capsule	2	
Gleevec	2	DSP, PA, SL
Hydroxyurea Capsule	1	
Imatinib Tablet	3	DSP, E, PA, SL
Imbruvica	2	DSP, PA, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, PA, SL
Sutent	2	DSP, PA, SL
Targretin Capsule	2	DSP, PA, SL
Targretin Gel	3	PA, SL
Tasigna	2	DSP, PA, SL
Xeloda	1	DSP, SL
Zytiga	2	DSP, PA, SL
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Effient	3	SL
Eliquis	3	SL
Enoxaparin Sodium	2	SL
Pradaxa	2	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine-Benazepril	1	SL
Amlodipine-Valsartan	2	SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
Benicar	2	SL
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	2	
Diltiazem Sustained-Release Capsule	2	
Diltiazem Sustained-Release Tablet	2	
Doxazosin	1	
Dutoprol	2	SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	SL
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	2	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	

Drug Name	Drug Tier	Requirements & Limits
Propranolol Extended-Release Capsule	2	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	2	SL
Telmisartan-Hydrochlorothiazide	2	SL
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	2	SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	SL
Choline Fenofibrate	3	E
Crestor	2	SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	3	E
Fenofibrate 48, 145 mg Tablet	3	E
Fenofibrate 54, 160 mg Tablet	2	
Fenoglide	3	E
Fluvastatin Extended-Release Tablet	3	SL, ST
Gemfibrozil	1	

Drug Name	Drug Tier	Requirements & Limits
Lescol XL	3	E, SL, ST
Lipitor	3	E, SL
Lipofen	3	E
Livalo	3	SL, ST
Lovastatin	1	
Niacin Extended-Release Tablet	3	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	PA
Praluent	2	DSP, PA, SL, ST
Pravastatin	1	
Repatha	3	DSP, PA, SL, ST
Simcor	3	SL
Simvastatin	1	
Tricor 48, 145 mg	3	E
Trilipix	3	E
Vascepa	3	PA
Vytorin	3	SL
Welchol	2	
Zetia	3	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	3	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Nitrostat	2	
Ranexa	2	
Sotalol	1	

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	PA, SL
Amphetamine Salt Combo	1	PA
Aptensio XR	3	E, PA, SL
Concerta	2	PA, SL
Daytrana	3	E, PA, SL
Dexmethylphenidate Extended-Release Capsule	3	E, PA, SL
Dexmethylphenidate Tablet	1	PA
Dextroamphetamine-Amphetamine Extended-Release	3	E, PA, SL
Dextroamphetamine-Amphetamine Tablet	1	PA
Dextroamphetamine Sulfate Tablet	3	PA
Focalin XR	3	E, PA, SL
Guanfacine Extended-Release	2	SL
Metadate CD	2	PA, SL
Methylphenidate Chewable Tablet	3	PA
Methylphenidate Extended-Release Capsule	3	E, PA, SL
Methylphenidate Extended-Release Tablet	3	E, PA, SL
Methylphenidate Tablet	1	PA
Strattera	3	SL
Vyvanse	2	PA, SL
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Brintellix	3	SL, ST
Bupropion Extended-Release Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Cymbalta	3	E, SL
Doxepin	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	3	SL, ST
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Lexapro	3	E
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	RS, SL
Sertraline Tablet	1	
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	3	SL
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Naratriptan	1	SL
Relpax	2	SL
Rizatriptan ODT, Tablet	1	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, PA, SL
Aubagio	3	DSP, PA, SL, ST
Avonex	2	DSP, PA, SL
Betaseron	2	DSP, PA, SL
Copaxone	2	DSP, PA, SL
Gilenya	3	DSP, PA, SL, ST
Glatopa	3	DSP, E, PA, SL, ST
Rebif	3	DSP, PA, SL, ST
Tecfidera	2	DSP, PA, SL
Central Nervous System: Other		
Abilify Tablet	3	E, SL
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Buprenorphine/Naloxone Tablet	3	E, PA, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine Tablet	2	
Modafinil Tablet	3	PA, SL
Namenda XR	3	E
Nuvigil	3	E, PA, SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	3	SL
Suboxone Film	3	E, PA, SL
Tolcapone	2	
Xyrem	3	PA, SL
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	PA, SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	2	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Extended-Release Tablet	3	E, SL
Zolpidem Tablet	1	SL
Central Nervous System: Seizure Disorders		
Carbamazepine Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Tablet	1	
Levetiracetam Extended-Release Tablet	2	
Levetiracetam Tablet	1	
Lyrica	3	SL, ST
Oxcarbazepine Tablet	1	

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Absorica	3	E, PA
Aczone	3	SL
Adapalene 0.1% Cream, Gel	3	PA, SL
Adapalene 0.3% Gel	3	PA, SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	PA
Clindamycin 1%/Benzoyl Peroxide 5% Gel	3	E, 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	2	SL
Clobetasol Propionate Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	

Drug Name	Drug Tier	Requirements & Limits
Condylox Gel	3	
Desonide 0.05% Cream, Lotion, Ointment	3	SL
Desoximetasone Gel, Ointment	3	SL
Differin 1% Cream, Gel	2	PA, SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Epiduo	3	SL
Finacea	3	
Fluocinolone Cream, Oil, Ointment, Solution	3	SL
Fluocinonide 0.05% Cream	1	
Halobetasol Ointment	2	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	2	SL
Metronidazole 0.75% Topical Gel	1	
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide Cream, Ointment	3	E
Oxsoralen-UI	2	
Picato	3	SL
Regranex	2	PA, SL
Tacrolimus Ointment	2	PA, SL
Tazorac	3	PA, SL
Tretinoin	1	PA, SL
Tretinoin Microspheres	3	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Accu-Chek Test Strips	3	E, SL
Contour Test Strips	3	E, SL
Dexcom Continuous Glucose Monitoring System	3	PA, SL
Dexcom Sensor	3	PA, SL
Dexcom Transmitter	3	PA, SL
FreeStyle Test Strips	3	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL
Diabetes: Insulin		
Afrezza	3	E, PA, SL, ST
Humalog KwikPen	2	SL
Humalog Mix 50-50 KwikPen	2	SL
Humalog Mix 75-25 KwikPen	2	SL
Humalog Vials	1	SL
Humulin 70-30 KwikPen	2	SL

Drug Name	Drug Tier	Requirements & Limits
Humulin 70-30 Vials	1	SL
Humulin N KwikPen	2	SL
Humulin N Vials	1	SL
Humulin R Vials	1	SL
Lantus Solostar	3	SL
Lantus Vials	3	SL
Levemir FlexTouch	1	SL
Levemir Vials	1	SL
Novolin 70-30 Vials	3	SL, ST
Novolin N Vials	3	SL, ST
Novolin R Vials	3	SL, ST
Novolog FlexTouch	3	SL, ST
Novolog Mix 70/30 FlexTouch	3	SL, ST
Novolog Mix 70/30 Vials	3	SL, ST
Novolog Vials	3	SL, ST
Toujeo SoloStar	3	E, SL
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	3	E, SL, ST
Invokamet	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL, ST
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	3	E, SL, ST
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, PA, SL
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Tirosint	3	E

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacaft	3	SL
Olopatadine 0.1% Ophthalmic Solution	3	SL
Pataday	3	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
Vigamox	3	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	3	E, SL
Lansoprazole Capsules	3	E, SL
Nexium Capsule	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Ranitadine Syrup	1	
Rabeprazole Tablet	3	SL
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Emend	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	
Gastrointestinal: Other		
Amitiza	3	PA, SL, ST
Apriso	2	
Asacol HD Tablet	3	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	E
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	

Drug Name	Drug Tier	Requirements & Limits
Linzess	2	PA, SL
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Zenpep	2	
Hepatitis C		
Daklinza	2	DSP, PA, SL, ST
Harvoni	2	DSP, PA, SL
Ribapak	3	DSP, E
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, PA, SL, ST
Technivie	3	DSP, PA, SL
Viekira Pak	3	DSP, PA, SL, ST
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Evotaz	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	2	DSP

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Norvir	2	DSP
Prezcobix	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	2	DSP
Tybost	2	DSP
Viread	2	DSP
Vitekta	2	DSP
Infertility*		
Cetrotide	2	DSP
Clomiphene	1	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, PA, SL, ST
Cimzia	2	DSP, PA, SL
Cosentyx	3	DSP, PA, SL, ST
Enbrel	3	DSP, PA, SL, ST
Humira	2	DSP, PA, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	DSP, PA, SL, ST
Otezla	3	DSP, PA, SL, ST
Otrexup	3	E, SL, ST
Rasuvo	3	SL, ST
Simponi	2	DSP, PA, SL
Stelara	2	DSP, PA, SL
Xeljanz	3	DSP, PA, SL, ST

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Erectile Dysfunction		
Cialis	3	SL
Levitra	3	SL
Stendra	3	SL
Viagra	3	SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	3	SL, ST
Doxazosin Tablet	1	
Dutasteride Capsule	3	
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Androgel	3	E, PA, SL
Methyltestosterone Capsule	2	
Testim	2	PA, SL
Testosterone 1% Topical Gel	3	E, PA, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auryxia	3	
Benzonatate Capsule	1	
Bethkis	2	DSP, PA, SL
Bromfed DM	3	
Cayston	2	PA, SL
Cerdelga	2	DSP, PA

Drug Name	Drug Tier	Requirements & Limits
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	2	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	3	SL
Hydrocodone/ Homatropine	1	
Letrozole Tablet	1	
Lidocaine Transdermal Patch	2	SL
Nuedexta	2	
Obredon	3	SL, ST
Pegasys	2	DSP, PA, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, PA, SL
Rectiv	3	PA, SL
Renvela	2	
Restasis	3	PA, SL
Rezira	3	
Tobi Podhaler	3	DSP, PA, SL
Tobramycin Nebulized Solution	3	DSP, E, PA, SL
Velphoro	2	

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, PA
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL
Musculoskeletal: Other		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	3	E
Cyclobenzaprine	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Mitigare	2	
Tizanidine Tablet	1	
Uloric	3	SL, ST
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	SL
Celecoxib	2	SL
Diclofenac Tablet	1	
Embeda	3	E, PA, SL, ST
Etodolac Capsule	1	
Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	SL
Fentanyl 37.5, 62.5, 87.5 mcg Patch	3	E, SL

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Fentanyl Citrate Lozenge	2	PA, SL
Hydrocodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Hysingla	3	E, PA, SL, ST
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	PA, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	SL
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	PA, SL
Opana ER	2	PA, SL
Oxycodone Tablet	1	
Oxycodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycontin	3	PA, SL, ST
Sprix	3	
Subsys	3	E, PA, SL
Tramadol- Acetaminophen	1	SL

Drug Name	Drug Tier	Requirements & Limits
Tramadol Sustained- Release Tablet	2	SL
Tramadol Tablet	1	
Trezip	3	SL
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	3	E, SL
Voltaren Gel	2	
Zohydro ER	3	PA, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended- Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended- Release Tablet	3	E
Tolterodine Tablet	3	E
Toviaz	3	
Vesicare	3	E
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	SL
Clarinex	3	E, SL
Clarinex-D	3	E, SL
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Nasonex	3	E, SL
Promethazine Tablet	1	
Qnasl	3	E, SL
Triamcinolone Nasal Spray	3	E, SL
Zetonna	3	SL

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Aerospan	3	SL
Albuterol Nebs	1	
Albuterol Sulfate Tablet	1	
Alvesco	1	SL
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex	1	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	3	SL, ST
Flovent Diskus/HFA	3	SL
Foradil	3	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	3	E, SL
Montelukast Chewable Tablet, Tablet	1	SL
Montelukast Granules	2	SL
Perforomist	3	SL
ProAir HFA	3	SL
ProAir Respiclick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SL
QVAR	1	SL
Seebri Neohaler	2	SL
Serevent Diskus	3	SL
Spiriva Handihaler	3	SL
Spiriva Respimat	3	SL

Drug Name	Drug Tier	Requirements & Limits
Stiolto Respimat	3	E, SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Tudorza	2	SL
Utibron Neohaler	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Xopenex Nebs	3	E, SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, PA, SL
Adempas	2	DSP, PA, SL
Letairis	2	DSP, PA, SL
Opsumit	2	DSP, PA, SL
Orenitram	3	DSP, PA, SL
Sildenafil Tablet	1	DSP, PA, SL
Tracleer	2	DSP, PA, SL
Tyvaso	2	DSP, PA
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H, PA
Chantix Tablet	3	H, PA
Nicoderm CQ	3	H, PA
Nicorette Gum	3	H, PA
Nicorette Lozenge	3	H, PA
Nicorette Mini-Lozenge	3	H, PA
Nicotine Gum	1	H, PA
Nicotine Lozenge	1	H, PA
Nicotine Patch	1	H, PA
Nicotrol Inhaler	3	H, PA
Nicotrol Nasal Spray	3	H, PA
Thrive Gum	1	H, PA

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Transplant		
Azathioprine Tablet	1	
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	2	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	1	DSP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Apri	1	H
Aviane	1	H
Azurette	2	
Cryselle	1	H
Cyclafem	1	H
Ella	1	H
Enskyce	1	H
Gildess	2	
Gildess Fe	1	H
Introvale	2	H
Jolessa	2	H
Junel	2	
Junel Fe	1	H
Levora-28	1	H
Lo Loestrin Fe	3	
Loryna	3	

Drug Name	Drug Tier	Requirements & Limits
Low-Ogestrel	1	H
Lutera	1	H
Microgestin	2	
Microgestin FE	1	H
Minestrin 24 FE	3	E
Mononessa	3	
Natazia	1	H
Necon 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice	1	H
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	H
Nuvaring	2	H
Orsythia	1	H
Ortho-Cyclen	1	H
Ortho Micronor	1	H
Ortho-Novum	3	
Ortho-Novum 7/7/7	1	H
Ortho Tri-Cyclen	1	H
Plan B One Step	1	H
Quasense	2	H
Reclipsen	1	H
Sprintec	3	
Sronyx	1	H
Tri-Lo-Estarylla	3	
Tri-Lo-Marzia	3	
Tri-Lo-Sprintec	3	
Tri-Previfem	3	
Tri-Sprintec	3	
Trinessa	3	
Trinessa Lo	3	
Vestura	3	
Viorele	2	
Xulane	3	H
Yasmin 28	1	H
Yaz	2	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Cenestin	3	E
Climara	2	SL
Climara Pro	3	SL
Divigel	3	
Duavee	3	
Enjuvia	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	2	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch	3	E, SL
Estring	2	MC, SL
Estrogen/Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vagifem	2	
Vivelle-Dot	2	SL

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Miscellaneous		
Osphena	3	
Raloxifene	2	H, PA
Tamoxifen	1	H, PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

E = May be excluded from coverage

H = Health Care Reform Preventive

MC = Multiple Copay

PA = Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

ST = Step Therapy

Index

A

Abilify Tablet	14
Absorica.....	15
Accu-Chek Test Strips	16
Acetaminophen/Butalbital/ Caffeine 325 mg/50 mg/ 40 mg	13
Acetaminophen/Codeine Tablet.....	20
Actemra.....	19
Acylovir Ointment.....	10
Acylovir Tablet	10
Aczone.....	15
Adapalene 0.1% Cream, Gel..	15
Adapalene 0.3% Gel.....	15
Adcirca	22
Adderall XR.....	13
Adempas.....	22
Advair Diskus/HFA.....	22
Aerospan	22
Afrezza	16
Akynzeo	18
Albuterol Nebs	22
Albuterol Sulfate Tablet.....	22
Alendronate Sodium Tablet...20	
Alfuzosin Tablet.....	19
Allopurinol Tablet	20
Alphagan P 0.1%	17
Alprazolam Extended-Release Tablet.....	14
Alprazolam Tablet.....	14
Alvesco	22
Amiodarone.....	12
Amitiza.....	18
Amitriptyline Tablet.....	13
Amlodipine	11
Amlodipine-Benazepril	11
Amlodipine-Valsartan	11

Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet.....	10
Amoxicillin Capsule, Chewable Tablet	10
Amphetamine Salt Combo....	13
Ampyra.....	14
Anastrozole Tablet	19
Androderm.....	19
Androgel.....	19
Anoro Ellipta.....	22
Antipyrine/Benzocaine Otic Solution	19
Apri	23
Apriso	18
Aptensio XR.....	13
Aranesp	19
Aripiprazole Tablet.....	14
Armour Thyroid.....	17
Arnuity Ellipta	22
Asacol HD Tablet	18
Asmanex.....	22
Atenolol.....	11
Atenolol-Chlorthalidone	11
Atorvastatin.....	12
Atripla	18
Aubagio	14
Auryxia.....	19
Aviane	23
Avonex.....	14
Azathioprine Tablet.....	23
Azelastine 0.05% Ophthalmic Solution	17
Azelastine 0.1% Nasal Spray.....	21
Azithromycin Tablet.....	10
Azopt.....	17
Azurette	23

B

Baclofen Tablet.....	20
Benazepril.....	11
Benazepril- Hydrochlorothiazide.....	11
Benicar	11
Benicar HCT	11
Benzonatate Capsule	19
Betamethasone Diproionate 0.05% Augmented Lotion, Ointment.....	15
Betamethasone Dipropionate 0.05% Cream, Ointment	15
Betaseron	14
Bethkis	19
Bexarotene Capsule	11
Bicalutamide.....	11
Bidil.....	11
Bisoprolol.....	11
Bisoprolol- Hydrochlorothiazide.....	11
Bosulif.....	11
Brand Prenatal Vitamins	24
Breo Ellipta	22
Brintellix.....	13
Bromfed DM.....	19
Budesonide Nebs	22
Buprenorphine/Naloxone Tablet.....	14
Bupropion Extended-Release Tablet.....	13
Bupropion Sustained-Release Tablet.....	13, 22
Bupropion Tablet	13
Buspirone Tablet.....	14
Bydureon	16
Byetta	16
Bystolic.....	11

C

Calcitriol Capsule.....	17	Clindamycin 1%/Benzoyl Peroxide 5% Gel.....	15	Cymbalta.....	13
Canasa.....	18	Clindamycin 1.2%/Benzoyl Peroxide 5% Gel.....	15	Cyproheptadine Tablet.....	21
Carac.....	15	Clindamycin Capsule.....	10		
Carbamazepine Tablet.....	14	Clindamycin Gel.....	15	D	
Carbidopa-Levodopa.....	14	Clindamycin Lotion.....	15	Daklinza.....	18
Carisoprodol 350 mg Tablet ..	20	Clindamycin Solution, Swabs.....	15	Daytrana.....	13
Cartia XT.....	11	Clobetasol Propionate Cream, Ointment.....	15	Delzicol.....	18
Carvedilol.....	11	Clobetasol Propionate Solution.....	15	Desmopressin Tablet.....	17
Cayston.....	19	Clomiphene.....	19	Desonide 0.05% Cream, Lotion, Ointment.....	15
Cefadroxil Capsule, Tablet	10	Clonazepam Tablet.....	14	Desoximetasone Gel, Ointment.....	15
Cefdinir Capsule.....	10	Clonidine Tablet.....	11	Dexamethasone Tablet.....	17
Cefixime Suspension.....	10	Clopidogrel.....	11	Dexcom Continuous Glucose Monitoring System.....	16
Cefprozil Tablet.....	10	Clotrimazole-Betamethasone Cream.....	15	Dexcom Sensor.....	16
Cefuroxime Tablet.....	10	Clotrimazole-Betamethasone Lotion.....	15	Dexcom Transmitter.....	16
Celecoxib.....	20	Colcrys.....	20	Dexilant.....	18
Cenestin.....	24	Combigan.....	17	Dexmethylphenidate Extended-Release Capsule.....	13
Cephalexin Capsule.....	10	Combivent Respimat.....	22	Dexmethylphenidate Tablet...	13
Cerdelga.....	19	Complera.....	18	Dextroamphetamine-Amphetamine Extended-Release.....	13
Cetrotide.....	19	Concerta.....	13	Dextroamphetamine-Amphetamine Tablet.....	13
Chantix Tablet.....	22	Condylox Gel.....	15	Dextroamphetamine Sulfate Tablet.....	13
Chlorhexidine Gluconate.....	20	Contour Test Strips.....	16	Diazepam Tablet.....	14
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution ..	20	Copaxone.....	14	Diclofenac Tablet.....	20
Chlorthalidone.....	11	Corlanor.....	12	Dicyclomine Tablet.....	21
Choline Fenofibrate.....	12	Cortifoam.....	18	Differin 1% Cream, Gel.....	15
Cialis.....	19	Cosentyx.....	19	Dificid.....	10
Ciclopirox Cream, Gel, Lotion, Solution.....	15	Creon.....	18	Diflorasone Diacetate 0.05% Cream, Ointment.....	15
Cimzia.....	19	Cresemba.....	10	Digoxin.....	12
Ciprodex.....	20	Crestor.....	12	Diltiazem 24 Hour CD.....	11
Ciprofloxacin Tablet.....	10	Cryselle.....	23	Diltiazem Sustained-Release Capsule.....	11
Citalopram Tablet.....	13	Cyclafem.....	23		
Claravis.....	15	Cyclobenzaprine.....	20		
Clarinox.....	21	Cyclophosphamide Capsule...	11		
Clarinox-D.....	21	Cyclosporine Modified Capsule.....	23		
Clarithromycin Tablet.....	10				
Climara.....	24				
Climara Pro.....	24				

Diltiazem Sustained-Release Tablet.....	11	Epiduo	15	Flovent Diskus/HFA.....	22
Diphenoxylate-Atropine Tablet.....	18	Epipen	20	Fluconazole Tablet.....	10
Divalproex Delayed-Release Tablet.....	14	Epipen-Jr	20	Fluocinolone Cream, Oil, Ointment, Solution.....	15
Divalproex Extended-Release Tablet.....	14	Epzicom	18	Fluocinonide 0.05% Cream ...	15
Divigel.....	24	Erythromycin 0.5% Ophthalmic Ointment.....	17	Fluoride	23
Donepezil 5, 10 mg ODT, Tablet.....	14	Escitalopram Tablet.....	13	Fluoxetine Tablet, Capsule	13
Doryx	10	Esomeprazole Capsule.....	18	Fluticasone Nasal Spray.....	21
Doxazosin.....	11, 19	Estrace Cream	24	Fluvastatin Extended-Release Tablet.....	12
Doxazosin Tablet.....	19	Estradiol/Norethindrone Acetate Tablet.....	24	Fluvoxamine Tablet	13
Doxepin.....	13	Estradiol Tablet	24	Focalin XR.....	13
Doxycycline Hyclate 50, 100 mg Capsule, Tablet.....	10	Estradiol Twice-Weekly Transdermal Patch.....	24	Folic Acid	23
Doxycycline Monohydrate 50, 100 mg Capsule	10	Estring.....	24	Foradil	22
Duavee.....	24	Estrogen/Methyltestosterone Tablet.....	24	Forteo	20
Dulera.....	22	Eszopiclone Tablet.....	14	Fosrenol	20
Duloxetine Capsule	13	Etodolac Capsule.....	20	FreeStyle Test Strips.....	16
Dutasteride Capsule	19	Evamist.....	24	Furosemide.....	11
Dutoprol	11	Evotaz.....	18		
				G	
E		F		Gabapentin Capsule, Tablet ..	14
Econazole Cream	10	Famciclovir Tablet	10	Gemfibrozil	12
Edarbi.....	11	Farxiga.....	16	Gentamicin Ophthalmic Ointment, Solution.....	17
Edarbyclor	11	Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule ..	12	Gildess.....	23
Effient	11	Fenofibrate 48, 145 mg Tablet.....	12	Gildess Fe.....	23
Eliquis	11	Fenofibrate 54, 160 mg Tablet.....	12	Gilenya	14
Ella	23	Fenoglide	12	Glatopa.....	14
Embeda	20	Fentanyl 12, 25, 50, 75, 100 mcg Patch	20	Gleevec	11
Emend.....	18	Fentanyl 37.5, 62.5, 87.5 mcg Patch.....	20	Glimepiride	16
Enalapril.....	11	Fentanyl Citrate Lozenge	21	Glipizide.....	16
Enbrel.....	19	Fetzima.....	13	Glipizide Extended-Release ..	16
Enjuvia	24	Finacea	15	Glyburide.....	16
Enoxaparin Sodium.....	11	Finasteride Tablet.....	19	Glyxambi.....	16
Enskyce	23	Flecainide	12	Golytely	18
Entresto.....	12			Gonal-F.....	19
				Gonal-F RFF	19
				Guanfacine	11, 13
				Guanfacine Extended-Release	13

H

Halobetasol Ointment.....	15
Harvoni.....	18
Humalog KwikPen.....	16
Humalog Mix 50-50 KwikPen.....	16
Humalog Mix 75-25 KwikPen.....	16
Humalog Vials.....	16
Humira.....	19
Humulin 70-30 KwikPen.....	16
Humulin 70-30 Vials.....	16
Humulin N KwikPen.....	16
Humulin N Vials.....	16
Humulin R Vials.....	16
Hydralazine.....	11
Hydrochlorothiazide.....	11
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	21
Hydrocodone/ Chlorpheniramine Suspension.....	20
Hydrocodone/Homatropine ..	20
Hydrocodone/Ibuprofen Tablet.....	21
Hydrocortisone 2.5% Cream, Ointment.....	15
Hydromorphone Tablet.....	21
Hydroxychloroquine Sulfate..	19
Hydroxyurea Capsule.....	11
Hydroxyzine Capsule, Tablet.....	21
Hyoscyamine Tablet.....	18
Hysingla.....	21

I

Ibandronate Tablet.....	20
Ibuprofen Tablet.....	21
Imatinib Tablet.....	11
Imbruvica.....	11

Imiquimod 5% Cream.....	15
Incruse Ellipta.....	22
Indomethacin Capsule.....	21
Intelence.....	18
Introvale.....	23
Invokamet.....	16
Invokana.....	16
Ipratropium-Albuterol Nebs..	22
Ipratropium Nebs.....	22
Irbesartan.....	11
Isentress.....	18
Isosorbide Mononitrate ER...	12
Itraconazole Capsule.....	10

J

Janumet.....	16
Januvia.....	16
Jardiance.....	16
Jentaduo.....	17
Jolesa.....	23
Junel.....	23
Junel Fe.....	23

K

Kaletra.....	18
Kazano.....	17
Ketoconazole Cream.....	10
Ketorolac Tablet.....	21
Klor-Con M10.....	23
Klor-Con M20.....	23
Kombiglyze XR.....	17

L

Labetalol.....	11
Lamivudine-Zidovudine.....	18
Lamotrigine Tablet.....	14
Lansoprazole Capsules.....	18
Lantus Solostar.....	16
Lantus Vials.....	16
Lastacaft.....	17
Latanoprost 0.005% Ophthalmic Solution.....	17

Latuda.....	14
Lazanda.....	21
Leflunomide.....	19
Lescol XL.....	12
Letairis.....	22
Letrozole Tablet.....	20
Leucovorin Calcium Tablet ...	11
Levalbuterol Nebs.....	22
Levemir FlexTouch.....	16
Levemir Vials.....	16
Levetiracetam Extended-Release Tablet	14
Levetiracetam Tablet.....	14
Levitra.....	19
Levocetirizine Tablet.....	21
Levofloxacin Tablet.....	10
Levora-28.....	23
Levothyroxine Sodium Tablet.....	17
Lexapro.....	13
Lialda.....	18
Lidocaine Transdermal Patch.....	20
Linzess.....	18
Liothyronine Sodium Tablet.....	17
Lipitor.....	12
Lipofen.....	12
Lisinopril.....	11, 33
Lisinopril- Hydrochlorothiazide.....	11
Lithium Capsule.....	14
Livalo.....	12
Lo Loestrin Fe.....	23
Lorazepam Tablet.....	14
Loryna.....	23
Losartan.....	11
Losartan- Hydrochlorothiazide.....	11
Lovastatin.....	12
Low-Ogestrel.....	23

Lumigan.....	17	Minivelle	24	Next Choice.....	23
Lutera	23	Minocycline Capsule.....	10	Niacin Extended-Release	
Lyrica	14	Minocycline Tablet.....	10	Tablet.....	12
M					
Medroxyprogesterone	24	Mirtazapine Tablet	13	Niaspan	12
Meloxicam Tablet.....	21	Mirvaso	15	Nicoderm CQ.....	22
Memantine Tablet	14	Mitigare.....	20	Nicorette Gum	22
Mercaptopurine Tablet	11	Modafinil Tablet.....	14	Nicorette Lozenge	22
Metadate CD	13	Mometasone Furoate Cream,		Nicorette Mini-Lozenge	22
Metaxalone Tablet.....	20	Lotion, Ointment	15	Nicotine Gum	22
Metformin.....	17	Mononessa.....	23	Nicotine Lozenge	22
Metformin Extended-Release		Montelukast Chewable Tablet,		Nicotine Patch.....	22
Tablet (generic Glucophage		Tablet.....	22	Nicotrol Inhaler.....	22
XR).....	17	Montelukast Granules	22	Nicotrol Nasal Spray.....	22
Methadone Tablet, Oral		Morphine Sulfate		Nifedipine	
Solution, Concentrate		Extended-Release Tablet	21	Extended-Release	11
Solution	21	Morphine Sulfate Oral		Nitrofurantoin Capsule.....	10
Methimazole Tablet	17	Solution	21	Nitrofurantoin Macrocrystal	
Methocarbamol Tablet	20	Movantik.....	18	Capsule.....	10
Methotrexate Tablet	19	Moviprep.....	18	Nitrostat	12
Methylphenidate Chewable		Moxeza.....	17	Norgestimate-Ethinyl	
Tablet.....	13	Moxifloxacin Tablet.....	10	Estradiol.....	23
Methylphenidate		Mupirocin Ointment.....	15	Nortrel 0.5/35.....	23
Extended-Release		Mycophenolate Capsule,		Nortriptyline Capsule.....	13
Capsule.....	13	Suspension.....	23	Norvir.....	19
Methylphenidate		Mycophenolic Acid Tablet.....	23	Novolin 70-30 Vials	16
Extended-Release Tablet	13	N			
Methylphenidate Tablet.....	13	Nabumetone Tablet	21	Novolin N Vials	16
Methylprednisolone Tablet	17	Nadolol.....	11	Novolin R Vials.....	16
Methyltestosterone Capsule...	19	Namenda XR.....	14	Novolog FlexTouch	16
Metoclopramide Tablet	18	Naproxen Tablet	21	Novolog Mix 70/30	
Metoprolol Succinate		Naratriptan	13	FlexTouch.....	16
50, 100, 200 mg.....	11	Nasonex.....	21	Novolog Mix 70/30 Vials	16
Metoprolol Tartrate	11	Natazia	23	Novolog Vials.....	16
Metronidazole 0.75%		Necon 0.5/35, 1/35, 1/50,		Noxafil Tablet, Suspension	10
Topical Gel.....	15	10/11.....	23	NP Thyroid Tablet.....	17
Metronidazole Tablet	10	Nesina.....	17	Nucynta	21
Microgestin	23	Nevirapine	18	Nucynta ER.....	21
Microgestin FE	23	Nevirapine		Nuedexta	20
Minastrin 24 FE	23	Extended-Release	18	Nutropin, Nutropin AQ.....	17
		Nexium Capsule	18	Nuvaring.....	23
				Nuvigil.....	14

Nystatin-Triamcinolone Acetonide Cream, Ointment.....	15	Otezla.....	19	Prezista.....	19
Nystatin Cream, Ointment....	10	Otrexup.....	19	Pristiq ER.....	13
O					
Obredon.....	20	Ovidrel.....	19	ProAir HFA.....	22
Ofloxacin 0.3% Ophthalmic Solution.....	17	Oxcarbazepine Tablet.....	14	ProAir Respiclick.....	22
Ofloxacin Tablet.....	10	Oxsoralen-UI.....	15	Procrit.....	20
Olanzapine Tablet.....	14	Oxybutynin Extended-Release Tablet.....	21	Progesterone Micronized Capsule.....	24
Olopatadine 0.1% Ophthalmic Solution.....	17	Oxybutynin Tablet.....	21	Promethazine/Codeine.....	20
Omeclamox-Pak.....	18	Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	21	Promethazine/ Dextromethorphan.....	20
Omega-3-Acid Ethyl Esters Capsule.....	12	Oxycodone Tablet.....	21	Promethazine Tablet.....	21
Omeprazole Capsule.....	18	Oxycontin.....	21	Propranolol Extended-Release Capsule.....	12
Ondansetron.....	18	P			
Ondansetron ODT.....	18	Pantoprazole Tablet.....	18	Propranolol Tablet.....	12
OneTouch Test Strips.....	16	Paroxetine Tablet.....	13	Proventil HFA.....	22
OneTouch Ultra Meter.....	16	Pataday.....	17	Pulmicort Flexhaler.....	22
OneTouch Ultra Mini.....	16	Pegasys.....	20	Pulmozyme.....	20
OneTouch Ultra Test Strips...	16	Penicillin V Potassium Tablet	10	Pylera.....	18
OneTouch Verio.....	16	Perforomist.....	22	Q	
OneTouch Verio IQ.....	16	Phenazopyridine.....	20	Qnasl.....	21
OneTouch Verio Sync.....	16	Phenytoin Capsule, Suspension.....	15	Quasense.....	23
OneTouch Verio Test Strips...	16	Picato.....	15	Quetiapine Tablet.....	14
Onglyza.....	17	Pioglitazone.....	17	Quinapril.....	12
Opana ER.....	21	Plan B One Step.....	23	QVAR.....	22
Opsumit.....	22	Polyethylene Glycol 3350.....	18	R	
Oracea.....	10	Potassium Chloride.....	23	Rabeprazole Tablet.....	18
Orencia.....	19	Potassium Citrate.....	23	Raloxifene.....	20, 24
Orenitram.....	22	Pradaxa.....	11	Raloxifene Tablet.....	20
Orsythia.....	23	Praluent.....	12	Ramipril.....	12
Ortho-Cyclen.....	23	Pramipexole Tablet.....	14	Ranexa.....	12
Ortho-Novum.....	23	Pravastatin.....	12	Ranitidine Syrup.....	18
Ortho-Novum 7/7/7.....	23	Prednisone Tablet.....	17	Rapaflo.....	19
Ortho Micronor.....	23	Premarin.....	24	Rasuvo.....	19
Ortho Tri-Cyclen.....	23	Premphase.....	24	Rebif.....	14
Oseni.....	17	Prempro.....	24	Reclipsen.....	23
Osphena.....	24	Prenisolone Oral Solution.....	17	Rectiv.....	20
		Prepopik.....	18	Regranex.....	15
		Prezcobix.....	19	Relpax.....	13
				Renvela.....	20
				Repatha.....	12

Restasis.....	20
Revlimid.....	11
Reyataz.....	19
Rezira.....	20
Ribapak.....	18
Ribavirin Tablet.....	18
Risedronate Sodium Tablet ...	20
Risperidone Tablet.....	14
Rizatriptan ODT, Tablet.....	13
Ropinirole Tablet.....	14

S

Savaysa.....	11
Seebri Neohaler.....	22
Serevent Diskus.....	22
Seroquel XR.....	14
Sertraline Tablet.....	13
Sildenafil Tablet.....	22
Simcor.....	12
Simponi.....	19
Simvastatin.....	12
Sirolimus Tablet.....	23
Solodyn.....	10
Sotalol.....	12
Sovaldi.....	18
Spiriva Handihaler.....	22
Spiriva Respimat.....	22
Spironolactone.....	12
Sprintec.....	23
Sprix.....	21
Sronyx.....	23
Stelara.....	19
Stendra.....	19
Stiolto Respimat.....	22
Strattera.....	13
Stribild.....	19
Striverdi Respimat.....	22
Suboxone Film.....	14
Subsys.....	21
Suclear.....	18
Sucalfate Tablet.....	18

Sulfamethoxazole- Trimethoprim Tablet.....	10
Sulfasalazine Tablet.....	18
Sumatriptan Nasal Spray.....	13
Sumatriptan Succinate Tablet, Injection.....	13
Sumavel DosePro.....	13
Suprax Capsule, Chewable Tablet, Tablet.....	10
Suprep.....	18
Sustiva.....	19
Sutent.....	11
Symbicort.....	22
Synthroid.....	17

T

Tacrolimus Capsule.....	23
Tacrolimus Ointment.....	15
Tamiflu.....	10
Tamoxifen.....	24
Tamsulosin Capsule.....	19
Tanzeum.....	17
Targretin Capsule.....	11
Targretin Gel.....	11
Tasigna.....	11
Tazorac.....	15
Tecfidera.....	14
Technivie.....	18
Telmisartan.....	12
Telmisartan- Hydrochlorothiazide.....	12
Temazepam Capsule.....	14
Terazosin.....	12, 19
Terazosin Capsule, Tablet.....	19
Terbinafine Tablet.....	10
Testim.....	19
Testosterone 1% Topical Gel.....	19
Testosterone Cypionate Injection.....	19
Thrive Gum.....	22

Timolol Maleate 0.25%, 0.5% Ophthalmic Solution.....	17
Tirosint.....	17
Tivicay.....	19
Tizanidine Tablet.....	20
Tobi Podhaler.....	20
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension.....	17
Tobramycin Nebulized Solution.....	20
Tobramycin Ophthalmic Solution.....	17
Tolcapone.....	14
Tolterodine Extended-Release Tablet.....	21
Tolterodine Tablet.....	21
Topiramate Tablet.....	15
Toujeo SoloStar.....	16
Toviaz.....	21
Tracleer.....	22
Tradjenta.....	17
Tramadol-Acetaminophen.....	21
Tramadol Sustained-Release Tablet.....	21
Tramadol Tablet.....	21
Transderm-Scop.....	18
Travatan Z.....	17
Trazodone Tablet.....	13
Tretinoin.....	15
Tretinoin Microspheres.....	15
Trezix.....	21
Tri-Lo-Estarylla.....	23
Tri-Lo-Marzia.....	23
Tri-Lo-Sprintec.....	23
Tri-Previfem.....	23
Tri-Sprintec.....	23
Triamcinolone Acetonide Cream, Lotion, Ointment ..	15
Triamcinolone Nasal Spray....	21

Triamterene- Hydrochlorothiazide.....	12
Triazolam Tablet	14
Tricor 48, 145 mg	12
Trilipix.....	12
Trinessa	23
Trinessa Lo.....	23
Triumeq.....	19
Trulicity.....	17
Truvada	19
Tudorza	22
Tybost.....	19
Tyvaso	22

U

Uceris.....	18
Uloric.....	20
Utibron Neohaler.....	22

V

Vagifem	24
Valacyclovir Tablet	10
Valganciclovir	10
Valsartan.....	12
Valsartan- Hydrochlorothiazide.....	12
Vascepa.....	12
Vectical.....	15
Velphoro	20

Venlafaxine Extended-Release Capsule	13
Venlafaxine Tablet.....	13
Ventolin HFA.....	22
Verapamil	12
Verapamil Sustained-Release	12
Vesicare.....	21
Vectura.....	23
Viagra.....	19
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	21
Victoza 2-Pak.....	17
Victoza 3-Pak.....	17
Viekira Pak.....	18
Vigamox	17
Viibryd	13
Viorele	23
Viread.....	19
Vitekta	19
Vivelle-Dot.....	24
Voltaren Gel	21
Vytorin	12
Vyvanse	13

W

Warfarin Sodium	11
Welchol	12

X

Xarelto	11
Xeljanz.....	19
Xeloda	11
Xigduo XR.....	17
Xopenex HFA	22
Xopenex Nebs.....	22
Xulane	23
Xyrem.....	14

Y

Yasmin 28.....	23
Yaz.....	23

Z

Zaleplon Capsule.....	14
Zelapar	14
Zenpep	18
Zetia.....	12
Zetonna	21
Ziprasidone Capsule	14
Zohydro ER.....	21
Zolpidem Extended-Release Tablet.....	14
Zolpidem Tablet	14
Zonisamide Capsule.....	15
Zovirax Cream	10
Zubsolv.....	14
Zytiga.....	11

“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

Notes

For more information



Call the toll-free member phone number on your health plan ID card.



Or, visit myuhc.com[®]

Where else can I go for information?

HealthCareLane.com includes 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.

The screenshot displays the myuhc.com website interface. At the top, the myuhc.com logo is on the left and the UnitedHealthcare logo is on the right. A navigation bar contains links for Home, Claims & Accounts, Physicians & Facilities, **Pharmacies & Prescriptions** (highlighted with a blue arrow), Benefits & Coverage, Personal Health Record, and Health & Wellness. Below the navigation bar, there is a user greeting: "Hello, Chrisdemo" with account details. The main content area features a "myClaims Manager" section with a pie chart showing financial responsibilities: "Your Responsibility \$1,249.00" (including HRA paid to provider \$138.00 and paid via website \$10.00) and "You Owe \$1,101.00". To the right of this section are several service tiles: "Manage My Claims", "Look up My Benefits", "Find a Doctor", and "Manage My Prescriptions". Below these are utility tiles for "View Online Statement", "View Account Balances", "Print an ID Card", "Health Assessment", "Estimate Health Care Costs", "Extra Programs & Discounts", and "Look Up Health Topics". At the bottom, there are sections for "Information Center" (with a "View All" button), "Related Web Sites" (listing African American Health, Source4Women, and other languages), and "Ask a Nurse" (with a chat option and phone number 1-888-842-4224).



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