

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.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amiodarone HCL 100mg and 400mg tablet	Amiodarone 200mg Tablet – 1
Armodafinil	Modafinil – 4 (PA Required)
Butalbital/ Acetaminophen/Caffeine Capsule	Butalbital/Acetaminophen/Caffeine Tablet – 3 Butalbital/Aspirin/Caffeine Capsule – 3
Carisoprodol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
Cialis 2.5mg and 5mg (BPH only)	Tamsulosin – 1 Alfuzosin – 2 Doxazosin – 2 Rapaflo – 3
Eszopiclone	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3
Farxiga	Invokana – 3 Jardiance – 3
Fluoxetine HCL tablets	Fluoxetine HCL Capsule – 2
Glyburide	Glimepiride – 1 Glipizide – 1
Horizant	Gabapentin Capsule, Tablet – 2 Lyrica Immediate Release – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Methocarbamol	Cyclobenzaprine 5mg and 10mg – 2 Tizanidine Tablet – 2
Movantik	Lactulose – 2 Amitiza – 3
Novolin	Humulin – 3
Novolog	Humalog – 3
Proventil HFA	Proair HFA – 3

Bold type = Brand name drug

Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Qvar	Arnuity – 3 Flovent – 3
Tirosint	Levothyroxine Tablet – 1
Tolterodine Tartrate Extended Release	Myrbetriq – 3 Oxybutynin Extended Release – 3 Vesicare – 3
Toviaz	Myrbetriq – 3 Oxybutynin Extended Release – 3 Vesicare – 3
Venlafaxine HCL Extended Release Tablets	Venlafaxine Extended Release Capsules – 2
Ventolin HFA	Proair HFA – 3
Xopenex HFA	Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3

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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, 2018 and may be subject to change. Please refer to formulary materials for details on drug coverage.

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.