

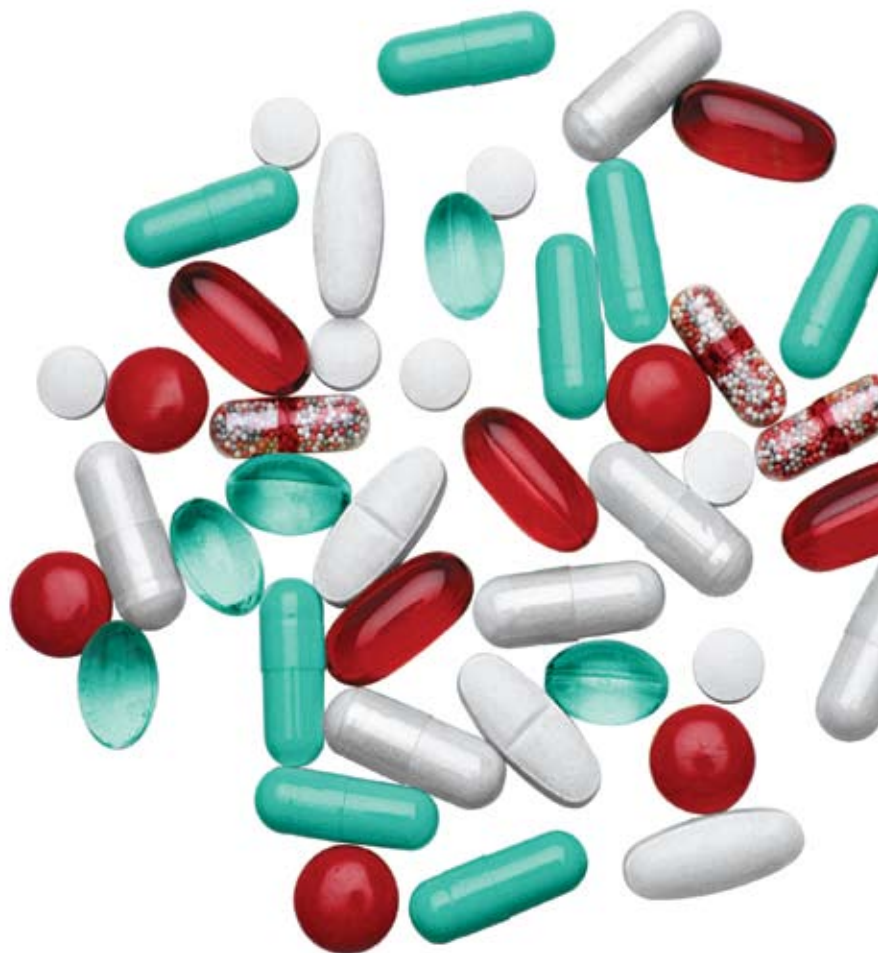
2010 comprehensive formulary

(Complete list of covered drugs)

UnitedHealthcare® MedicareRx for Groups (PDP)

Inside:

Drug tiers and copays.
Requirements and limits.
Complete drug list.
Lower-tier options.

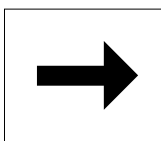


Please Read: This document contains information about the drugs we cover in this plan.
Note to Existing Members: This formulary has changed since last year. Please review this document to make sure it still contains the drugs you take.

About this complete drug list.

UnitedHealthcare® MedicareRx for Groups (PDP) is designed to help you manage your prescription drug costs and give you choices, so you and your doctor can choose what's best for you. A formulary is the entire list of drugs covered by a Part D plan. This comprehensive formulary is a complete list of some of the drugs covered by UnitedHealthcare MedicareRx for Groups (PDP). It has been reviewed by a team of health care providers with expertise in the prescription drug needs of people with Medicare.

For your prescriptions to be covered by this Plan, the drugs must be included in the complete drug list and in most cases the prescriptions must be filled at one of our more than 60,000 network pharmacies.



If you cannot find a specific drug in the drug list, contact Customer Service at **1-888-556-6648**, TTY **711**, 24 hours a day, 7 days a week. Our Customer Service Associates can assist you in finding your drug.

This drug list is effective January 1, 2010. It was printed/updated August 2009. There may have been changes made to this list after it was printed. Call Customer Service for updated information.

How to find out if your drug is covered.

There are two ways to find your prescription drugs within the drug list.

1. Look for a drug by the **health condition** it treats in the drug list, which starts on page 7. For example, if you want to find drugs used to treat cholesterol, go to the Cardiovascular Drugs category and look for “Cholesterol Control Drugs.”
2. Look for a drug by **name** in the drug index, listed alphabetically, which begins on page 49. Next to the drug you will see a page number where you can find coverage information.

Brand-name drugs are in bold type (for example, **Lipitor**) while generic drugs are not (for example, Simvastatin). Your drugs may have requirements or limits. See page 3 for an explanation of requirements and limits.

If you cannot find a specific drug in the drug list, contact Customer Service for assistance in finding your drug. If your drug is not in the complete drug list, you should talk with your doctor to see if the covered drug list includes another choice that may be right for you.

Your costs.

During the initial coverage period, the Plan pays part of the costs for your covered drugs and you pay part. Your copayment (copay) or coinsurance depends on the tier (or coverage level) assigned to your prescription.

The Plan’s complete drug list includes four tiers. The Summary of Benefits lists the copays or coinsurance that applies to each tier. If you qualify for extra help in paying for your prescription drugs, your copays or coinsurance may be lower. Please read the “Evidence of Coverage Rider for those who Receive Extra Help Paying for their Prescription Drugs” that is sent with the EOC, or contact Customer Service to find out what your costs are in this situation.

Tier 1 Lowest Copay

Includes most generic prescription drugs. For the lowest out-of-pocket cost, you and your doctor should decide if Tier 1 medications are right for your treatment.

Tier 2 Medium Copay

Includes many common brand-name drugs, called preferred brands, and some higher-cost generic prescription drugs. Some Tier 2 drugs have lower-cost Tier 1 options that you may consider with your doctor.

Tier 3 Highest Copay

Includes non-preferred generic and non-preferred brand-name drugs. Drugs in Tier 3 usually have lower-cost treatment options in Tier 1 or Tier 2. If you are taking a Tier 3 drug, ask your doctor if you could use a Tier 1 or Tier 2 drug instead to lower your out-of-pocket expenses.

Specialty Tier (Tier 4) Coinsurance

Includes unique and/or very high-cost drugs. You pay a percentage of the total drug cost, called coinsurance.

Generic drugs.

UnitedHealthcare MedicareRx for Groups (PDP) covers both brand-name and generic drugs. You and your doctor are encouraged to consider Tier 1 generic drugs whenever they are right for your treatment. Generic drugs are approved by the Food and Drug Administration (FDA) and contain the same active ingredients and work in the exact same way as the more expensive brand-name drug. Usually, generic drugs cost less than brand-name drugs. Newly available generic drugs can be expensive, so they may be in Tier 2 or Tier 3 of the drug list.

To pay less out of pocket, you may want to talk with your doctor to see if any of the brand-name drugs you take have Tier 1 generic versions. Using Tier 1 generic drugs can save you money on your copays and coinsurance and help keep you out of the coverage gap if you have one.

Vaccines.

UnitedHealthcare MedicareRx for Groups (PDP) covers vaccines for meningitis, shingles, diphtheria, tetanus and more. Some vaccines, like those for the flu and pneumonia, are covered by Medicare Part B.

The cost for vaccines depends on where you have it administered. For the best coverage, UnitedHealthcare recommends that you get vaccines at a network pharmacy, if your state allows it. The administration fee (the service cost that the healthcare professional charges for giving the vaccine) will likely be lower, so it could save you money. The Evidence of Coverage has information about vaccines and how they are paid for. If you don't see the vaccine you need listed in the drug list, call Customer Service. They can see if the vaccine is covered and send you a reimbursement form if you need one.

There are several ways to get a vaccine:

Where and How	What You Pay
At a retail pharmacy in your network. (Many states allow pharmacists to administer vaccines in the pharmacy.)	You will have to pay the pharmacy the amount of your copay or coinsurance for the vaccine and the administration of the vaccine.* The pharmacy automatically bills the administration fee to your Plan. If the administration fee is more than \$20, you pay the difference.
You get the vaccination at your doctor's office.	You pay the entire cost of the vaccine and its administration.* You are reimbursed this amount less your normal copay or coinsurance for the vaccine (including administration), less any difference between the amount the doctor charges and what the plan normally pays. (If you are in the Extra Help program, we will reimburse you for this difference.)
You buy the vaccine at your pharmacy, and then take it to your doctor's office where they give you the vaccination shot.	You pay your normal copay or coinsurance for the vaccine at the pharmacy and the full amount charged by the doctor for administering the vaccine.* You are reimbursed the amount charged by the doctor less any applicable in-network charge for administering the vaccine, less any difference between what the doctor charges for administering the vaccine and what the Plan normally pays. (If you are in the Extra Help program, we will reimburse you for this difference.)

*Any administration fee will be included as part of your true out-of-pocket costs.

Requirements and limits for certain drugs.

Some drugs have additional requirements or limits that help ensure safe, effective and affordable use. You can find out if your drug has any requirements or limits by looking for abbreviations next to the drug names within the drug list in this booklet. You or your doctor can ask the Plan to review your drug that has a requirement or limit to see if it will be covered by the Plan. Refer to the “Coverage determinations” section on the next page for more information.

These requirements and limits apply to prescriptions filled at retail and mail service pharmacies.

Prior Authorization | **PA**

You or your doctor must provide additional information to the Plan before the Plan will cover this drug. The Plan uses this information to help ensure the drug is covered appropriately for Medicare-eligible health conditions. In some cases you might be asked to try another drug on the formulary before the Plan covers the drug you are requesting. If you do not get approval, your drug may not be covered by the Plan, and you would be responsible for the full cost.

Quantity Limits | **QL**

The Plan will only cover a certain amount of these drugs for one copay/coinsurance or over a defined number of days. These limits may be in place to ensure safe and efficient use of a drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the Plan to cover the additional quantity.

Step Therapy | **ST**

There are effective, clinically proven lower-cost alternatives to this drug that treat the same health condition. The Plan may require that you try an alternative drug for your health condition before the Plan will cover the drug you are requesting. If you have already tried other drugs or your doctor thinks other drugs are not right for your situation, you or your doctor can ask the Plan to cover these drugs.

Medicare Part B/D | **B/D**

This drug is covered by Medicare Part B in some cases and by Medicare Part D in other cases, depending on how they are used. Your doctor may have to provide additional information to the Plan about how this drug will be used to make sure it is correctly covered by Part D.

Limited access drugs.

A drug is considered “limited-access” for one of two reasons:

- The FDA says it can only be dispensed by certain facilities or doctors.
- It needs extra care when handling, a higher level of coordination with the provider or more patient education on how to use it.

On the UnitedHealthcare MedicareRx for Groups (PDP) drug list, these drugs are:

Tracleer	Tysabri
Revlimid	Xyrem

For more information, call Customer Service 1-888-556-6648, TTY 711, 24 hours a day, 7 days a week. Or visit us online at www.UHCMedicareRxforGroups.com.

Coverage determinations.

A coverage determination is the process the Plan uses to respond to requests you make about the coverage of your drug. There are several types of requests you can make that would result in a coverage determination. You can:

- Ask the Plan to pay you back for the cost of a drug you bought at an out-of-network pharmacy.
- Ask for an exception to coverage rules (see the next section “Exception requests”).

You, your doctor or your authorized representative can initiate a coverage determination request by contacting Customer Service at the number listed below. Refer to your Evidence of Coverage for more information.

Exception requests.

An exception request allows you to ask the Plan to make an exception to the rules on how they cover a drug. You can:

- Ask for an exception to requirements or limits on your drug. This applies to prior authorization, step therapy, quantity limits and Medicare Part B and Part D determinations.
- Ask to have your drug covered even if it is not on the drug list. If an exception is approved, you would get the prescription drug at the Tier 3 copay/coinsurance level.
- Ask for more coverage for your drug. If your drug is in Tier 3, you can ask that the Plan cover it as a Tier 2 drug instead. This would lower the amount you must pay for your drug. If a Tier exception is granted, coverage of the drug will be lowered to a Tier 2. You may not ask the Plan to provide a higher level of coverage once a drug has been granted tier cost sharing exception from a Tier 3 to a Tier 2 cost share level. The tier exception process only applies to Tier 3 drugs. If the Plan grants your request to cover a drug that is not on the

drug list, you may not ask the Plan to provide a higher level of coverage for the drug.

Generally, your request for an exception will be approved only if the alternative or lower-tier drugs on the Plan’s drug list would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Submitting a request.

When submitting an exception, please include a statement from your doctor supporting your request.

Receiving a decision.

For each exception request it receives, the Plan makes a coverage decision. Generally, coverage decisions are made within 72 hours of getting your prescribing physician’s supporting statement. You can request an expedited (fast) decision if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours. If your request to expedite is granted, we must give you a decision no later than 24 hours after we receive your prescribing physician’s supporting statement.

Transition process.

New members.

If you are a new member in our Plan, you may be taking drugs that are not on our drug list. Or, you may be taking a drug that is on our drug list but a limit or requirement applies.

You can talk to your doctor to decide if you can try an appropriate alternative drug covered by the Plan. You can also submit an exception request to see if the Plan will cover the drug you take.

While you talk to your doctor to determine the right choice for you, we may cover your drug in certain cases during the first 90 days you are a new member of our Plan. For each of your drugs that is not on our drug list, or if your ability to get your drugs is limited, we will cover a one-time, temporary 31-day supply (unless

you have a prescription written for fewer days) when you go to a network pharmacy.

Continuing members.

If you are a continuing member in the Plan, you may notice that medication you take is either not on the 2010 formulary or its cost sharing or coverage is limited in the upcoming year. When this happens, you may also submit an exception request.

- For exception requests we receive by December 15, 2009 and approve, the Plan will cover the drug as of January 1, 2010.
- For exception requests we receive on or after December 16, 2009, normal timeframes for coverage determination decisions apply: You will receive an answer within 24 hours for urgent requests and 72 hours for all other requests.
- If your request is still in process on January 1, 2010, you may receive a temporary supply of the drug for your current Plan copay or coinsurance until we answer your request.

Long-term care facility residents.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our Plan. If you need a drug that is not on our drug list or your ability to get your drugs is limited but you are past the first 90 days of membership in our Plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue an exception request.

Other transitions.

There may be unplanned transitions such as hospital discharges or level of care changes that occur after the first 90 days that you are enrolled as a member of our Plan. If you are prescribed a

drug that is not on our drug list or your ability to get your drugs is limited, you are required to use the Plan's exception process. You may request a one-time emergency supply of up to 31 days to allow you time to discuss alternative treatment with your doctor or to pursue an exception request.

Drug list changes.

Drug list stability is important. We strive to make as few changes as possible during the Plan year. From time to time, however, changes may be necessary when the Plan:

- Adds a new drug.
- Removes a drug.
 - For example, the Food and Drug Administration (FDA) may declare a drug to be unsafe. When that happens, we will immediately remove that drug from our drug list and provide notice to members who take the drug.
- Changes the limitations or restrictions for a drug.
- Moves a drug to a lower cost tier.
- Moves drug to a higher cost tier.
 - If this happens, the Plan will notify affected members at least 60 days before the change becomes effective. In some circumstances, you could get a one-time refill of up to a 60-day supply of the drug.

Generally, if you are taking a drug on our 2010 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year. Exceptions include the availability of a new, less expensive generic equivalent drug or the release of new adverse information about the safety or effectiveness of a drug.

Other types of drug list changes made during the Plan year, such as adding prior authorization to a drug, will not affect members who are currently taking the drug. It will remain available without prior authorization requirements for members taking it for the remainder of the coverage year. If there are changes to the formulary outside of routine maintenance updates, members may see information in the Explanation of Benefits, member newsletters or special mailings. The plan Web site also has up-to-date information.

For more information.

For more detailed information about UnitedHealthcare MedicareRx for Groups (PDP) drug coverage, please review your Evidence of Coverage and other Plan materials. You can also contact Customer Service at the number listed below.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY/TDD users should call **1-877-486-2048**. Or visit www.medicare.gov.

Quick Guide

Here are some of the major categories of drugs and where to find them on the following pages:

Anti-depressants	(pages 15-16)
Asthma/Lung	(pages 45-46)
Blood Pressure	(pages 26-29)
Cholesterol Control	(page 29)
Osteoporosis	(page 42)
Ulcer and Stomach Acid	(pages 33-34)
Vaccines	(page 41)

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)		DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS		TIER	LIMITS

Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Analgesics, Other - Miscellaneous Pain Relievers		
Equagesic	3	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs		
Anaprox	3	
Anaprox DS	3	
Arthrotec	3	
Cataflam	3	
Celebrex	2	QL
Clinoril	3	
Daypro	3	
Diclofenac Potassium	1	
Diclofenac Sodium	1	
Diclofenac Sodium EC	1	
Diclofenac Sodium XR	1	
Diflunisal	1	
EC-Naprosyn	3	
Etodolac	1	
Etodolac ER	1	
Feldene	3	
Fenoprofen Calcium	1	
Flector	3	
Flurbiprofen	1	
IBU	1	
Ibuprofen	1	
Indocin	3	
Indocin SR	3	
Indomethacin	1	
Indomethacin ER	1	

Ketoprofen	1	
Ketoprofen ER	1	
Ketorolac Tromethamine	1	QL
Meclofenamate Sodium	1	
Meloxicam (Oral Suspension)	2	
Meloxicam (Tablet)	1	
Mobic	3	
Nabumetone	1	
Nalfon	3	
Naprelan	3	
Naprosyn	3	
Naproxen	1	
Naproxen DR	1	
Oxaprozin	1	
Piroxicam	1	
Ponstel	3	
Sulindac	1	
Tolmetin Sodium	1	
Voltaren (Delayed Release Tablet)	3	
Voltaren (Gel)	2	
Voltaren-XR	3	
Opioid Analgesics - Opioid Pain Relievers		
Acetaminophen/Codeine	1	
Actiq	4	PA,QL
Ascomp/Codeine	1	
Astramorph	1	
Avinza	3	QL
Balacet 325	2	
Buprenex	3	

PA- Prior Authorization QL- Quantity Limits *For lower-tier drug option(s) see page 67
 ST- Step Therapy B/D- Medicare Part B or Part D †Limited Access drug
Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Buprenorphine HCl	2	
Butalbital/Acetaminophen/Caffeine/Codeine	1	
Butorphanol Tartrate (Injection)	2	
Butorphanol Tartrate (Nasal Spray)	2	QL
Capital/Codeine	3	
Co-Gesic	1	
Combunox	3	
Darvocet A500	3	
Darvocet-N	3	
Darvon	3	
Darvon-N	3	
Demerol (Injection)	3	
Demerol (Tablet)	3	ST
Dilaudid	3	
Dilaudid-HP	3	
Dolophine	3	
Duragesic	3	QL
Duramorph	1	
Endocet	1	
Endodan	1	
Fentanyl (Patch)	2	QL
Fentanyl Citrate (Injection)	1	
Fentanyl Citrate Oral Transmucosal	4	PA,QL
Fentora	4	PA,QL
Fioricet/Codeine	3	
Fiorinal/Codeine	3	
Hycet	3	
Hydrocodone/Acetaminophen	1	
Hydrocodone/Ibuprofen	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Hydromorphone HCl (Injection)	2	
Hydromorphone HCl (Tablet)	1	
Infumorph	3	
Kadian	3	QL
Levo-Dromoran	3	
Levorphanol Tartrate	2	
Lorcet	3	
Lortab	3	
Magnacet	3	
Margesic-H	1	
Maxidone	3	
Meperidine HCl (Injection)	1	
Meperidine HCl (Oral Solution, Tablet)	1	ST
Methadone HCl (Concentrate, Oral Solution, Tablet)	1	
Methadone HCl (Injection)	3	
Methadose	1	
Morphine Sulfate	1	
Morphine Sulfate ER	1	QL
MS Contin	3	QL
Nalbuphine HCl	2	
Norco	3	
Opana	3	QL
Opana ER	3	QL
Oramorph SR	3	QL
Oxycodone HCl	1	
Oxycodone HCl ER	2	QL
Oxycodone/Acetaminophen	1	
Oxycodone/Aspirin	1	
Oxycodone/Ibuprofen	1	
Oxycontin	2	QL

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B/D- Medicare Part B or Part D

*For lower-tier drug option(s) see page 67

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Pentazocine/Acetaminophen	1	ST
Pentazocine/Naloxone HCl	1	ST
Percocet	3	
Percodan	3	
Propoxyphene HCl	1	
Propoxyphene/Acetaminophen	1	
Propoxyphene-N/Acetaminophen	1	
Reprexain	3	
Roxicet (Oral Solution)	3	
Roxicet (Tablet)	1	
Roxicodone	3	
Ryzolt	3	PA,QL
Stadol	3	
Stagesic	1	
Suboxone	3	
Subutex	3	
Talacen	3	ST
Talwin	3	
Talwin NX	3	ST
Tramadol HCl	1	
Tramadol HCl/Acetaminophen	1	
Tylenol/Codeine	3	
Tylox	3	
Ultracet	3	
Ultram	3	
Ultram ER (100mg 24-Hour Tablet, 200mg 24-Hour Tablet)	3	QL
Ultram ER (300mg 24-Hour Tablet)	3	
Vanacet	1	
Vicodin	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Vicodin ES	3	
Vicodin HP	3	
Vicoprofen	3	
Xodol	3	
Zamicet	3	
Zydone	3	
Anesthetics - Drugs for Numbing		
Local Anesthetics		
Anestacon	1	
Emla	3	
Lidocaine	1	
Lidocaine HCl	1	
Lidocaine HCl Jelly	1	
Lidocaine Viscous	1	
Lidocaine/Prilocaine	1	
Lidoderm	2	QL
Synera	3	
Xylocaine	3	
Xylocaine Jelly	3	
Antibacterials - Drugs to Treat Bacterial Infections		
Aminoglycosides - Antibiotics		
AK-Tob	1	
Amikacin Sulfate	1	
Amikin	3	
Genoptic	1	
Gentak	1	
Gentamicin Sulfate	1	
Gentamicin Sulfate/NaCl	1	
Gentasol	1	
Isotonic Gentamicin	1	
Kanamycin Sulfate	2	
Neo-Fradin	3	
Neomycin Sulfate	1	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Paromomycin Sulfate	1	
Streptomycin Sulfate	3	
Tobi	4	B/D
Tobramycin Sulfate	1	
Tobramycin Sulfate/NaCl	1	
Tobrasol	1	
Tobrex (Ointment)	2	
Tobrex (Solution)	3	
Antibacterials, Other - Antibiotics		
AK-Poly-Bac	1	
Altabax	3	
BACiiM	1	
Bacitracin (Injection)	3	
Bacitracin (Ointment)	1	
Bacitracin/Neomycin/Polymyxin	1	
Bacitracin/Polymyxin B	1	
Bacitracin/Polymyxin/Neomycin/Hydrocortisone	1	
Bactroban	3	
Bactroban Nasal	3	
Chloramphenicol Sodium Succinate	2	
Cleocin	3	
Cleocin Galaxy	3	
Cleocin Pediatric Granules	3	
Cleocin Phosphate	3	
Cleocin-T	3	
Clindagel	3	
Clindamycin HCl	1	
Clindamycin Phosphate	1	
Clindesse	3	
Colistimethate Sodium	4	
Coly-Mycin M	4	
Cortisporin	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Cubicin	4	
Evoclin	3	
Flagyl	3	
Flagyl ER	3	
Furadantin	3	
Hiprex	3	
Lincocin	3	
Macrobid	3	
Macrochantin	3	
Methenamine Hippurate	1	
Metrocream	3	
Metrogel	3	
Metrogel-Vaginal	3	
Metro lotion	3	
Metronidazole	1	
Metronidazole in NaCl 0.79%	1	
Metronidazole Vaginal	1	
Monurol	3	
Mupirocin	1	
Neomycin/Polymyxin B Sulfates	1	
Neomycin/Polymyxin/Gramicidin	1	
Neomycin/Polymyxin/Hydrocortisone	1	
Neosporin	3	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate	1	
Noritrate	3	
Phisohex	3	
Polycin B	1	
Polymyxin B Sulfate	1	
Polytrim	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Primsol	3	
Silvadene	3	
Silver Sulfadiazine	1	
SSD	1	
Sulfamylon	3	
Synercid	4	
Thermazene	1	
Trimethoprim	1	
Trimethoprim Sulfate/ Polymyxin B Sulfate	1	
Tygacil	3	
Urex	3	
Vancocin HCl	4	PA
Vancomycin HCl	1	
Vancomycin HCl Iso-Osmotic Dextrose	3	
Vandazole	1	
Xifaxan	3	
Zyvox (Injection)	4	
Zyvox (Oral Suspension, Tablet)	4	PA
Beta-Lactam, Cephalosporins - Antibiotics		
Cedax	3	
Cefaclor	1	
Cefaclor ER	1	
Cefadroxil	1	
Cefazolin Sodium	1	
Cefdinir	1	
Cefepime	2	
Cefizox in Dextrose 5%	3	
Cefotaxime Sodium	2	
Cefotetan	3	
Cefoxitin Sodium	2	
Cefoxitin Sodium/Dextrose	3	
Cefpodoxime Proxetil	2	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Cefprozil	1	
Ceftazidime	2	
Ceftin	3	
Ceftriaxone Sodium	2	
Ceftriaxone/Dextrose	2	
Cefuroxime Axetil	1	
Cefuroxime Sodium	2	
Cefuroxime/Dextrose	1	
Cephalexin	1	
Claforan	3	
Claforan/D5W	3	
Fortaz	3	
Keflex	3	
Maxipime	3	
Mefoxin	3	
Mefoxin in Dextrose	3	
Omnicef	3	
Raniclor	3	
Rocephin	3	
Rocephin in Iso-Osmotic Dextrose	3	
Spectracef	3	
Suprax	3	
Tazicef	2	
Vantin	3	
Zinacef (1.5gm Injection, 750mg Injection)	3	
Zinacef (7.5gm Injection)	2	
Zinacef in Iso-Osmotic Dextrose	3	
Zinacef in Iso-Osmotic Diluent	3	
Beta-Lactam, Other - Antibiotics		
Azactam	2	
Azactam in Dextrose	3	

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*For lower-tier drug option(s) see page 67

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Doribax	3	
Invanz	3	
Merrem	3	
Primaxin	3	
Beta-Lactam, Penicillins - Antibiotics		
Amoclan	1	
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Amoxil (250mg/5ml Oral Suspension, Capsule)	1	
Amoxil (400mg/5ml Oral Suspension)	3	
Ampicillin	1	
Ampicillin Sodium	2	
Ampicillin-Sulbactam	2	
Augmentin	3	
Augmentin ES	3	
Augmentin XR	3	
Bactocill in Dextrose	4	
Bicillin C-R	3	
Bicillin L-A	3	
Dicloxacillin Sodium	1	
Moxatag	3	ST
Nafcillin Sodium	2	
Nallpen/Dextrose	3	
Oxacillin Sodium	3	
Penicillin G Potassium	2	
Penicillin G Potassium in Iso-Osmotic Dextrose	2	
Penicillin G Procaine	3	
Penicillin G Sodium	2	
Penicillin V Potassium	1	
Pfizerpen-G	3	
Piperacillin Sodium	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Timentin	3	
Trimox	1	
Unasyn	3	
Veetids	1	
Zosyn	3	
Macrolides - Antibiotics		
Akne-Mycin	3	
Azasite	3	
Azithromycin (Injection)	2	
Azithromycin (Oral Suspension, Tablet)	1	
Biaxin	3	
Biaxin XL	3	
Clarithromycin	1	
Clarithromycin ER	1	
E.E.S. 400	1	
E.E.S. Granules	2	
Ery	1	
Eryped	2	
Ery-Tab	2	
Erythrocin Lactobionate	3	
Erythrocin Stearate	3	
Erythromycin	1	
Erythromycin Base	1	
Erythromycin/Sulfisoxazole	1	
Ketek	3	PA
PCE	3	
Romycin	1	
Zithromax	3	
Zithromax Tri-Pak	3	
Zithromax Z-Pak	3	
Zmax	3	
Quinolones - Antibiotics		
Avelox (Injection)	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Avelox (Tablet)	2	
Avelox ABC Pack	2	
Besivance	3	ST
Cetraxal	3	ST
Ciloxan	3	
Cipro	3	
Ciprofloxacin	1	
Ciprofloxacin ER	1	
Ciprofloxacin HCl	1	
Factive	3	
Floxin Otic	3	
Iquix	3	
Levaquin (Injection, Oral Solution)	3	
Levaquin (Tablet)	2	
Noroxin	3	
Ocuflox	3	
Ofloxacin	1	
Proquin XR	3	
Quixin	3	
Vigamox	2	
Zymar	2	
Sulfonamides - Antibiotics		
Bactrim	3	
Bactrim DS	3	
Bleph-10	3	
Gantrisin Pediatric	2	
Klaron	3	
Ocusulf-10	1	
Septra	3	
Septra DS	3	
Sulf-10	1	
Sulfacetamide Sodium	1	
Sulfadiazine	2	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Sulfamethoxazole/Trimethoprim	1	
Sulfatrim	1	
Tetracyclines - Antibiotics		
Adoxa	3	
Adoxa Pak	3	
Declomycin	3	
Demeclocycline HCl	2	
Doryx	3	
Doxy-Caps	1	
Doxycycline Hyclate (100mg Tablet, Injection)	2	
Doxycycline Hyclate (20mg Tablet, Capsule, Extended Release Capsule)	1	
Doxycycline Monohydrate (Oral Suspension)	1	
Doxycycline Monohydrate (Tablet)	2	
Dynacin	3	
Minocin	3	
Minocycline HCl (Capsule)	1	
Minocycline HCl (Tablet)	2	
Monodox	3	
Myrac	2	
Oracea	3	
Periostat	3	
Solodyn	3	
Tetracycline HCl	1	
Vibramycin	3	
Vibratab	3	
Anticonvulsants - Drugs to Treat Seizures		
Anticonvulsants, Other - Seizure Control Drugs		
Banzel	3	QL
Keppra	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Keppra XR	3	QL
Levetiracetam	2	
Vimpat (Injection)	3	PA,QL
Vimpat (Tablet)	3	QL
Calcium Channel Modifying Agents - Seizure Control Drugs		
Celontin	3	
Ethosuximide	1	
Lyrica	2	QL
Zarontin	3	
Zonegran	3	
Zonisamide	1	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs		
Depacon	3	
Depakene	3	
Depakote	3	
Depakote ER	3	
Depakote Sprinkles	3	
Divalproex Sodium (24-Hour Tablet, Sprinkle Capsule)	2	
Divalproex Sodium (Delayed Release Tablet)	1	
Gabapentin	1	
Gabitril	3	QL
Mysoline	3	
Neurontin	3	
Primidone	1	
Stavzor	3	
Valproate Sodium	2	
Valproic Acid	1	
Glutamate Reducing Agents - Seizure Control Drugs		
Felbatol	3	
Lamictal	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Lamictal Chewable Dispersible	3	
Lamictal ODT	3	QL
Lamictal Starter Kits	3	
Lamotrigine	2	
Topamax	3	
Topamax Sprinkle	3	
Topiramate	1	
Sodium Channel Inhibitors - Seizure Control Drugs		
Carbamazepine	1	
Carbamazepine ER	1	
Carbatrol	2	
Cerebyx	3	
Dilantin	2	
Dilantin Infatabs	2	
Epitol	1	
Fosphenytoin Sodium	1	
Oxcarbazepine	1	
Peganone	3	
Phenytek	2	
Phenytoin	1	
Phenytoin Sodium	1	
Phenytoin Sodium Extended	1	
Tegretol	2	
Tegretol-XR	2	
Trileptal	3	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia		
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs		
Aricept	2	QL
Aricept ODT	2	QL
Cognex	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Exelon (24-Hour Patch, Capsule)*	3	QL
Exelon (Oral Solution)*	3	
Galantamine Hydrobromide (24-Hour Capsule)	2	QL
Galantamine Hydrobromide (Tablet)	2	
Razadyne*	3	
Razadyne ER*	3	QL
Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs		
Namenda (Oral Solution)	2	
Namenda (Tablet)	2	QL
Namenda Titration Pak	2	
Antidepressants - Drugs to Treat Depression		
Antidepressants, Other - Antidepressants		
Aplenzin	3	QL
Budeprion SR	1	QL
Budeprion XL	2	QL
Bupropion HCl	1	QL
Bupropion HCl SR	1	QL
Maprotiline HCl	1	
Mirtazapine	1	
Mirtazapine ODT	1	
Nefazodone HCl	1	
Remeron	3	
Remeron Soltab	3	
Trazodone HCl	1	
Wellbutrin	3	QL
Wellbutrin SR	3	QL
Wellbutrin XL	3	QL
Monoamine Oxidase Inhibitors - Antidepressants		
Emsam	3	QL
Marplan	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Nardil	2	
Parnate	3	
Tranylcypromine Sulfate	1	
Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants		
Celexa	3	
Citalopram Hydrobromide	1	
Cymbalta (20mg Extended Release Capsule, 30mg Extended Release Capsule)	2	QL
Cymbalta (60mg Extended Release Capsule)	2	
Effexor	3	QL
Effexor XR	2	QL
Fluoxetine HCl	1	
Fluvoxamine Maleate	1	
Lexapro (10mg Tablet, 5mg Tablet)	2	QL
Lexapro (20mg Tablet, Oral Solution)	2	
Luvox CR	3	QL
Paroxetine HCl (Oral Suspension)	2	
Paroxetine HCl (Tablet)	1	
Paroxetine HCl ER	2	QL
Paxil	3	
Paxil CR	3	QL
Pexeva	3	
Pristiq	2	QL
Prozac	3	
Prozac Weekly	3	QL
Rapiflux	3	
Sarafem	3	QL,ST
Selfemra	2	QL,ST
Sertraline HCl	1	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Venlafaxine HCl	1	QL
Venlafaxine HCl ER	3	QL
Zoloft	3	
Tricyclics - Antidepressants		
Amitriptyline HCl	1	
Amoxapine	1	
Anafranil	3	
Chlordiazepoxide/ Amitriptyline	1	
Clomipramine HCl	1	
Desipramine HCl	1	
Doxepin HCl	1	
Imipramine HCl	1	
Imipramine Pamoate	2	
Limbitrol	3	
Norpramin	3	
Nortriptyline HCl	1	
Pamelor	3	
Perphenazine/Amitriptyline	1	
Protriptyline HCl	2	
Surmontil	3	
Tofranil	3	
Tofranil-PM	3	
Trimipramine Maleate	2	
Vivactil	3	
Antidotes, Deterrents and Toxicologic Agents - Drugs for Overdose or Deterrents		
Antidotes - Antidotes/Protectants		
Acetadote	3	
Acetylcysteine	1	B/D
Antizol	4	
Chemet	3	
Cuprimine	2	
Depen Titratabs	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Exjade	4	
Fomepizole	4	
Fusilev	4	
Kayexalate	3	
Kionex	1	
Leucovorin Calcium	1	
Sodium Polystyrene Sulfonate	1	
Syprine	3	
Deterrents - Antidotes/Protectants		
Antabuse	2	
Buproban	1	QL
Bupropion HCl SR	1	QL
Campral	3	
Chantix	3	QL
Nicotrol Inhaler	3	
Nicotrol NS	3	
Zyban	3	QL
Toxicologic Agents - Antidotes/Protectants		
Depade	2	
Naloxone HCl	1	
Naltrexone HCl	2	
Revia	3	
Vivitrol	4	
Antiemetics - Drugs to Treat Nausea and Vomiting		
Aloxi	4	
Antivert	3	
Anzemet (Injection)	3	
Anzemet (Tablet)	3	B/D,QL
Cesamet	4	B/D,PA,QL
Dronabinol (10mg Capsule, 5mg Capsule)	4	B/D,PA
Dronabinol (2.5mg Capsule)	2	B/D,PA

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Emend	2	B/D,PA,QL
Granisetron HCl (Injection)	2	
Granisetron HCl (Tablet)	2	B/D,QL
Granisol	2	B/D,QL
Hydroxyzine Pamoate	1	
Kytril (Injection)	3	
Kytril (Tablet)	4	B/D,QL
Marinol (10mg Capsule, 5mg Capsule)	4	B/D,PA
Marinol (2.5mg Capsule)	3	B/D,PA
Meclizine HCl	1	
Metoclopramide HCl	1	
Ondansetron HCl (Injection)	2	
Ondansetron HCl (Oral Solution)	2	B/D,QL
Ondansetron HCl (Tablet)	1	B/D,QL
Ondansetron ODT	1	B/D,QL
Reglan	3	
Sancuso	4	QL
Tigan	3	PA
Transderm-Scop	3	
Trimethobenzamide HCl	1	PA
Vistaril	3	
Zofran (Injection)	4	
Zofran (Oral Solution, Tablet)	4	B/D,QL
Zofran ODT	3	B/D,QL

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs

Abelcet	4	B/D
Ambisome	4	B/D
Amphotec	3	B/D
Amphotericin B	2	B/D
Ancobon (250mg Capsule)	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Ancobon (500mg Capsule)	4	
Cancidas	4	
Ciclopirox (Gel)	2	
Ciclopirox (Suspension)	1	
Ciclopirox Nail Lacquer	2	
Ciclopirox Olamine	1	
Clotrimazole	1	
Clotrimazole/Betamethasone Dipropionate	1	
Diflucan	3	
Diflucan in NaCl	3	
Econazole Nitrate	1	
Eraxis	3	
Ertaczo	3	
Exelderm	3	
Extina	3	
Fluconazole	1	
Fluconazole in Dextrose	2	
Grifulvin V	2	
Griseofulvin Microsize	1	
Gris-Peg	3	
Gynazole-1	3	
Itraconazole	2	
Ketoconazole	1	
Kuric	1	
Lamisil	3	
Loprox	3	
Loprox Shampoo	3	
Lotrisone	3	
Mentax	3	
Miconazole 3	1	
Mycamine	4	
Mycostatin	3	
Naftin	3	

PA- Prior Authorization QL- Quantity Limits *For lower-tier drug option(s) see page 67
ST- Step Therapy B/D- Medicare Part B or Part D †Limited Access drug
Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)		DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS		TIER	LIMITS
Natacyn	2		Amerge*	3	QL,ST
Nizoral	3		Axert	3	QL,ST
Noxafil	4		Cafergot	3	
Nyamyc	1		D.H.E. 45	4	
Nystatin	1		Dihydroergotamine Mesylate	2	
Nystatin/Triamcinolone	1		Ergoloid Mesylates	2	
Nystop	1		Ergomar	3	
Oxistat	3		Ergotamine Tartrate/ Caffeine	1	
Pedi-Dri	1		Frova*	3	QL,ST
Penlac Nail Lacquer	3		Imitrex*	3	QL
Sporanox (Capsule)	3		Imitrex Statdose Refill	3	QL
Sporanox (Oral Solution)	3	PA	Maxalt	2	QL
Sporanox Pulsepak	3		Maxalt-MLT	2	QL
Terazol	3		Migergot	2	
Terbinafine HCl	1		Migranal	3	QL
Terconazole	1		Orphenadrine/Aspirin/ Caffeine	1	
Vfend	4		Panlor	3	
Xolegel	3		Relpax	3	QL,ST
Zazole	1		Sumatriptan Succinate	2	QL
Antigout Agents - Drugs to Treat Gout			Synalgos-DC	3	
Antigout Agents - Gout Drugs			Treximet	3	QL,ST
Allopurinol	1		Trezix	1	
Allopurinol Sodium	1		Zerlor	1	
Aloprim	3		Zomig*	3	QL,ST
Colchicine	1		Zomig ZMT	3	QL,ST
Probenecid	1		Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
Probenecid/Colchicine	1		Parasympathomimetics - Myasthenia Gravis Drugs		
Uloric	3	QL,ST	Guanidine HCl	3	
Zyloprim	3		Mestinon	3	
Antimigraine Agents - Drugs to Treat Migraines			Mestinon Timespan	3	
Abortive - Migraine Drugs			Mytelase	3	
Acetaminophen/Caffeine/ Dihydrocodeine Bitartrate	1				

PA- Prior Authorization QL- Quantity Limits

ST- Step Therapy

B/D- Medicare Part B or Part D

*For lower-tier drug option(s) see page 67

†Limited Access drug

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Pyridostigmine Bromide	1	
Regonol	2	
Antimycobacterials - Drugs to Treat Infections		
Antimycobacterials, Other - Miscellaneous Anti-Infectives		
Dapsone	2	
Mycobutin	3	
Antituberculars - Tuberculosis Drugs		
Capastat Sulfate	4	
Ethambutol HCl	1	
Isonarif	2	
Isoniazid	1	
Myambutol	3	
Paser	3	
Priftin	3	
Pyrazinamide	1	
Rifadin	3	
Rifamate	3	
Rifampin (Capsule)	1	
Rifampin (Injection)	4	
Rifater	3	
Seromycin	3	
Trecator	3	
Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects		
Alkylating Agents - Chemotherapy Agents		
Alkeran	4	
BiCNU	3	
Busulfex	4	
CeeNu	3	
Cyclophosphamide (Injection)	1	
Cyclophosphamide (Tablet)	2	B/D

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Cytosan	3	
Dacarbazine	2	
Hexalen	4	PA
Ifex	3	
Ifosfamide	2	
Ifosfamide/Mesna	4	
Leukeran	2	
Matulane	4	
Mustargen	3	
Thiotepa	3	
Treanda	4	PA
Zanosar	3	
Antiangiogenic Agents - Chemotherapy Agents		
Revlimid[†]	4	PA
Thalomid	4	PA
Antiestrogens/Modifiers - Chemotherapy Agents		
Emcyt	2	
Fareston	3	
Faslodex	4	
Tamoxifen Citrate	1	
Antimetabolites - Chemotherapy Agents		
Alimta	4	PA
Cytarabine	1	
Cytarabine Aqueous	1	
Droxia	3	
Elitek	4	
Gemzar	4	
Hydrea	3	
Hydroxyurea	1	
Mercaptopurine	1	
Nipent	4	
Pentostatin	4	
Purinethol	3	
Tabloid	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

[†]Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Antineoplastics, Other - Chemotherapy Agents		
Abraxane	4	
Adriamycin	2	B/D
Afinitor	4	PA
Arranon	4	
Bleomycin Sulfate	2	
Camptosar	4	
Carboplatin	1	
Cerubidine	3	
Cisplatin	1	
Cladribine	4	
Clolar	4	
Cosmegen	3	
Dacogen	4	
Daunorubicin HCl	1	
Daunoxome	3	
Doxil	4	B/D
Doxorubicin HCl	2	B/D
Ellence	4	
Eloxatin	4	
Elspar	3	
Epirubicin HCl	3	
Etopophos	4	
Etoposide	1	
Firmagon (120mg Injection)	4	PA
Firmagon (80mg Injection)	3	PA
Fludara	4	
Fludarabine Phosphate	4	
Hycamtin	4	
Idamycin PFS	4	
Idarubicin HCl	4	
Irinotecan	2	
Ixempra Kit	4	
Leustatin	3	

Mitomycin	2	
Mitoxantrone HCl	2	
Navelbine	3	
Novantrone	4	
Oncaspar	4	
Ontak	4	
Onxol	4	
Paclitaxel	2	
Photofrin	4	
Platinol AQ	3	
Proleukin	4	PA
Taxotere	4	
Toposar	1	
Torisel	4	
Trisenox	3	
Velcade	4	
Vidaza	4	
Vinblastine Sulfate	1	
Vincasar PFS	1	
Vincristine Sulfate	1	
Vinorelbine Tartrate	2	
Zolinza	4	PA
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents		
Arimidex	2	
Aromasin	3	
Femara	2	
Molecular Target Inhibitors - Chemotherapy Agents		
Gleevec	4	PA
Iressa	4	
Nexavar	4	PA
Sprycel	4	PA
Sutent	4	PA
Tarceva	4	PA

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Tasigna	4	PA
Tykerb	4	PA
Monoclonal Antibodies - Chemotherapy Agents		
Avastin	4	PA
Campath	4	
Erbix	4	PA
Herceptin	4	
Mylotarg	4	
Rituxan	4	PA
Vectibix	4	PA
Retinoids - Chemotherapy Agents		
Panretin	4	
Targretin (Capsule)	4	PA
Targretin (Gel)	4	
Tretinoin (Capsule)	4	
Vesanoid	4	
Antiparasitics - Drugs to Treat Parasitic Infections		
Anthelmintics - Worm Infection Drugs		
Albenza	2	
Biltricide	2	
Mebendazole	1	
Stromectol	2	
Antiprotozoals - Protozoal Infection Drugs		
Alinia	3	
Aralen	3	
Chloroquine Phosphate	1	
Daraprim	2	
Fansidar	3	
Hydroxychloroquine Sulfate	1	
Lariam	3	
Malarone	3	
Mefloquine HCl	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Mepron	4	
Nebupent	3	B/D
Neutrexin	4	
Pentam 300	3	
Plaquenil	3	
Primaquine Phosphate	3	
Qualaquin	3	PA
Tindamax	2	
Pediculicides/Scabicides - Scabies and Lice Drugs		
Acticin	1	
Elimite	3	
Eurax	3	
Lindane	2	
Ovide	3	
Permethrin	1	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
Antiparkinson Agents - Parkinson's Disease Drugs		
Amantadine HCl	1	
Apokyn	4	PA
Atamet	1	
Azilect	2	
Benzotropine Mesylate	1	
Bromocriptine Mesylate	2	
Carbidopa/Levodopa	1	
Carbidopa/Levodopa CR	1	
Carbidopa/Levodopa ODT	2	
Cogentin	3	
Comtan	2	
Eldepryl	3	
Lodosyn	3	
Mirapex	2	
Parcopa	3	
Parlodel	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Requip	3	
Requip XL	3	
Ropinirole HCl	1	
Selegiline HCl	1	
Sinemet	3	
Sinemet CR	3	
Stalevo	2	
Tasmar	3	
Trihexyphenidyl HCl	1	
Zelapar	3	
Antipsychotics - Drugs to Treat Mood Disorders		
Atypicals - Mood Disorder Drugs		
Abilify (Injection)	3	
Abilify (Oral Solution, Tablet)	3	QL,ST
Abilify Discmelt (10mg Dispersible Tablet)	3	QL,ST
Abilify Discmelt (15mg Dispersible Tablet)	4	QL,ST
Clozapine	2	
Clozaril	3	
Fazaclo	2	
Invega	3	ST
Risperdal	3	
Risperdal Consta (12.5mg Injection, 25mg Injection)	3	QL
Risperdal Consta (37.5mg Injection, 50mg Injection)	4	QL
Risperdal M-Tab	3	
Risperidone (Oral Solution)	2	
Risperidone (Tablet)	1	
Risperidone ODT	2	
Seroquel	2	
Seroquel XR	2	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Zyprexa	2	
Zyprexa Zydis	2	
Conventional - Mood Disorder Drugs		
Chlorpromazine HCl	1	
Compro	1	
Fluphenazine Decanoate	1	
Fluphenazine HCl	1	
Haldol	3	
Haldol Decanoate	3	
Haloperidol	1	
Haloperidol Decanoate	1	
Haloperidol Lactate	1	
Loxapine Succinate	1	
Loxitane	3	
Moban	3	
Navane	3	
Orap	2	
Perphenazine	1	
Prochlorperazine	1	
Prochlorperazine Edisylate	1	
Prochlorperazine Maleate	1	
Thioridazine HCl	1	
Thiothixene	1	
Trifluoperazine HCl	1	
Antispasticity Agents - Drugs to Treat Spasms		
Antispasticity Agents - Muscle Spasm Drugs		
Baclofen	1	
Dantrium	3	
Dantrolene Sodium	2	
Tizanidine HCl	1	
Zanaflex	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Antivirals - Drugs to Treat Viral Infections		
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs		
Cytovene	3	B/D
Foscarnet Sodium	2	B/D
Foscavir	4	B/D
Ganciclovir	4	
Valcyte	4	
Vistide	4	
Antihepatitis Agents - Hepatitis Drugs		
Baraclude (Oral Solution)	3	
Baraclude (Tablet)	4	
Copegus	4	PA
Hepsera	4	
Rebetol	4	PA
Ribapak	4	PA
Ribasphere	2	PA
Ribavirin	2	PA
Tyzeka	3	
Virazole	4	
Antiherpetic Agents - Herpes Drugs		
Acyclovir	1	
Acyclovir Sodium	2	B/D
Denavir	3	
Famciclovir	2	
Famvir	3	
Trifluridine	2	
Valtrex	2	
Viroptic	3	
Zovirax	3	
Anti-HIV Agents, Nonnucleoside Reverse Transcriptase Inhibitors - HIV Drugs		
Rescriptor	3	

Sustiva	3	
Viramune (Oral Suspension)	3	
Viramune (Tablet)	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs		
Atripla	4	
Combivir	4	
Didanosine	2	
Emtriva	3	
Epivir	2	
Epivir HBV	2	
Epzicom	4	
Retrovir	3	
Retrovir IV Infusion	3	
Stavudine	2	
Trizivir	4	
Truvada	4	
Videx EC	3	
Videx Pediatric	3	
Viread	3	
Zerit	3	
Ziagen	3	
Zidovudine	2	
Anti-HIV Agents, Other - HIV Drugs		
Fuzeon	4	
Intelence	4	
Isentress	4	
Selzentry	4	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs		
Aptivus	4	
Crixivan	2	
Invirase	4	
Kaletra (100-25mg Tablet)	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Kaletra (200-50mg Tablet, Oral Solution)	4	
Lexiva (Oral Suspension)	3	
Lexiva (Tablet)	4	
Norvir (Capsule)	3	
Norvir (Oral Solution)	4	
Prezista (400mg Tablet, 600mg Tablet)	4	
Prezista (75mg Tablet)	3	
Reyataz	4	
Viracept (Powder)	3	
Viracept (Tablet)	4	
Anti-Influenza Agents - Flu Drugs		
Flumadine	3	
Relenza Diskhaler	3	QL
Rimantadine HCl	1	
Tamiflu	2	QL
Anxiolytics - Drugs to Treat Anxiety		
Anxiolytics, Other - Anxiety Drugs		
Buspar	3	
Buspirone HCl	1	
Meprobamate	1	PA
Vanspar	3	
Bipolar Agents - Drugs to Treat Mood Disorders		
Bipolar Agents - Mood Disorder Drugs		
Equetro	3	
Geodon (Capsule)	3	ST
Geodon (Injection)	3	
Lithium Carbonate	1	
Lithium Carbonate ER	1	
Lithium Citrate	1	
Lithobid	2	
Symbyax	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
Antidiabetic Agents - Diabetic Drugs		
Acarbose	1	ST
Actoplus Met	2	ST
Actos	2	ST
Amaryl	3	
Avandamet	2	ST
Avandaryl	2	ST
Avandia	2	ST
Byetta	2	ST
Chlorpropamide	1	ST
Diabeta	3	
Duetact	2	ST
Fortamet	3	
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glipizide/Metformin HCl	1	
Glucophage	3	
Glucophage XR	3	
Glucotrol	3	
Glucotrol XL	3	
Glucovance	3	
Glumetza	3	
Glyburide	1	
Glyburide Micronized	1	
Glyburide/Metformin HCl	1	
Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet)	1	
Glycron (4.5mg Tablet)	3	
Glynase	3	
Glyset	3	ST
Janumet	2	QL,ST

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)		DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS		TIER	LIMITS
Januvia	2	QL,ST	Arixtra (2.5mg/0.5ml Injection)	3	
Metaglip	3		Coumadin (Injection)	3	
Metformin HCl	1		Coumadin (Tablet)	2	
Metformin HCl ER	1		Fragmin (10,000units/ml Injection, 25,000units/ml Injection, 7,500units/0.3ml Injection)	4	
Prandimet	3	QL,ST	Fragmin (2,500units/0.2ml Injection, 5,000units/0.2ml Injection)	3	QL
Prandin	3	QL,ST	Heparin Sodium	1	
Precose	3	ST	Heparin Sodium DCU	1	
Riomet	3		Heparin Sodium/D5W	1	
Starlix	2	QL,ST	Heparin Sodium/NaCl	1	
Symlin	3	PA	Innohep	3	
Tolazamide	1		Jantoven	1	
Tolbutamide	1		Lovenox (100mg/1ml Injection, 120mg/0.8ml Injection, 300mg/3ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)	4	
Glycemic Agents - Diabetic Drugs			Lovenox (150mg/1ml Injection, 30mg/0.3ml Injection)	3	
Glucagen Hypokit	3		Lovenox (40mg/0.4ml Injection)	3	QL
Glucagon Emergency Kit	2		Warfarin Sodium	1	
Proglycem	3				
Insulins - Diabetic Drugs					
Apidra	3	ST			
Humalog	2				
Humalog Mix	2				
Humulin	2				
Lantus	2				
Levemir	2				
Novolin	2				
Novolog	2				
Novolog Mix	2				
Relion*	3				
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders					
Anticoagulants - Blood Thinners					
Arixtra (10mg/0.8ml Injection, 5.0mg/0.4ml Injection, 7.5mg/0.6ml Injection)	4				

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Blood Formation Products - Blood Formation Drugs		
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/1ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/1ml Injection, 300mcg/0.6ml Injection, 300mcg/1ml Injection, 500mcg/1ml Injection, 60mcg/0.3ml Injection, 60mcg/1ml Injection)	4	B/D,PA
Aranesp Albumin Free (25mcg/0.42ml Injection, 25mcg/1ml Injection)	3	B/D,PA,QL
Aranesp Albumin Free (40mcg/0.4ml Injection, 40mcg/1ml Injection)	3	B/D,PA
Epogen (10,000units/ml Injection, 20,000units/ml Injection, 40,000units/ml Injection)	4	B/D,PA
Epogen (2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection)	3	B/D,PA,QL
Leukine	4	PA
Neulasta	4	PA
Neumega	2	PA
Neupogen	4	PA
Procrit (10,000units/ml Injection)	3	B/D,PA
Procrit (2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection)	3	B/D,PA,QL
Procrit (20,000units/ml Injection, 40,000units/ml Injection)	4	B/D,PA

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Promacta	4	PA
Coagulants - Blood Clotting Drugs		
Cyklokapron	2	
Platelet Aggregation Inhibitors - Blood Thinners		
Aggrenox	2	QL
Agrylin	3	
Anagrelide HCl	1	
Cilostazol	1	
Dipyridamole	1	
Pentopak	1	
Pentoxifylline ER	1	
Pentoxil	1	
Persantine	3	
Plavix	2	QL
Pletal	3	
Ticlid	3	
Ticlopidine HCl	1	
Trental	3	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		
Alpha-Adrenergic Agonists - Blood Pressure Drugs		
Catapres	3	
Catapres-TTS	3	QL
Clonidine HCl	1	
Guanabenz Acetate	1	
Guanfacine HCl	1	
Methyldopa	1	
Methyldopate HCl	1	
Midodrine HCl	2	
Proamatine	3	
Tenex	3	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs		
Cardura	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Dibenzyline	3	
Doxazosin Mesylate	1	
Minipress	3	
Prazosin HCl	1	
Terazosin HCl	1	
Antiarrhythmics - Heart Regulation Drugs		
Amiodarone HCl	1	
Betapace	3	
Betapace AF	3	
Cordarone	3	
Disopyramide Phosphate	1	
Flecainide Acetate	1	
Mexiletine HCl	1	
Multaq	3	PA
Norpace	3	
Norpace CR	3	
Pacerone (100mg Tablet, 300mg Tablet, 400mg Tablet)	3	
Pacerone (200mg Tablet)	1	
Procainamide HCl	1	
Propafenone HCl	1	
Quinidine Gluconate	3	
Quinidine Gluconate CR	1	
Quinidine Sulfate	1	
Quinidine Sulfate ER	1	
Rythmol	3	
Rythmol SR	3	
Sorine	1	
Sotalol HCl	1	
Tambocor	3	
Tikosyn	3	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs		
Acebutolol HCl	1	
Atenolol	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Atenolol/Chlorthalidone	1	
Betaxolol HCl	1	
Bisoprolol Fumarate	1	
Bisoprolol Fumarate/ Hydrochlorothiazide	1	
Bystolic	2	QL
Cartrol	3	
Carvedilol	1	
Coreg	3	
Coreg CR*	3	QL,ST
Corgard	3	
Corzide	3	
Inderal LA	3	
Innopran XL	3	
Kerlone	3	
Labetalol HCl	1	
Levatol	3	
Lopressor	3	
Lopressor HCT	3	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	
Metoprolol/ Hydrochlorothiazide	1	
Nadolol	1	
Nadolol/ Bendroflumethiazide	1	
Pindolol	1	
Propranolol HCl	1	
Propranolol HCl ER	1	
Propranolol/ Hydrochlorothiazide	1	
Sectral	3	
Tenoretic	3	
Tenormin	3	
Timolide 10/25	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Timolol Maleate	1	
Toprol XL	3	
Trandate	3	
Zebeta	3	
Ziac	3	
Calcium Channel Blocking Agents - Blood Pressure Drugs		
Adalat CC	3	
Afeditab CR	1	
Amlodipine Besylate	1	
Calan	3	
Calan SR	3	
Cardene I.V.	3	
Cardene SR	3	QL
Cardizem	3	
Cardizem CD	3	
Cardizem LA	3	QL
Cartia XT	1	
Covera-HS	3	QL
Dilacor XR	3	
Dilt-CD	1	
Diltiazem CD	1	
Diltiazem HCl	1	
Diltiazem HCl ER	1	
Dilt-XR	1	
Diltzac	1	
Dynacirc CR	3	QL
Exforge	2	QL
Exforge HCT	2	QL
Felodipine ER	1	
Isoptin SR	3	
Isradipine	1	
Nicardipine HCl	1	
Nifediac CC	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Nifedical XL	1	
Nifedipine	1	
Nifedipine ER	1	
Nimodipine	4	
Nisoldipine	1	
Norvasc	3	
Procardia	3	
Procardia XL	3	
Sular	2	QL
Taztia XT	1	
Tiazac	3	
Verapamil HCl	1	
Verapamil HCl ER (100mg 24-Hour Capsule, 200mg 24-Hour Capsule, 300mg 24-Hour Capsule)	1	QL
Verapamil HCl ER (120mg 24-Hour Capsule, 180mg 24-Hour Capsule, 240mg 24-Hour Capsule, Controlled Release Tablet)	1	
Verelan	3	
Verelan PM	3	QL
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs		
Demser	4	
Digoxin	1	
Inversine	3	
Lanoxin (0.1mg/ml Injection)	3	
Lanoxin (0.25mg/ml Injection, Tablet)	2	
Ranexa	2	ST
Reserpine	1	
Diuretics - Blood Pressure Drugs		
Acetazolamide Sodium	2	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Aldactazide	3	
Aldactone	3	
Amiloride HCl	1	
Amiloride/ Hydrochlorothiazide	1	
Bumetanide	1	
Bumex	3	
Chlorothiazide	1	
Chlorthalidone	1	
Clorpres	3	
Demadex	3	
Diuril	3	
Diuril IV	3	
Dyazide	3	
Dyrenium	3	
Edecrin	3	
Eplerenone	2	
Furosemide	1	
Hydrochlorothiazide	1	
Indapamide	1	
Inspra	3	
Lasix	3	
Maxzide	3	
Methyclothiazide	1	
Methyldopa/ Hydrochlorothiazide	1	
Metolazone	1	
Microzide	3	
Sodium Edecrin	3	
Spironolactone	1	
Spironolactone/ Hydrochlorothiazide	1	
Thalitone	3	
Torsemide	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Triamterene/ Hydrochlorothiazide	1	
Zaroxolyn	3	
Dyslipidemics - Cholesterol Control Drugs		
Advicor*	3	QL,ST
Altoprev*	3	QL,ST
Antara	3	
Caduet	3	QL,ST
Cholestyramine	1	
Cholestyramine Light	1	
Colestid	3	
Colestipol HCl	1	
Crestor	2	QL
Fenofibrate	1	
Fenofibrate Micronized	1	
Fenoglide	3	
Gemfibrozil	1	
Lescol*	3	QL,ST
Lescol XL*	3	QL,ST
Lipitor	2	QL
Lipofen	3	
Lofibra	3	
Lopid	3	
Lovastatin	1	
Lovaza	3	
Mevacor	3	
Niacor	1	
Niaspan	2	
Pravachol	3	
Pravastatin Sodium	1	
Prevalite	1	
Questran	3	
Questran Light	3	
Simcor*	3	QL,ST

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Simvastatin	1	
Tricor	2	
Triglide	3	
Trilipix	2	
Vytorin*	3	QL
Welchol	2	
Zetia	2	QL
Zocor	3	
Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs		
Accupril*	3	
Accuretic*	3	
Aceon*	3	
Altace	3	
Amlodipine Besylate/ Benazepril HCl	1	QL
Atacand*	3	QL,ST
Atacand HCT*	3	QL,ST
Avalide*	3	QL,ST
Avapro*	3	QL,ST
Azor	2	QL
Benazepril HCl	1	
Benazepril HCl/ Hydrochlorothiazide	1	
Benicar	2	QL
Benicar HCT	2	QL
Capoten	3	
Captopril	1	
Captopril/ Hydrochlorothiazide	1	
Cozaar*	3	QL
Diovan	2	QL
Diovan HCT	2	QL
Enalapril Maleate	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Enalapril Maleate/ Hydrochlorothiazide	1	
Fosinopril Sodium	1	
Fosinopril Sodium/ Hydrochlorothiazide	1	
Hyzaar*	3	QL
Lisinopril	1	
Lisinopril/ Hydrochlorothiazide	1	
Lotensin	3	
Lotensin HCT	3	
Lotrel*	3	QL
Mavik	3	
Micardis	3	QL
Micardis HCT	3	QL
Moexipril HCl	1	
Moexipril/ Hydrochlorothiazide	1	
Monopril	3	
Monopril HCT	3	
Prinivil	3	
Prinzide	3	
Quinapril HCl	1	
Quinapril/ Hydrochlorothiazide	1	
Quinaretic	1	
Ramipril	1	
Tarka*	3	
Tekturna	2	QL,ST
Tekturna HCT	2	QL,ST
Teveten	3	QL,ST
Teveten HCT	3	QL,ST
Trandolapril	1	
Uniretic	3	
Univasc	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Vaseretic	3	
Vasotec	3	
Zestoretic	3	
Zestril	3	
Vasodilators - Chest Pain Drugs		
BiDil	2	
Dilatrate SR	3	
Hydralazine HCl	1	
Imdur	3	
Ismo	3	
Isochron	1	
Isordil Titradose	3	
Isosorbide Dinitrate	1	
Isosorbide Dinitrate ER	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Minitran	1	
Minoxidil	1	
Monoket	3	
Nitro-Bid	3	
Nitro-Dur	3	
Nitroglycerin	1	
Nitrolingual Pumpspray	3	
Nitrostat	3	
Ventavis	4	B/D,PA
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
Amphetamines, ADHD - ADHD Drugs		
Adderall	3	QL
Adderall XR	3	QL
Amphetamine Salt Combo	1	QL
Desoxyn	3	QL
Dexedrine	3	QL
Dextroamphetamine Sulfate	1	QL

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Dextroamphetamine Sulfate ER	1	QL
Liquadd	3	QL
Vyvanse	3	QL
Central Nervous System Agents, Other - Miscellaneous Nervous System Drugs		
Botox	3	PA
Myobloc	3	
Savella	3	PA,QL
Savella Titration Pack	3	PA,QL
Non-Amphetamines, ADHD - ADHD Drugs		
Concerta	3	QL
Daytrana	3	QL
Dexmethylphenidate HCl	1	QL
Focalin	3	QL
Focalin XR	3	QL
Metadate CD	3	QL
Metadate ER	3	QL
Methylin (10mg/5ml Oral Solution, 5mg/5ml Oral Solution, Chewable Tablet)	3	QL
Methylin (Tablet)	1	QL
Methylin ER	1	QL
Methylphenidate HCl	1	QL
Methylphenidate HCl SR	1	QL
Ritalin	3	QL
Ritalin LA	3	QL
Ritalin SR	3	QL
Strattera	3	QL,ST
Non-Amphetamines, Other - Miscellaneous Nervous System Drugs		
Provigil	3	PA,QL
Rilutek	4	
Xenazine	4	PA
Xyrem[†]	2	QL

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

[†]Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Dental And Oral Agents - Drugs to Treat Mouth and Throat Conditions

Dental and Oral Agents		
Aphthasol	3	
Chlorhexidine Gluconate Oral Rinse	1	
Evoxac	3	ST
Kepivance	4	
Peridex Oral Rinse	3	
Periogard	1	
Pilocarpine HCl	1	
Salagen	3	
Triamcinolone in Orabase	1	

Dermatological Agents - Drugs to Treat Skin Conditions

Dermatological Agents - Skin Agents		
8-Mop	3	
Acanya	3	ST
Accutane (10mg Capsule, 40mg Capsule)	4	
Accutane (20mg Capsule)	3	
Aldara	2	
Amevive	4	PA
Ammonium Lactate	1	
Amnesteem	2	
Atralin	3	PA
Avita	1	PA
Azelex	3	
Benzaclin Care Kit	3	
Benzamycin	3	
Calcipotriene	2	
Carac	3	
Carmol-HC	3	
Claravis	2	
Condylox Gel	3	

Differin	3	
Dovonex	3	
Efudex	3	
Elidel	3	ST
Epiduo	3	ST
Erythromycin/Benzoyl Peroxide	1	
Finacea	2	
Fluoroplex	3	
Fluorouracil (Cream, Solution)	2	
Fluorouracil (Injection)	1	
LAC-Hydrin	3	
Laclotion	1	
Oxsoralen	3	
Oxsoralen Ultra	4	
Podofilox	1	
Protopic	3	ST
Regranex	4	PA,QL
Retin-A	3	PA
Retin-A Micro	3	PA
Santyl	3	
Selenium Sulfide	1	
Selsun Shampoo	3	
Solaraze	3	
Soriatane CK (10mg Kit)	3	
Soriatane CK (25mg Kit)	4	
Sotret (10mg Capsule, 20mg Capsule, 40mg Capsule)	2	
Sotret (30mg Capsule)	3	
Tazorac	3	
Tretinoin (Cream, Gel)	1	PA
Tretin-X	3	PA
U-Cort	1	
Uvadex	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Vectical	3	
Veregen	3	
Ziana	3	
Zonalon	3	
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency		
Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs		
Adagen	4	
Aldurazyme	4	
Buphenyl	4	
Ceredase	4	
Cerezyme	4	
Creon	2	
Cystadane	3	
Cystagon	3	
Elaprase	4	
Fabrazyme	4	
Kuvan	4	
Lipram 4500	3	
Lipram-PN	3	
Lipram-UL	3	
Myozyme	4	
Naglazyme	4	
Orfadin	4	
Pancrease MT	3	
Pancrecarb MS	3	
Pancrelipase	3	
Pancrelipase MST-16	3	
Pancron	3	
Sucraid	4	
Ultrase	2	
Ultrase MT	2	
Viokase	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Viokase 16	3	
Zavesca	4	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs		
Atropine Sulfate	1	
Bentyl	3	
Cantil	3	
Dicyclomine HCl	1	
Glycopyrrolate	1	
Methscopolamine Bromide	2	
Pamine	3	
Pamine Forte	3	
Propantheline Bromide	1	
Robinul	3	
Robinul Forte	3	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
Actigall	3	
Amitiza	3	PA,QL
Colyte	3	QL
Constulose	1	
Diphenoxylate/Atropine	1	
Enulose	1	
Generlac	1	
Golytely	3	QL
Halflytely Bowel Prep	3	QL
Kristalose	3	
Lactulose	1	
Lomotil	3	
Lonox	1	
Loperamide HCl	1	
Motofen	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Moviprep	3	
Nulytely/Flavor Packs	2	QL
PEG 3350/Electrolytes	1	QL
Relistor	3	PA
Trilyte	3	QL
Urso	3	
Ursodiol (Capsule)	1	
Ursodiol (Tablet)	2	
Xenical	3	PA
Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs		
Axid	3	
Cimetidine	1	
Cimetidine HCl	1	
Famotidine	1	
Nizatidine	1	
Pepcid	3	
Ranitidine HCl	1	
Zantac	3	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs		
Lotronex	2	PA,QL
Protectants - Ulcer and Stomach Acid Drugs		
Carafate	3	
Cytotec	3	
Misoprostol	1	
Sucralfate	1	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs		
Aciphex*	3	QL,ST
Helidac	3	QL
Kapidex*	3	QL,ST
Nexium	2	QL
Nexium I.V.	3	
Omeprazole	1	QL

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Pantoprazole Sodium*	3	QL,ST
Prevacid*	3	QL,ST
Prevacid Naprapac	3	QL
Prevacid Solutab	3	QL,ST
Prevpac	3	QL
Prilosec	3	QL
Protonix (Delayed Release Tablet, Pack)	2	QL
Protonix (Injection)	3	
Pylera	3	QL
Zegerid*	3	QL,ST
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
Antispasmodics, Urinary - Bladder Control Drugs		
Detrol	2	QL
Detrol LA	2	QL
Ditropan XL*	3	QL
Enablex	2	QL
Flavoxate HCl	1	
Gelnique	3	QL,ST
Oxybutynin Chloride	1	
Oxybutynin Chloride ER	1	QL
Oxytrol	2	QL
Sanctura	3	QL
Sanctura XR	3	QL
Toviaz	3	QL,ST
Vesicare*	3	QL,ST
Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs		
Avodart	3	QL
Cardura XL	3	QL
Finasteride (5mg Tablet)	1	
Flomax	2	QL
Proscar	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Rapaflo	3	QL,ST
Uroxatral	2	QL
Genitourinary Agents, Other - Miscellaneous Bladder, Genital and Kidney Conditions Drugs		
Bethanechol Chloride	1	
Elmiron	3	
Lithostat	3	
Methergine	2	
Thiola	3	
Urecholine	3	
Phosphate Binders - Phosphate-Removing Agents		
Calcium Acetate	2	
Eliphos	3	
Fosrenol	3	
Phoslo	2	
Renvela	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs		
Aclovate	3	
A-Hydrocort	1	
Ala-Cort	1	
Ala-Scalp	3	
Alclometasone Dipropionate	1	
Amcinonide	1	
A-Methapred	1	
Anusol-HC	3	
Augmented Betamethasone Dipropionate	1	
Betamethasone Dipropionate	1	
Betamethasone Valerate	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Beta-Val	1	
Capex	3	
Celestone	3	
Clobetasol Propionate (Foam)	2	
Clobetasol Propionate (Gel, Ointment, Solution)	1	
Clobetasol Propionate E	1	
Clobex	3	
Cloderm	3	
Colocort	2	
Cordran	3	
Cordran SP	3	
Cordran Tape	3	
Cormax	1	
Cortef	3	
Cortenema	3	
Cortifoam	3	
Cortisone Acetate	1	
Cortisporin	3	
Cutivate	3	
Del-Beta	1	
Depo-Medrol	3	
Derma-Smoother/FS	3	
Dermatop	3	
Desonate	3	
Desonide	1	
Desowen/Cetaphil	3	
Desoximetasone	1	
Dexamethasone	1	
Dexamethasone Intensol	1	
Dexamethasone Sodium Phosphate	1	
Dexpak	3	
Diflorasone Diacetate	1	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Diprolene	3	
Diprolene AF	3	
Elocon	3	
Entocort EC	3	
Fludrocortisone Acetate	1	
Fluocinolone Acetonide	1	
Fluocinonide	1	
Fluocinonide-E	1	
Fluticasone Propionate	1	
Halobetasol Propionate	1	
Halog	3	
Hydrocortisone (Cream, Lotion, Ointment, Tablet)	1	
Hydrocortisone (Enema)	2	
Hydrocortisone Butyrate	1	
Hydrocortisone in Absorbase	1	
Hydrocortisone Valerate	1	
Isovate	1	
Kenalog	3	
Locoid	3	
Locoid Lipocream	3	
Lokara	1	
Luxiq	3	
Medrol	3	
Medrol Dosepak	3	
Methylprednisolone	1	
Methylprednisolone Acetate	1	
Methylprednisolone Sodium Succinate	1	
Millipred	3	
Mometasone Furoate	1	
Olux-E	3	
Orapred	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Orapred ODT	3	
Pandel	3	
Pediapred	3	
Prednicarbate	1	
Prednisolone Sodium Phosphate	1	
Prednisone	1	
Prednisone Intensol	1	
Prelone	3	
Proctocort	3	
Proctocream-HC	1	
Procto-Pak	1	
Proctosol HC	1	
Proctozone-HC	1	
Solu-Cortef	3	
Solu-Medrol	3	
Sterapred	3	
Sterapred DS	3	
Taclonex	3	
Taclonex Scalp	3	
Temovate	3	
Texacort (1% Solution)	1	
Texacort (2.5% Solution)	3	
Topicort	3	
Topicort LP	3	
Triamcinolone Acetonide	1	
Triamcinolone Acetonide in Absorbase	1	
Triderm	1	
Ultravate	3	
Vanos	3	
Verdeso	3	
Veripred 20	3	
Westcort	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs		
Chorionic Gonadotropin	2	PA
DDAVP (Injection)	4	
DDAVP (Nasal Solution, Nasal Spray, Tablet)	3	
Desmopressin Acetate	2	
Genotropin	4	PA
Genotropin Miniquick (0.2mg Injection)	3	PA
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	4	PA
Humatrope	4	PA
Increlex	4	PA
Norditropin	4	PA
Novarel	2	PA
Nutropin	4	PA
Nutropin AQ	4	PA
Omnitrope	4	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl	2	PA
Saizen	4	PA
Serostim	4	PA
Stimate	3	
Tev-Tropin	4	PA
Zorbtive	4	PA

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Anabolic Steroids - Hormone Replacement/Modifying Drugs		
Anadrol-50	4	PA
Oxandrin (10mg Tablet)	4	PA
Oxandrin (2.5mg Tablet)	3	PA
Oxandrolone (10mg Tablet)	4	PA
Oxandrolone (2.5mg Tablet)	2	PA
Androgens - Hormone Replacement/Modifying Drugs		
Androderm	2	PA
Androgel	2	PA
Android	3	
Androxy	2	
Danazol	2	
Delatestryl	3	PA
Depo-Testosterone	3	PA
Methitest	3	
Striant	3	PA
Testim	3	PA
Testosterone Cypionate	1	PA
Testosterone Enanthate	1	PA
Testred	3	
Estrogens - Hormone Replacement/Modifying Drugs		
Activella	3	
Alora	3	
Angeliq	3	
Apri	1	
Aranelle	1	
Aviane	1	
Balziva	1	
Brevicon	3	
Cenestin	3	

PA- Prior Authorization QL- Quantity Limits *For lower-tier drug option(s) see page 67
ST- Step Therapy B/D- Medicare Part B or Part D †Limited Access drug
Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Cesia	1	
Climara	3	
Climara Pro	3	
Combipatch	3	
Cryselle	1	
Cyclessa	3	
Delestrogen	3	
Depo-Estradiol	3	
Desogen	3	
Divigel	3	QL
Elestrin	3	QL
Enjuvia	2	
Enpresse	1	
Estrace	3	
Estraderm	2	
Estradiol	1	
Estradiol Valerate	1	
Estradiol/Norethindrone Acetate	1	
Estrasorb	3	
Estring	3	QL
Estrogel	3	QL
Estropipate	1	
Estrostep Fe	3	
Evamist	3	QL
Femhrt	3	
Femring	3	QL
Femtrace	3	
Gynodiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Gynodiol (1.5mg Tablet)	3	
Junel	1	
Junel Fe	1	
Kariva	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Kelnor	1	
Leena	1	
Lessina	1	
Levora	1	
Lo/Ovral	3	
Loestrin	3	
Loestrin Fe	3	
Low-Ogestrel	1	
Lutera	1	
Lybrel	3	
Menest	2	
Menostar	3	
Microgestin	1	
Microgestin Fe	1	
Modicon	3	
MonoNessa	1	
Necon	1	
Nordette	3	
Norinyl	3	
Nortrel	1	
NuvaRing	2	
Ocella	1	
Ogen	3	
Ogestrel	1	
Ortho Evra	3	
Ortho-Cept	3	
Ortho-Cyclen	3	
Ortho-Est	1	
Ortho-Novum 7/7/7	3	
Ortho Tri-Cyclen Lo	3	
Ovcon	3	
Portia	1	
Prefest	3	
Premarin	2	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Premphase	2	
Prempro	2	
Previfem	1	
Quasense	1	
Reclipsen	1	
Seasonale	3	
Seasonique	3	
Solia	1	
Sprintec	1	
Sronyx	1	
Tri-Legest Fe	1	
Tri-Lo-Sprintec	1	
TriNessa	1	
Tri-Norinyl	3	
Tri-Previfem	1	
Tri-Sprintec	1	
Trivora	1	
Vagifem	3	
Velivet	1	
Vivelle-Dot	2	
Yasmin	3	
Yaz	3	
Zovia	1	
Progestins - Hormone Replacement/Modifying Drugs		
Aygestin	3	
Camila	1	
Crinone	3	
Depo-Provera	3	
Depo-SubQ Provera 104	3	
Endometrin	3	
Errin	1	
Jolivette	1	
Medroxyprogesterone Acetate	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Megace ES	3	
Megace Oral	3	
Megestrol Acetate	1	
Nora-BE	1	
Norethindrone Acetate	1	
Nor-QD	3	
Ortho Micronor	3	
Plan B	3	
Prochieve	3	
Prometrium	3	
Provera	3	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs		
Evista	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs		
Cytomel	3	
Levothroid	2	
Levothyroxine Sodium	1	
Levoxyl	1	
Liothyronine Sodium	1	
Synthroid	2	
Thyrolar	2	
Unithroid	1	
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants		
Lysodren	2	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants

Sensipar	2	
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Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants

Cabergoline	2	
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Eligard	3	
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Leuprolide Acetate	2	
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Lupron 2 Week Supply	3	
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Lupron Depot	3	
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Lupron Depot-Ped	4	
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Octreotide Acetate (1,000mcg/ml Injection, 100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection)	4	PA
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Octreotide Acetate (50mcg/ml Injection)	3	PA
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Sandostatin	4	PA
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Sandostatin LAR Depot	4	PA
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Somatuline Depot	4	PA
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Somavert	4	PA
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Synarel	4	
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Trelstar Depot	3	
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Trelstar LA	3	
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Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions

Antiandrogens - Hormone Suppressants

Bicalutamide	2	
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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Casodex	3	
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Flutamide	2	
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Nilandron	3	
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Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones

Antithyroid Agents - Thyroid Suppressing Drugs

Methimazole	1	
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Propylthiouracil	1	
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Tapazole	3	
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Immunological Agents - Drugs that Stimulate or Suppress the Immune System

Immune Suppressants - Immune System Drugs

Azasan	3	
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Azathioprine	1	
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Azathioprine Sodium	1	
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Cellcept (Capsule)	3	B/D,PA
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Cellcept (Oral Suspension, Tablet)	4	B/D,PA
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Cellcept Intravenous	3	B/D,PA
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Cimzia	4	PA
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Cyclosporine	2	B/D
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Cyclosporine Modified (Capsule)	1	B/D
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Cyclosporine Modified (Oral Solution)	2	B/D
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Enbrel	4	PA
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Gengraf	2	B/D
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Humira	4	PA
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Imuran	3	
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Kineret	4	PA
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Methotrexate	1	
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Methotrexate Sodium	1	
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Mycophenolate Mofetil	2	B/D,PA
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Myfortic	3	B/D
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Neoral	3	B/D
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PA- Prior Authorization QL- Quantity Limits

ST- Step Therapy

B/D- Medicare Part B or Part D

Bold Type = Brand-name drugs

*For lower-tier drug option(s) see page 67

†Limited Access drug

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Orencia	4	PA
Orthoclone OKT3	4	B/D
Prograf (0.5mg Capsule, 1mg Capsule)	3	B/D,PA,QL
Prograf (5mg Capsule)	4	B/D,PA
Prograf (Injection)	3	B/D,PA
Rapamune	3	B/D
Rheumatrex	3	
Sandimmune	3	B/D
Simponi	4	PA
Simulect	4	B/D
Trexall	3	
Zenapax	3	B/D
Immunizing Agents, Passive - Immune System Drugs		
Atgam	4	B/D
Carimune Nanofiltered	4	B/D,PA
Flebogamma	4	B/D,PA
Gamastan S/D	2	B/D,PA
Gammagard Liquid	4	B/D,PA
Gamunex	4	B/D,PA
Octagam	4	B/D,PA
Polygam S/D	3	B/D,PA
Synagis	4	
Thymoglobulin	4	B/D
Vivaglobin	4	B/D,PA
Immunomodulators - Immune System Drugs		
Actimmune	4	
Alferon N	3	
Arava	3	
Arcalyst	4	PA
Avonex	4	PA
Betaseron	4	PA
Copaxone	4	PA
Infergen	4	PA

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Intron-A (10mu Injection)	3	PA
Intron-A (10mu Pen Injection, 18mu Injection, 5mu Pen Injection)	4	PA
Intron-A (3mu Pen Injection)	3	PA,QL
Leflunomide	1	
Pegasys	4	PA
Peg-Intron	4	PA
Rebif	4	PA
Rebif Titration Pack	4	PA
Remicade	4	PA
Ridaura	3	
Tysabri [†]	4	PA
Vaccines		
Acthib	2	
Adacel	2	
Attenuvax	2	
Boostrix	2	
Comvax	2	
Daptacel	2	
Decavac	2	
Diphtheria/Tetanus Toxoid Pediatric	2	
Engerix-B	2	B/D
Gardasil	2	
Havrix	2	
Hibtiter	2	
Imovax Rabies (H.D.C.V.)	2	
Infanrix	2	
Ipol Inactivated IPV	2	
Je-Vax	2	
Menactra	2	
Menomune-A/C/Y/W-135	2	
Meruvax II	2	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

[†]Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
M-M-R II	2	
Pediarix	2	
Pedvax HIB	2	
ProQuad	2	
Rabavert	2	
Recombivax HB	2	B/D
RotaTeq	2	
Tetanus Toxoid Adsorbed	2	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	2	
TriHiBit	2	
Tripedia	2	
Twinrix	2	
Typhim Vi	2	
Vaqta	2	
Varivax	2	
Vivotif Berna	2	
YF-Vax	2	
Zostavax	2	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease		
Salicylates - Inflammatory Bowel Disease Drugs		
Apriso	3	QL
Asacol	2	
Asacol Hd	3	PA
Balsalazide Disodium	2	
Canasa	3	
Colazal	3	
Dipentum	3	
Lialda	3	
Mesalamine	2	
Pentasa	3	
Rowasa	3	
Sulfonamides - Inflammatory Bowel Disease Drugs		
Azulfidine	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Azulfidine EN-Tabs	3	
Sulfasalazine	1	
Sulfazine	1	
Sulfazine EC	1	
Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs		
Actonel	2	QL
Actonel with Calcium	2	QL
Alendronate Sodium	1	
Aredia (30mg Injection)	3	
Aredia (90mg Injection)	4	
Boniva (Injection)	3	QL
Boniva (Tablet)	2	QL
Calcijex	3	
Calcitonin-Salmon (Nasal Spray)	1	QL
Calcitriol (Capsule, Oral Solution)	1	
Calcitriol (Injection)	2	
Didronel	3	
Etidronate Disodium	1	
Forteo	3	B/D,PA
Fortical	2	QL
Fosamax (Oral Solution)*	3	QL,ST
Fosamax (Tablet)*	3	
Fosamax Plus D*	3	QL,ST
Hectorol	2	
Miacalcin (Injection)	3	B/D,PA
Miacalcin (Nasal Spray)	3	QL
Pamidronate Disodium (30mg/10ml Injection, 90mg/10ml Injection)	2	
Pamidronate Disodium (6mg/ml Injection)	3	

PA- Prior Authorization QL- Quantity Limits

ST- Step Therapy

B/D- Medicare Part B or Part D

Bold Type = Brand-name drugs

*For lower-tier drug option(s) see page 67

†Limited Access drug

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Rocaltrol	3	
Skelid	3	
Zemplar	2	
Zometa	4	

Miscellaneous Agents - Drugs to Treat Miscellaneous Conditions

Cytoprotective Agents - Ulcer and Stomach Acid Drugs

Amifostine	4	
Dexrazoxane	4	
Ethylol	4	
Mesna	2	
Mesnex (Injection)	3	
Mesnex (Tablet)	4	
Zinecard	4	

Diabetic Supplies

Alcohol Preps	1	
Gauze Pads	2	
Insulin Syringes, Needles	2	

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

AK-Con	1	
Alcaine	3	
Lacrisert	2	
Mydral	1	
Mydracyl	3	
Naphazoline HCl	1	
Parcaine	1	
Proparacaine HCl	1	
Restasis	2	
Tropicacyl	1	
Tropicamide	1	

Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs

Alamast	3	
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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Alocril	3	
Alomide	3	
Crolom	3	
Cromolyn Sodium (Solution)	1	
Elestat	3	
Emadine	3	
Optivar	3	
Pataday	2	
Patanol	2	

Ophthalmic Antiglaucoma Agents - Glaucoma Drugs

Acetazolamide (12-Hour Capsule)	2	
Acetazolamide (Tablet)	1	
Alphagan P	2	
Azopt	2	
Betagan	3	
Betaxolol HCl	1	
Betimol	3	
Betoptic-S	3	
Brimonidine Tartrate	1	
Carteolol HCl	1	
Combigan	2	
Cosopt	3	QL
Diamox	3	
Dipivefrin HCl	1	
Dorzolamide HCl	1	
Dorzolamide HCl/Timolol Maleate	1	
Iopidine	3	
Istalol	3	
Levobunolol HCl	1	
Methazolamide	1	
Metipranolol	1	
Optipranolol	3	
Phospholine Iodide	2	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Pilopine HS	2	
Propine	3	
Timolol Maleate	1	
Timoptic	3	
Timoptic-XE	3	
Trusopt*	3	QL
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs		
Acular	2	
Acular LS	2	
Alrex	2	
Blephamide	2	
Blephamide S.O.P.	2	
Dexamethasone Sodium Phosphate	1	
Dexasporin	1	
Diclofenac Sodium	1	
Durezol	3	
Flarex	2	
Fluorometholone	1	
Fluor-Op	1	
Flurbiprofen Sodium	1	
FML	2	
FML Forte	2	
FML Liquifilm	3	
Lotemax	2	
Maxidex	3	
Maxitrol	3	
Neomycin/Polymyxin/ Dexamethasone	1	
Nevanac	3	
Ocufen	3	
Omnipred	3	
Poly-Dex	1	
Poly-Pred	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Pred Forte	3	
Pred Mild	2	
Pred-G	2	
Pred-G S.O.P.	2	
Prednisolone Acetate	1	
Prednisolone Sodium Phosphate	1	
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate	1	
Tobradex (Ointment)	2	
Tobradex (Suspension)	3	
Tobramycin/Dexamethasone	1	
Vexol	3	
Voltaren (Solution)	3	
Xibrom	3	
Zylet	3	
Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs		
Lumigan	2	QL
Travatan	2	QL
Travatan Z	2	QL
Xalatan*	3	QL,ST
Otic Agents - Drugs to Treat Ear Conditions		
Otic Agents - Ear Drugs		
Acetasol HC	1	
Acetic Acid	1	
Acetic Acid/Aluminum Acetate	1	
Borofair	1	
Cipro HC	3	
Ciprodex	3	
Coly-Mycin S	3	
Cortisporin	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Cortisporin-TC	3	
Cortomycin	1	
Dermotic	2	
Neomycin/Polymyxin/ Hydrocortisone	1	
Pediotic	3	
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
Antihistamines - Allergy Drugs		
Allegra (Oral Suspension)	3	QL,ST
Allegra (Tablet)	3	
Allegra-D	3	QL,ST
Astelin	2	QL
Astepro	3	QL
Carbinoxamine Maleate	1	
Cetirizine HCl	1	QL
Clarinetx*	3	QL,ST
Clarinetx Reditabs	3	QL,ST
Clarinetx-D	3	QL,ST
Clemastine Fumarate	1	
Cyproheptadine HCl	1	
Dexchlorpheniramine Maleate	1	
Diphenhydramine HCl	1	
Fexofenadine HCl	1	
Hydroxyzine HCl	1	
Palgic	3	
Patanase	2	QL
Phenadoz	1	
Phenergan	3	
Promethazine HCl	1	
Promethazine VC	1	
Promethegan	1	
Semprex-D	3	
Xyzal	3	QL,ST

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs		
Advair Diskus	2	QL
Advair HFA	2	QL
Aerobid	3	QL,ST
Aerobid-M	3	QL,ST
Alvesco*	3	QL,ST
Asmanex*	3	QL,ST
Azmacort*	3	QL,ST
Beconase AQ*	3	QL
Flonase	3	
Flovent Diskus	2	QL
Flovent HFA	2	QL
Flunisolide	1	
Fluticasone Propionate	1	
Nasacort AQ*	3	QL
Nasarel	3	
Nasonex	2	QL
Omnaris	3	QL
Pulmicort (Nebulizer Suspension)	2	B/D
Pulmicort Flexhaler	2	QL
QVAR	2	QL
Rhinocort Aqua*	3	QL
Veramyst*	3	QL
Antileukotrienes - Asthma/Lung Drugs		
Accolate*	3	QL,ST
Singulair	2	QL
Zyflo CR*	3	QL,ST
Bronchodilators, Anticholinergic - Asthma/Lung Drugs		
Atrovent	3	
Atrovent HFA	2	
Ipratropium Bromide (Nasal Spray)	1	
Ipratropium Bromide (Nebulizer Solution)	1	B/D

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Spiriva Handihaler	2	QL
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs		
Aminophylline	1	
Elixophyllin	2	
Lufyllin	3	
Theo-24	2	
Theochron	1	
Theophylline ER	1	
Uniphyl	3	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs		
Accuneb	3	B/D
Albuterol Sulfate (Nebulizer Solution)	1	B/D
Albuterol Sulfate (Syrup, Tablet)	1	
Albuterol Sulfate ER	1	
Brethine	3	
Brovana	3	B/D
Combivent	2	
Duoneb	3	B/D
Epinephrine HCl	1	
Epipen	2	QL
Foradil Aerolizer	2	QL,ST
Ipratropium Bromide/ Albuterol Sulfate (Nebulizer Solution)	1	B/D
Metaproterenol Sulfate	1	
Perforomist	3	B/D
Proair HFA	2	
Proventil HFA	2	
Serevent Diskus	2	QL,ST
Symbicort	2	QL
Terbutaline Sulfate (Injection)	2	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Terbutaline Sulfate (Tablet)	1	
Twinject	3	QL
Ventolin HFA	2	
Vospire ER	3	
Xopenex (Nebulizer Solution)	2	B/D,ST
Xopenex HFA	2	
Mast Cell Stabilizers - Asthma/Lung Drugs		
Cromolyn Sodium (Nebulizer Solution)	1	B/D
Gastrocrom	3	
Intal Inhaler	2	
Pulmonary Antihypertensives - Asthma/Lung Drugs		
Adcirca	4	PA,QL
Letairis	4	PA
Remodulin	4	B/D,PA
Revatio	4	PA
Tracleer[†]	4	PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
Aralast	4	
Prolastin	4	
Pulmozyme	4	B/D
Tyzine	2	
Xolair	4	PA
Zemaira	4	
Sedatives/Hypnotics - Drugs for Sedation and Sleep		
Sedatives/Hypnotics - Sedation and Sleep Drugs		
Ambien (10mg Tablet)	3	
Ambien (5mg Tablet)	3	QL
Ambien CR*	2	QL,ST
Edluar	3	PA,QL
Lunesta	2	QL,ST
Rozerem	3	QL
Sonata	3	QL

PA- Prior Authorization QL- Quantity Limits
ST- Step Therapy B/D- Medicare Part B or Part D
Bold Type = Brand-name drugs

*For lower-tier drug option(s) see page 67
[†]Limited Access drug

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Zaleplon	1	QL
Zolpidem Tartrate (10mg Tablet)	1	
Zolpidem Tartrate (5mg Tablet)	1	QL
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs		
Amrix	3	ST
Carisoprodol	1	
Carisoprodol/Aspirin	1	
Carisoprodol/Aspirin/Codeine	2	
Chlorzoxazone	1	
Cyclobenzaprine HCl	1	
Fexmid	3	ST
Flexeril	3	
Methocarbamol	1	
Norflex	3	
Orphenadrine Citrate	1	
Orphenadrine Citrate ER	1	
Parafon Forte DSC	3	
Robaxin	3	
Skelaxin	3	
Soma	3	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolytes/Minerals - Electrolytes and Minerals		
Aminess	3	B/D
Aminosyn	3	B/D
Aminosyn 7%/Electrolytes	3	B/D
Aminosyn 8.5%/Electrolytes	1	B/D
Aminosyn II	3	B/D

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Aminosyn II 8.5%/Electrolytes	1	B/D
Aminosyn II M/Dextrose	3	B/D
Aminosyn II/Dextrose	3	B/D
Aminosyn M	3	B/D
Aminosyn-HBC	3	B/D
Aminosyn-HF	2	B/D
Aminosyn-PF	3	B/D
Ammonium Chloride	3	
Carnitor	3	
Clinimix E/Dextrose	3	B/D
Clinimix/Dextrose (2.75%/D5W Injection, 4.25%/D5W Injection, 5%/D15W Injection, 5%/D20W Injection, 5%/D25W Injection)	3	B/D
Clinimix/Dextrose (4.25%/D10W Injection, 4.25%/D20W Injection, 4.25%/D25W Injection)	1	B/D
Clinisol SF 15%	2	B/D
Dextrose 5%/Electrolyte #48	3	
Dextrose 5%/KCl 0.075%	1	
Dextrose/NaCl	1	
ED K+10	1	
Freamine HBC	3	B/D
Freamine III	3	B/D
Hepatamine	2	B/D
Hepatasol	3	B/D
Intralipid (20% Injection)	1	B/D
Intralipid (30% Injection)	3	B/D
Ionosol-B/Dextrose 5%	3	
Ionosol-MB/Dextrose 5%	3	
Ionosol-T/Dextrose 5%	3	
Isolyte-H/Dextrose 5%	3	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Isolyte-M/Dextrose 5%	1	
Isolyte-P/Dextrose 5%	3	
Isolyte-S	3	
Isolyte-S/Dextrose 5%	3	
Kaon-Cl-10	1	
KCl	1	
KCl ER	1	
KCl/D10W/NaCl	1	
KCl/D5W	1	
KCl/D5W/LR	1	
KCl/D5W/NaCl	1	
KCl/NaCl	1	
Klor-Con 10	1	
Klor-Con 8	1	
Klor-Con M15	2	
Klor-Con M20	1	
K-Tabs	3	
Lactated Ringer's	1	
Lactated Ringer's Irrigation	1	
Levocarnitine	1	
Magnesium Sulfate	1	
Magnesium Sulfate in D5W	1	
NaCl (Injection, Irrigation Solution)	1	
Nephramine	3	B/D
Normosol-M in D5W	1	
Normosol-R	3	
Normosol-R in D5W	1	
Novamine	2	B/D
Osmoprep	3	
Physiolyte	1	
Physiosol Irrigation	3	
Plasma-Lyte	3	
Plasma-Lyte/D5W	3	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Plasma-Lyte-R	1	
Potassium Citrate Extended-Release	1	
Premasol (10% Injection)	3	B/D
Premasol (6% Injection)	2	B/D
Procalamine	3	B/D
Prosol	3	B/D
Renamin	3	B/D
Ringer's Injection	1	
Ringer's Irrigation	1	
Sodium Bicarbonate	1	
Sodium Fluoride	1	
Sodium Lactate	1	
Tis-U-Sol	1	
TPN Electrolytes FTV	2	
Travasol	3	B/D
Travasol/Dextrose	3	B/D
Travasol/Electrolytes	1	B/D
Trophamine	3	B/D
Urocit-K	3	
Visicol	3	
Therapeutic Nutrients/Minerals/Electrolytes, Other - Electrolytes, Minerals and Nutrients		
Alcohol 5%/Dextrose 5%	1	
Dextrose 10%	1	
Dextrose 5%	1	
Sterile Water Irrigation	1	
Vitamins		
Prenatal Vitamins	1	

PA- Prior Authorization

QL- Quantity Limits

*For lower-tier drug option(s) see page 67

ST- Step Therapy

B/D- Medicare Part B or Part D

†Limited Access drug

Bold Type = Brand-name drugs

1,2,3

8-Mop..... 32

A

Abelcet..... 17

Abilify 22

Abilify Discmelt..... 22

Abraxane 20

Acanya 32

Acarbose 24

Accolate 45

Accuneb 46

Accupril 30

Accuretic..... 30

Accutane 32

Acebutolol HCl..... 27

Aceon..... 29

Acetadote..... 16

Acetaminophen/Caffeine/
Dihydrocodeine Bitartrate..... 18

Acetaminophen/Codeine 7

Acetasol HC 44

Acetazolamide..... 43

Acetazolamide Sodium 28

Acetic Acid..... 44

Acetic Acid/
Aluminum Acetate..... 44

Acetylcysteine..... 16

Aciphex..... 34

Aclovate..... 35

Acthib..... 41

Acticin..... 21

Actigall..... 33

Actimmune 41

Actiq 7

Activella..... 37

Actonel..... 42

Actonel with Calcium 42

Actoplus Met 24

Actos 24

Acular..... 44

Acular LS..... 44

Acyclovir..... 23

Acyclovir Sodium..... 23

Adacel..... 41

Adagen..... 33

Adalat CC..... 28

Adcirca 46

Adderall 31

Adderall XR 31

Adoxa 13

Adoxa Pak 13

Adriamycin..... 20

Advair Diskus..... 45

Advair HFA 45

Advicor..... 29

Aerobid 45

Aerobid-M 45

Afedtab CR 28

Afinitor 20

Aggrenox..... 26

Aglylin..... 26

A-Hydrocort 35

AK-Con..... 43

Akne-Mycin..... 12

AK-Poly-Bac 10

AK-Tob 9

Ala-Cort..... 35

Alamast..... 43

Ala-Scalp..... 35

Albenza 21

Albuterol Sulfate 46

Albuterol Sulfate ER 46

Alcaine..... 43

Alclometasone Dipropionate ... 35

Alcohol 5%/Dextrose 5% 48

Alcohol Preps 43

Aldactazide 29

Aldactone 29

Aldara..... 32

Aldurazyme 33

Alendronate Sodium..... 42

Alferon N 41

Alimta 19

Alinia 21

Alkeran..... 19

Allegra..... 45

Allegra-D 45

Allopurinol 18

Allopurinol Sodium..... 18

Alocril..... 43

Alomide..... 43

Aloprim..... 18

Alora 37

Aloxi..... 16

Alphagan P..... 43

Alrex 44

Altabax..... 10

Altace..... 30

Altoprev 29

Alvesco 45

Amantadine HCl..... 21

Amaryl..... 24

Ambien..... 46

Ambien CR..... 46

Ambisome..... 17

Amcinonide 35

Amerge 18

A-Methapred 35

Amevive 31

Amifostine 43

Amikacin Sulfate 9

Amikin 9

Amiloride HCl..... 29

Amiloride/Hydrochlorothiazide... 29

Aminess 47

Aminophylline 46

Aminosyn..... 47

Aminosyn 7%/Electrolytes..... 47

Aminosyn 8.5%/Electrolytes..... 47

Aminosyn II 47

Aminosyn II 8.5%/Electrolytes	47	Anusol-HC	35	Augmentin ES	12
Aminosyn II M/Dextrose	47	Anzemet.....	16	Augmentin XR	12
Aminosyn II/Dextrose.....	47	Aphthasol	32	Avalide	30
Aminosyn M	47	Apidra.....	25	Avandamet.....	24
Aminosyn-HBC	47	Aplenzin.....	15	Avandaryl	24
Aminosyn-HF.....	47	Apokyn	21	Avandia.....	24
Aminosyn-PF.....	47	Apri	37	Avapro.....	30
Amiodarone HCl	27	Apriso.....	42	Avastin	21
Amitiza	33	Aptivus	23	Avelox	12, 13
Amitriptyline HCl.....	16	Aralast.....	46	Avelox ABC Pack	13
Amlodipine Besylate.....	28	Aralen.....	21	Aviane	37
Amlodipine Besylate/ Benazepril HCl.....	30	Aranelle	37	Avinza.....	7
Ammonium Chloride	47	Aranesp Albumin Free.....	26	Avita	32
Ammonium Lactate.....	32	Arava.....	41	Avodart	34
Amnesteem	32	Arcalyst.....	41	Avonex	41
Amoclan.....	12	Aredia.....	42	Axert.....	18
Amoxapine	16	Aricept	14	Axid.....	34
Amoxicillin.....	12	Aricept ODT.....	14	Aygestin.....	39
Amoxicillin/Potassium Clavulanate.....	12	Arimidex.....	20	Azactam.....	11
Amoxil	12	Arixtra	25	Azactam in Dextrose	11
Amphetamine Salt Combo	31	Aromasin	20	Azasan	40
Amphotec	17	Arranon.....	20	Azasite	12
Amphotericin B.....	17	Arthrotec	7	Azathioprine.....	40
Ampicillin.....	12	Asacol	42	Azathioprine Sodium	40
Ampicillin Sodium	12	Asacol Hd.....	42	Azelex.....	32
Ampicillin-Sulbactam	12	Ascomp/Codeine.....	7	Azilect	21
Amrix	47	Asmanex.....	45	Azithromycin	12
Anadrol-50.....	37	Astelin	45	Azmacort	45
Anafranil	16	Astepro	45	Azopt	43
Anagrelide HCl.....	26	Astramorph	7	Azor	30
Anaprox	7	Atacand	30	Azulfidine.....	42
Anaprox DS.....	7	Atacand HCT.....	30	Azulfidine EN-Tabs.....	42
Ancobon	17	Atamet.....	21		
Androderm	37	Atenolol.....	27	B	
Androgel.....	37	Atenolol/Chlorthalidone.....	27	BACiiM.....	10
Android	37	Atgam.....	41	Bacitracin.....	10
Androxy.....	37	Atralin.....	32	Bacitracin/Neomycin/ Polymyxin.....	10
Anestacon	9	Atripia.....	23	Bacitracin/Polymyxin B.....	10
Angeliq.....	37	Atropine Sulfate	33	Bacitracin/Polymyxin/ Neomycin/Hydrocortisone....	10
Antabuse	16	Atrovent.....	45	Baclofen	22
Antara	29	Atrovent HFA.....	45	Bactocill in Dextrose	12
Antivert	16	Attenuvax	41	Bactrim	13
Antizol	16	Augmented Betamethasone Dipropionate.....	35	Bactrim DS.....	13
		Augmentin	12		

Bactroban.....	10	Boniva	42	Cantil	33
Bactroban Nasal.....	10	Boostrix.....	41	Capastat Sulfate.....	19
Balacet 325.....	7	Borofair	44	Capex	35
Balsalazide Disodium	42	Botox.....	31	Capital/Codeine	8
Balziva.....	37	Brethine	46	Capoten.....	30
Banzel	13	Brevicon	37	Captopril	30
Baraclude.....	23	Brimonidine Tartrate.....	43	Captopril/Hydrochlorothiazide ...	30
Beconase AQ.....	45	Bromocriptine Mesylate	21	Carac.....	32
Benazepril HCl	30	Brovana	46	Carafate	34
Benazepril HCl/ Hydrochlorothiazide.....	30	Budeprion SR.....	15	Carbamazepine.....	14
Benicar	30	Budeprion XL	15	Carbamazepine ER.....	14
Benicar HCT.....	30	Bumetanide.....	29	Carbatrol.....	14
Bentyl	33	Bumex.....	29	Carbidopa/Levodopa	21
Benzaclin Care Kit.....	32	Buphenyl.....	33	Carbidopa/Levodopa CR	21
Benzamycin.....	32	Buprenex.....	7	Carbidopa/Levodopa ODT	21
Benztropine Mesylate	21	Buprenorphine HCl	8	Carbinoxamine Maleate	45
Besivance.....	13	Buproban.....	16	Carboplatin.....	20
Betagan	43	Bupropion HCl.....	15	Cardene I.V.....	28
Betamethasone Dipropionate...	35	Bupropion HCl SR.....	15, 16	Cardene SR	28
Betamethasone Valerate	35	Buspar.....	24	Cardizem.....	28
Betapace	27	Buspirone HCl.....	24	Cardizem CD.....	28
Betapace AF	27	Busulfex.....	19	Cardizem LA	28
Betaseron.....	41	Butalbital/Acetaminophen/ Caffeine/Codeine	8	Cardura	26
Beta-Val.....	35	Butorphanol Tartrate	8	Cardura XL.....	34
Betaxolol HCl	27, 43	Byetta.....	24	Carimune Nanofiltered.....	41
Bethanechol Chloride	34	Bystolic	27	Carisoprodol.....	47
Betimol.....	43	C		Carisoprodol/Aspirin.....	47
Betoptic-S	43	Cabergoline.....	39	Carisoprodol/Aspirin/Codeine ...	47
Biaxin	12	Caduet.....	29	Carmol-HC	32
Biaxin XL.....	12	Cafergot.....	18	Carnitor	47
Bicalutamide.....	40	Calan	28	Carteolol HCl	43
Bicillin C-R.....	12	Calan SR	28	Cartia XT	27
Bicillin L-A	12	Calcijex	42	Cartrol	27
BiCNU.....	19	Calcipotriene.....	32	Carvedilol.....	27
BiDil	31	Calcitonin-Salmon.....	42	Casodex	40
Biltricide	21	Calcitriol.....	42	Cataflam.....	7
Bisoprolol Fumarate	27	Calcium Acetate.....	35	Catapres	26
Bisoprolol Fumarate/ Hydrochlorothiazide.....	27	Camila	39	Catapres-TTS.....	26
Bleomycin Sulfate.....	20	Campath.....	21	Cedax	11
Bleph-10.....	13	Campral.....	16	CeeNu	19
Blephamide	44	Camptosar	20	Cefaclor	11
Blephamide S.O.P.....	44	Canasa	42	Cefaclor ER.....	11
		Cancidas.....	17	Cefadroxil	11
				Cefazolin Sodium.....	11

Cefdinir.....	11	Chlorthalidone	29	Clinimix/Dextrose	47
Cefepime.....	11	Chlorzoxazone	47	Clinisol SF 15%.....	47
Cefizox in Dextrose 5%.....	11	Cholestyramine.....	29	Clinoril	7
Cefotaxime Sodium.....	11	Cholestyramine Light.....	29	Clobetasol Propionate.....	35
Cefotetan	11	Chorionic Gonadotropin.....	37	Clobetasol Propionate E	35
Cefoxitin Sodium	11	Ciclopirox.....	17	Clobex	35
Cefoxitin Sodium/Dextrose.....	11	Ciclopirox Nail Lacquer.....	17	Cloderm.....	35
Cefpodoxime Proxetil	11	Ciclopirox Olamine.....	17	Clolar	20
Cefprozil.....	11	Cilostazol	26	Clomipramine HCl.....	16
Ceftazidime.....	11	Ciloxan	13	Clonidine HCl.....	26
Ceftin	11	Cimetidine.....	34	Clorpres	29
Ceftriaxone Sodium	11	Cimetidine HCl	34	Clotrimazole	17
Ceftriaxone/Dextrose	11	Cimzia.....	40	Clotrimazole/Betamethasone	
Cefuroxime Axetil.....	11	Cipro	13	Dipropionate.....	17
Cefuroxime Sodium.....	11	Ciprodex.....	44	Clozapine	22
Cefuroxime/Dextrose.....	11	Ciprofloxacin.....	13	Clozaril	22
Celebrex.....	7	Ciprofloxacin ER.....	13	Cogentin.....	21
Celestone.....	35	Ciprofloxacin HCl.....	13	Co-Gesic	8
Celexa	15	Cipro HC.....	44	Cognex.....	14
Cellcept.....	40	Cisplatin	20	Colazal.....	42
Cellcept Intravenous	40	Citalopram Hydrobromide	15	Colchicine.....	18
Celontin.....	14	Cladribine	20	Colestid	29
Cenestin.....	37	Claforan	11	Colestipol HCl.....	29
Cephalexin.....	11	Claforan/D5W	11	Colistimethate Sodium	10
Cerebyx.....	14	Claravis	32	Colocort	35
Ceredase	33	Clarinex.....	45	Coly-Mycin M	10
Cerezyme.....	33	Clarinex-D.....	45	Coly-Mycin S.....	44
Cerubidine	20	Clarinex Reditabs	45	Colyte	33
Cesamet.....	16	Clarithromycin	12	Combigan.....	43
Cesia.....	38	Clarithromycin ER.....	12	Combipatch.....	38
Cetirizine HCl.....	44	Clemastine Fumarate.....	45	Combivent.....	46
Cetraxal.....	13	Cleocin	10	Combivir.....	23
Chantix	16	Cleocin Galaxy.....	10	Combunox.....	8
Chemet.....	16	Cleocin Pediatric Granules	10	Compro.....	22
Chloramphenicol Sodium		Cleocin Phosphate.....	10	Comtan.....	21
Succinate.....	10	Cleocin-T	10	Comvax	41
Chlordiazepoxide/Amitriptyline ...	16	Climara	38	Concerta	31
Chlorhexidine Gluconate		Climara Pro.....	38	Condylox Gel	32
Oral Rinse.....	32	Clindagel.....	10	Constulose.....	33
Chloroquine Phosphate	21	Clindamycin HCl	10	Copaxone.....	41
Chlorothiazide.....	29	Clindamycin Phosphate	10	Copegus.....	23
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Vincristine Sulfate	20	Xyrem	31	Zofran ODT	17
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Take advantage of lower-tier drug options.

Switching from a higher-tier drug to a lower-tier drug can be a smart decision. Lower-tier drugs are FDA approved to treat many of the same conditions as higher tier drugs and can provide similar clinical effectiveness. They can save you money on your copays and lower your total drug costs. This may help you delay or avoid the coverage gap (if part of your plan). Talk to your doctor or pharmacist about lower-tier drugs.

Condition*	Higher-tier drug	Lower-tier drug
Acid Reflux	Aciphex, Kapidex, Pantoprazole, Prevacid, Zegerid	Nexium, Omeprazole, Protonix
Allergies	Beconase AQ, Clarinex, Nasacort AQ, Rhinocort Aqua, Veramyst	Fexofenadine, Flunisolide, Fluticasone, Nasonex
Alzheimer's	Exelon, Razadyne, Razadyne ER	Aricept, Aricept ODT, Namenda
Asthma	Accolate, Alvesco, Asmanex, Azmacort, Zflo CR	Flovent, Pulmicort, Qvar, Singulair
Diabetes	Relion	Humulin, Novolin
Glaucoma	Trusopt, Xalatan	Lumigan, Travatan, Travatan-Z
High Blood Pressure	Accupril, Accuretic, Aceon, Atacand, Atacand HCT, Avalide, Avapro, Coreg CR, Cozaar, Hyzaar, Lotrel, Tarka	Amlodipine, Benazepril, Benicar, Benicar HCT, Bystolic, Carvedilol, Diovan, Diovan HCT, Lisinopril, Quinapril, Ramipril
High Cholesterol	Advicor, Altoprev, Lescol, Lescol XL, Simcor, Vytorin	Crestor, Lipitor, Lovastatin, Niaspan, Pravastatin, Simvastatin, Zetia
Insomnia	Ambien CR	Zaleplon, Zolpidem
Migraines	Amerge, Frova, Imitrex, Zomig	Maxalt, Sumatriptan
Osteoporosis	Fosamax, Fosamax + D	Actonel, Actonel with Calcium, Alendronate, Boniva
Overactive Bladder	Ditropan XL, Vesicare	Detrol, Detrol LA, Enablex, Oxybutynin ER

* Conditions listed are common uses for each drug and are not intended to be a comprehensive list of all uses approved by the FDA.

Bold Type = Brand Name Drug

This document includes:

UnitedHealthcare MedicareRx for Groups (PDP) comprehensive formulary as of January 1, 2010.

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