



Your 2016 Prescription Drug List

effective January 1, 2016

City of Austin Traditional Three-Tier

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

For additional information:



Call the toll-free member phone number on 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.



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.

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My Coverage: Active 01/01/08
Plan Name: Choice Plus
Group/Acct#: 111111
Member ID: 7891234567

Plan Details
Account Balances
Benefit Details

Deductible
\$1,000 individual
\$3,000 family

Out-of-Pocket Max
\$3,000 individual
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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 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 programs 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 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 brands and generics are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	Tier 2 Mid-range Cost	Preferred brand medications.	Use Tier 2 drugs, instead of Tier 3 to help reduce your out-of-pocket costs.
	Tier 3 Highest Cost	Mostly higher-cost brand as well as select generic drugs.	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Please note: 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 on 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 can be up-tiered off cycle when the therapeutically equivalent medication is placed in an equal or lower tier than up-tiered medication.
- Medications may move to a higher tier on January 1.
- Medications may be excluded from coverage 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 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.
H	Health Care Reform Preventive – This medication is part of a Health Care Reform preventive benefit and may be available at no cost to you.
N	Notification or Prior Authorization required* – Your doctor is required to provide additional information to us 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.
SL	Supply Limit – Amount of medication covered per copayment or in a specific time period.
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 your health plan ID card.

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.

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. For some benefit plans if a brand-name drug is prescribed and a generic equivalent is available, your cost share may be the copay PLUS the cost difference between the brand-name drug and generic equivalent. Visit **myuhc.com** to make sure.

Are you taking a specialty medication?

Specialty medications are high-cost and may be used to treat rare or complex conditions. For most plans, these medications are managed through the Specialty Pharmacy Program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit **UHCSpecialtyRx.com** or call the toll-free phone number on your health plan ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on Tier 3, call the toll-free number on your health plan ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

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 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
- 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 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.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	1	
Cefixime Suspension	1	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doxycycline Hyclate Capsule, Tablet	1	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule, Tablet	1	
Moxifloxacin Tablet	1	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	

Drug Name	Drug Tier	Requirements & Limits
Ofloxacin Tablet	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	3	
Anti-Infectives: Antifungals		
Econazole Cream	1	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Noxafil Tablet, Suspension	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	1	N, SL
Acyclovir Tablet	1	
Famciclovir Tablet	1	
Tamiflu	1	SL
Valacyclovir Tablet	1	SL
Valganciclovir	1	SL

Bold type = Brand-name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

H = Health Care Reform Preventive

N = Notification or Prior Authorization required

RS = May be eligible for the Refill and Save Program

SL = Supply Limit

1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bicalutamide	1	
Bosulif	2	DSP, N, SL
Cyclophosphamide Capsule	2	
Gleevec	2	DSP, N, SL
Hydroxyurea Capsule	1	
Imbruvica	2	DSP, N, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, N, SL
Sutent	2	DSP, N, SL
Tasigna	2	DSP, N, SL
Xeloda	1	DSP, SL
Zytiga	2	DSP, N, SL
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Effient	3	SL
Eliquis	3	SL
Enoxaparin Sodium	1	SL
Pradaxa	2	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine Besylate-Benazepril	1	SL
Amlodipine-Valsartan	1	SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL, 1/2T
Benicar HCT	2	SL

Drug Name	Drug Tier	Requirements & Limits
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	1	
Diltiazem Sustained-Release Capsule	1	
Diltiazem Sustained-Release Tablet	1	
Doxazosin	1	
Dutoprol	2	SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	SL
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	1/2T
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Extended-Release Capsule	1	
Propranolol Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	1	SL
Telmisartan-Hydrochlorothiazide	1	SL
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	1	SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	SL
Crestor	2	SL, 1/2T
Fenofibrate 54, 160 mg Tablet	1	
Gemfibrozil	1	
Lescol XL	3	SL
Livalo	3	SL
Lovastatin	1	
Niacin Extended-Release Tablet	1	
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	N
Pravastatin	1	1/2T
Simcor	3	SL
Simvastatin	1	1/2T
Vascepa	3	N

Drug Name	Drug Tier	Requirements & Limits
Vytorin	3	SL
Welchol	2	
Zetia	3	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Nitrostat	2	
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	N, SL
Amphetamine Salt Combo	1	N
Concerta	1	N, SL
Dexmethylphenidate Tablet	1	N
Dextroamphetamine-Amphetamine Tablet	1	N
Dextroamphetamine Sulfate Tablet	1	N
Guanfacine Extended-Release	1	SL
Metadate CD	1	N, SL
Methylphenidate Chewable Tablet	1	N
Methylphenidate Tablet	1	N
Strattera	3	SL
Vyvanse	2	N, SL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Brintellix	3	SL
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Doxepin	1	
Duloxetine Capsule	1	SL
Escitalopram Tablet	1	
Fetzima	3	SL
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	RS, SL
Sertraline Tablet	1	1/2T
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	3	SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Naratriptan	1	SL
Relpax	1	SL
Rizatriptan ODT, Tablet	1	SL
Sumatriptan Nasal Spray	1	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, N, SL
Aubagio	3	DSP, N, SL
Avonex	2	DSP, N, SL
Betaseron	2	DSP, N, SL
Copaxone	1	DSP, N, SL
Gilenya	3	DSP, N, SL
Rebif	3	DSP, N, SL
Tecfidera	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	1	SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil ODT, 5, 10 mg Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine	1	
Namenda XR	3	
Nuvigil	3	N, SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Tablet	1	SL
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	3	SL
Tolcapone	1	
Xyrem	3	N, SL
Zelapar	3	
Ziprasidone Capsule	1	SL
Zubsolv	1	N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	1	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Tablet	1	SL
Central Nervous System: Seizure Disorders		
Carbamazepine Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Tablet	1	
Levetiracetam Extended-Release Tablet	1	
Levetiracetam Tablet	1	
Lyrica	3	SL
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
Dermatology		
Aczone	3	SL
Adapalene Cream, Gel	1	N, SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	N
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	1	SL
Clindamycin Gel	1	SL
Clindamycin Lotion, Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment, Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Condylox Gel	3	
Desonide 0.05% Cream, Lotion, Ointment	1	SL

Drug Name	Drug Tier	Requirements & Limits
Desoximetasone Cream, Gel, Ointment	1	SL
Difflorasone Diacetate 0.05% Cream, Ointment	1	SL
Epiduo	3	SL
Finacea	3	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	1	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole Gel 0.75%	1	
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Oxsoralen-UI	2	
Picato	3	SL
Regranex	2	N, SL
Tacrolimus Ointment	1	N, SL
Tazorac	3	N, SL
Tretinoin	1	N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Dexcom G4 Platinum Continuous Glucose Monitoring System	3	N, SL
Dexcom Sensor	3	N, SL
Dexcom Transmitter	3	N, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Humalog KwikPen	2	SL
Humalog Mix 50-50 KwikPen	2	SL
Humalog Mix 75-25 KwikPen	2	SL
Humalog Vials	1	SL
Humulin 70-30 KwikPen	2	SL
Humulin 70-30 Vials	1	SL
Humulin N KwikPen	2	SL
Humulin N Vials	1	SL
Humulin R Vials	1	SL
Lantus Solostar	3	SL
Lantus Vials	3	SL
Levemir FlexTouch	1	SL
Levemir Vials	1	SL
Novolin 70-30 Vials	3	SL
Novolin N Vials	3	SL
Novolin R Vials	1	SL
Novolog Flexpen	3	SL
Novolog Mix 70/30 Flexpen	1	SL
Novolog Mix 70/30 Vials	1	SL
Novolog Vials	1	SL

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1/2T = May be eligible for Half Tablet

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Invokamet	2	SL
Invokana	2	SL
Janumet	3	SL
Januvia	3	SL
Jardiance	2	SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, N, SL
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacraft	3	SL

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Tobramycin Ophthalmic Solution	1	
Vigamox	3	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	1	SL
Ranitidine Syrup	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Emend	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	
Gastrointestinal: Other		
Amitiza	3	N, SL
Apriso	2	
Canasa	2	
Cortifoam	2	
Creon	2	
Diphenoxylate-Atropine Tablet	1	
Golytely	2	

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Drug Name	Drug Tier	Requirements & Limits
Hyoscyamine Tablet	1	
Lialda	2	
Linzees	2	N, SL
Metoclopramide Tablet	1	
Movantik	2	N, SL
Moviprep	3	
Polyethylene Glycol 3350	1	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Zenpep	2	
Hepatitis C		
Harvoni	2	DSP, N, SL
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, N, SL
Viekira Pak	3	DSP, N, SL
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Evotaz	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	1	DSP
Norvir	2	DSP
Prezcobix	2	DSP
Prezista	2	DSP

Drug Name	Drug Tier	Requirements & Limits
Reyataz	2	DSP
Stribild	3	DSP
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	2	DSP
Tybost	2	DSP
Viread	2	DSP
Vitekta	2	DSP
Infertility*		
Cetrotide	2	DSP
Clomiphene	1	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, N, SL
Cimzia	2	DSP, N, SL
Cosentyx	3	DSP, N, SL
Enbrel	3	DSP, N, SL
Humira	2	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	DSP, N, SL
Otezla	3	DSP, N, SL
Rasuvo	3	SL
Simponi	2	DSP, N, SL
Stelara	2	DSP, N, SL
Xeljanz	3	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Prostate		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	N, SL
Android	2	
Testim	2	N, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auryxia	3	
Benzonatate Capsule	1	
Bethkis	1	DSP, N, SL
Bromfed DM	3	
Cayston	2	N, SL
Cerdelga	2	DSP, N
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	1	SL

Drug Name	Drug Tier	Requirements & Limits
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	1	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	1	SL
Nuedexta	2	
Pegasys	2	DSP, N, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, N, SL
Rectiv	3	N, SL
Renvela	2	
Restasis	3	N, SL
Rezira	3	
Tobi Podhaler	3	DSP, N, SL
Velphoro	2	

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Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, N
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate Sodium Tablet	1	SL
Musculoskeletal: Other		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	1	
Methocarbamol Tablet	1	
Mitigare	2	
Tizanidine Tablet	1	
Uloric	3	SL
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine Tablet	1	SL
Celecoxib	1	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	
Fentanyl 12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg Patch	1	SL
Fentanyl Citrate Lozenge	1	N, SL
Hydrocodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Hydromorphone Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	N, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	SL
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	N, SL
Opana ER	2	N, SL
Oxycodone/Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
Oxycontin	3	N, SL
Sprinx	3	
Tramadol-Acetaminophen	1	SL
Tramadol Sustained-Release Tablet	1	SL
Tramadol Tablet	1	
Voltaren Gel	2	
Zohydro ER	3	N, SL
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	1	
Oxybutynin Tablet	1	
Toviaz	3	

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	1	SL
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	1	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Promethazine Tablet	1	
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Aerospan	3	SL
Albuterol Nebs	1	
Albuterol Sulfate Tablet	1	
Alvesco	1	SL
Arnuity Ellipta	3	SL
Asmanex	1	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	1	SL
Combivent Respimat	3	SL
Dulera	3	RS, SL
Flovent Diskus/HFA	3	SL
Foradil	1	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Montelukast	1	SL
Perforomist	3	SL
Proair HFA	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	1	SL

Drug Name	Drug Tier	Requirements & Limits
QVAR	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler	3	SL
Spiriva Respimat	3	SL
Striverdi Respimat	2	SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	1	SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	DSP, N, SL
Adempas	2	DSP, N, SL
Letairis	2	DSP, N, SL
Opsumit	2	DSP, N, SL
Orenitram	3	DSP, N, SL
Sildenafil Tablet	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H
Chantix Tablet	3	H, N
Nicoderm CQ	3	H
Nicorette Gum	3	H
Nicorette Lozenge	3	H
Nicorette Mini-Lozenge	3	H
Nicotine Gum	1	H
Nicotine Lozenge	1	H
Nicotine Patch	1	H
Nicotrol Inhaler	3	H, N
Nicotrol Nasal Spray	3	H, N
Thrive Gum	1	H

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Drug Name	Drug Tier	Requirements & Limits
Transplant		
Azathioprine Tablet	1	
Cellcept	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	1	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	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		
Alyacen	1	H
Amethyst	1	H
Apri	1	H
Aviane	1	H
Azurette	1	H
Camilia	1	H
Cryselle	1	H
Cyclafem	1	H
Dasetta	1	H

Drug Name	Drug Tier	Requirements & Limits
Ella	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estarylla	1	H
Gianvi	1	H
Gildess	1	H
Gildess 24 FE	1	H
Gildess Fe	1	H
Heather	1	H
Introvale	1	H
Jencycla	1	H
Jolessa	1	H
Jolivet	1	H
Junel	1	H
Junel Fe	1	H
Karvia	1	H
Levonest	1	H
Levora-28	1	H
Lo Loestrin Fe	3	
LoMedia 24 FE	1	H
Loryna	1	H
Low-Ogestrel	1	H
Lutera	1	H
Lyza	1	H
Microgestin	1	H
Microgestin FE	1	H
Mono-Linyah	1	H
Mononessa	1	H
Myzilra	1	H
Natazia	1	H
Necon 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice	1	H
Nikki	1	H

Drug Name	Drug Tier	Requirements & Limits
Norgestimate-Ethinyl Estradiol	1	H
Nortrel 0.5/35	1	H
Nuvaring	2	H
Ocella	1	H
Orsythia	1	H
Ortho-Cyclen	3	
Ortho Micronor	3	
Ortho-Novum	3	
Ortho Tri-Cyclen	3	
Ortho Tri-Cyclen Lo	3	
Pimtrex	1	H
Pirmella	1	H
Plan B One Step	1	H
Quasense	1	H
Reclipsen	1	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trivora	1	H
Vestura	1	H
Viorele	1	H
Wymza FE	1	H
Xulane	1	H
Yasmin 28	3	
Yaz	3	
Zarah	1	H
Zenchant FE	1	H

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Climara	2	SL
Climara Pro	3	SL
Divigel	3	
Duavee	3	
Enjuvia	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	1	
Estradiol Tablet	1	
Estring	2	SL
Estrogen/ Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	1	
Vagifem	2	
Vivelle-Dot	1	SL
Women's Health: Miscellaneous		
Osphena	3	
Raloxifene	1	H, N
Tamoxifen	1	H, N
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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Notes

[illegible]

“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

For more information



Call the toll-free member phone number on 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.

The screenshot shows the myuhc.com website interface. At the top, the UnitedHealthcare logo is on the right, and navigation links like 'Message Center', 'Account Settings', 'Print', 'Help', 'Contact Us', 'Feedback', and 'Sign Out' are in the center. Below this is a main navigation bar with tabs: 'Home', 'Claims & Accounts', 'Physicians & Facilities', 'Pharmacies & Prescriptions' (which is circled in blue with a blue arrow pointing to it), 'Benefits & Coverage', 'Personal Health Record', and 'Health & Wellness'.

On the left side, there's a 'Hello, Chrisdemo' section with user details: 'My Coverage: Active 01/01/08', 'Plan Name: Choice Plus', 'Group/Acct#: 111111', and 'Member ID: 7891234567'. Below this are 'Plan Details' including 'Account Balances' and 'Benefit Details'. A 'Deductible' section shows '\$1,000 individual' and '\$3,000 family'. An 'Out-of-Pocket Max' section shows '\$3,000 individual' and '\$9,000 family'.

The central 'myClaims Manager' section features a pie chart and a table showing 'Your Responsibility' (\$1,249.00) and 'You Owe' (\$1,101.00). It includes a 'Learn More' button and a 'Make Payment' button.

On the right, a 'What would you like to do today?' section lists various actions: 'Manage My Claims', 'View Online Statement', 'Look up My Benefits', 'View Account Balances', 'Find a Doctor', 'Print an ID Card', 'Manage My Prescriptions', 'Health Assessment', 'Estimate Health Care Costs', 'Extra Programs & Discounts', and 'Look Up Health Topics'.

At the bottom, there are three sections: 'Information Center' with links to 'Important Information About Appeal Rights', 'Possible delay in processing of FSA, HRA and Dependent Care Claims', 'Important Notice on Payment of Out-of-Network Benefits', 'Michelle's Law', and 'Grants Available for Children's Medical Expenses'; 'Related Web Sites' with links to 'African American Health', 'Source4Women', and 'Other Languages' in Spanish, Chinese, Korean, and Vietnamese; and 'Ask a Nurse' with a photo of a nurse, a 'Chat' button (labeled 'Online now'), and a 'Call' button (labeled '1-888-842-4224').



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