

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)
Cialis 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Silodosin (Generic Rapaflo) – 3 Tamsulosin – 1
Dutasteride	Finasteride – 1
Eszopiclone	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3
Farxiga	Invokana – 3 Jardiance – 3
Fluoxetine HCL Tablet	Fluoxetine HCL Capsule – 2
Kombiglyze and Kombiglyze XR	Janumet and Janumet XR – 3 Jentadueto and Jentadueto XR – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Movantik	Lactulose Solution – 2 Amitiza – 3
Nexium	Esomeprazole Magnesium (Generic Nexium) – 3 Lansoprazole 15mg and 30mg Capsule – 2 Omeprazole – 2 Pantoprazole Tablet – 2
Novolin	Humulin – 3
Novolog	Humalog – 3
Onglyza	Januvia – 3 Tradjenta – 3
Pradaxa	Eliquis – 3 Xarelto – 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 Redihaler	Arnuity – 3 Flovent – 3
Ranexa	Ranolazine (Generic Ranexa) – 3
Rapaflo	Silodosin (Generic Rapaflo) – 3
Tolterodine Tartrate Extended Release	Oxybutynin Extended Release – 2 Solifenacin (Generic Vesicare) – 3 Myrbetriq – 3
Travatan Z	Latanoprost – 1 Lumigan – 3
Uloric	Allopurinol – 1
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Proair HFA – 3
Vesicare	Solifenacin (Generic Vesicare) – 3
Xopenex HFA	Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3

Bold type = Brand name drug

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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 the drug list for details on drug coverage.

The drug list 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.