



# 2011 Three-Tier Traditional Prescription Drug List — Top 500 Medications

UnitedHealthcare plans administered  
by Prescription Solutions



# Your UnitedHealthcare pharmacy plan administered by Prescription Solutions offers flexibility and choice in finding the right medication for you.

This guide will:

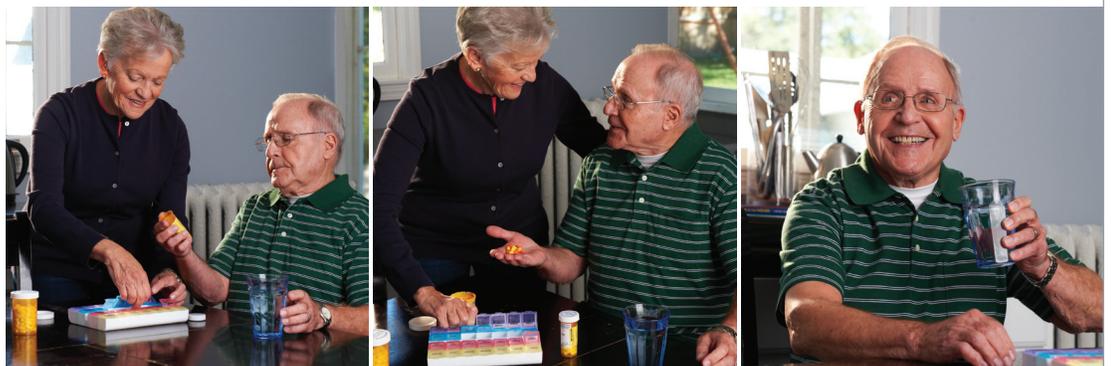
- Help you understand your medication choices and make informed decisions.
- Help you understand which questions to ask your doctor or pharmacist.

This guide represents the top 500 most utilized medications. For a complete list, go to [myuhc.com](http://myuhc.com)<sup>®</sup> and click on Pharmacies and Prescriptions.

If you have pharmacy benefit coverage with UnitedHealthcare, you may learn more about your benefit by visiting [myuhc.com](http://myuhc.com) or by calling the Customer Care telephone number printed on your health plan ID card.

## *Contents:*

What is a Prescription Drug List? . . . . .	3
Information about Tiers . . . . .	3-4
Frequently Asked Questions . . . . .	4-5
Prescription Drug List. . . . .	6-20
Specialty Drug List . . . . .	21-25
Excluded Drugs. . . . .	26-27



## What is the Prescription Solutions Prescription Drug List (PDL)?

A PDL is a list of Food and Drug Administration (FDA)-approved brand name and generic medications.

Your UnitedHealthcare pharmacy benefit provides coverage for a comprehensive selection of prescription medications. Below you will find some commonly prescribed medications. You and your doctor may refer to this list to select the right medication to meet your needs.

The benefit plan documents provided by your employer or health plan include a Summary Plan Description. Please refer to these documents to determine which medications are covered under your individual plan.

## Who decides which medications get placed in which tier?

The Prescription Solutions® Business Implementation Committee makes tier placement decisions to help ensure access to a wide range of medications and to control health care costs for you and your employer or health plan. You and your doctor decide which medication is appropriate for you.

## What factors does the Business Implementation Committee look at to make tier placement decisions?

The Business Implementation Committee decides the tier placement of a particular prescription medication based upon clinical information from the Prescription Solutions Pharmacy and Therapeutic (P&T) Committee and economic and financial considerations. This committee, comprised of practicing general and specialist physicians and pharmacists, looks at the overall health care value of a particular medication in order to balance the need for flexibility and choice for our members and an affordable pharmacy benefit for employer groups and health plans.

## Understanding Tiers

Prescription medications are categorized within three tiers. Each tier is assigned a copayment, the amount you pay when you fill a prescription. The copayment is determined by your employer or health plan. Consult your benefit plan documents to find out the specific copayments, coinsurance and deductibles that are part of your plan. ***Some plans may require you to pay the entire cost of the medication until the plan deductible has been met, or may require you to meet a deductible before copayments or coinsurance applies.***

Please note: Some plans have a four-tier prescription plan. Refer to your enrollment materials, check the drug pricing/coverage information on [myuhc.com](http://myuhc.com), click **Pharmacies and Prescriptions** or call the Customer Care number on your ID card for more information about your benefit plan.

### Tier 1 – *Your lowest-cost option*

This is your lowest copayment option. For the lowest out-of-pocket expense, you should always consider Tier 1 medications if you and your doctor decide they are right for your treatment.

### Tier 2 – *Your midrange-cost option*

This is your middle copayment option. Consider Tier 2 medications if you and your doctor decide that a Tier 2 medication is right for your treatment.

### Tier 3 – *Your highest-cost option*

This is your highest copayment option. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a medication in Tier 3, ask your doctor whether there are Tier 1 or Tier 2 alternatives that may be right for your treatment.

Compounded medications: medications with one or more ingredients that are prepared “on-site” by a pharmacist, are classified at the Tier 3 level.

## How often will prescription medications change tiers?

Medications may move to a higher tier once per calendar year (January 1). Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. You will be notified prior to a change if a higher copayment is required. For the most current information on your pharmacy coverage, please call the Customer Care number on your health plan ID card or visit [myuhc.com](http://myuhc.com), click **Pharmacies and Prescriptions**.

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

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent is available and if it might be appropriate for you since generic medications are your lowest cost option. Go to [myuhc.com](http://myuhc.com), click **Pharmacies and Prescriptions** to determine the copayment for your generic medication.

## Why are there notations next to certain medications in the PDL and what do they mean?

The specific definitions for these notations (QL, PA, ST, etc) are listed below and refer to our pharmacy programs. These programs can help:

- Confirm coverage based on your benefit plan.
- Alert pharmacists and doctors of potentially harmful doses.
- Alert pharmacists and doctors of potentially harmful medication interactions.
- Notify your pharmacist and doctor of duplication in treatment.

Please call Customer Care if you need additional information about these notations.

**PA** = *Prior Authorization Required*

**ST** = *Step Therapy Required*

You may be asked to try a different drug on the PDL first.

**QL** = *Quantity Limit*

There may be a limit on the number of units per day, per period or per prescription based on FDA-approved indications.

**SP** = *Specialty Medication*

**1/2T** = *Eligible for 1/2 Tab Program*

Applies to some medications that can be split. Ask your doctor to prescribe a higher strength with 1/2 the quantity. You will pay 1/2 your standard copayment.

**AE** = *Age Edit*

This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval/prescription based on FDA-approved indications.

## Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter or other prescription medication. Alternatives on the PDL and other over-the-counter medications may be available.

## When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for many conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expense or prescription medications.

## What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call our toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where a representative will answer questions about our program and transfer you to a specialty pharmacy based on your particular specialty medication prescription.

## How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit [myuhc.com](http://myuhc.com), click **Pharmacies and Prescriptions** or call the Customer Care number on your health plan ID card for more current information.

Log onto [myuhc.com](http://myuhc.com), click **Pharmacies and Prescriptions** for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Specific copayment amounts for prescription medications
- Possible lower-cost medication alternatives
- Medication interactions and side effects, etc.
- Locate a participating retail pharmacy by Zip code
- Review your prescription history

And, if mail order is included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Manage your account

## What if I still have questions?

Please call the Customer Care number on your health plan ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.





# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
ABILIFY	TABLET	Nervous System Disease	B	3 QL
ACCU-CHEK	TEST STRIPS	Diabetes	B	2 QL
ACETAMINOPHEN - BUTALBITAL - CAFFEINE	TABLET	Pain Management	G	1 QL
ACETAMINOPHEN - TRAMADOL	TABLET	Pain Management	G	1 QL
ACETAMINOPHEN W/ CODEINE	TABLET, SOLUTION	Pain Management	G	1 QL
ACETAMINOPHEN W/ HYDROCODONE	TABLET	Pain Management	G	1
ACETAMINOPHEN W/ OXYCODONE	TABLET, CAPSULE	Pain Management	G	1 QL
ACTIVELLA	TABLET 0.5, 1 MG	Hormone Replacement — Estrogens	B	2 QL
ACTONEL	TABLET	Osteoporosis	B	2 QL
ACTOPLUS MET	TABLET	Diabetes	B	2 ST QL
ACTOS	TABLET	Diabetes	B	2 ST QL
ACYCLOVIR	CAPSULE, TABLET, SUSPENSION	Infectious Disease	G	1
ADDERALL XR	CAPSULE SR 24 HR	Nervous System Disease	M	2 QL
ADVAIR DISKUS	DISKUS	Lung Disease	B	2 QL
ADVAIR HFA	AEROSOL	Lung Disease	B	2 QL
ADVICOR	TABLET SR 24 HR	Heart Disease — Cholesterol	B	2
AGGRENOX	CAPSULE SR 12 HR	Heart Disease	B	2
ALBUTEROL	NEBULIZATION SOLUTION	Lung Disease	G	1
ALENDRONATE	TABLET	Osteoporosis	G	1 QL
ALLOPURINOL	TABLET	Inflammation	G	1
ALPHAGAN P	SOLUTION	Ophthalmic	B	2 QL
ALPRAZOLAM	TABLET	Nervous System Disease	G	1
ALPRAZOLAM	TABLET SR 24 HR	Nervous System Disease	G	1
ALTACE	CAPSULE	Heart Disease	M	3 QL
AMBIEN CR	TABLET CNTLD RELEASE	Sleep Aids	B	3 QL
AMIODARONE	TABLET	Heart Disease	G	1
AMITRIPTYLINE	TABLET	Nervous System Disease	G	1
AMLODIPINE	TABLET	Heart Disease	G	1 QL
AMNESTEEM	CAPSULE	Skin Disease	G	1 PA
AMOXICILLIN	CAPSULE, TABLET, CHEWTAB, SUSPENSION	Infectious Disease	G	1
AMOXICILLIN & POT CLAVULANTATE	TABLET, CHEWTAB, SUSPENSION	Infectious Disease	G	1



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
AMPHETAMINE- DEXTROAMPHETAMINE	TABLET	Nervous System Disease	G	1 ST QL
AMPHETAMINE- DEXTROAMPHETAMINE	CAPSULE SR 24 HR	Nervous System Disease	G	3 QL
AMRIX	CAPSULE SR 24 HR	Pain Management	B	3 QL
ANDROGEL	GEL	Hormone Replacement — Androgens	B	2 PA QL
ANTIPYRINE & BENZOCAINE OTIC	SOLUTION	OTIC	G	1
ANUCORT-HC	SUPPOSITORY	Gastrointestinal Disease	G	1
APRI	TABLET	Birth Control	G	1
ARICEPT	TABLET, ODT	Nervous System Disease	B	2 QL
ARIMIDEX	TABLET	Chemotherapy	M	3
ARMOUR THYROID	TABLET	Metabolic Disease	B	2
ASACOL	TABLET DELAYED RELEASE	Gastrointestinal Disease	B	2 QL
ASMANEX	ARSL PWDR-BREATH ACTIVATED	Lung Disease	B	3 QL
ASPIRIN - BUTALBITAL - CAFFEINE	CAPSULE	Pain Management	G	1
ASTELIN NASAL	SOLUTION	Allergy	M	2 QL
ASTEPRO	SOLUTION	Allergy	B	2 QL
ATENOLOL	TABLET	Heart Disease	G	1
ATENOLOL & CHLORTHALIDONE	TABLET	Heart Disease	G	1
ATRIPLA	TABLET	Infectious Disease	B	2 SP
AVALIDE	TABLET	Heart Disease	B	3 ST QL
AVANDAMET	TABLET	Diabetes	B	3 PA QL
AVANDIA	TABLET	Diabetes	B	2 PA QL
AVAPRO	TABLET	Heart Disease	B	3 ST QL 1/2T
AVELOX	TABLET	Infectious Disease	B	3
AVIANE	TABLET	Birth Control	G	1
AVODART	CAPSULE	Urinary Disease	B	2 PA QL
AZATHIOPRINE	TABLET	Immunosuppression	G	1
AZITHROMYCIN	TABLET, SUSPENSION	Infectious Disease	G	1
AZOR	TABLET	Heart Disease	B	3 ST QL
AZURETTE	TABLET	Birth Control	G	1
BACLOFEN	TABLET	Pain Management	G	1
BAYER	TEST STRIPS	Diabetes	B	2 QL



# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
BD PEN NEEDLE	NEEDLE	Diabetes	B	2
BENZAEPRI	TABLET	Heart Disease	G	1
BENZAEPRI & AMLODIPINE	CAPSULE	Heart Disease	G	1 QL
BENZAEPRI & HCTZ	TABLET	Heart Disease	G	1
BENICAR	TABLET	Heart Disease	B	3 ST QL 1/2T
BENICAR HCT	TABLET	Heart Disease	B	3 ST QL
BENZAELIN	GEL	Skin Disease	M	3 QL
BENZONATATE	CAPSULE	Cough/Cold/Allergy	G	1
BISOPROLOL	TABLET	Heart Disease	G	1
BISOPROLOL & HCTZ	TABLET	Heart Disease	G	1
BONIVA	TABLET	Osteoporosis	B	2 QL
BUDEPRION	TABLET SR 12 HR	Nervous System Disease	G	1
BUDEPRION XL	TABLET SR 24 HR	Nervous System Disease	G	1 QL
BUDESONIDE	SUSPENSION	Lung Disease	G	1 QL
BUPROPION	TABLET		G	1
BUPROPION HCL	TABLET SR 24 HR		G	1
BUSPIRONE	TABLET	Nervous System Disease	G	1
BYETTA	VIAL	Diabetes	B	2 ST QL
BYSTOLIC	TABLET	Heart Disease	B	3 QL
CABERGOLINE	TABLET	Metabolic Disease	G	1
CADUET	TABLET	Heart Disease	B	3 ST QL
CAMILA	TABLET	Birth Control	G	1
CARBAMAZEPINE	TABLET, CHEW TAB, SUSPENSION	Nervous System Disease	G	1
CARISOPRODOL	TABLET	Pain Management	G	1
CARVEDILOL	TABLET	Heart Disease	G	1
CEFDINIR	CAPSULE, SUSPENSION	Infectious Disease	G	1
CEFUROXIME	TABLET, SUSPENSION	Infectious Disease	G	1
CELEBREX	CAPSULE	Inflammation	B	3 PA QL
CENESTIN	TABLET	Hormone Replacement — Estrogens	B	3 QL
CEPHALEXIN	CAPSULE, SUSPENSION	Infectious Disease	G	1
CHERATUSSIN	SYRUP	Cough/Cold/Allergy	G	1
CHLORHEXIDINE GLUCONATE	SOLUTION	Mouth/Throat/Dental	G	1
CIALIS	TABLET	Erectile Dysfunction	B	2 QL
CIPRODEX	SUSPENSION	Otic	B	3



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
CIPROFLOXACN	TABLET, SOLUTION	Infectious Disease	G	1
CITALOPRAM	TABLET, SOLUTION	Nervous System Disease	G	1
CITRANATAL	TABLET	Vitamins/Minerals/Electrolytes	B	3
CLARAVIS	CAPSULE	Skin Disease	G	1 PA
CLARITHROMYCIN	SUSPENSION, XL TAB	Infectious Disease	G	1
CLIMARA	PATCH WEEKLY	Hormone Replacement — Estrogens	M	3 QL
CLINDAMYCIN	CAPSULE	Infectious Disease	G	1
CLINDAMYCIN	GEL, LOTION, SOLUTION, SWAB	Skin Disease	G	1 QL
CLOBETASOL	CREAM, GEL, OINTMENT, SOLUTION, FOAM	Skin Disease	G	1
CLOMIPHENE	TABLET	Fertility Regulation	G	1
CLONAZEPAM	TABLET, SOLTAB	Nervous System Disease	G	1
CLONIDINE	TABLET	Heart Disease	G	1
CLOTRIMAZOLE W/ BETAMETHASONE	CREAM, LOTION	Skin Disease	G	1
COLCHICINE	TABLET	Inflammation	G	1
COMBIVENT	AEROSOL	Lung Disease	B	2 QL
CONCERTA	TABLET CNTLD RELEASE	Nervous System Disease	B	3 QL AE
COPAXONE	INJECTION	Nervous System Disease	B	2 QL SP
COREG CR	CAPSULE SR 24 HR	Heart Disease	B	3 ST QL
COUMADIN	TABLET	Heart Disease	M	2
COZAAR	TABLET	Heart Disease	M	3 ST QL 1/2T
CRESTOR	TABLET	Heart Disease — Cholesterol	B	2 QL 1/2T
CRYSSELLE-28	TABLET	Birth Control	G	1
CYCLOBENZAPRINE	TABLET	Pain Management	G	1
CYMBALTA	CAPSULE	Nervous System Disease	B	2 QL
CYTOMEL	TABLET	Metabolic Disease	B	2
DESONIDE	CREAM, LOTION, OINTMENT	Skin Disease	G	1
DESOXIMETASONE	CREAM, OINTMENT	Skin Disease	G	1
DEXAMETHASONE	TABLET, ELIXIR, SOLUTION	Inflammation	G	1
DEXILANT	CAPSULE	Gastrointestinal Disease	B	2 QL
DIAZEPAM	TABLET	Nervous System Disease	G	1
DICLOFENAC	TABLET, TABLET SR 24 HR	Inflammation	G	1 QL
DICYCLOMINE	CAPSULE, SYRUP, TABLET	Gastrointestinal Disease	G	1
DIFFERIN	CREAM, GEL, LOTION	Skin Disease	M	3 PA QL AE



# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
DIGOXIN	TABLET, SOLUTION	Heart Disease	G	1
DILANTIN	CAPSULE	Nervous System Disease	M	2
DILTIAZEM	CAPSULE CONTROLLED RLSE	Heart Disease	G	1
DIOVAN	TABLET	Heart Disease	B	2 ST QL 1/2T
DIOVAN HCT	TABLET	Heart Disease	B	2 ST QL
DIPHENOXYLATE W/ ATROPINE	TABLET, LIQUID	Gastrointestinal Disease	G	1
DIVALPROEX ER	TABLET SR 24 HR	Nervous System Disease	G	1
DOXAZOSIN	TABLET	Heart Disease	G	1
DOXEPIN HCL	CAPSULE	Nervous System Disease	G	1
DOXYCYCLINE HYCLATE	CAPSULE, TABLET	Infectious Disease	G	1
DUAC CS	KIT	Skin Disease	B	3 QL
ECONAZOLE	CREAM	Skin Disease	G	1
EFFEXOR XR	CAPSULE SR 24 HR	Nervous System Disease	B	2 QL
ELMIRON	CAPSULE	Urinary Disease	B	2
ENABLEX	TABLET SR 24 HR	Urinary Disease	B	2 QL
ENALAPRIL	TABLET	Heart Disease	G	1
ENBREL	INJECTION	Inflammation	B	2 PA QL SP
ENDOCET	TABLET	Pain Management	M	1 QL
ENJUVIA	TABLET	Hormone Replacement — Estrogens	B	2 QL
EPIPEN	DEVICE	Heart Disease	B	2 QL
ERRIN	TABLET	Birth Control	G	1
ERYTHROMYCIN (OPHTH)	OINTMENT	Infectious Disease	G	1
ESTERIFIED ESTROGEN	TABLET	Hormone Replacement	G	1
ESTRACE VAGINAL	CREAM	Genitourinary	B	2
ESTRADIOL	TABLET	Hormone Replacement — Estrogens	G	1 QL
ESTRADIOL	PATCH WEEKLY	Hormone Replacement — Estrogens	G	1 QL
ESTRADIOL - NORETHINDRONE	TABLET	Birth Control	G	1
ESTROPIPATE	TABLET	Hormone Replacement — Estrogens	G	1 QL
ETODOLAC	CAPSULE, TABLET, TABLET SR 24 HR	Inflammation	G	1 QL
EVISTA	TABLET	Osteoporosis	B	2
EXFORGE	TABLET	Heart Disease	B	2 ST QL
FAMCICLOVIR	TABLET	Infectious Disease	G	1 QL
FELODIPINE	TABLET CNTLD RELEASE	Heart Disease	G	1 QL
FEMARA	TABLET	Chemotherapy	B	2 PA



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
FEMCON FE	TABLET, CHEWABLE	Birth Control	B	3
FEMHRT 1/5	TABLET	Hormone Replacement — Estrogens	B	3 QL
FENOFIBRATE	TABLET, MICRONIZED CAPSULE	Heart Disease — Cholesterol	G	3
FENTANYL	PATCH 72 HR	Pain Management	G	1 QL
FEXOFENADINE	TABLET	Allergy	G	1
FINASTERIDE	TABLET	Urinary Disease	G	1
FLECAINIDE	TABLET	Heart Disease	G	1
FLOMAX	CAPSULE SR 24 HR	Urinary Disease	M	3 QL
FLOVENT HFA	AEROSOL	Lung Disease	B	2 QL
FLUCONAZOLE	TABLET	Infectious Disease	G	1
FLUOCINONIDE	CREAM, GEL, SOLUTION, OINTMENT	Skin Disease	G	1
FLUOXETINE	CAPSULE, SOLUTION	Nervous System Disease	G	1
FLUOXETINE	TABLET	Nervous System Disease	G	1
FLUTICASONE (NASAL)	SUSPENSION	Allergy	G	1 QL
FOCALIN XR	CAPSULE SR 24 HR	Nervous System Disease	B	3 ST QL AE
FOLIC ACID	TABLET	Blood Disorder	G	1
FOSINOPRIL	TABLET	Heart Disease	G	1
FREESTYLE	TEST STRIPS	Diabetes	B	3 PA QL
FROVA	TABLET	Migraine	B	2 QL
FUROSEMIDE	TABLET, SOLUTION	Heart Disease	G	1
GABAPENTIN	CAPSULE, TABLET	Nervous System Disease	G	1
GEMFIBROZIL	TABLET	Heart Disease — Cholesterol	G	1
GENTAMICIN	SOLUTION, OINTMENT	Infectious Disease	G	1
GEODON	CAPSULE	Nervous System Disease	B	3 QL
GIANVI	TABLET	Birth Control	G	1
GILDESS FE	TABLET	Birth Control	G	1
GLIMEPIRIDE	TABLET	Diabetes	G	1
GLIPIZIDE	TABLET	Diabetes	G	1
GLIPIZIDE ER	TABLET SR 24 HR	Diabetes	G	1
GLIPIZIDE XL	TABLET SR 24 HR	Diabetes	G	1
GLIPIZIDE-METFORMIN	TABLET	Diabetes	G	1
GLYBURIDE	TABLET	Diabetes	G	1
GUANFACINE	TABLET	Heart Disease	G	1
HALFLYTELY	KIT	Gastrointestinal Disease	B	3
HUMALOG	VIAL	Diabetes	B	2



# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
HUMIRA PEN	INJECTION	Inflammation	B	2 PA QL SP
HUMULIN N	VIAL	Diabetes	B	2
HYDRALAZINE	TABLET	Heart Disease	G	1
HYDROCHLOROTHIAZIDE	TABLET, CAPSULE	Heart Disease	G	1
HYDROCODONE W/ HOMATROPINE	SYRUP, TABLET	Cough/Cold/Allergy	G	1
HYDROCODONE-GG	SYRUP	Cough/Cold/Allergy	G	1
HYDROCORT	TABLET		G	1
HYDROCORT	CREAM	Skin Disease	G	1
HYDROMET	SYRUP	Skin Disease	G	1
HYDROMORPHONE	TABLET	Pain Management	G	1
HYDROXYZINE	TABLET, CAPSULE, SYRUP	Nervous System Disease	G	1
IBUPROFEN	TABLET	Inflammation	G	1 QL
IBUPROFEN- HYDROCODONE	TABLET	Pain Management	G	1 QL
IMIQUIMOD	CREAM	Skin Disease	G	1 QL
INDAPAMIDE	TABLET	Heart Disease	G	1
INDOMETHACIN	CAPSULE	Inflammation	G	1 QL
INSULIN SYRG	SYRINGE	Diabetes	B	2
INTUNIV	TABLET	Nervous System Disease	B	3 ST QL AE
IPRATROPIUM	SOLUTION	Lung Disease	G	1
ISOSORBIDE	TABLET SR 24 HR, TABLET	Heart Disease	G	1
JANUMET	TABLET	Diabetes	B	2 ST QL
JANUVIA	TABLET	Diabetes	B	2 ST QL
JOLIVETTE	TABLET	Birth Control	G	1
JUNEL FE	TABLET	Birth Control	G	1
KARIVA	TABLET	Birth Control	G	1
KEPPRA	TABLET, SOLUTION	Nervous System Disease	M	3
KETOCONAZOLE	CREAM, SHAMPOO	Skin Disease	G	1
KETOROLAC	TABLET	Inflammation	G	1 QL
KLOR-CON 10	TABLET, CR	Vitamins/Minerals/Electrolytes	G	1
KLOR-CON M10	TABLET, CR	Vitamins/Minerals/Electrolytes	G	1
KLOR-CON M20	TABLET, CR	Vitamins/Minerals/Electrolytes	G	1
LABETALOL	TABLET	Heart Disease	G	1
LAMICTAL	TABLET, CHEWTAB	Nervous System Disease	M	2
LAMOTRIGINE	TABLET, CHEWTAB	Nervous System Disease	G	1
LANSOPRAZOLE	CAPSULE	Gastrointestinal Disease	G	1 QL



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
LANTUS	VIAL	Diabetes	B	2
LEFLUNOMIDE	TABLET	Inflammation	G	1 QL
LEVAQUIN	TABLET	Infectious Disease	B	2
LEVEMIR	VIAL	Diabetes	B	2
LEVETIRACETAM	TABLET, SOLUTION	Nervous System Disease	G	1
LEVITRA	TABLET	Erectile Dysfunction	B	3 QL
LEVORA-28	TABLET	Birth Control	G	1
LEVOTHROID	TABLET	Metabolic Disease	M	3
LEVOTHYROXINE	TABLET	Metabolic Disease	G	1
LEVOXYL	TABLET	Metabolic Disease	G	1
LEXAPRO	TABLET, SOLUTION	Nervous System Disease	B	2 QL 1/2T
LIALDA	TABLET DELAYED RELEASE	Gastrointestinal Disease	B	3 QL
LIDOCAINE	OINTMENT, SOLUTION, GEL	Skin Disease	G	1
LIDODERM	PATCH	Skin Disease	B	2 QL
LIOTHYRONINE	TABLET	Metabolic Disease	B	2
LIPITOR	TABLET	Heart Disease — Cholesterol	B	2 QL 1/2T
LISINOPRIL	TABLET	Heart Disease	G	1
LISINOPRIL / HCTZ	TABLET	Heart Disease	G	1
LITHIUM CARBONATE	CAPSULE, TABLET	Nervous System Disease	G	1
LITHOBID	TABLET, CNTLD RELEASE	Nervous System Disease	B	2
LOESTRIN 24	TABLET	Birth Control	M	3
LORAZEPAM	TABLET	Nervous System Disease	G	1
LOSARTAN	TABLET	Heart Disease	G	1 QL 1/2T
LOSARTAN / HCTZ	TABLET	Heart Disease	G	1 QL
LOTEMAX	SUSPENSION	Ophthalmic	B	3
LOTREL	CAPSULE 5/40, 10/40	Heart Disease	B	3 QL
LOVASTATIN	TABLET	Heart Disease — Cholesterol	G	1
LOVAZA	CAPSULE	Heart Disease — Cholesterol	B	2 QL
LOVENOX	INJECTION	Blood Disorder	M	3 SP
LOW-OGESTREL	TABLET	Birth Control	G	1
LUMIGAN	SOLUTION	Ophthalmic	B	2 QL
LUNESTA	TABLET	Sleep Aids	B	2 QL
LUTERA	TABLET	Birth Control	G	1
LYRICA	CAPSULE	Nervous System Disease	B	2 QL
MAXALT	TABLET, MLT TAB	Migraine	B	2 QL 4/RX



# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
MEDROXY-PROGESTERONE	TABLET	Hormone Replacement — Progestins	G	1
MELOXICAM	TABLET	Inflammation	G	1 QL
METAXALONE	TABLET	Pain Management	G	1
METFORMIN	TABLET	Diabetes	G	1
METFORMIN	TABLET SR 24 HR	Diabetes	G	1
METHADONE	TABLET, SOLTAB, CONCENTRATE	Pain Management	G	1
METHIMAZOLE	TABLET	Metabolic Disease	G	1
METHOCARBAMOL	TABLET	Pain Management	G	1
METHOTREXATE	TABLET	Chemotherapy	G	1
METHYLIN	TABLET, SOLUTION	Nervous System Disease	B	3 ST QL AE
METHYLPHENIDATE SR	TABLET CNTLD RELEASE	Nervous System Disease	G	1 QL
METHYLPREDNISOLONE	TABLET	Inflammation	G	1
METOCLOPRAMIDE	TABLET, SOLUTION	Gastrointestinal Disease	G	1 QL
METOPROLOL	TABLET	Heart Disease	G	1
METOPROLOL XL	TABLET SR 24 HR	Heart Disease	G	1
METROGEL	GEL	Skin Disease	B	2
METRONIDAZOLE	TABLET	Infectious Disease	G	1
METRONIDAZOLE VAGINAL	GEL	Genitourinary	G	1
MICARDIS	TABLET	Heart Disease	B	2 ST QL
MICARDIS HCT	TABLET	Heart Disease	B	2 ST QL
MICROGESTIN	TABLET	Birth Control	G	1
MICROGESTIN FE	TABLET	Birth Control	G	1
MINOCYCLINE	CAPSULE	Infectious Disease	G	1
MIRTAZAPINE	TABLET, DISPERSIBLE TAB	Nervous System Disease	G	1
MOEXIPRIL	TABLET	Heart Disease	G	1 1/2T
MOMETASONE	CREAM, OINTMENT, SOLUTION	Skin Disease	G	1
MONONESSA	TABLET	Birth Control	G	1
MORPHINE IR	TABLET, SOLUTION	Pain Management	G	1
MORPHINE SR	TABLET SR 12 HR	Pain Management	G	1 QL
MOVIPREP	SOLUTION	Gastrointestinal Disease	B	3
MUPIROCIN	OINTMENT	Skin Disease	G	1 QL
MYCOPHENOLATE	TABLET, CAPSULE	Immunosuppression	G	1 SP
NABUMETONE	TABLET	Inflammation	G	1 QL



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
NADOLOL	TABLET	Heart Disease	G	1
NAPROXEN	TABLET, SUSPENSION	Inflammation	G	1 QL
NAPROXEN EC	TABLET DELAYED RELEASE	Inflammation	G	1 QL
NASACORT AQ	AEROSOL	Allergy	B	3 QL
NASONEX	SUSPENSION	Allergy	B	2 QL
NECON	TABLET	Birth Control	G	1
NECON 7/7/7	TABLET	Birth Control	G	1
NEOMYCIN-POLYMYXIN-HC (OPHTH)	SUSPENSION	Ophthalmic	G	1
NEOMYCIN-POLYMYXIN-HC (OTIC)	SUSPENSION, SOLUTION	Otic	G	1
NEXIUM	CAPSULE	Gastrointestinal Disease	B	2 QL
NIASPAN	TABLET CNTLD RELEASE	Heart Disease — Cholesterol	B	2 QL
NIFEDIAC CC	TABLET SR 24 HR	Heart Disease	G	1
NIFEDICAL XL	TABLET SR 24 HR	Heart Disease	G	1
NIFEDIPINE	TABLET SR 24 HR	Heart Disease	G	1
NITROFURANTOIN	CAPSULE	Urinary Disease	G	1
NITROFURANTOIN MACROCRYSTALS	CAPSULE	Urinary Disease	G	1
NITROSTAT	TABLET, SUBLINGUAL	Heart Disease	M	2
NORA-BE	TABLET	Birth Control	G	1
NORETHINDRONE	TABLET	Hormone Replacement — Progestins	G	1
NORTREL (28)	TABLET	Birth Control	G	1
NORTRIPTYLINE	CAPSULE	Nervous System Disease	G	1
NORVIR	CAPSULE	Infectious Disease	B	2 SP
NOVOLOG	VIAL	Diabetes	B	2
NOVOLOG MIX	VIAL	Diabetes	B	2
NUVARING	RING	Birth Control	B	2
NYSTATIN (MOUTH-THROAT)	SUSPENSION	Mouth/Throat/Dental	G	1
NYSTATIN (TOPICAL)	CREAM, OINTMENT, POWDER	Skin Disease	G	1
NYSTATIN-TRIAMCINOLONE	CREAM, OINTMENT	Skin Disease	G	1
OCELLA	TABLET	Birth Control	G	1
OFLOXACIN (OPHTH)	SOLUTION	Infectious Disease	G	1
OMEPRAZOLE	CAPSULE	Gastrointestinal Disease	G	1 QL
OMNARIS	NASAL SUSPENSION	Allergy	B	3 QL



# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
ONDANSETRON	TABLET, ODT, SOLUTION	Nausea / Vomiting	G	1 QL
ONETOUCH	TEST STRIPS	Diabetes	B	3 PA QL
OPANA ER	TABLET SR 12 HR	Pain Management	B	3 QL
ORTHO EVRA	PATCH WEEKLY	Birth Control	B	3 QL
ORTHO TRI-CYCLEN	TABLET	Birth Control	M	3
ORTHO TRI-CYCLEN LO	TABLET	Birth Control	B	3
OXCARBAZEPINE	TABLET	Nervous System Disease	G	1
OXYBUTYNIN	TABLET	Urinary Disease	G	1
OXYCODONE	TABLET, CAPSULE	Pain Management	G	1
OXYCODONE	TABLET SR 12 HR	Pain Management	G	1 QL
OXYCONTIN	TABLET SR 12 HR	Pain Management	B	2 QL
PANTOPRAZOLE	TABLET	Gastrointestinal Disease	G	1 QL
PAROXETINE	TABLET	Nervous System Disease	G	1
PAROXETINE	TABLET SR 24 HR	Nervous System Disease	G	1 QL
PATADAY	SOLUTION	Ophthalmic	B	3 QL
PATANASE	NASAL SOLUTION	Allergy	B	3 QL
PATANOL	SOLUTION	Ophthalmic	B	3 QL
PEG-3350/KCL	SOLUTION	Gastrointestinal Disease	G	1
PENICILLN VK	TABLET, SOLUTION	Infectious Disease	G	1
PHENAZOPYRIDINE	TABLET	Urinary Disease	G	1
PHENYTOIN	CAPSULE	Nervous System Disease	G	1
PIROXICAM	CAPSULE	Inflammation	G	1 QL
PLAVIX	TABLET	Heart Disease	B	2 QL
PORTIA-28	TABLET	Birth Control	G	1
POTASSIUM CHLORIDE	TABLET, CAPSULE, SYRUP	Vitamins/Minerals/Electrolytes	G	1
POTASSIUM CHLORIDE MICRO	TABLET	Vitamins/Minerals/Electrolytes	G	1
POTASSIUM CITRATE	TABLET CNTLD RELEASE	Urinary Disease	G	1
PRAMIPEXOLE	TABLET	Nervous System Disease	G	1
PRAVASTATIN	TABLET	Heart Disease -Cholesterol	G	1 1/2T
PREDNISOLONE	SYRUP, SOLUTION, LIQUID	Inflammation	G	1
PREDNISOLONE (OPHTH)	SUSPENSION	Ophthalmic	G	1
PREDNISON	TABLET, SOLUTION	Inflammation	G	1
PREMARIN	TABLET	Hormone Replacement	B	2 QL
PREMARIN VAGINAL	CREAM	Hormone Replacement	B	2
PREMPRO	TABLET	Hormone Replacement	B	2 QL



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
PRISTIQ	TABLET	Nervous System Disease	B	2 QL
PROAIR HFA	AEROSOL	Lung Disease	B	2 QL
PROCHLORPERAZINE	TABLET, SUPPOSITORY	Gastrointestinal Disease	G	1
PROGRAF	CAPSULE	Immunosuppression	B	3 SP
PROMETHAZINE	TABLET, SYRUP, SUPPOSITORY	Cough/Cold/Allergy	G	1
PROMETHAZINE W/ CODEINE	SYRUP	Cough/Cold/Allergy	G	1
PROMETRIUM	CAPSULE	Hormone Replacement - Progestins	B	3
PROPRANOLOL	TABLET	Heart Disease	G	1
PROPRANOLOL	CAPSULE SR 24 HR	Heart Disease	G	1
PROVENTIL	AEROSOL	Lung Disease	B	3 QL
PROVIGIL	TABLET	Nervous System Disease	B	3 PA QL
PULMICORT	AEROSOL	Lung Disease	B	2 QL
QUINAPRIL	TABLET	Heart Disease	G	1
QUINAPRIL-HYDRO- CHLOROTHIAZIDE	TABLET	Heart Disease	G	1
QVAR	AEROSOL	Lung Disease	B	2 QL
RAMIPRIL	CAPSULE	Heart Disease	G	1 QL
RANITIDINE	SYRUP	Gastrointestinal Disease	G	1
RECLIPSEN	TABLET	Birth Control	G	1
RELION	TEST STRIPS	Diabetes	B	1 QL
RELPAK	TABLET	Migraine	B	3 QL 4/RX
RESTASIS	EMULSION	Ophthalmic	B	3 PA QL
RETIN-A MICRO	GEL, PUMP	Skin Disease	B	2 PA QL
REYATAZ	CAPSULE	Infectious Disease	B	2
RHINOCORT	SUSPENSION	Lung Disease	B	3 QL
RISPERIDONE	TABLET, SOLUTION	Nervous System Disease	G	1 QL
ROPINIROLE	TABLET	Nervous System Disease	G	1
ROXICET	TABLET	Pain Management	M	1 QL
SEASONIQUE	TABLET	Birth Control	B	3
SEROQUEL	TABLET	Nervous System Disease	B	2 QL
SEROQUEL XR	TABLET SR 24 HR	Nervous System Disease	B	2 QL
SERTRALINE	TABLET, CONCENTRATE	Nervous System Disease	G	1 1/2T
SIMCOR	TABLET SR 24 HR	Heart Disease — Cholesterol	B	2 ST QL
SIMVASTATIN	TABLET	Heart Disease — Cholesterol	G	1 1/2T
SINGULAIR	PACK	Lung Disease	B	2 QL



# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
SINGULAIR	TABLET, CHEWABLE TAB	Lung Disease	B	2 ST QL
SOLODYN	TABLET SR 24 HR	Infectious Disease	M	3 QL
SOTALOL HCL	TABLET	Heart Disease	G	1
SPIRIVA	HANDIHALER	Lung Disease	B	2 QL
SPIRONOLACTONE	TABLET	Heart Disease	G	1
SPIRONOLACTONE & HCTZ	TABLET	Heart Disease	G	1
SPRINTEC 28	TABLET	Birth Control	G	1
STRATTERA	CAPSULE	Nervous System Disease	B	3 ST QL AE
SUBOXONE	TABLET, SUBLINGUAL	Pain Management	B	2 PA QL
SUCRALFATE	TABLET	Gastrointestinal Disease	G	1
SULFASALAZINE	TABLET	Gastrointestinal Disease	G	1
SULINDAC	TABLET	Inflammation	G	1 QL
SUMATRIPTAN	TABLET	Migraine	G	1 QL 4/RX
SYMBICORT	AEROSOL	Lung Disease	B	2 QL
SYNTHROID	TABLET	Metabolic Disease	M	2
TACROLIMUS	CAPSULE	Immunosupression	G	1 SP
TAMIFLU	CAPSULE, SUSPENSION	Infectious Disease	B	3 QL
TAMOXIFEN	TABLET	Chemotherapy	G	1
TAMSULOSIN	CAPSULE SR 24 HR	Urinary Disease	G	1 QL
TEKTURNA	TABLET	Heart Disease	B	2 ST QL
TEMAZEPAM	CAPSULE	Sleep Aids	G	1
TERAZOSIN	CAPSULE	Heart Disease	G	1
TERBINAFINE	TABLET	Infectious Disease	G	1 QL
TERCONAZOLE	CREAM	Genitourinary	G	1 QL
TESTIM	GEL	Hormone Replacement — Androgens	B	3 PA QL
TETRACYCLINE	CAPSULE, SYRUP	Infectious Disease	G	1
THEOPHYLLINE	TABLET	Lung Disease	G	1
TILIA FE	TABLET	Birth Control	G	1
TIZANIDINE	TABLET	Pain Management	G	1
TOBRA-DEXAMETH OPHTH	SUSPENSION	Ophthalmic	G	1
TOBRAMYCIN SULFATE (OPHTH)	SOLUTION	Infectious Disease	G	1
TOPAMAX	TABLET, CAPSULE SPRINKLE	Nervous System Disease	M	3
TOPIRAMATE	TABLET, CAPSULE SPRINKLE	Nervous System Disease	G	1
TOPROL XL	TABLET SR 24 HR	Heart Disease	M	3



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
TRAMADOL HCL	TABLET SR 24 HR	Pain Management	G	1 QL
TRANSDERM-SC	PATCH 72 HR	Nausea / Vomiting	B	3
TRAVATAN Z	SOLUTION	Ophthalmic	B	2 QL
TRAZODONE	TABLET	Nervous System Disease	G	1
TRETINOIN	CREAM, GEL	Skin Disease	G	1 QL
TRIAMCINOLONE	CREAM, LOTION, OINTMENT, PASTE	Skin Disease	G	1
TRIAMTERENE & HCTZ	TABLET, CAPSULE	Heart Disease	G	1
TRIAZOLAM	TABLET	Sleep Aids	G	1
TRICOR	TABLET	Heart Disease — Cholesterol	B	2 QL
TRILIPIX	TABLET	Heart Disease — Cholesterol	B	2 QL
TRI-LO-SPRINTEC	TABLET	Birth Control	G	1
TRIMETHOPRIM SULFAMETHOXAZOLE DS	TABLET, SUSPENSION	Infectious Disease	G	1
TRIMETHOPRIM	TABLET	Infectious Disease	G	1
TRINESSA	TABLET	Birth Control	G	1
TRI-SPRINTEC	TABLET	Birth Control	G	1
TRIVORA-28	TABLET	Birth Control	G	1
TRUVADA	TABLET	Infectious Disease	B	2 SP
TUSSIONEX	LIQUID, CNTRLLD RELEASE	Cough/Cold/Allergy	B	3
UROXATRAL	TABLET SR 24 HR	Urinary Disease	B	3 ST QL
URSODIOL	CAPSULE	Gastrointestinal Disease	G	1
VAGIFEM	TABLET	Genitourinary	B	2
VALACYCLOVIR	TABLET	Infectious Disease	G	1 QL
VALTREX	TABLET	Infectious Disease	M	3 QL
VENLAFAXINE	TABLET	Nervous System Disease	G	1 QL
VENLAFAXINE ER	TABLET	Nervous System Disease	G	1
VENLAFAXINE XR	CAPSULE SR 24 HR	Nervous System Disease	G	1 QL
VENTOLIN HFA	AEROSOL	Lung Disease	B	3 QL
VERAMYST	SUSPENSION	Allergy	B	2 QL
VERAPAMIL	TABLET, CR TAB/CAP	Heart Disease	G	1
VERAPAMIL	CAPSULE SR 24 HR	Heart Disease	G	1
VESICARE	TABLET	Urinary Disease	B	2 QL
VIAGRA	TABLET	Erectile Dysfunction	B	3 QL
VIGAMOX	SOLUTION	Infectious Disease	B	2 QL
VIREAD	TABLET	Infectious Disease	B	2 SP



# TOP 500 MEDICATIONS

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	TIER
VITAMIN D	CAPSULE	Vitamins/Minerals/Electrolytes	G	1
VIVELLE-DOT	PATCH BIWEEKLY	Hormone Replacement — Estrogens	B	2 QL
VOLTAREN	GEL	Pain Management	B	3
VYTORIN	TABLET	Heart Disease — Cholesterol	B	2 QL
VYVANSE	CAPSULE	Nervous System Disease	B	2 QL AE
WARFARIN	TABLET	Heart Disease	G	1
WELCHOL	TABLET	Heart Disease — Cholesterol	B	2 QL
WELLBUTRIN	TABLET SR 24 HR	Nervous System Disease	M	3 PA QL
XALATAN	SOLUTION	Ophthalmic	B	3 QL
XOPENEX	NEBULIZATION SOLUTION	Lung Disease	M	2 QL
XOPENEX HFA	AEROSOL	Lung Disease	B	2 QL
XYZAL	TABLET	Allergy	B	3 QL
YASMIN 28	TABLET	Birth Control	M	2
YAZ	TABLET	Birth Control	M	2
ZALEPLON	CAPSULE	Sleep Aids	G	1 QL
ZENCHENT	TABLET	Birth Control	G	1
ZETIA	TABLET	Heart Disease — Cholesterol	B	3 QL
ZOLOFT	TABLET	Nervous System Disease	M	3 1/2T
ZOLPIDEM	TABLET	Sleep Aids	G	1 QL
ZOMIG	TABLET	Migraine	B	2 QL 4/RX
ZOMIG ZMT	TABLET DISPERSIBLE	Migraine	B	2 QL 4/RX
ZONISAMIDE	CAPSULE	Nervous System Disease	G	1
ZOVIA 1/35E	TABLET	Birth Control	G	1
ZOVIRAX	OINTMENT, CREAM	Skin Disease	B	2
ZYMAR	SOLUTION	Infectious Disease	B	3 QL
ZYPREXA	TABLET	Nervous System Disease	B	2 QL

# Specialty Medications

## What are Specialty Medications?

Specialty medications are high-cost products used to treat rare, complex conditions. They come in infused, inhaled, injectable and oral forms. These medications are critical to improving the lives of individuals with unique conditions. These are specialty drugs that can be self administered and do not require treatment in a physician's office or outpatient clinic.

Anemia, cancer, hepatitis and HIV / AIDS are some common conditions treated with specialty medications.

## What pharmacy benefit coverage do I have with my specialty pharmacy benefit?

Depending on your plan design, you may be required to use Prescription Solutions Specialty Pharmacy as your designated specialty pharmacy provider. Prescription Solutions Specialty Pharmacy supports members who are taking these more complex specialty drugs. The specialty pharmacy is beneficial because it has experience in storing, handling and distributing these unique medications as well as providing a higher level of customized care. If you take specialty medications, your pharmacy benefit may allow you to fill your specialty medications at a retail pharmacy two times before requiring you to use Prescription Solutions Specialty Pharmacy. With this benefit, you will receive a reminder notice when filling your specialty medication at a retail pharmacy. Check your plan documents to determine if this requirement applies to you.

## If I am taking a specialty medication, how often can I get my medication filled through Prescription Solutions Specialty Pharmacy?

With Prescription Solutions Specialty Pharmacy as your designated specialty pharmacy provider, you may receive up to a 31 days supply of specialty medication. Due to the sensitive nature of the diseases treated with specialty medications, they offer safe, accurate dispensing and the convenience of timely home delivery. Medications are delivered in confidential, temperature-sensitive packaging. Plus, they'll ship specialty medications at no additional charge to any location within the United States and its territories. Prescription Solutions Specialty Pharmacy will call you each month, approximately one week prior to your next fill date to coordinate the next delivery and answers any questions you may have regarding these complex medications.

## How can I get my specialty medication filled through Prescription Solutions?

Getting your specialty medication filled through Prescription Solutions Specialty Pharmacy is easy. Call them toll free at **1-866-218-7398**. Representatives are available Monday through Friday, 7 a.m. to 5 p.m. Central Time. They simply need to get a prescription from your doctor. They'll work with you to get your prescriptions filled, schedule delivery, and support ongoing medication needs. You will not be able to refill your specialty medications online through [myuhc.com](http://myuhc.com).



DRUG NAME	DOSAGE FORM(S)	TIER
Anemia		
ARANESP	SYRINGE, VIAL	2 PA
EPOGEN	VIAL	2 PA
PROCRIT	VIAL	2 PA
Cystic Fibrosis		
PULMOZYME	SOLUTION	3 QL
TOBI	AMPULE - NEBULIZER	3
Endocrine		
ACTHAR H.P.	INJECTION	3 PA
DEGARELIX	SOLR	3
KUVAN	TABLET	3 PA
SAMSCA	TABLET	3 QL
SANDOSTATIN	AMPULE, VIAL	1
SENSIPAR	TABLET	3
SOMATULINE DEPOT	SYRINGE	3
SOMAVERT	VIAL	3 QL
ZEMPLAR	CAPSULE	2
Growth Hormone — Severe Primary IGF def		
INCRELEX	VIAL	2 PA
Growth Hormone — Short Bowel Syndrome		
ZORBTIVE	VIAL	3 PA QL
Growth Hormone Deficiency		
GEREF	VIAL	3
IPLX	VIAL	3
NUTROPIN, NUTROPIN AQ	VIAL, CARTRIDGE, PEN	2 PA QL
SAIZEN	CARTRIDGE, VIAL	2 PA QL
TEV-TROPIN	VIAL	2 PA QL
Growth Hormone Deficiency (AIDS Wasting)		
SEROSTIM	VIAL	3 PA QL
Hematologic		
MOZOBIL	VIAL	3 PA
PROMACTA	TABLET	3 PA
Hepatitis C		
COPEGUS (RIBAVIRIN)	TABLET	1 PA
INFERGEN	SYRINGE, VIAL	3 PA QL
INTRON A	SYRINGE, VIAL, KIT	3 PA
PEGASYS	KIT, VIAL	2 PA
PEGINTRON, PEGINTRON REDIPEN	KIT. PEN	3 PA
REBETOL (RIBAVIRIN)	CAPSULE, SOLUTION	1 PA

QL = Quantity Limit, PA = Prior Authorization Required



DRUG NAME	DOSAGE FORM(S)	TIER
RIBAPAK	TABLET	3 PA
RIBASPHERE	CAPSULE, TABLET	1 PA
RIBATAB	TABLET	1 PA
RIBAVIRIN	CAPSULE, POWDER, TABLET	1 PA
ROFERON-A	KIT, VIAL	2 PA
<b>HEP-B</b>		
BARACLUDE	TABLET, SOLUTION	3 QL
EPIVIR HBV	TABLET, SOLUTION	2
HEPSERA	TABLET	3
TYZEKA	TABLET	3 QL
<b>HIV/AIDS</b>		
AGENERASE	CAPSULE, SOLUTION	2
APTIVUS	CAPSULE, SOLUTION	2
ATRIPLA	TABLET	2
COMBIVIR	TABLET	2
CRIXIVAN	CAPSULE	2
DIDANOSINE	CAPSULE DR	1
EMTRIVA	CAPSULE, SOLUTION	2
EPIVIR	TABLET, SOLUTION	2
EPZICOM	TABLET	2
FUZEON	KIT	2 QL PA
INTELENCE	TABLET	2
INVIRASE	CAPSULE. TABLET	2
ISENTRESS	TABLET	2
KALETRA	CAPSULE, TABLET, SOLUTION	2
LEXIVA	ORAL SUSP, TABLET	2
NORVIR	CAPSULE, SOLUTION	2
PREZISTA	TABLET	2
RESCRIPTOR	TABLET	2
RETROVIR	CAPSULE, SYRUP, TABLET	3
REYATAZ	CAPSULE	2
SELZENTRY	TABLET	2
STAVUDINE	CAPSULE, SOLUTION	1
SUSTIVA	CAPSULE, TABLET	2
TRIZIVIR	TABLET	2
TRUVADA	TABLET	2
VIDEX	PACKET, SOLUTION, TABLET	2
VIDEX EC	CAPSULE DR	3
VIRACEPT	POWDER, TABLET	2

QL = Quantity Limit, PA = Prior Authorization Required



DRUG NAME	DOSAGE FORM(S)	TIER
VIRAMUNE	ORAL SUSP, TABLET	2
VIREAD	TABLET	2
ZERIT	CAPSULE, SOLUTION	3
ZIAGEN	TABLET, SOLUTION	2
ZIDOVUDINE	CAPSULE, TABLET, SYRUP	1
Immune Modulator		
ACTIMMUNE	VIAL	2
Infertility*		
BRAVELLE	VIAL	3
CETROTIDE	KIT	2
CHORIONIC GONADOTROPIN	VIAL	1 QL
FOLLISTIM, FOLLISTIM AQ	VIAL, CARTRIDGE	3
FOLLISTIM/ANTAGON	KIT	3
GANIRELIX ACETATE	DISP SYRINGE	3
GONAL-F, GONAL-F RFF	AMPULE, KIT VIAL	2
LUVERIS	VIAL	2
MENOPUR	VIAL	3
NOVAREL	VIAL	1
OIDREL	SYRINGE, VIAL	2 QL
PREGNYL	VIAL	1 QL
REPRONEX	VIAL	3
Iron Overload		
EXJADE	TABLET	3
Multiple Sclerosis		
AVONEX	KIT	2 QL
AMPYRA	TABLET	3 PA
BETASERON	VIAL	3 PA QL
COPAXONE	KIT	2 QL
REBIF	DISP SYRINGE	2QL
Neutropenia		
LEUKINE	VIAL	2
NEULASTA	DISP SYRINGE	3
NEUPOGEN	SYRINGE, VIAL	2
Oncology		
AFINITOR	TABLET	3 PA
GLEEVEC	CAPSULE, TABLET	2 PA
HYCAMTIN	CAPSULE	3 QL
NEXAVAR	TABLET	3 PA

\* Infertility — May be excluded by plan design  
 QL = Quantity Limit, PA = Prior Authorization Required



DRUG NAME	DOSAGE FORM(S)	TIER
OCTREOTIDE ACETATE	TAB	1
REVLIMID	CAPSULE	3 PA
SPRYCEL	TABLET	3 PA
SUTENT	CAPSULE	3 PA
TARCEVA	TABLET	3 PA
TASIGNA	CAPSULE	3 PA
TEMODAR	CAPSULE	2
THALOMID	CAPSULE	3 PA
TRETINOIN	CAPSULE	2
TYKERB	TABLET	2
VESANOID	ORAL	3 QL
VOTRIENT	TAB	3 PA
XELODA	TABLET	2
ZOLINZA	TABLET	3 PA
<b>Osteoporosis</b>		
FORTEO	SYRINGE, PEN INJECTOR	2 QL
<b>Parkinson's Disease</b>		
APOKYN	CARTRIDGE	2
<b>Psoriasis</b>		
STELARA	SYRINGE	2 PA QL
<b>Rheumatoid Arthritis</b>		
CIMZIA	VIAL	2 PA QL
ENBREL	SYRINGE, KIT, SOLUTION	2 PA QL
HUMIRA	KIT, SYRINGE	2 PA QL
KINERET	DISP SYRINGE	3 PA QL
SIMPONI	SYRINGE, PEN INJECTOR	2 PA QL
<b>Thrombocytopenia Prevention</b>		
NEUMEGA	VIAL	3 PA
<b>Transplant</b>		
CELLCEPT	CAPSULE, TABLET, SUSPENSION, VIAL	2
CYCLOSPORINE	CAPSULE, SOLUTION	1
GENGRAF	CAPSULE, SOLUTION	1
MYCOPHENOLATE MOFETIL	CAPSULE, TABLET	1
MYFORTIC	TABLET DR	3
NEORAL	CAPSULE, SOLUTION	1
PROGRAF	CAPSULE	3
RAPAMUNE	TABLET, SOLUTION	3
SANDIMMUNE	CAPSULE, SOLUTION	3
TACROLIMUS	POWDER	3

QL = Quantity Limit, PA = Prior Authorization Required



DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	ALTERNATIVE(S)
ACIPHEX	TABLET	Gastrointestinal Disease	B	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
ACTOPLUS MET XR	TABLET	Diabetes	B	ActoPlus Met Regular Release
ALLEGRA	TABLET	Allergy	M	Fexofenadine
ALLEGRA ODT	TABLET DISPERSIBLE	Allergy	B	OTC Equivalents
ALLEGRA-D	TABLET SR 12/24 HR	Allergy	B	OTC Equivalents
BUPROPION (SMOKING DETERRENT)	12-HOUR TABLET	Smoking Cessation	G	May be covered by some plans
CHANTIX	TABLET	Smoking Cessation	B	May be covered by some plans
CIMETIDINE 200 MG	TABLET	Gastrointestinal Disease	G	Available OTC
CLARINEX	TABLET, SYRUP, RDT	Allergy	B	Available OTC
CLARINEX-D	TABLET	Allergy	B	Available OTC
DEPLIN 7.5 MG	TABLET	Vitamins/Minerals/ Electrolytes	M	
EXTAVIA	INJECTION	Multiple Sclerosis	B	Betaseron
FAMOTIDINE	TABLET	Gastrointestinal Disease	G	Available OTC
FOLIC ACID, B-6, B-12	TABLET	Vitamins/Minerals/ Electrolytes	G	Available OTC
GENOTROPIN	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
HUMATROPE	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
L-METHYLFOLATE 7.5 MG	TABLET	Vitamins/Minerals/ Electrolytes	G	Available OTC
LOPERAMIDE	CAPSULE, CONVENTIONAL	Gastrointestinal Disease	G	Available OTC
MECLIZINE	TABLET	Nausea / Vomiting	G	Available OTC
MICONAZOLE	CREAM, SUPPOSITORY, KIT	Genitourinary	G	Available OTC
MONISTAT	CREAM, SUPPOSITORY, KIT	Genitourinary	M	Available OTC
NICOTROL NS	NASAL SPRAY	Smoking Cessation	B	May be covered by some plans
NORDITROPIN	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
OLEPTRO	TABLET	Nervous System Disease	B	Trazodone
Omeprazole / Sodium Bicarbonate	CAPSULE	Gastrointestinal Disease	G	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
OMNITROPE	INJECTION	Growth Regulators	B	Nutropin, Saizen, Tev-Tropin
ORAVIG	TROCHE	Mouth/Throat/Dental	B	
OSCION	PAD, LOTION	Skin Disease	G	OTC Equivalent

\* Brand new drugs will be excluded at launch until our National Pharmacy & Therapeutics Committee has reviewed the new product and the Business Implementation committee has determined tiering or permanent exclusion status.



## EXCLUDED DRUGS\*

DRUG NAME	DOSAGE FORM(S)	COMMON USE	TYPE	ALTERNATIVE(S)
OXSORALEN	LOTION	Skin Disease	B	
PANCREAZE	CAPSULES	Digestive Aids	B	Creon
PENNSAID 1%	SOLUTION	Inflammation	B	Voltaren Gel, Solaraze
PREVACID	SOLUTAB, SUSPENSION, CAPSULE	Gastrointestinal Disease	B	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
PRILOSEC	CAPSULE	Gastrointestinal Disease	M	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
PROTONIX	TABLET	Gastrointestinal Disease	M	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
RANITIDINE	CAPSULE	Gastrointestinal Disease	G	Available OTC
RANITIDINE	TABLET	Gastrointestinal Disease	G	Available OTC
RYBIX ODT	TABLET	Pain Management	B	Ultram ER
RYZOLT ODT	TABLET, ODT	Pain Management	B	Ultram ER
TIROSINT	CAPSULE	Metabolic Disease	B	Levothyroxine
TREXIMET	TABLET	Migraine	B	Available as individual products (sumatriptan & Naproxen)
TRIAZ	PAD, LOTION	Skin Disease	M	OTC Benzoyl Peroxide Product
TRIBENZOR	TABLET	Heart Disease	B	Exforge HCT
URIBEL	CAPSULE	Urinary Disease	B	Uretron DS
UROCIT-K 15	TABLET CNTLD RELEASE	Urinary Disease	M	Potassium Citrate
VIMOVO	TABLET	Gastrointestinal Disease	B	Nexium + Naproxen
XENICAL	CAPSULE	Nervous System Disease	B	May be covered by some plans
ZEGERID	CAPSULE, PACK	Gastrointestinal Disease	M	Omeprazole, Lansoprazole, Pantoprazole, Nexium, Dexilant
ZONATUSS 150	CAPSULE	Cough/Cold/Allergy	B	
ZUPLENZ	TABLET	Nausea / Vomiting	B	Ondansetron
ZYBAN	12-HOUR TABLET	Smoking Cessation	M	May be covered by some plans

\* Brand new drugs will be excluded at launch until our National Pharmacy & Therapeutics Committee has reviewed the new product and the Business Implementation committee has determined tiering or permanent exclusion status.

UnitedHealthcare Insurance Company



©2011 United HealthCare Services, Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. Prescription Solutions is an affiliate of UnitedHealthcare Insurance Company.

102-0033r1 ▪ 03/11 ▪ Effective 07/01/2010