

Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.

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

Drugs not covered by the plan	Alternative covered drugs – Tier
Amitiza	Linzess – 1 Lubiprostone – 1 Movantik – 1 Motegrity – 1 Relistor – 1 Trulance – 1
Basaglar	Lantus – 1 Levemir – 1 Toujeo – 1 Tresiba – 1
Bystolic	Atenolol Tablet – 1 Bisoprolol Fumarate – 1 Metoprolol Tablet – 1 Carvedilol Tablet – 1
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 1 Doxazosin – 1 Tamsulosin – 1
Cyclosporine Ophthalmic	Restasis – 1
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Novolin	Humulin – 1
Novolog	Humalog – 1 Insulin Lispro – 1 Lyumjev – 1
Nucynta ER	Xtampza XR – 1 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 1
OxyContin	Xtampza XR – 1 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 1
Pradaxa	Eliquis – 1 Xarelto – 1

Drugs not covered by the plan	Alternative covered drugs – Tier
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 1 Proair HFA – 1 Proair Respiclick – 1
Qvar Redihaler	Arnuity – 1 Flovent – 1
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 1
Ventolin HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 1 Proair HFA – 1 Proair Respiclick – 1
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 1 Belsomra – 1

Bold type = Brand name drug Plain type = Generic drug



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, 2022, and may be subject to change. Please refer to the Drug List for details on drug coverage.

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

Y0066_220614_065155_M

UHEX23HM0076119_000