Your 2017 Four-Tier Prescription Drug List

Effective July 1, 2017

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers.

For additional information:

Visit **myuhc.com®** for information to help you better understand and manage your medications.

- View your current benefits
- Search for drug prices and lower-cost alternatives
- Potentially save time and money using home delivery through OptumRx®

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

UnitedHealthcare®

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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. Medications 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 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 in 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 PDL?

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, 3 or 4, 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** **Your lowest cost**	Some brands and generics are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	**Tier 2 and 3** **Your 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** **Your highest cost**	Mostly 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 three 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 on your health plan ID card for more information about your benefit plan.

When does the PDL change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a 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 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.
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
MC	**Multiple copay** – More than one month's worth of medication included in package so additional copay applies.
PA	**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.
ST	**Step therapy**[+] – Trial of a different medication is required before another medication may be covered.

*Depending on your benefit, you may have notification or medical necessity requirements for select medications.

[+]For New Jersey fully insured members, this program is referred to as First Start.

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.

Why are some medications excluded from coverage?

A medication 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. Other medication options may be available.

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

An OTC medication may be the right treatment for some conditions. Talk to your doctor about available 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, **Invokana**) and generic drugs in plain type (for example, Metformin).

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 are used to treat rare or complex conditions that require additional care and support. 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 or Tier 4, 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.

What is OptumRx Mail Service Member Select?

Your plan may include a home delivery program called Mail Service Member Select. The program encourages you to use the home delivery through OptumRx® for maintenance medications, which are medications you take regularly. Home delivery can help you better manage the medication you take on a regular basis, and may save you time and money.

Once the program starts, you have a limited number of fills at your retail pharmacy. If you do not confirm your home delivery enrollment, you may pay more for your medication until you do. You can also choose to disenroll from the program to continue filling at your retail pharmacy for your standard copay or cost share.

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 in 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 home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up 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®**

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		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	1	
Cefixime Suspension	3	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprodex	3	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	2	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	4	E
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Otic Solution	2	
Ofloxacin Tablets	1	
Oracea	4	
Penicillin V Potassium Tablet	1	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	4	
Anti-Infectives: Antifungals		
Cresemba	3	SL
Econazole Cream	3	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	4	PA, SL, ST
Acyclovir Tablet	1	
Famciclovir	2	
Oseltamivir Capsule	2	SL
Valacyclovir Tablet	1	SL
Valganciclovir	1	SL
Zovirax Cream	4	E, SL

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DSP = Designated specialty program
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MC = Multiple copay
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RS = May be eligible for the refill and save program
SL = Supply limit
ST = Step therapy

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bexarotene Capsule	4	DSP, E, PA, SL
Bicalutamide	1	
Bosulif	2	DSP, PA, SL, ST
Cyclophosphamide Capsule	2	
Hydroxyurea Capsule	3	
Imatinib Tablet	1	DSP, PA, SL
Imbruvica	2	DSP, PA, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, PA, SL
Sutent	2	DSP, PA, SL
Targretin Capsule	2	DSP, SL
Targretin Gel	3	SL
Tasigna	2	DSP, PA, SL, ST
Xeloda	1	DSP, SL
Zytiga	2	DSP, PA, SL
Cardiovascular/Heart Disease: Coagulation Therapy		
Brilinta	3	SL
Clopidogrel	1	
Effient	4	SL
Eliquis	4	SL
Enoxaparin Sodium	2	SL
Pradaxa	2	SL
Savaysa	4	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine-Benazepril	1	
Amlodipine-Valsartan	2	
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	4	E, SL
Benicar HCT	4	E, SL
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	2	
Diltiazem Sustained-Release Capsule	2	
Diltiazem Sustained-Release Tablet	2	
Doxazosin	1	
Dutoprol	2	SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	2	
Metoprolol Tartrate 25, 50, 100 mg	1	
Nadolol	1	
Nifedipine Extended-Release	1	

Drug Name	Drug Tier	Requirements & Limits
Olmesartan	2	SL
Olmesartan-Hydrochlorothiazide	2	SL
Propranolol Extended-Release Capsule	2	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	2	
Telmisartan-Hydrochlorothiazide	2	
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	2	
Valsartan-Hydrochlorothiazide	1	
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	SL
Choline Fenofibrate	4	E
Ezetimibe Tablet	3	SL
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	4	E
Fenofibrate 40, 48, 120, 145 mg Tablet	4	E
Fenofibrate 54, 160 mg Tablet	2	
Fluvastatin Extended-Release Tablet	3	SL, ST

Drug Name	Drug Tier	Requirements & Limits
Gemfibrozil	1	
Lipofen	4	E
Livalo	4	SL, ST
Lovastatin	1	
Niacin Extended-Release Tablet	4	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	PA
Praluent	2	DSP, PA, SL, ST
Pravastatin	1	
Repatha 140 mg	4	DSP, PA, SL, ST
Rosuvastatin	2	SL
Simvastatin	1	
Vascepa	4	PA
Vytorin	4	SL
Welchol	2	
Zetia	4	E, SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	4	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	4	PA
Nitroglycerin Sublingual Tablet	1	
Ranexa	2	
Sotalol	1	

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	PA, SL
Amphetamine Salt Combo	1	PA
Concerta	2	PA, SL
Daytrana	4	E, PA, SL
Desvenlafaxine Extended-Release Tablet (generic **Pristiq**)	3	RS, SL
Dexmethylphenidate Extended-Release Capsule	4	E, PA, SL
Dexmethylphenidate Immediate-Release Capsule	1	PA
Dextroamphetamine-Amphetamine Extended-Release	4	E, PA, SL
Dextroamphetamine-Amphetamine Immediate-Release Capsule	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	3	PA
Focalin XR	4	E, PA, SL
Guanfacine Extended-Release	2	SL
Metadate CD	4	E, PA, SL
Methylphenidate Chewable Tablet	3	PA
Methylphenidate Extended-Release Capsule (generic **Metadate CD, Ritalin LA**)	2	PA, SL
Methylphenidate Extended-Release Tablet (generic **Concerta**)	4	E, PA, SL
Methylphenidate Extended-Release Tablet (Metadate ER)	4	PA, SL
Methylphenidate Tablet	1	PA
Strattera	4	SL
Vyvanse	2	PA, SL
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Doxepin Capsule	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	4	SL, ST
Fluoxetine Capsule, Tablet (generic **Prozac**)	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Sertraline Tablet	1	
Trazodone Tablet	1	
Trintellix	4	SL, ST
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	4	SL
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Frovatriptan	3	SL
Naratriptan	1	SL
Relpax	2	SL
Rizatriptan ODT, Tablet	1	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, PA, SL
Aubagio	3	DSP, PA, SL
Avonex	2	DSP, PA, SL
Betaseron	2	DSP, PA, SL
Copaxone	2	DSP, PA, SL
Gilenya	3	DSP, PA, SL
Glatopa	4	DSP, E, PA, SL, ST
Plegridy	3	DSP, PA, SL
Rebif	4	DSP, PA, SL, ST
Tecfidera	2	DSP, PA, SL
Zinbryta	4	DSP, PA, SL
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Armodafanil	4	E, PA, SL
Buprenorphine/ Naloxone Tablet	4	E, PA, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	4	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine Tablet	2	
Modafinil Tablet	3	PA, SL
Naloxone Vials	1	
Narcan Nasal Spray	2	SL
Olanzapine Tablet	1	SL

Drug Name	Drug Tier	Requirements & Limits
Pramipexole Tablet	1	
Quetiapine Extended-Release Tablet	3	SL
Quetiapine Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Suboxone Film	4	E, PA, SL
Tolcapone	2	
Xyrem	4	PA, SL
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	2	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Extended-Release Tablet	4	E, SL
Zolpidem Tablet	1	SL
Central Nervous System: Seizure Disorders		
Carbamazepine Extended-Release Capsule	2	
Carbamazepine Extended-Release Tablet	3	
Carbamazepine Immediate-Release Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
Divalproex Extended-Release Tablet	2	
Gabapentin Capsule, Tablet	1	
Lamotrigine Immediate-Release Tablet	1	
Levetiracetam Extended-Release Tablet	2	
Levetiracetam Immediate-Release Tablet	1	
Lyrica	4	SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Immediate-Release Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Aczone	4	SL
Adapalene 0.1% Cream, Gel, Lotion	4	E, PA, SL
Adapalene 0.3% Gel	4	E, PA, SL
Bethamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Calcipotriene/ Betamethasone Ointment	3	SL
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	PA
Clindamycin 1%/ Benzoyl Peroxide 5% Gel	4	E, SL
Clindamycin 1.2%/ Benzoyl Peroxide 5% Gel	3	SL
Clindamycin Gel	3	SL
Clindamycin Lotion	3	
Clindamycin Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment	2	SL
Clobetasol Propionate Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Desonide 0.05% Cream, Lotion, Ointment	3	SL
Desoximetasone Gel, Ointment	3	SL
Differin 0.1% Cream, Gel, Lotion	4	E, PA, SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Enstilar Foam	4	SL
Epiduo/Epiduo Forte	4	E, SL
Finacea	4	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Solution	3	SL
Fluocinolone Ointment	2	SL
Halobetasol Ointment	2	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release Capsule	4	E
Mirvaso	4	SL
Mometasone Furoate Cream, Lotion, Ointment	1	

Drug Name	Drug Tier	Requirements & Limits
Mupirocin Ointment	1	SL
Nystatin-Triamcinolone Acetonide Cream, Ointment	4	E
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	PA, SL
Solodyn	4	E, PA
Taclonex Suspension	4	SL
Tacrolimus Ointment	2	PA, SL
Tazorac	4	PA, SL
Tretinoin Cream	3	PA, SL
Tretinoin Gel	4	E, PA, SL
Tretinoin Microspheres	4	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL
Diabetes: Blood Glucose Monitoring		
Accu-Chek Test Strips	4	E, SL
Contour Test Strips	4	E, SL
Dexcom Continuous Glucose Monitoring System	3	PA, SL
Dexcom Sensor	3	PA, SL
Dexcom Transmitter	3	PA, SL
FreeStyle Test Strips	4	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
OneTouch Ultra Mini	1	

Drug Name	Drug Tier	Requirements & Limits
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio Flex	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL
Diabetes: Insulin		
Afrezza	4	E, PA, SL, ST
Basaglar	1	SL
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL
Lantus Solostar	4	E, SL
Lantus Vials	4	E, SL
Levemir FlexTouch	2	SL
Levemir Vials	2	SL
Novolin Vials (all formulations)	3	SL, ST
Novolog FlexTouch (all formulations)	4	SL, ST
Novolog Vials (all formulations)	4	SL, ST
Soliqua	2	PA, SL
Toujeo SoloStar	4	E, SL
Tresiba FlexTouch	4	E, SL

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Adlyxin	4	SL
Bydureon	2	SL
Byetta	2	SL
Farxiga	4	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	4	E, SL, ST
Invokamet	2	SL
Invokamet XR	2	SL
Invokana	2	SL, ST
Janumet	4	SL, ST
Januvia	4	SL, ST
Jardiance	2	SL, ST
Jentadueto	2	SL
Jentadueto XR	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
Synjardy	2	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	4	E, SL, ST
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, PA, SL

Drug Name	Drug Tier	Requirements & Limits
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	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacaft	3	SL
Olopatadine 0.1% Ophthalmic Solution	3	SL
Pataday	4	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	4	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	

Drug Name	Drug Tier	Requirements & Limits
Tobramycin Ophthalmic Solution	1	
Vigamox	4	
Eye Conditions: Dry Eye Disease		
Restasis Single Use Vial	4	PA, SL
Xiidra	4	PA, SL
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
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	4	E, SL
Lansoprazole Capsules	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	3	SL
Ranitadine Syrup	1	
Sucralfate Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Nausea/Vomiting		
Akynzeo	4	SL
Aprepitant Capsule	2	SL
Emend Suspension	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	
Varubi	2	SL
Gastrointestinal: Other		
Amitiza	4	PA, SL, ST
Apriso	2	
Asacol HD Tablet	4	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	4	E
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	PA, SL
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	4	
Viberzi	4	PA, SL
Zenpep	2	

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Drug Name	Drug Tier	Requirements & Limits
Gout		
Allopurinol Tablet	1	
Colcrys	4	E
Mitigare	2	
Uloric	4	SL, ST
Zurampic	4	PA, SL
Hepatitis C		
Daklinza	4	DSP, PA, SL, ST
Epclusa	2	DSP, PA, SL
Harvoni	2	DSP, PA, SL
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, PA, SL, ST
Technivie	4	DSP, PA, SL, ST
Viekira Pak	4	DSP, PA, SL, ST
Zepatier	4	DSP, PA, SL, ST
HIV/AIDS		
Abacavir-Lamivudine	2	DSP
Atripla	2	DSP
Complera	4	DSP
Descovy	4	DSP
Epzicom	4	DSP, E
Evotaz	2	DSP
Genvoya	4	DSP, ST
Intelence	2	DSP
Isentress	2	DSP
Kaletra Tablet	2	DSP
Lamivudine-Zidovudine	1	DSP
Lopinavir-Ritonavir Oral Solution	2	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	4	DSP, E
Norvir	2	DSP
Odefsey	4	DSP
Prezcobix	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Selzentry	2	DSP, PA
Stribild	3	DSP, ST
Sustiva	2	DSP

Drug Name	Drug Tier	Requirements & Limits
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	4	DSP, PA
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.

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	4	DSP, PA, SL, ST
Cimzia	2	DSP, PA, SL
Cosentyx	3	DSP, PA, SL, ST
Enbrel	4	DSP, PA, SL, ST
Humira	2	DSP, PA, SL
Hydroxychloroquine Sulfate Tablet	1	
Leflunomide Tablet	1	
Methotrexate Tablet	1	
Orencia	4	DSP, PA, SL, ST
Otezla	4	DSP, PA, SL, ST
Otrexup	4	E, SL, ST
Rasuvo	4	SL, ST
Simponi	2	DSP, PA, SL
Stelara	2	DSP, PA, SL
Taltz	4	DSP, PA, SL, ST
Xeljanz	4	DSP, PA, SL, ST
Xeljanz XR	4	DSP, PA, SL, ST

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Erectile Dysfunction		
Cialis	4	SL
Levitra	4	SL
Stendra	4	PA, SL
Viagra	4	SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	4	SL, ST
Doxazosin Tablet	1	
Dutasteride Capsule	3	PA
Finasteride Tablet	1	
Rapaflo	4	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Androgel	4	E, PA, SL
Methyltestosterone Capsule	2	
Testim	2	PA, SL
Testosterone 1% Topical Gel	4	E, PA, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auryxia	3	
Auvi-Q	4	E, SL
Benzonatate Capsule	1	

Drug Name	Drug Tier	Requirements & Limits
Bethkis	2	DSP, PA, SL
Bromfed DM	3	
Cayston	2	PA, SL
Cerdelga	2	DSP, PA
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	2	SL
Epinephrine (generic **EpiPen/EpiPen-Jr.**)	2	SL
EpiPen/EpiPen Jr.	4	E, SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	3	SL
Hydrocodone/ Homatropine	1	
Letrozole Tablet	1	
Lidocaine Transdermal Patch	3	PA, SL
Nuedexta	2	
Obredon	4	SL, ST
Pegasys	2	DSP, PA, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, PA, SL
Rectiv	3	SL
Renvela	2	
Rezira	3	
Tobi Podhaler	3	DSP, PA, SL
Tobramycin Nebulized Solution	4	DSP, E, PA, SL
Veltassa	3	PA, SL
Velphoro	2	
Zarxio	2	DSP

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Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine Tablet	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	
Forteo	2	DSP, PA
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	SL
Belbuca	3	PA, SL, ST
Butrans	4	E, PA, SL, ST
Celecoxib	2	SL
Diclofenac Tablet	1	
Embeda	4	E, PA, SL, ST
Etodolac Capsule	1	
Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	SL
Fentanyl 37.5, 62.5, 87.5 mcg Patch	4	E, SL
Fentanyl Citrate Lozenge	2	PA, SL
Hydrocodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Hysingla	4	E, PA, SL, ST
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	4	PA, 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	4	SL
Nucynta ER	3	PA, SL
Opana ER	2	PA, SL
Oxycodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
Oxycontin	4	E, PA, SL, ST
Sprix	3	
Subsys	4	E, PA, SL
Tramadol-Acetaminophen	1	
Tramadol Immediate-Release Tablet	1	
Tramadol Sustained-Release Tablet	2	SL
Trezix	4	SL
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	4	E, SL
Voltaren Gel	2	
Xtampza ER	3	PA, SL
Zohydro ER	4	PA, SL, ST

Drug Name	Drug Tier	Requirements & Limits
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended-Release Tablet	4	E
Tolterodine Tablet	4	E
Toviaz	3	
Vesicare	4	E
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	
Clarinex	4	E
Clarinex-D	3	E
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	
Mometasone Nasal Spray	4	E, SL
Promethazine Tablet	1	
Triamcinolone Nasal Spray	4	E, SL
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

Drug Name	Drug Tier	Requirements & Limits
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex	1	SL
Bevespi Aerosphere	2	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	4	SL, ST
Flovent Diskus/HFA	3	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	4	E, SL
Montelukast Chewable Tablet, Tablet	1	
Montelukast Granules	2	
Perforomist	3	SL
ProAir HFA	3	SL
ProAir RespiClick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	4	SL, ST
QVAR	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler	4	SL
Spiriva Respimat	4	SL
Stiolto Respimat	4	E, SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Tudorza	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Xopenex Nebs	4	E, SL

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Drug Name	Drug Tier	Requirements & Limits
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	4	DSP, PA, SL
Adempas	2	DSP, PA, SL
Letairis	2	DSP, PA, SL
Opsumit	2	DSP, PA, SL
Orenitram	4	DSP, PA, SL
Sildenafil Tablet	1	DSP, PA, SL
Tracleer	2	DSP, PA, SL
Tyvaso	2	DSP, PA
Uptravi	4	DSP, PA, SL
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H, PA
Chantix Tablet	4	H, PA
Nicoderm CQ	3	H, PA
Nicorette Gum	3	H, PA
Nicorette Lozenge	3	H, PA
Nicorette Mini-Lozenge	3	H, PA
Nicotine Gum	1	H, PA
Nicotine Lozenge	1	H, PA
Nicotine Patch	1	H, PA
Nicotrol Inhaler	3	H, PA
Nicotrol Nasal Spray	3	H, PA
Thrive Gum	1	H, PA
Transplant		
Azathioprine Tablet	1	
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	2	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	1	DSP

Drug Name	Drug Tier	Requirements & Limits
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		
Aftera	1	H
Altavera	1	H
Alyacen 7/7/7, 1/35	1	H
Apri	1	H
Aranelle	1	H
Aubra	1	H
Aviane	1	H
Azurette	2	
Blisovi Fe	1	H
Camila	1	H
Caziant	1	H
Cesia	1	H
Chateal	1	H
Cryselle	1	H
Cyclafem 7/7/7, 1/35	1	H
Cyred	1	H
Dasetta 7/7/7, 1/35	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel-Ethinyl Estradiol (generic **Ortho-Cept**)	1	H
Drospirenone/Ethinyl Estradiol/Levomefolate Calcium	4	E
Econtra EZ	1	H
Elinest	1	H
Ella	1	H, SL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H

Drug Name	Drug Tier	Requirements & Limits
Errin	1	H
Estarylla	1	H
Fallback	1	H
Falmina	1	H
Gildess	2	
Gildess Fe	1	H
Heather	1	H
Introvale	2	H
Jencycla	1	H
Jolessa	2	H
Jolivette	1	H
Juleber	1	H
Junel	2	
Junel Fe	1	H
Kurvelo	1	H
Kelnor 1/35	1	H
Larin Fe	1	H
Larissia	1	H
Leena	1	H
Lessina	1	H
Levonest	1	H
Levonorgestrel 1.5 mg	1	H
Levonorgestrel-Ethinyl Estradiol (generic **Alesse, Nordette, Triphasil**)	1	H
Levonorgestrel-Ethinyl Estradiol (generic **Seasonale**)	2	H
Levora-28	1	H
Lo Loestrin Fe	3	
Loryna	3	
Low-Ogestrel	1	H
Lutera	1	H
Lyza	1	H
Marlissa	1	H

Drug Name	Drug Tier	Requirements & Limits
Medroxyprogesterone Acetate	1	H
Microgestin	2	
Microgestin Fe	1	H
Minastrin 24 Fe	4	E
Mono-Linyah	1	H
MonoNessa	1	H
My Way	1	H
Myzilra	1	H
Natazia	2	
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice	1	H
Nora BE	1	H
Norethindrone 0.35 mg	1	H
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H
Norgestimate-Ethinyl Estradiol (generic **Ortho-Cyclen, Ortho Tri-Cyclen**)	1	H
Norgestimate-Ethinyl Estradiol Lo (generic **Ortho Tri-Cyclen Lo**)	3	
Norlyroc	1	H
Nortrel 7/7/7, 0.5/35, 1/35	1	H
Nuvaring	2	H
Opcicon	1	H
Orsythia	1	H
Ortho Tri-Cyclen Lo	4	E
Pirmella 7/7/7, 1/35	1	H
Plan B One Step	1	H
Portia	1	H
Previfem	1	H

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Drug Name	Drug Tier	Requirements & Limits
Quasense	2	H
Rajani	4	E
React	1	H
Reclipsen	1	H
Setlakin	2	H
Sharobel	1	H
Solia	1	H
Sprintec	1	H
Sronyx	1	H
Take Action	1	H
Tarina Fe	1	H
Taytulla	4	E
Tri-Estarylla	1	H
Tri-Linyah	1	H
Tri-Lo-Estarylla	3	
Tri-Lo-Marzia	3	
Tri-Lo-Sprintec	3	
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	3	
Trivora-28	1	H
Velivet	1	H
Vestura	3	
Vienva	1	H
Viorele	2	
Wera	1	H
Xulane	3	H
Yasmin 28	2	
Yaz	2	
Zovia 1/35E, 1/50E	1	H

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Cenestin	4	E
Climara	2	SL
Climara Pro	3	SL
Divigel	3	
Duavee	3	
Enjuvia	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	2	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch	4	E, SL
Estring	2	MC, SL
Estrogen/ Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone Tablet	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vagifem	4	E
Vivelle-Dot	2	SL
Yuvafem	2	
Women's Health: Miscellaneous		
Addyi	4	PA, SL
Osphena	3	
Raloxifene	2	H, PA
Tamoxifen	1	H, PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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“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 medication and strength	Drug tier	I take this medicine for	Directions	Doctor
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

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Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, Utah 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

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Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

Phone: Toll free **1-800-368-1019**, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

UnitedHealthcare®

Multi-language interpreter services

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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 **(Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

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تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

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ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：**日本語(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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