

GenericRx Drug List

This GenericRx Drug list is a list of commonly used generic medications that are part of the GenericRx benefit plan. Please note: there are additional generic medications that are not listed here that are covered through the GenericRx plan.

Generic options

Many brand medications have generic equivalents available. Generics contain the same active ingredients (the chemicals that make a medication work) as brand medications. Generic medications must meet the strict FDA brand medication standards for quality, strength and purity.

How do I know if my medication is available as a generic?

If you are taking a brand medication and want to know if generic alternatives are available, please log on and use the medication pricing tool available through www.uhone.com. If your brand has a generic equivalent, your pharmacist should be able to make that switch for you automatically. If your brand does not have a generic equivalent, there may still be a generic alternative that is appropriate for your treatment. Talk to your doctor about your options.

GenericRx Plan Exceptions

Some generic medications in certain therapeutic classes may not be covered under the GenericRx benefit. Some states may require benefit coverage of all medications, generic and brand within certain therapeutic classes.

There are over-the-counter options available for the seven therapeutic classes listed below that are excluded from coverage under the GenericRx benefit. Talk to your pharmacist or doctor to learn about possible options.

- Cough, Cold and select Allergy medications
- Diarrhea medications
- Select acne medications (Benzoyl Peroxide single ingredient)
- Inflammation and Pain medications (Example: Motrin)
- Eye drops for Allergies
- Heartburn, Gastric Ulcers and Stomach Acid Reflux medications
- Cold Sore medications (ointments/creams)

For more information about brand and generic medication coverage and costs please log on to www.uhone.com or call the toll-free member phone number on the back of your health plan ID card.

Acetaminophen/Caffeine/Butalbital 325/40/50 mg SL	Bupropion	Divalproex Extended-Release
Acetaminophen/Codeine SL	Bupropion Extended-Release	Doxazosin
Acetaminophen/Hydrocodone SL	Bupropion Sustained-Release	Doxycycline Hyclate
Acyclovir Tablet, Capsule, Suspension	Bupropion Sustained-Release Tablet H	Duloxetine SL
Adderall XR PA SL	Bupropion	Enalapril
Albuterol Sulfate Inhalation Solution, Tablet	Carisoprodol	Enoxaparin SL
Alendronate	Carvedilol	Enskyce H
Allopurinol	Cefdinir	Erythromycin
Alprazolam	Cefuroxime	Escitalopram
Amitriptyline	Cephalexin	Estradiol Tablet
Amlodipine	Chantix Tablet H PA	Estradiol/Norethindrone Acetate Tablet
Amlodipine/Benazepril SL	Chlorhexidine	Eszopiclone SL
Amoxicillin	Chlorthalidone	Fenofibrate 54 mg, 160 mg
Amoxicillin/Potassium Clavulanate	Ciprofloxacin	Fentanyl Patch SL
Anastrozole	Citalopram	Finasteride
Apri H	Clarithromycin	Fluconazole
Aripiprazole SL	Clindamycin Capsule, Oral Solution	Fluocinonide Cream, Ointment SL
Atenolol	Clobetasol Cream, Gel, Ointment	Fluoxetine
Atenolol/Chlorthalidone	Clonazepam	Fluticasone Nasal Spray SL
Atorvastatin SL	Clonidine	Folic Acid
Aviane H	Clopidogrel	Furosemide
Azathioprine	Clotrimazole/Betamethasone	Gabapentin Capsule, Tablet
Azelastine 0.1% Nasal Spray SL	Concerta PA SL	Gemfibrozil
Azithromycin	Cryselle H	Gianvi H
Azurette H	Cyclafem H	Gildess H
Baclofen	Cyclobenzaprine	Gildess Fe H
Benazepril	Desonide Cream, Ointment SL	Glimepiride
Bethkis PA SL	Dexamethasone	Glipizide
Bisoprolol	Diazepam	Glipizide Extended-Release
Bisoprolol/Hydrochlorothiazide	Dicyclomine	Glyburide
Budesonide Nebulized SL	Digoxin	Guanfacine Extended-Release SL
	Diltiazem Extended-Release	Hydralazine

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.
H Health Care Reform Preventive **MC** Multiple Copay **PA** Prior Authorization required** **SL** Supply Limit **ST** Step Therapy
 **Depending on your benefit you may have notification or prior authorization requirements for select medications.
 The drug list shows brand name drugs in bold type (for example, **Concerta**) and generic drugs in plain type (for example, Simvastatin).

Hydrochlorothiazide
Hydroxychloroquine
Ibandronate **SL**
Irbesartan **SL**
Isosorbide Mononitrate Extended-Release
Jolivet H
Junel **H**
Junel FE **H**
Kariva **H**
Labetalol
Lamotrigine
Latanoprost **SL**
Levetiracetam
Levofloxacin
Levothyroxine
Levora **H**
Lidocaine Patch **SL**
Liothyronine
Lisinopril
Lisinopril/Hydrochlorothiazide
Lithium
Lorazepam
Loryna **H**
Losartan
Losartan/Hydrochlorothiazide
Lovastatin
Low-Ogestrel **H**
Lutera **H**
Medroxyprogesterone 150mg/ml **H MC**
Metadate CD PA SL
Metaxalone
Metformin
Metformin Extended-Release (generic
Glucophage XR)
Methocarbamol
Methylphenidate
Methylprednisolone
Metoprolol Succinate Sustained-Release
Metoprolol Tartrate
Metronidazole Tablet
Metronidazole Vaginal Gel
Microgestin **H**
Microgestin FE **H**
Minocycline
Mirtazapine
Mometasone Cream, Ointment **SL**
Mononessa **H**
Montelukast **SL**

Morphine Sulfate Extended-Release Tablet **SL**
Mupirocin Ointment
Necon **H**
Nicoderm CQ H
Nicorette Gum H
Nicorette Lozenge H
Nicorette Mini-Lozenge H
Nicotine Gum **H**
Nicotine Lozenge **H**
Nicotine Patch **H**
Nicotrol Inhaler H PA
Nicotrol Nasal Spray H PA
Nifedepine Extended-Release
Nitrofurantoin/Nitrofurantoin Macrocrystals
Nortrel **H**
Nortriptyline
Nystatin Cream, Powder
Ocella **H**
Ofloxacin Otic Drops
Olopatadine Ophthalmic Solution **SL**
Ondansetron
Ondansetron ODT
Oxcarbazepine
Oxybutynin
Oxybutynin Extended-Release
Oxycodone **SL**
Oxycodone/Acetaminophen **SL**
Paroxetine
Penicillin V Potassium
Phenazopyridine
Pioglitazone **SL**
Portia
Potassium Chloride
Pramipexole
Pravastatin
Prednisolone 1% Ophthalmic Suspension
Prednisolone Oral Suspension
Prednisone
Prenatal Vitamins - Generic prescription
strengths only
Previfem **H**
Progesterone
Propranolol
Propranolol Extended-Release
Quetiapine
Ramipril
Reclipsen **H**
Risperidone **SL**

Rizatriptan **SL**
Ropinirole
Rosuvastatin **SL**
Sertraline
Simvastatin
Spironolactone
Sulfamethoxazole/Trimethoprim
Sumatriptan **SL**
Tamoxifen
Tamsulosin
Temazepam
Terbinafine **SL**
Testosterone Cypionate
Tizanidine
Topiramate
Tobramycin Ophthalmic Solution
Tobramycin/Dexamethasone Ophthalmic Solution
Tramadol
Trazodone
Tri-Lo-Estarylla **H**
Tri-Lo-Marzia **H**
Tri-Lo-Sprintec **H**
Tri-Previfem **H**
Tri-Sprintec **H**
Triamcinolone Acetonide 0.1% Cream, Ointment
Triamterene/Hydrochlorothiazide
Trinessa **H**
Trinessa Lo **H**
Valacyclovir **SL**
Valsartan **SL**
Valsartan/Hydrochlorothiazide
Venlafaxine Capsule, Extended-Release **SL**
Verapamil Extended-Release
Vestura **H**
Viorelle **H**
Warfarin
Xeloda PA SL
Xulane **H**
Zolpidem **SL**
Zubsolv PA SL

Please refer to your benefit plan documents to see what medications are covered under your plan. Where differences are noted between this GenericRx Drug List and your benefit plan documents, the benefit plan documents will govern.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.
H Health Care Reform Preventive **MC** Multiple Copay **PA** Prior Authorization required** **SL** Supply Limit **ST** Step Therapy
**Depending on your benefit you may have notification or prior authorization requirements for select medications.
The drug list shows brand name drugs in bold type (for example, **Concerta**) and generic drugs in plain type (for example, Simvastatin).