

**UnitedHealthcare Services Company of the River Valley, Inc.**

**90/ 100 \*\* DAY SUPPLY LIST**

**1 JANUARY 2019**

The following drugs may be dispensed in quantities up to, but not more than, a 90-day (or 100 day, benefit driven) supply. The list excludes injectables, nebulizer solutions and topical dosage forms except for transdermal patches and ophthalmics. Prior approval may be required for selected drugs. This list is subject to periodic review and update. Consult plan documents to determine how copays are applied.

Acarbose	Bumetanide	Duetact*	Glucophage*
Accuretic*	Bupropion HCL (SR) (XL)	Dyazide*	Glucovance*
Acebutolol	Bydureon	Eldepryl*	Glyburide
Aceon*	Byetta	Enalapril (HCT)	Glyburide/Metformin
Acetazolamide	Bystolic	Enjuvia	Glynase*
Activella*	Byvalson™	Entacapone	Glyxambi
Actoplus Met*	Calan (SR)*	Epitol	Guanfacine
Adalat (CC)*	Capoten*	Eplerenone	HCTZ/Triamterene
Airduo™ RespiMAT®	Captopril (HCT)	Eprosartan	Humalog
Akineton	Carbamazepine (XR)	escitalopram	Humulin
Aldactone*	Carbatrol*	Esclim	Hydralazine (HCT)
Aldomet*	Carbidopa/Levodopa	Estrace*	Hydrochlorothiazide
Alendronate	Carbidopa/Levodopa	Estraderm	HydroDiuril*
Alfuzosin	/Entacapone	Estradiol	Hygroton*
Allopurinol	Cardizem (CD) (SR)*	Estradiol/Norethindrone	Hytrin*
Alphagan P	Cartia XT*	Estradiol vaginal	Hyzaar*
Altace (*capsules)	Carvedilol	Estratest (HS)	Ibandronate
Alvesco	Cataflam*	Estring	Ibuprofen
Amantadine	Catapres*	Estrogens, Conjugated	Imdur*
Amaryl*	Celontin	Estrogens, Esterified	Incruse ellipta
Amiloride (HCT)	Chlorthalidone	Estrogens, Esterified	Indapamide
Amiodarone	Cholestyramine	/methyltestosterone	Inderal (LA)*
Amlodipine	Citalopram	Estropipate	Indocin*
Amlodipine/benazepril	Clemastine	Ethmozine	Indomethacin
Antara* (except 30 & 90 mg)	Climara*	Ethosuximide	Insulin (Lilly)
Apresoline*	Clinoril*	Etodolac	Insulin Syringes
Apriso	Clonidine	Exforge*	Intal (Inhaler only)*
Artane*	Clorpres	Evista	Invokana
Asmanex	Cogentin*	Ezetimibe	Ipratropium
Atenolol	Colazal*	Felbamate	Ismo*
Atenolol / chlorthalidone	Colestid	Felbatol*	Isoptin (SR)*
Atorvastatin	Colestipol	Feldene*	Isopto Carpine*
Atrovent (*Nasal)	Combigan	Felodipine	Isordil*
Avapro*	Comtan*	Fenofibrate (not choline	Isosorbide Dinitrate
Azelastine Nasal	Cordarone*	fenofibrate), generic	Isosorbide Mononitrate
Azilect*	Corgard*	54 & 160 mg only	Isradipine
Azulfidine*	Cozaar*	Finasteride	Jardiance
Balsalazide	Creon	Flecainide	Jentadueto (XR)
Banzel	Crestor*	Flonase*	Kazano
Basaglar	Cromolyn	Flunisolide nasal	K-Dur*
Benemid*	Cytomel	Fluoxetine	Kemadrin
Benicar (HCT)*	Daypro*	Fluticasone nasal (generic)	Keppra*
Benazepril (HCT)	Deltasone*	Fluvastatin	Ketoprofen
Benztrapine Mesylate	Depakene*	Fluvoxamine IR	K-Lyte*
Betagan*	Depakote (ER) (Sprinkle)*	Foradil	Kombiglyze (XR)
Betapace*	Dexchlorpheniramine	Fortical	K-Tab*
Betapace AF*	Diamox*	Fosamax*	Labetalol
Betaxolol	Diclofenac	Fosinopril (HCT)	Lamictal*
Betoptic*	Digoxin	Furosemide	Lamotrigine
Bevespi Aerosphere™	Dilantin	Gabapentin	Lanoxin
BiDil	Diltiazem (SR/CD/LA)	Gabitril*	Lasix*
Birth Control Pills†	Dipyridamole	Gemfibrozil	Latanoprost
Bisoprolol (HCT)	Disalcid*	Glimepiride	Levetiracetam
Boniva*	Disopyramide	Glimepiride/pioglitazone	Levobunolol
Brimonidine	Divalproex Sodium (ER)	Glipizide	Levocetirizine tablets
Bromocriptine	Dorzolamide	Glipizide/Metformin	Levothyroxine
Budesonide EC capsule	Doxazosin	Glucotrol (XL)*	Lialda

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Lipofen	Neurontin*	Probenecid	Terazosin
Lisinopril	Nicardipine	Propafenone	Theo-Dur*
Lisinopril /hydrochlorothiazide	Nifedipine (SR)	Propranolol (SA) (HCT)	Theophylline
Lodine (XL)*	Nisoldipine	Propylthiouracil	Thyroid Supplements
Lodosyn *	Nitroglycerin (Not Spray)	Proscar*	Tiazac*
Loniten*	Nolvadex*	Provera*	Tikosyn
Lopid*	Normodyne*	Questran*	Tilade
Lopressor*	Norpace (CR)*	Quinaglute*	Timolol
Losartan (HCT)	Norvasc*	Quinapril (HCT)	Timoptic*
Lotrel*	Nuedexta	Quinidex*	Tolazamide
Lovastatin	Nuvaring	Quinidine Gluconate	Tolinase*
Lozol*	Ogen*	Quinidine Sulfate	Tonocard
Lumigan	Omnaris	Qvar	Topamax*
Maxzide*	Onfi *	Ramipril	Topiramate
Medroxyprogesterone	Onglyza	Ranexa	Tradjenta
Megace*	Oral Contraceptives†	Relafen*	Trandolapril
Megestrol	Orudis*	Repaglinide	Trandolapril/Verapamil
Meloxicam	Ortho Prefest	Requip*	Travatan Z
Metaglip*	Oruvail*	Reserpine	Tresiba
Metformin	Oseni	Ropinirole	Triamterene (HCT)
Methazolamide	Oxaprozin	Rythmol (SR)*	Trihexyphenidyl
Methimazole	Oxcarbazepine	Sabril	Trileptal*
Methyclothiazide	Pacerone	Salsalate	Trusopt*
Methyldopa	Parlodel*	Sectral*	Tudorza Pressair
Metolazone	Paroxetine HCl	Selegiline	Uceris foam
Metoprolol (HCT) / XL	Peganone	Serpasil*	Utibron Neohaler
Mevacor*	Perindopril	Sertraline	Valproate Sodium
Mexiletine	Persantine*	Simvastatin	Valproic Acid
Mexitil*	Phenytek	Sinemet (CR)*	valsartan
Miacalcin*	Phenytoin	Soliqua ™	Vasotec*
Micardis (HCT)	Phenytoin Sodium (ER)	Sotalol	Venlafaxine ER (Not Tablet)
Micronase*	Pilocarpine HCl	Spiriva (respimat)	Verapamil (SR)
Minipress*	Pindolol	Spirolactone (HCT)	Verelan*
Minoxidil	pioglitazone	Stalevo*	Victoza 2 pak ONLY
Mirapex (ER)*	pioglitazone/metformin	Striverdi Respimat	Vimpat
Mirtazapine	Piroxicam	Sular*	Vivelle
Moexipril (HCT)	Polaramine*	Sulfasalazine	Voltaren (XR)*
Monoke*	Potassium Supplements	Sulindac	Welchol
Monopril*	Potiga	Symmetrel*	Zarontin*
Motrin*	Pramipexole	Synjardy	Zaroxolyn*
Mysoline*	Prandin*	Synthroid	Zebeta*
Nabumetone	Pravastatin	Tambocor*	Zelapar
Nadolol	Prazosin	Tamoxifen	Zenpep
Naprosyn*	Precose*	Tapazole*	Zetonna
Naproxen	Prednisone	Tasmar *	Ziac*
Nateglinide	Prenatal Vitamins	Tavist*	Zocor*
Neptazane*	Primidone	Tegretol (XR)	Zonegran*
Nesina	Prinivil*	Tenormin*	Zonisamide
	Pristiq *		Zyloprim*

\*Brand Name of Drug with Generic Equivalent. Generic equivalent is covered on the list, however the brand name medication is not.

\*\* 90 or 100 day limit is determine by benefit, please consult plan documents

**†Drug Rider Must Include Coverage for Oral Contraceptives**

(Tier 2 brand and all generic contraceptive products are available in three month supplies only to members with contraceptive coverage).