

# Alternative Covered Drugs

Your plan has a long list of covered drugs, but it doesn't cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial list** of drugs that aren't covered and the alternative covered drug.

Talk with your doctor or pharmacist to see if the alternative drugs listed here are appropriate for you.

## PDP Preferred

Drugs not covered by the plan	Alternative covered drugs – Tier
Armodafinil	Modafinil – 4 (PA Required)
<b>Cialis 2.5mg and 5mg (BPH Only)</b>	Alfuzosin Extended Release – 2 Doxazosin – 2 Silodosin (Generic <b>Rapaflo</b> ) – 3 Tamsulosin – 1
Dutasteride	Finasteride – 1
<b>Farxiga</b>	<b>Invokana – 3</b> <b>Jardiance – 3</b>
Fluoxetine HCL Tablet	Fluoxetine HCL Capsule – 2
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic <b>Glucophage XR</b> ) – 1
<b>Movantik</b>	Lactulose Solution – 2 <b>Amitiza – 3</b>
<b>Nexium</b>	Esomeprazole Magnesium (Generic <b>Nexium</b> ) – 3 Lansoprazole 15mg and 30mg Capsule – 2 Omeprazole – 2 Pantoprazole Tablet – 2
<b>Novolin</b>	<b>Humulin – 3</b>
<b>Novolog</b>	<b>Humalog – 3</b>
<b>Otezla</b>	<b>Enbrel – 5 (PA Required)</b> <b>Humira – 5 (PA Required)</b> <b>Cosentyx – 5 (PA Required)</b>
<b>Proventil HFA</b>	<b>Proair HFA – 3</b>
<b>Qvar Redihaler</b>	<b>Arnuity – 3</b> <b>Flovent – 3</b>
<b>Ranexa</b>	Ranolazine (Generic <b>Ranexa</b> ) – 3
<b>Rapaflo</b>	Silodosin (Generic <b>Rapaflo</b> ) – 3
Risedronate	Alendronate Tablet – 1 Ibandronate Tablet – 1 <b>Binosto – 4</b>

**Bold type = Brand name drug**

Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg
Tolterodine Tartrate Extended Release	Oxybutynin Extended Release – 2 Solifenacin – 3 <b>Myrbetriq – 3</b>
<b>Travatan Z</b>	Latanoprost – 2 <b>Lumigan – 3</b>
<b>Tudorza Pressair</b>	<b>Incruse – 3</b> <b>Spiriva – 3</b>
<b>Uloric</b>	Allopurinol – 1
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
<b>Ventolin HFA</b>	<b>Proair HFA – 3</b>
<b>Vesicare</b>	Solifenacin (Generic <b>Vesicare</b> ) – 3
<b>Xopenex HFA</b>	<b>Proair HFA – 3</b>
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 <b>Belsomra – 3</b>

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### Saver Plus

Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Advair</b>	<b>Breo Ellipta – 3</b> <b>Symbicort – 3</b>
<b>Amitiza</b>	<b>Linzess – 3</b>
<b>Bystolic</b>	Atenolol – 1 Bisoprolol – 2 Carvedilol Immediate Release Tablet – 1 Metoprolol Succinate Tablet – 1
Celecoxib	Meloxicam Tablet – 1 Naproxen Immediate Release Tablet – 2
<b>Cialis 2.5mg and 5mg (BPH Only)</b>	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 1
<b>Dulera</b>	<b>Breo Ellipta – 3</b> <b>Symbicort – 3</b>

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Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Effient</b>	Clopidogrel 75mg Tablet – 2 <b>Brillinta – 4</b>
Fluoxetine HCL Tablet	Fluoxetine HCL Capsule – 2
Esomeprazole Magnesium	Omeprazole – 2 Pantoprazole Tablet – 2
Eszopiclone	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 <b>Belsomra – 3</b>
Fenofibrate	Fenofibrate 54mg and 160mg Tablet – 2 Gemfibrozil – 2
<b>Invokana</b>	<b>Farxiga – 3</b> <b>Jardiance – 3</b>
<b>Janument and Janumet XR</b>	<b>Jentadueto and Jentadueto XR – 3</b> <b>Kombiglyze and Kombiglyze XR – 3</b>
<b>Januvia</b>	<b>Onglyza – 3</b> <b>Tradjenta – 3</b>
Lansoprazole	Omeprazole – 2 Pantoprazole Tablet – 2
<b>Levemir</b>	<b>Lantus – 3</b> <b>Toujeo – 3</b>
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic <b>Glucophage XR</b> ) – 1
<b>Movantik</b>	Lactulose Solution – 2 <b>Amitiza – 3</b>
<b>Nexium</b>	Omeprazole – 2 Pantoprazole Tablet – 2
<b>Novolin</b>	<b>Humulin – 3</b>
<b>Novolog</b>	<b>Humalog – 3</b>
Olmesartan	Losartan – 1 Irbesartan – 2 Valsartan – 2
Potassium Chloride Extended Release Capsule	Potassium Chloride Extended Release Tablet – 2
<b>Proair HFA</b>	<b>Ventolin HFA – 3</b>
<b>Proventil HFA</b>	<b>Ventolin HFA – 3</b>
Quetiapine Extended Release	Quetiapine Immediate Release

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Drugs not covered by the plan	Alternative covered drugs – Tier
<b>Qvar Redihaler</b>	<b>Arnuity – 3</b> <b>Flovent – 3</b>
<b>Ranexa</b>	Ranolazine (Generic <b>Ranexa</b> ) – 3
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg – 2
<b>Travatan Z</b>	Latanoprost – 1
<b>Uloric</b>	Allopurinol – 1
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
<b>Vesicare</b>	Solifenacin (Generic <b>Vesicare</b> ) – 3
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 <b>Belsomra – 3</b>

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Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2019 and may be subject to change. Please refer to drug list for details on drug coverage.

The drug list may change at any time. You will receive notice when necessary.

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