Your 2014 Prescription Drug List

Please read: This document contains information about commonly prescribed medications.

For additional information:

Call the toll-free member phone number on the back of your health plan ID card.

Visit **myuhc.com**®

- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

UnitedHealthcare®

Your Prescription Drug List

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers. An important part of the PDL is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to myuhc.com® for complete drug information

Since the PDL may change, we encourage you to visit our website, **myuhc.com**. This website is the best source for up-to-date information about the medications your pharmacy benefit covers, possible lower-cost options, and cost comparisons.

Table of Contents

At UnitedHealthcare, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the Prescription Drug List.

What is a Prescription Drug List (PDL)?

This document is a list of commonly prescribed medications. Drugs are listed by common categories or class. They are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to **myuhc.com** or call the toll-free member phone number on the back of your health plan ID card for more information.

How do I use my Prescription Drug List?

When choosing a medication, you and your doctor should consult the PDL. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed in this document, please visit **myuhc.com** or call the toll-free member phone number on the back of your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

$	Drug Tier	Includes	Helpful Tips
	**Tier 1 Lowest Cost**	Lower-cost drugs. Some low-cost brands are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	**Tier 2 and 3 Mid-range Cost**	Mix of brands and generics.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
	**Tier 4 Highest Cost**	Mostly higher-cost brand as well as select generic drugs.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if they could work for you.

Please note: Some plans may have two or four tiers, while others may not have any. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan materials on **myuhc.com**, or call the toll-free number of the back of your health plan ID card for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when its generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often on January 1 or July 1.

When a medication changes tiers, you may have to pay a different amount for that medication.

For the most up-to-date list, call customer service at the number on the back of your ID card.

Programs and Limits

Some medications are noted with letters next to them. The letters refer to our pharmacy benefit programs. Your benefit plan determines how these medications may be covered for you.

DSP	**Designated Specialty Program** – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the number on your ID card or call 1-888-739-5820 for more information.
E	**May be excluded from coverage or subject to prior authorization and/or trial/ failure of another medication(s)**. Lower-cost options are available and covered.
MC	**Multiple Copay** – More than one month's worth of medication included in package so additional copay applies.
N	**Notification or Prior Authorization required*** – Your doctor is required to provide additional information to UnitedHealthcare to determine coverage.
RS	**Refill and Save Program** – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SDP	**Select Designated Pharmacy** – Must use a lower cost medication at retail or transfer the designated medication to the mail service pharmacy for network coverage.
SL	**Supply Limit** – Amount of medication covered per copayment or in a specific time period.
ST	**Step Therapy** – Trial of a lower cost medication is required before a higher cost medication is covered.
1/2T	**Half Tablet Program** – Save up-to 50% when you split your tablet (double the strength) in half. Program eligibility may vary.

*Depending on your benefit you may have notification or prior authorization requirements for select medications.

To learn more about a pharmacy program or to find out if it applies to you, please visit **myuhc.com** or call the toll-free member phone number on the back of your health plan ID card.

Why are some medications excluded from coverage?

Medications may be excluded from coverage under your pharmacy benefit when it works the same or similar as another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

Should I talk to my doctor about over-the-counter (OTC) medications?

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense for prescription medications.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand name drug?

The drug list shows **brand name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, simvastatin).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit **myuhc.com** to make sure.

Are you taking a specialty medication?

Specialty medications treat rare and complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the PDL.

If you are taking a specialty medication that is on Tier 2, Tier 3 or Tier 4, call the toll-free number on the back of your health plan ID card to talk to a representative about finding lower-cost options.

OptumRx is the specialty pharmacy that can provide most of your specialty medications along with helpful programs and services. Call OptumRx Specialty Pharmacy at 1-888-702-8423 and have your prescriptions delivered right to your home or office.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **myuhc.com** or call the toll-free member phone number on the back of your health plan ID card for more current information.

Log on to myuhc.com for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- A list of medications based on a specific medical condition
- Medication interactions and side effects
- Participating retail pharmacies by zip code
- Your prescription history

And, if Mail Service is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set-up e-mail reminders for refills
- Manage your account

For more information

Call the toll-free member phone number on the back of your health plan ID card.

Or, visit **myuhc.com®**

Where else can I go for information?

HealthCareLane.com includes short videos to help you learn more about UnitedHealthcare benefits and health insurance information.

UHCTV.com is a fun and easy way to learn about health terms and other health-related topics.

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in terms does not affect your benefit coverage.

Medications are categorized by common therapeutic conditions in this PDL for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines coverage for these medications.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Adoxa Capsule	4	E
Adoxa Tablet	4	E
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Augmentin XR	4	E
Azithromycin	1	
Cefdinir	2	
Cefuroxime	1	
Centany AT	4	E
Cephalexin	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin	1	
Dificid	3	SL
Doryx	4	E
Doxycycline Hyclate	1	
Doxycycline Monohydrate	1	
Levofloxacin	1	
Metronidazole	1	
Minocycline	1	
Monodox	4	E
Nitrofurantoin	1	
Nitrofurantoin Macrocrystal	1	
Oracea	4	
Penicillin V Potassium	1	
Solodyn 45, 90, 135 mg	4	
Solodyn 55, 65, 80, 105, 115 mg	4	
Sulfamethoxazole-Trimethoprim	1	

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Fluconazole	1	
Itraconazole	1	
Ketoconazole	1	
Nystatin	1	
Onmel	4	E, SL
Terbinafine	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	3	SL
Acyclovir Tablet	1	
Baraclude	2	DSP
Incivek	2	DSP, N, SL
Ribapak	4	DSP, E
Ribavirin	1	DSP
Tamiflu	3	SL
Valacyclovir	2	SL
Valtrex	4	E, SL
Zovirax Cream	3	SL
Zovirax Ointment	4	E, SL
Cancer		
Bosulif	2	DSP, N, SL
Gleevec	2	DSP, N, SL
Hydroxyurea	3	
Leucovorin Calcium	1	
Mercaptopurine	1	
Xeloda	2	DSP, SL
Zytiga	2	DSP, N, SL

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1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Coumadin	2	
Effient	4	SL
Enoxaparin Sodium	2	SL
Plavix	4	E
Pradaxa	4	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine Besylate-Benazepril	2	SL
Amturnide	4	E, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Azor	4	E, SL
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL, 1/2T
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Coreg CR	4	E, SL
Diltiazem 24 Hour CD	2	
Diltiazem Sustained-Release Capsule	2	
Diltiazem Sustained-Release Tablet	2	
Diovan	3	SL, 1/2T
Diovan HCT	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Doxazosin	1	
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Enalapril-Hydrochlorothiazide	1	
Exforge	4	E, SL
Exforge HCT	4	E, SL
Felodipine	1	
Fosinopril Sodium	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Indapamide	1	
Irbesartan	2	SL, 1/2T
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	1/2T
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	2	
Metoprolol Tartrate	1	
Micardis	2	SL
Micardis HCT	2	SL
Nadolol	1	
Nexiclon XR	4	E
Nifedical XL	1	
Nifedipine Extended-Release	1	
Propranolol	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekamlo	4	E, SL
Terazosin	1	
Toprol XL	4	
Torsemide	1	

Drug Name	Drug Tier	Requirements & Limits
Triamterene-Hydrochlorothiazide	1	
Tribenzor	4	E, SL
Twynsta	4	E, SL
Valsartan-Hydrochlorothiazide	2	SL
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Altoprev	4	E, SL
Atorvastatin	1	SL, 1/2T
Caduet	4	E, SL
Choline Fenofibrate	4	E
Crestor	2	SL, 1/2T
Fenofibrate 48, 145 mg	4	E
Fenofibrate 54, 160 mg	2	
Fenofibrate Micronized 43, 130 mg	2	
Fenoglide	3	
Gemfibrozil	1	
Lipitor	4	E, SL, 1/2T
Lipofen	2	
Livalo	4	SL
Lovastatin	1	
Lovaza	4	N
Niaspan	4	
Pravastatin	1	1/2T
Simcor	4	SL
Simvastatin	1	1/2T
Tricor 48 mg, 145 mg	4	E
Trilipix	4	E
Vytorin	4	SL
Welchol	2	
Zetia	4	SL

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	2	
Nitroglycerin Sublingual Spray	3	SL
Nitrolingual Pump Spray	4	E, SL
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall	4	E, N
Adderall XR	2	N, SL
Amphetamine Salt Combo	1	N
Concerta	4	E, N, SL
Dexmethylphenidate	1	N
Dextroamphetamine Sulfate	1	N
Dextroamphetamine-Amphetamine	1	N
Dextroamphetamine-Amphetamine Extended-Release	4	E, N, SL
Focalin XR	4	N, SL
Intuniv	2	SL
Kapvay	4	E
Metadate CD	4	E, N, SL
Methylphenidate	1	N
Methylphenidate Extended-Release Capsule	4	N, SL

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Drug Name	Drug Tier	Requirements & Limits
Methylphenidate Extended-Release Tablet	4	N, SL
Strattera	4	SL
Vyvanse	2	N, SL
Central Nervous System: Depression		
Amitriptyline	1	
Aplenzin	4	E, SL
Bupropion	1	
Bupropion Extended-Release	1	
Bupropion Sustained-Release	1	
Celexa	4	E
Citalopram	1	
Cymbalta	3	SDP, SL
Desvenlafaxine	4	E, SL
Doxepin	1	
Effexor XR	4	E, SL
Escitalopram	1	SL, 1/2T
Fluoxetine	1	
Fluvoxamine	1	
Forfivo XL	4	E, SL
Imipramine	1	
Lexapro	4	E, SL, 1/2T
Mirtazapine	1	
Nortriptyline	1	
Oleptro	4	E, SL
Paroxetine	1	
Pristiq ER	3	RS, SL
Prozac	4	E
Sertraline	1	1/2T
Trazodone	1	
Venlafaxine	1	
Venlafaxine Extended-Release Capsule	1	SL
Venlafaxine Extended-Release Tablet	3	E, SL
Viibryd	4	SDP, SL
Wellbutrin SR	4	E
Wellbutrin XL	4	E
Zoloft	4	E, 1/2T

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine	1	SL
Alsuma	4	E, SL
Cambia	4	E, SL
Imitrex	4	E, SL
Maxalt	4	E, SL
Maxalt MLT	4	E, SL
Relpax	2	SL
Rizatriptan Orally Disintegrating Tablet	3	SL
Rizatriptan Tablet	2	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL
Treximet	4	E, SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, N, SL
Aubagio	4	DSP, N, SL, ST
Avonex	2	DSP, N, SL
Betaseron	2	DSP, N, SL
Copaxone	2	DSP, N, SL
Extavia	4	DSP, E, N, SL, ST
Gilenya	3	DSP, N, SL, ST
Rebif	4	DSP, N, SL, ST
Tecfidera	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Other		
Abilify	4	SL, 1/2T
Alprazolam	1	
Alprazolam Extended-Release	1	
Aricept 23 mg	4	E
Ativan	4	E
Buspirone	1	
Carbidopa-Levodopa	1	
Diazepam	1	
Donepezil 5, 10 mg	1	
Geodon	4	E, SL
Latuda	4	SL
Lithium	1	
Lorazepam	1	
Modafinil	4	E, N, SL
Mirapex ER	4	E
Nuvigil	4	N, SL
Olanzapine	1	SL
Pramipexole	1	
Provigil	4	E, N, SL
Quetiapine	2	SL
Requip XL	4	E
Risperdal	4	E
Risperidone	1	
Ropinirole	1	
Ropinirole Extended-Release	4	E
Seroquel	4	E, SL
Seroquel XR	4	SL
Suboxone Film	2	N, SL
Tasmar	2	
Valium	4	E
Xanax	4	E
Xanax XR	4	E

Drug Name	Drug Tier	Requirements & Limits
Xyrem	4	N, SL
Zelapar	3	
Ziprasidone	2	SL
Zyprexa	4	E, SL
Zyprexa Zydis	4	E, SL
Central Nervous System: Sedatives/Hypnotics		
Ambien	4	E, SL, ST
Ambien CR	4	E, SL, ST
Edluar	4	E, SL, ST
Intermezzo	4	E, SL, ST
Lunesta	4	SL, ST
Silenor	4	E, SL
Temazepam	1	
Zaleplon	1	SL
Zolpidem	1	SL
Zolpidem Extended-Release	4	SL, ST
Zolpimist	3	SL, ST
Central Nervous System: Seizure Disorders		
Carbamazepine	1	
Clonazepam	1	
Depakote	4	N, ST
Depakote ER	4	N, ST
Diazepam	1	
Divalproex	1	
Divalproex Extended-Release	1	
Gabapentin	1	
Keppra	4	N, ST
Keppra XR	4	N, ST
Lamictal	4	N, ST
Lamictal XR	4	N, ST
Lamotrigine	1	
Levetiracetam	1	

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Drug Name	Drug Tier	Requirements & Limits
Levetiracetam Extended-Release	2	
Lyrica	4	SDP, SL
Neurontin	4	N
Oxcarbazepine	1	
Phenytoin	1	
Topamax	4	N, ST
Topiramate	1	
Trileptal	4	N, ST
Zonegran	4	N
Zonisamide	1	
Dermatology		
Absorica	4	E, N
Acanya	4	E, SL
Aczone	4	SL
Adapalene	3	N, SL
Azelex	3	SL
Benzaclin	4	E, SL
Betamethasone Dipropionate	1	
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	N
Clindagel	4	E, SL
Clindamycin 1%/ Benzoyl Peroxide 5% Jar	3	SL
Clindamycin 1.2%/ Benzoyl Peroxide 5%	4	E, SL
Clindamycin Gel, Lotion, Solution, Swabs	1	
Clobetasol Propionate	1	
Clobex Shampoo	4	E, SL
Cloderm	3	SL
Clotrimazole-Betamethasone	1	
Condylox Gel	3	
Desonide	1	
Differin 1%	2	N, SL
Differin 3%	3	N, SL

Drug Name	Drug Tier	Requirements & Limits
Duac	4	E, SL
Epiduo	3	SL
Finacea	4	
Fluocinonide	1	
Hydrocortisone	1	
Keralyt Scalp Kit	4	E
Locoid Lipocream	4	E, SL
Locoid Lotion	4	E, SL
Metrogel 1%	4	E, MC
Metronidazole Gel 0.75%	2	SL
Metronidazole Gel 1%	4	E, MC, SL
Mometasone Furoate	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide	1	
Oxsoralen-Ul	2	
Picato	3	SL
Protopic	2	N, SL
Retin-A Micro	4	E, N, SL
Sodium Sulfacetamide-Sulfur	1	
Sorilux	4	E, SL
Stelara	2	DSP, N, SL
Sumadan	4	E
Sumaxin CP	4	E
Sumaxin TS	4	E
Taclonex	4	SL
Tretinoin	1	N
Tretinoin Microspheres	4	E, N, SL
Triamcinolone Acetonide	1	
Trianex	4	E, SL
Umecta	4	E
Umecta PD	4	E
Uramaxin GT	4	E
Veltin	4	E, SL
Virasal	4	E
Xerese	4	E
Ziana	4	E, SL
Zyclara	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Accu-Chek Active Test Strips	1	SL
Accu-Chek Aviva Plus	1	
Accu-Chek Aviva Plus Test Strips	1	SL
Accu-Chek Comfort Curve Test Strips	1	SL
Accu-Chek Compact Test Strips	1	SL
Accu-Chek Nano SmartView	1	
Accu-Chek Nano SmartView Test Strips	1	SL
Contour Test Strips	4	SDP, SL
Freestyle Test Strips	4	SDP, SL
One Touch Test Strips	1	SL
One Touch Ultra Mini	1	
One Touch Ultra Test Strips	1	SL
One Touch Verio IQ	1	
One Touch Verio IQ Test Strips	1	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Humalog KwikPen	2	
Humalog Mix 75-25 KwikPen	2	
Humalog Vials	1	
Humulin 70-30 Vials	1	
Humulin KwikPen	2	
Humulin N KwikPen	2	
Humulin N Vials	1	
Humulin R Vial	1	
Lantus Solostar	4	
Lantus Vials	2	
Levemir Flexpen	4	
Levemir Vials	2	
Novolog	4	SDP
Novolog Flexpen	4	SDP

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Actos	4	E, SL, 1/2T
Bydureon	3	SL
Byetta	2	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glumetza	4	
Glyburide	1	
Glyburide-Metformin	1	
Janumet	4	SDP, SL
Januvia	4	SDP, SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	2	SL
Pioglitazone-Metformin	2	SL
Prandimet	3	
Prandin	4	SL
Repaglinide	2	SL
Tradjenta	2	SL
Victoza	3	SL
Endocrine: Growth Hormone		
Genotropin	4	DSP, E, N, SL
Humatrope	4	DSP, E, N, SL
Norditropin	4	DSP, E, N, SL
Nutropin AQ NuSpin	2	DSP, N, SL
Omnitrope	4	DSP, E, N, SL
Saizen	2	DSP, N, SL
Tev-Tropin	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Other		
Calcitriol	1	
Desmopressin	1	
Dexamethasone	1	
Methylprednisolone	1	
Prednisolone	1	
Prednisone	1	
Rayos	4	E
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium	1	
Levoxyl	2	
Liothyronine Sodium	2	
Methimazole	1	
NP Thyroid	1	
Synthroid	2	
Tirosint	2	
Eye Conditions: Allergies		
Azelastine	3	SL
Bepreve	4	E, SL
Elestat	4	E, SL
Emadine	4	E
Lastacaft	3	SL
Optivar	4	E, SL
Pataday	4	E, SL
Patanol	4	E, SL
Eye Conditions: Antibiotics		
Ciprodex	2	
Erythromycin	1	
Ofloxacin	1	
Polymyxin B Sulfate/ Trimethoprim	1	
Tobradex ST	4	E, SL
Tobramycin/ Dexamethasone	2	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Cosopt PF	4	E, SL
Dorzolamide-Timolol	2	
Latanoprost	1	SL
Lumigan	2	SL
Timolol Maleate	1	
Travatan Z	2	SL
Eye Conditions: Other		
Acuvail	4	E, SL
Bromday	4	E, SL
Gastrointestinal: Acid Suppression		
Aciphex	3	SL
Dexilant	3	SL
Helidac	4	E, SL
Nexium	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole	1	
Pantoprazole	1	
Prevacid Capsules	3	E, SL
Prevacid Solutab	4	E, SL
Prevpac	4	E, SL
Prilosec Capsules	3	E
Protonix Tablets	4	E
Pylera	3	SL
Sucralfate Tablet	1	
Zegerid Capsule	4	E, SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Nausea/Vomiting		
Ondansetron	1	
Ondansetron ODT	1	
Sancuso	4	E, SL
Zuplenz	4	E, SL
Gastrointestinal: Other		
Apriso	2	
Asacol HD Tablet	4	E, SDP
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	4	E
Entocort EC	4	E
Golytely	2	
Halflytely	3	
Hyoscyamine	1	
Lialda	2	
Metoclopramide	1	
Metozolv ODT	4	E
Pentasa	4	E
Pertzye	4	E
Polyethylene Glycol 3350	1	
Procort	4	E
Sulfasalazine	1	
Suprep	3	
Ultresa	4	E
Uceris	3	
Ursodiol	1	
Viokace	4	E
Zenpep	2	

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Drug Name	Drug Tier	Requirements & Limits
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Norvir	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Sustiva	2	DSP
Truvada	2	DSP, N
Viread	2	DSP
Infertility*		
Cetrotide	2	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
Men's Health: Erectile Dysfunction		
Cialis	4	SL
Staxyn	4	E, SL
Viagra	4	SL

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Prostate		
Alfuzosin	1	
Avodart	4	N, SDP
Doxazosin	1	
Finasteride	1	
Flomax	4	E
Jalyn	4	E
Rapaflo	4	
Tamsulosin	1	
Terazosin	1	
Men's Health: Testosterone Therapy		
Androderm	2	SL
Androgel	4	E, SL
Android	2	
Axiron	4	E, SL
Depo-Testosterone	4	
Fortesta	4	E, SL
Testim	2	SL
Testosterone Cypionate	1	
Testosterone Enanthate	1	
Testred	2	

Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole	1	
Antipyrine/Benzocaine	1	
Aranesp	2	DSP, SL
Arimidex	4	E
Auvi-Q	4	E, SL
Benzonatate	1	
Bromfed DM	3	
Chlorhexidine Gluconate	1	
Epipen	2	SL
Epipen-Jr	2	SL
Exemestane	2	
Femara	4	E
Fosrenol	2	
Hydrocodone/ Chlorpheniramine	3	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidoderm Patch	2	SL
Natroba	4	E
Nuedexta	2	
Pegasys	2	DSP, N, SL
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, SL
Rectiv	3	N, SL
Renvela	2	
Restasis	4	N, SL
Rezira	3	
Soltamox	4	E
Tamoxifen	1	
Zemplar	2	DSP
Zonatuss	4	E
Zutripro	3	SL
Musculoskeletal: Osteoporosis		
Actonel	3	SL
Alendronate Sodium	1	SL
Atelvia	4	E, SL
Binosto	4	E, SL
Evista	2	
Forteo	2	DSP, N
Ibandronate	2	SL
Musculoskeletal: Other		
Allopurinol	1	
Amrix	4	E
Baclofen	1	
Carisoprodol 350 mg	1	
Colcrys	2	
Cyclobenzaprine	1	
Gralise	4	E, SL
Horizant	4	E, SL
Lorzone	4	E, SL
Methocarbamol	1	
Skelaxin	4	E
Soma 250	4	E
Tizanidine Tablet	1	
Uloric	3	SL

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Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Pain Relief		
Abstral	4	E, N, SL
Acetaminophen/ Codeine	1	SL
Actiq	4	E, N, SL
Avinza	4	SL
Celebrex	4	SL
Conzip	4	E, SL
Diclofenac Sodium	1	
Duexis	4	E, SL
Duragesic	1	SL
Etodolac	1	
Exalgo	4	SL
Fentanyl Patches	3	SL
Fentora	4	E, N, SL
Flector	4	E
Hydrocodone/ Acetaminophen	1	SL
Hydrocodone/Ibuprofen	1	
Hydromorphone	1	
Ibuprofen	1	
Indomethacin	1	
Kadian	4	E, SL
Ketorolac	1	
Lazanda	4	N, SL
Meloxicam	1	
Methadone	1	
Morphine Sulfate Extended-Release Capsule	4	E, SL
Morphine Sulfate Extended-Release Tablet	1	SL
Nabumetone	1	
Naprelan	4	E
Naproxen	1	
Nucynta	4	SL
Nucynta ER	4	SL
Opana ER	2	SL
Oxycodone	1	
Oxycodone/ Acetaminophen	1	SL
Oxycontin	2	SL
Pennsaid	4	E
Percocet	4	E, SL
Rybix ODT	4	E, SL
Sprix	3	SL
Subsys	3	N, SL
Tramadol	1	
Tramadol Extended-Release	4	E, SL
Tramadol Sustained-Release	2	SL
Vimovo	4	E, SL
Voltaren Gel	2	
Zipsor	4	E
Zolvit	4	E, SL
Musculoskeletal: Rheumatoid Arthritis		
Cimzia	2	DSP, N, SL
Enbrel	2	DSP, N, SL
Humira	4	DSP, N, SL, ST
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
Orencia	3	DSP, N, SL
Simponi	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Overactive Bladder		
Detrol	4	E
Detrol LA	4	E
Dicyclomine	1	
Enablex	4	E
Gelnique	4	E
Myrbetriq	4	E
Oxybutynin	1	
Oxybutynin Extended-Release	2	
Oxytrol	4	E
Sanctura	4	E
Sanctura XR	4	E
Tolterodine	4	E
Toviaz	3	
Trospium	4	E
Trospium Extended-Release	4	E
Vesicare	4	E
Respiratory: Asthma/COPD		
Advair Diskus	3	RS, SL
Advair HFA	3	RS, SL
Albuterol Sulfate	1	
Alvesco	1	SL
Asmanex	1	SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	3	RS, SL
Flovent HFA	4	SDP, SL
Foradil	2	SL
Ipratropium	1	
Levalbuterol Nebs	4	E, SL
Montelukast	1	SL
Perforomist	3	SL
Proair HFA	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	4	SDP, SL
QVAR	1	SL
Singulair	4	E, SL
Spiriva	2	SL
Symbicort	4	SDP, SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebs	4	E, SL
Respiratory: Nasal Allergies		
Astelin	4	E, SL
Astepro	4	E, SL
Azelastine	3	SL
Beconase AQ	4	E, SL
Dymista	4	E, SL
Fluticasone Propionate	1	SL
Nasonex	3	SL
Omnaris	2	SL
Qnasl	3	SL
Veramyst	4	E, SL
Zetonna	2	SL
Respiratory: Oral Allergies		
Clarinex	4	E, SL
Clarinex-D	3	E, SL
Cyproheptadine	1	
Desloratadine	3	E, SL
Hydroxyzine	1	
Levocetirizine Tablet	1	SL
Promethazine	1	

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Drug Name	Drug Tier	Requirements & Limits
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	4	DSP, N, SL
Letairis	2	DSP, N
Revatio	4	DSP, E, N, SL
Sildenafil	1	DSP, N, SL
Tracleer	2	DSP, N
Tyvaso	2	DSP, N
Transplant		
Azathioprine	1	
Cellcept	4	DSP
Cyclosporine Modified	1	DSP
Mycophenolate	1	DSP
Myfortic	4	DSP
Neoral	4	DSP
Prograf	4	DSP
Rapamune	2	DSP
Tacrolimus	1	DSP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Altavera	1	
Amethia	3	MC
Apri	1	
Aviane	1	
Azurette	2	
Beyaz	4	E
Camrese	3	MC
Cryselle	1	
Cyclafem	1	
Ella	1	SL
Emoquette	1	
Enpresse	1	
Generess Fe	4	E
Gianvi	3	
Gildess Fe	1	
Jolessa	2	MC
Jolivette	3	
Junel	2	
Junel Fe	1	
Kariva	2	
Levora-28	1	
Lo Loestrin Fe	3	
Loestrin 24 Fe	3	
Loryna	3	
Low-Ogestrel	1	
Lutera	1	
Microgestin	2	
Microgestin FE	1	
Mononessa	3	
Natazia	1	
Necon 0.5/35, 1/35, 1/50, 10/11	1	
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	
Nuvaring	2	
Orsythia	1	
Ortho Evra	3	
Ortho Micronor	1	
Ortho Tri-Cyclen	1	
Ortho Tri-Cyclen Lo	3	
Ortho-Cyclen	1	
Ortho-Novum	3	
Portia	1	
Previfem	3	
Quasense	2	MC
Reclipsen	1	
Safyral	4	E
Sprintec	3	
Syeda	3	
Trinessa	3	
Tri-Previfem	3	
Tri-Sprintec	3	
Trivora-28	1	
Viorele	2	
Yasmin 28	1	
Yaz	2	
Zovia 1-35E	1	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Cenestin	2	
Climara	2	SL
Climara Pro	3	SL
Divigel	2	
Enjuvia	2	
Estrace Cream	2	
Estradiol	1	
Estradiol/Norethindrone Acetate	2	
Estring	2	MC, SL
Estrogen/ Methyltestosterone	1	
Evamist	2	
Medroxyprogesterone	1	
Premarin	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vagifem	2	
Vivelle-Dot	2	SL

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	
Prenatal Plus	1	

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Index of covered drugs

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

Notes

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

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