

UnitedHealthcare Services Company of the River Valley, Inc.

90/ 100 ** DAY SUPPLY LIST

1 JANUARY 2020

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™ Respirat®	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	Jentaduo (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
Mesalamine suppository	Oruvail*	Reserpine	Tresiba
Metaglip*	Oseni	Ropinirole	Triamterene (HCT)
Metformin	Oxaprozin	Rythmol (SR)*	Trihexyphenidyl
Methazolamide	Oxcarbazepine	Sabril*	Trileptal*
Methimazole	Pacerone	Salsalate	Trusopt*
Methyclothiazide	Parlodel*	Sectral*	Tudorza Pressair
Methyl dopa	Paroxetine HCl	Selegiline	Uceris foam
Metolazone	Peganone	Serpasil*	Utibron Neohaler
Metoprolol (HCT) / XL	Perindopril	Sertraline	Valproate Sodium
Mevacor*	Persantine*	Simvastatin	Valproic Acid
Mexiletine	Phenytek	Sinemet (CR)*	valsartan
Mexitil*	Phenytoin	Soliqua ™	Vasotec*
Miacalcin*	Phenytoin Sodium (ER)	Sotalol	Venlafaxine ER (Not Tablet)
Micardis (HCT)	Pilocarpine HCl	Spiriva (respimat)	Verapamil (SR)
Micronase*	Pindolol	Spirolactone (HCT)	Verelan*
Minipress*	pioglitazone	Stalevo*	Victoza 2 pak ONLY
Minoxidil	pioglitazone/metformin	Striverdi Respimat	Vimpat
Mirapex (ER)*	Piroxicam	Sular*	Vivelle
Mirtazapine	Polaramine*	Sulfasalazine	Voltaren (XR)*
Moexipril (HCT)	Potassium Supplements	Sulindac	Welchol
Monokeet*	Potiga	Symmetrel*	Zarontin*
Monopril*	Pramipexole	Synjardy	Zaroxolyn*
Motrin*	Prandin*	Synthroid	Zebeta*
Mysoline*	Pravastatin	Tambocor*	Zelapar
Nabumetone	Prazosin	Tamoxifen	Zenpep
Nadolol	Precose*	Tapazole*	Zetonna
Naprosyn*	Prednisone	Tasmar *	Ziac*
Naproxen	Prenatal Vitamins	Tavist*	Zocor*
Nateglinide	Primidone	Tegretol (XR)	Zonegran*
Neptazane*	Prinivil*	Tenormin*	Zonisamide
Nesina	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).