

UnitedHealthcare Services Company of the River Valley, Inc.
90/ 100 ** DAY SUPPLY LIST
1 JANUARY 2023

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

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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*	Pulmicort Flexhaler	Tilade
Lopressor*	Norpace (CR)*	Questran*	Timolol
Losartan (HCT)	Norvasc*	Quinaglute*	Timoptic*
Lotrel*	Nuedexta	Quinapril (HCT)	Tolazamide
Lovastatin	Nuvaring	Quinidex*	Tolinase*
Lozol*	Ogen*	Quinidine Gluconate	Tonocard
Lumigan	Omniaris	Quinidine Sulfate	Topamax*
Maxzide*	Onfi *	Qvar	Topiramate
Medroxyprogesterone	Onglyza	Ramipril	Tradjenta
Megace*	Oral Contraceptives†	Ranexa *	Trandolapril
Megestrol	Orudis*	Relafen*	Trandolapril/Verapamil
Meloxicam	Ortho Prefest	Repaglinide	Travatan Z
Mesalamine suppository	Oruvail*	Requip*	Tresiba
Metaglip*	Oseni	Reserpine	Triamterene (HCT)
Metformin	Oxaprozin	Roflumilast	Trihexyphenidyl
Methazolamide	Oxcarbazepine	Ropinirole	Trileptal*
Methimazole	Pacerone	Rythmol (SR)*	Trusopt*
Methyclothiazide	Parlodel*	Sabril*	Tudorza Pressair
Methylodopa	Paroxetine HCl	Salsalate	Uceris foam
Metolazone	Peganone	Sectral*	Utibron Neohaler
Metoprolol (HCT) / XL	Perindopril	Selegiline	Valproate Sodium
Mevacor*	Persantine*	Serpasil*	Valproic Acid
Mexiletine	Phenytek	Sertraline	valsartan
Mexitol*	Phenytoin	Simvastatin	Vasotec*
Miacalcin*	Phenytoin Sodium (ER)	Sinemet (CR)*	Venlafaxine ER (Not Tablet)
Micardis (HCT)	Pilocarpine HCl	Soliqua ™	Verapamil (SR)
Micronase*	Pindolol	Sotalol	Verelan*
Minipress*	pioglitazone	Spiriva (respimat)	Victoza 2 pak ONLY
Minoxidil	pioglitazone/metformin	Spironolactone (HCT)	Vimpat
Mirapex (ER)*	Piroxicam	Stalevo*	Vivelle
Mirtazapine	Polaramine*	Striverdi Respimat	Voltaren (XR)*
Moexipril (HCT)	Potassium Supplements	Sular*	Welchol
Monoket*	Potiga	Sulfasalazine	Zarontin*
Monopril*	Pramipexole	Sulindac	Zaroxolyn*
Motrin*	Prandin*	Symmetrel*	Zebeta*
Mysoline*	Pravastatin	Synjardy	Zelapar
Nabumetone	Prazosin	Tambocor*	Zenpep
Nadolol	Precose*	Tamoxifen	Zetonna
Naprosyn*	Prednisone	Tapazole*	Ziac*
Naproxen	Prenatal Vitamins	Tasmar *	Zocor*
Nateglinide	Primidone	Tavist*	Zonegran*
Neptazane*	Prinivil*	Tegretol (XR)	Zonisamide
Nesina	Pristiq *	Tenormin*	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).