

UnitedHealthcare Services Company of the River Valley, Inc.

90/ 100 ** DAY SUPPLY LIST

1 JANUARY 2022

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

*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).