UnitedHealthcare®
MedicareRx

PART D

2010 abridged formulary

(Partial list of covered drugs)

UnitedHealthcare® MedicareRx for Groups (PDP)

Inside:

Drug tiers and copays.

Requirements and limits.

Partial 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 partial 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 abridged formulary is a partial 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.

The complete drug list includes many more drugs than those listed in this booklet.

If your drug is not listed in this partial drug list, you can get complete and updated formulary information by calling Customer Service at **1-888-556-6648**, TTY **711**, 24 hours a day, 7 days a week. Our Customer Service Associates can look up all your drugs to let you know if they are covered.

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.

PART D

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 23. 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 your drug in this partial drug list, contact Customer Service for assistance in finding your drug in the complete drug list. 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 partial 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 ExtraHelp Paying for their Prescription Drugs" thatis 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

Revlimid

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	**page 9-10**
Asthma/Lung	**page 21-22**
Blood Pressure	**page 14-16**
Cholesterol Control	**page 15-16**
Osteoporosis	**page 20**
Ulcer and Stomach Acid	**page 17, 20**
Vaccines	**page 19**

DRUG	UnitedHealthcare MedicareRx for Groups (PDP) 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		
Arthrotec	3	
Celebrex	2	QL
Diclofenac Sodium	1	
Etodolac	1	
Flector	3	
Ibuprofen	1	
Indomethacin	1	
Indomethacin ER	1	
Meloxicam (Oral Suspension)	2	
Meloxicam (Tablet)	1	
Nabumetone	1	
Naproxen	1	
Naproxen DR	1	
Oxaprozin	1	
Piroxicam	1	
Sulindac	1	
Voltaren (Delayed Release Tablet)	3	
Voltaren (Gel)	2	
Opioid Analgesics - Opioid Pain Relievers		
Acetaminophen/Codeine	1	
Avinza	3	QL
Endocet	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP) TIER	LIMITS
Fentanyl (Patch)	2	QL
Hydrocodone/ Acetaminophen	1	
Hydrocodone/Ibuprofen	1	
Hydromorphone HCl (Injection)	2	
Hydromorphone HCl (Tablet)	1	
Kadian	3	QL
Methadone HCl (Concentrate, Oral Solution, Tablet)	1	
Methadone HCl (Injection)	3	
Morphine Sulfate	1	
Morphine Sulfate ER	1	QL
Opana ER	3	QL
Oxycodone/ Acetaminophen	1	
Oxycodone HCl	1	
Oxycodone HCl ER	2	QL
Oxycontin	2	QL
Propoxyphene-N/ Acetaminophen	1	
Roxicet (Oral Solution)	3	
Roxicet (Tablet)	1	
Tramadol HCl	1	
Tramadol HCl/ Acetaminophen	1	
Ultram ER (100mg 24-Hour Tablet, 200mg 24-Hour Tablet)	3	QL
Ultram ER (300mg 24-Hour Tablet)	3	

PA- Prior Authorization QL- Quantity Limits *For lower-tier drug option(s) see page 29
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
Anesthetics - Drugs for Numbing		
Local Anesthetics		
Lidocaine/Prilocaine	1	
Lidoderm	2	QL
Antibacterials - Drugs to Treat Bacterial Infections		
Aminoglycosides - Antibiotics		
Gentamicin Sulfate	1	
Tobramycin Sulfate	1	
Antibacterials, Other - Antibiotics		
Bactroban	3	
Clindamycin HCl	1	
Metronidazole	1	
Mupirocin	1	
Neomycin/Polymyxin/ Hydrocortisone	1	
Nitrofurantoin Macrocrystalline	1	
Nitrofurantoin Monohydrate	1	
Silver Sulfadiazine	1	
SSD	1	
Trimethoprim	1	
Vancomycin HCl	1	
Beta-Lactam, Cephalosporins - Antibiotics		
Cefdinir	1	
Ceftriaxone Sodium	2	
Cefuroxime Axetil	1	
Cephalexin	1	
Beta-Lactam, Other - Antibiotics		
Invanz	3	
Primaxin	3	
Beta-Lactam, Penicillins - Antibiotics		
Amoxicillin	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Amoxicillin/Potassium Clavulanate	1	
Penicillin V Potassium	1	
Macrolides - Antibiotics		
Azithromycin (Injection)	2	
Azithromycin (Oral Suspension, Tablet)	1	
Clarithromycin	1	
Erythromycin	1	
Quinolones - Antibiotics		
Avelox (Injection)	3	
Avelox (Tablet)	2	
Ciprofloxacin HCl	1	
Levaquin (Injection, Oral Solution)	3	
Levaquin (Tablet)	2	
Vigamox	2	
Zymar	2	
Sulfonamides - Antibiotics		
Sulfadiazine	2	
Sulfamethoxazole/ Trimethoprim	1	
Tetracyclines - Antibiotics		
Doxycycline Hyclate (100mg Tablet, Injection)	2	
Doxycycline Hyclate (20mg Tablet, Capsule, Extended Release Capsule)	1	
Minocycline HCl (Capsule)	1	
Minocycline HCl (Tablet)	2	
Tetracycline HCl	1	
Anticonvulsants - Drugs to Treat Seizures		
Anticonvulsants, Other - Seizure Control Drugs		
Banzel	3	QL

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Keppra	3	
Levetiracetam	2	
Vimpat	3	QL
Calcium Channel Modifying Agents - Seizure Control Drugs		
Lyrica	2	QL
Zonisamide	1	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs		
Depakote	3	
Depakote ER	3	
Depakote Sprinkles	3	
Divalproex Sodium (24-Hour Tablet, Sprinkle Capsule)	2	
Divalproex Sodium (Delayed Release Tablet)	1	
Gabapentin	1	
Primidone	1	
Valproic Acid	1	
Glutamate Reducing Agents - Seizure Control Drugs		
Lamictal	3	
Lamotrigine	2	
Topamax	3	
Topiramate (Sprinkle Capsule)	1	
Topiramate (Tablet)	1	
Sodium Channel Inhibitors - Seizure Control Drugs		
Carbamazepine	1	
Carbamazepine ER	1	
Carbatrol	2	
Dilantin	2	
Dilantin Infatabs	2	
Oxcarbazepine	1	
Phenytoin	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Phenytoin Sodium Extended	1	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia		
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs		
Aricept	2	QL
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		
Budeprion SR	1	QL
Budeprion XL	2	QL
Bupropion HCl	1	QL
Bupropion HCl SR	1	QL
Mirtazapine	1	
Trazodone HCl	1	
Wellbutrin XL	3	QL
Monoamine Oxidase Inhibitors - Antidepressants		
Nardil	2	
Tranylcypromine Sulfate	1	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants		
Citalopram Hydrobromide	1	
Cymbalta (20mg Extended Release Capsule, 30mg Extended Release Capsule)	2	QL
Cymbalta (60mg Extended Release Capsule)	2	
Effexor XR	2	QL
Fluoxetine HCl	1	
Fluvoxamine Maleate	1	
Lexapro (10mg Tablet, 5mg Tablet)	2	QL
Lexapro (20mg Tablet, Oral Solution)	2	
Paroxetine HCl (Oral Suspension)	2	
Paroxetine HCl (Tablet)	1	
Paroxetine HCl ER	2	QL
Pristiq	2	QL
Sertraline HCl	1	
Venlafaxine HCl	1	QL
Venlafaxine HCl ER	3	QL
Tricyclics - Antidepressants		
Amitriptyline HCl	1	
Doxepin HCl	1	
Imipramine HCl	1	
Nortriptyline HCl	1	
Antidotes, Deterrents and Toxicologic Agents - Drugs for Overdose or Deterrants		
Antidotes - Antidotes/Protectants		
Acetylcysteine	1	B/D
Sodium Polystyrene Sulfonate	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Deterrents - Antidotes/Protectants		
Bupropion HCl SR	1	QL
Chantix	3	QL
Toxicologic Agents - Antidotes/Protectants		
Naloxone HCl	1	
Naltrexone HCl	2	
Antiemetics - Drugs to Treat Nausea and Vomiting		
Antiemetics - Drugs to Treat Nausea and Vomiting		
Hydroxyzine Pamoate	1	
Meclizine HCl	1	
Metoclopramide HCl	1	
Transderm-Scop	3	
Antifungals - Drugs to Treat Fungal Infections		
Antifungals - Fungal Infection Drugs		
Clotrimazole	1	
Clotrimazole/ Betamethasone Dipropionate	1	
Econazole Nitrate	1	
Fluconazole	1	
Ketoconazole	1	
Nystatin	1	
Nystatin/Triamcinolone	1	
Nystop	1	
Terbinafine HCl	1	
Antigout Agents - Drugs to Treat Gout		
Antigout Agents - Gout Drugs		
Allopurinol	1	
Colchicine	1	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Antimigraine Agents - Drugs to Treat Migraines		
Abortive - Migraine Drugs		
Imitrex*	3	QL
Maxalt	2	QL
Maxalt-MLT	2	QL
Sumatriptan Succinate	2	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
Parasympathomimetics - Myasthenia Gravis Drugs		
Mytelase	3	
Pyridostigmine Bromide	1	
Antimycobacterials - Drugs to Treat Infections		
Antimycobacterials, Other - Miscellaneous Anti-Infectives		
Dapsone	2	
Mycobutin	3	
Antituberculars - Tuberculosis Drugs		
Isoniazid	1	
Rifampin (Capsule)	1	
Rifampin (Injection)	4	
Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects		
Alkylating Agents - Chemotherapy Agents		
Cyclophosphamide (Injection)	1	
Cyclophosphamide (Tablet)	2	B/D
Leukeran	2	
Antiangiogenic Agents - Chemotherapy Agents		
Revlimid†	4	PA
Thalomid	4	PA
Antiestrogens/Modifiers - Chemotherapy Agents		
Emcyt	2	
Tamoxifen Citrate	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Antimetabolites - Chemotherapy Agents		
Hydroxyurea	1	
Mercaptopurine	1	
Antineoplastics, Other - Chemotherapy Agents		
Carboplatin	1	
Eloxatin	4	
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents		
Arimidex	2	
Femara	2	
Molecular Target Inhibitors - Chemotherapy Agents		
Gleevec	4	PA
Tarceva	4	PA
Monoclonal Antibodies - Chemotherapy Agents		
Avastin	4	PA
Rituxan	4	PA
Retinoids - Chemotherapy Agents		
Targretin (Capsule)	4	PA
Targretin (Gel)	4	
Tretinoin (Capsule)	4	
Antiparasitics - Drugs to Treat Parasitic Infections		
Anthelmintics - Worm Infection Drugs		
Mebendazole	1	
Stromectol	2	
Antiprotozoals - Protozoal Infection Drugs		
Hydroxychloroquine Sulfate	1	
Malarone	3	
Pediculicides/Scabicides - Scabies and Lice Drugs		
Eurax	3	
Permethrin	1	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
Antiparkinson Agents - Parkinson's Disease Drugs		
Amantadine HCl	1	
Benztropine Mesylate	1	
Carbidopa/Levodopa	1	
Carbidopa/Levodopa SR	1	
Mirapex	2	
Requip	3	
Ropinirole HCl	1	
Trihexyphenidyl HCl	1	
Antipsychotics - Drugs to Treat Mood Disorders		
Atypicals - Mood Disorder Drugs		
Abilify (Injection)	3	
Abilify (Oral Solution, Tablet)	3	QL, ST
Clozapine	2	
Invega	3	ST
Risperdal	3	
Risperdal Consta (12.5mg Injection, 25mg Injection)	3	QL
Risperdal Consta (37.5mg Injection, 50mg Injection)	4	QL
Risperidone (Oral Solution)	2	
Risperidone (Tablet)	1	
Seroquel	2	
Seroquel XR	2	
Zyprexa	2	
Zyprexa Zydis	2	
Conventional - Mood Disorder Drugs		
Chlorpromazine HCl	1	
Fluphenazine HCl	1	
Haloperidol	1	
Perphenazine	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Prochlorperazine Maleate	1	
Thioridazine HCl	1	
Antispasticity Agents - Drugs to Treat Spasms		
Antispasticity Agents - Muscle Spasm Drugs		
Baclofen	1	
Tizanidine HCl	1	
Antivirals - Drugs to Treat Viral Infections		
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs		
Ganciclovir	4	
Valcyte	4	
Antihepatitis Agents - Hepatitis Drugs		
Baraclude (Oral Solution)	3	
Baraclude (Tablet)	4	
Hepsera	4	
Antiherpetic Agents - Herpes Drugs		
Acyclovir	1	
Famciclovir	2	
Valtrex	2	
Zovirax	3	
Anti-HIV Agents, Nonnucleoside Reverse Transcriptase Inhibitors - HIV Drugs		
Sustiva	3	
Viramune (Oral Suspension)	3	
Viramune (Tablet)	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs		
Truvada	4	
Viread	3	
Anti-HIV Agents, Other - HIV Drugs		
Intelence	4	
Isentress	4	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Anti-HIV Agents, Protease Inhibitors - HIV Drugs		
Norvir (Capsule)	3	
Norvir (Oral Solution)	4	
Reyataz	4	
Anti-Influenza Agents - Flu Drugs		
Rimantadine HCl	1	
Tamiflu	2	QL
Anxiolytics - Drugs to Treat Anxiety		
Anxiolytics, Other - Anxiety Drugs		
Buspirone HCl	1	
Meprobamate	1	PA
Bipolar Agents - Drugs to Treat Mood Disorders		
Bipolar Agents - Mood Disorder Drugs		
Geodon (Capsule)	3	ST
Geodon (Injection)	3	
Lithium Carbonate	1	
Lithium Carbonate ER	1	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
Antidiabetic Agents - Diabetic Drugs		
Acarbose	1	ST
Actoplus Met	2	ST
Actos	2	ST
Avandamet*	2	ST
Avandaryl*	2	ST
Avandia	2	ST
Byetta	2	ST
Duetact	2	ST
Glimepiride	1	
Glipizide	1	
Glipizide ER	1	
Glyburide	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Glyburide/Metformin HCl	1	
Glyburide Micronized	1	
Janumet	2	QL, ST
Januvia	2	QL, ST
Metformin HCl	1	
Metformin HCl ER	1	
Prandin	3	QL, ST
Starlix	2	QL, ST
Glycemic Agents - Diabetic Drugs		
Glucagon Emergency Kit	2	
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	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders		
Anticoagulants - Blood Thinners		
Coumadin (Injection)	3	
Coumadin (Tablet)	2	
Jantoven	1	
Lovenox (100mg/1ml Injection, 120mg/0.8ml Injection, 300mg/3ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)	4	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Lovenox (150mg/1ml Injection, 30mg/0.3ml Injection)	3	
Lovenox (40mg/0.4ml Injection)	3	QL
Warfarin Sodium	1	
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
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
Coagulants - Blood Clotting Drugs		
Cyklokapron	2	
Platelet Aggregation Inhibitors - Blood Thinners		
Aggrenox	2	QL
Cilostazol	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Dipyridamole	1	
Pentoxifylline ER	1	
Plavix	2	QL
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		
Alpha-Adrenergic Agonists - Blood Pressure Drugs		
Catapres-TTS	3	QL
Clonidine HCl	1	
Midodrine HCl	2	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs		
Doxazosin Mesylate	1	
Prazosin HCl	1	
Terazosin HCl	1	
Antiarrhythmics - Heart Regulation Drugs		
Amiodarone HCl	1	
Flecainide Acetate	1	
Pacerone (100mg Tablet, 300mg Tablet, 400mg Tablet)	3	
Pacerone (200mg Tablet)	1	
Propafenone HCl	1	
Sotalol HCl	1	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs		
Atenolol	1	
Atenolol/Chlorthalidone	1	
Bisoprolol Fumarate	1	
Bisoprolol Fumarate/ Hydrochlorothiazide	1	
Bystolic	2	QL
Carvedilol	1	
Coreg CR*	3	QL, ST
Labetalol HCl	1	
Metoprolol Succinate ER	1	
Metoprolol Tartrate	1	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Nadolol	1	
Propranolol HCl	1	
Propranolol HCl ER	1	
Timolol Maleate	1	
Toprol XL	3	
Calcium Channel Blocking Agents - Blood Pressure Drugs		
Afeditab CR	1	
Amlodipine Besylate	1	
Cardizem LA	3	QL
Cartia XT	1	
Dilt-CD	1	
Diltiazem CD	1	
Diltiazem HCl	1	
Diltiazem HCl ER	1	
Dilt-XR	1	
Exforge	2	QL
Exforge HCT	2	QL
Felodipine ER	1	
Nifediac CC	1	
Nifedical XL	1	
Nifedipine ER	1	
Norvasc	3	
Sular	2	QL
Taztia XT	1	
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	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs		
Digoxin	1	
Lanoxin (0.1mg/ml Injection)	3	
Lanoxin (0.25mg/ml Injection, Tablet)	2	
Ranexa	2	ST
Diuretics - Blood Pressure Drugs		
Amiloride/ Hydrochlorothiazide	1	
Bumetanide	1	
Chlorthalidone	1	
Furosemide	1	
Hydrochlorothiazide	1	
Indapamide	1	
Metolazone	1	
Spironolactone	1	
Spironolactone/ Hydrochlorothiazide	1	
Torsemide	1	
Triamterene/ Hydrochlorothiazide	1	
Dyslipidemics - Cholesterol Control Drugs		
Advicor*	3	QL, ST
Caduet	3	QL, ST
Cholestyramine	1	
Crestor	2	QL
Fenofibrate	1	
Fenofibrate Micronized	1	
Gemfibrozil	1	
Lescol*	3	QL, ST
Lescol XL*	3	QL, ST
Lipitor	2	QL
Lovastatin	1	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Lovaza	3	
Niaspan	2	
Pravastatin Sodium	1	
Simvastatin	1	
Tricor	2	
Trilipix	2	
Vytorin*	3	QL
Welchol	2	
Zetia	2	QL
Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs		
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
Captopril	1	
Cozaar*	3	QL
Diovan	2	QL
Diovan HCT	2	QL
Enalapril Maleate	1	
Enalapril Maleate/ Hydrochlorothiazide	1	
Fosinopril Sodium	1	
Hyzaar*	3	QL
Lisinopril	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Lisinopril/ Hydrochlorothiazide	1	
Lotrel*	3	QL
Micardis	3	QL
Micardis HCT	3	QL
Moexipril HCl	1	
Quinapril HCl	1	
Ramipril	1	
Tarka*	3	
Tekturna	2	QL, ST
Tekturna HCT	2	QL, ST
Trandolapril	1	
Vasodilators - Chest Pain Drugs		
Hydralazine HCl	1	
Isosorbide Dinitrate	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Minoxidil	1	
Nitroglycerin	1	
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
Amphetamines, ADHD - ADHD Drugs		
Amphetamine Salt Combo	1	QL
Dextroamphetamine Sulfate	1	QL
Central Nervous System Agents, Other - Miscellaneous Nervous System Drugs		
Botox	3	PA
Myobloc	3	
Non-Amphetamines, ADHD - ADHD Drugs		
Methylin (Chewable Tablet, Oral Solution)	3	QL
Methylin (Tablet)	1	QL
Methylphenidate HCl	1	QL
Strattera	3	QL, ST

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Non-Amphetamines, Other - Miscellaneous Nervous System Drugs		
Provigil	3	PA, QL
Rilutek	4	
Dental And Oral Agents - Drugs to Treat Mouth and Throat Conditions		
Dental and Oral Agents		
Chlorhexadine Gluconate Oral Rinse	1	
Triamcinolone in Orabase	1	
Dermatological Agents - Drugs to Treat Skin Conditions		
Dermatological Agents - Skin Agents		
Ammonium Lactate	1	
Santyl	3	
Tretinoin (Cream, Gel)	1	PA
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency		
Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs		
Creon	2	
Ultrase	2	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs		
Dicyclomine HCl	1	
Glycopyrrolate	1	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
Amitiza	3	PA,QL
Diphenoxylate/Atropine	1	
Enulose	1	
Lactulose	1	
Lonox	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Loperamide HCl	1	
Moviprep	3	
PEG 3350/Electrolytes	1	QL
Trilyte	3	QL
Ursodiol	1	
Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs		
Cimetidine	1	
Famotidine	1	
Ranitidine HCl	1	
Protectants - Ulcer and Stomach Acid Drugs		
Carafate	3	
Misoprostol	1	
Sucralfate	1	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs		
Aciphex*	3	QL, ST
Kapidex*	3	QL, ST
Nexium	2	QL
Omeprazole	1	QL
Pantoprazole Sodium*	3	QL, ST
Prevacid*	3	QL, ST
Prevacid Solutab*	3	QL, ST
Prilosec	3	QL
Protonix (Delayed Release Tablet, Pack)	2	QL
Protonix (Injection)	3	
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
Enablex	2	QL

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Oxybutynin Chloride	1	
Oxybutynin Chloride ER	1	QL
Oxytrol	2	QL
Vesicare*	3	QL, ST
Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs		
Avodart	3	QL
Finasteride (5mg Tablet)	1	
Flomax	2	QL
Uroxatral	2	QL
Genitourinary Agents, Other - Miscellaneous Bladder, Genital and Kidney Conditions Drugs		
Bethanechol Chloride	1	
Elmiron	3	
Phosphate Binders - Phosphate-Removing Agents		
Calcium Acetate	2	
Fosrenol	3	
Phoslo	2	
Renagel	2	
Renvela	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs		
Augmented Betamethasone Dipropionate	1	
Betamethasone Dipropionate	1	
Clobetasol Propionate (Foam)	2	
Clobetasol Propionate (Gel, Ointment, Solution)	1	
Desonide	1	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Desoximetasone	1	
Dexamethasone	1	
Fludrocortisone Acetate	1	
Fluocinonide	1	
Fluticasone Propionate	1	
Hydrocortisone (Cream, Lotion, Ointment, Tablet)	1	
Hydrocortisone (Enema)	2	
Methylprednisolone	1	
Mometasone Furoate	1	
Prednisone	1	
Proctosol HC	1	
Triamcinolone Acetonide	1	
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		
Desmopressin Acetate	2	
Humatrope	4	PA
Nutropin	4	PA
Nutropin AQ	4	PA
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
Oxandrolone (10mg Tablet)	4	PA
Oxandrolone (2.5mg Tablet)	2	PA
Androgens - Hormone Replacement/Modifying Drugs		
Androderm	2	PA
Androgel	2	PA
Danazol	2	
Testosterone Cypionate	1	PA

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Estrogens - Hormone Replacement/Modifying Drugs		
Estrace	3	
Estradiol	1	
Estropipate	1	
Premarin	2	
Prempro	2	
Vagifem	3	
Vivelle-Dot	2	
Progestins - Hormone Replacement/Modifying Drugs		
Medroxyprogesterone Acetate	1	
Megestrol Acetate	1	
Prometrium	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		
Levothroid	2	
Levothyroxine Sodium	1	
Levoxyl	1	
Synthroid	2	
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants		
Lysodren	2	
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants		
Sensipar	2	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants		
Cabergoline	2	
Lupron Depot	3	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Antiandrogens - Hormone Suppressants		
Casodex	3	
Flutamide	2	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones		
Antithyroid Agents - Thyroid Suppresing Drugs		
Methimazole	1	
Propylthiouracil	1	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
Immune Suppressants - Immune System Drugs		
Azathioprine	1	
Methotrexate	1	
Immunizing Agents, Passive - Immune System Drugs		
Gammagard Liquid	4	B/D, PA
Gamunex	4	B/D, PA
Immunomodulators - Immune System Drugs		
Avonex	4	PA
Betaseron	4	PA
Copaxone	4	PA
Leflunomide	1	
Vaccines		
Vivotif Berna	2	
Zostavax	2	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease		
Salicylates - Inflammatory Bowel Disease Drugs		
Asacol	2	
Balsalazide Disodium	2	
Pentasa	3	
Sulfonamides - Inflammatory Bowel Disease Drugs		
Sulfasalazine	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
Alendronate Sodium	1	
Boniva (Injection)	3	QL
Boniva (Tablet)	2	QL
Calcitonin-Salmon (Nasal Spray)	1	QL
Calcitriol (Capsule, Oral Solution)	1	
Calcitriol (Injection)	2	
Forteo	3	B/D, PA
Fortical	2	QL
Fosamax* (Oral Solution)	3	QL, ST
Fosamax* (Tablet)	3	
Fosamax Plus D*	3	QL, ST
Miacalcin (Injection)	3	B/D, PA
Miacalcin (Nasal Spray)	3	QL
Miscellaneous Agents - Drugs to Treat Miscellaneous Conditions		
Cytoprotective Agents - Ulcer and Stomach Acid Drugs		
Amifostine	4	
Mesnex (Injection)	3	
Mesnex (Tablet)	4	

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Diabetic Supplies		
Gauze Pads	2	
Insulin Syringes, Needles	2	
Ophthalmic Agents - Drugs to Treat Eye Conditions		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs		
Ak-Con	1	
Restasis	2	
Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs		
Elestat	3	
Optivar	3	
Pataday	2	
Patanol	2	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs		
Alphagan P	2	
Azopt	2	
Betimol	3	
Betoptic-S	3	
Brimonidine Tartrate	1	
Combigan	2	
Cosopt	3	QL
Dorzolamide HCl	1	
Dorzolamide HCl/Timolol Maleate	1	
Timolol Maleate	1	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs		
Acular	2	
Acular LS	2	
Diclofenac Sodium	1	
Lotemax	2	
Neomycin/Polymyxin/ Dexamethasone	1	
Nevanac	3	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Prednisolone Acetate	1	
Tobradex (Ointment)	2	
Tobradex (Suspension)	3	
Voltaren (Solution)	3	
Xibrom	3	
Ophthalmic Prostaglandin and Prostamide 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		
Ciprodex	3	
Neomycin/Polymyxin/ Hydrocortisone	1	
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
Antihistamines - Allergy Drugs		
Allegra-D	3	QL, ST
Astelin	2	QL
Clarinex*	3	QL, ST
Cyproheptadine HCl	1	
Diphenhydramine HCl	1	
Fexofenadine HCl	1	
Hydroxyzine HCl	1	
Patanase	2	QL
Promethazine HCl	1	
Xyzal	3	QL, ST
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs		
Advair Diskus	2	QL
Advair HFA	2	QL
Asmanex*	3	QL, ST

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Azmacort*	3	QL, ST
Flovent HFA	2	QL
Fluticasone Propionate	1	
Nasacort AQ*	3	QL
Nasonex	2	QL
Pulmicort (Nebulizer Suspension)	2	B/D
Pulmicort Flexhaler	2	QL
QVAR	2	QL
Rhinocort Aqua*	3	QL
Symbicort	2	QL
Veramyst*	3	QL
Antileukotrienes - Asthma/Lung Drugs		
Accolate*	3	QL, ST
Singulair	2	QL
Bronchodilators, Anticholinergic - Asthma/ Lung Drugs		
Atrovent HFA	2	
Ipratropium Bromide (Nasal Spray)	1	
Ipratropium Bromide (Nebulizer Solution)	1	B/D
Spiriva Handihaler	2	QL
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs		
Aminophylline	1	
Theo-24	2	
Theophylline ER	1	
Bronchodilators, Sympathomimetic - Asthma/ Lung Drugs		
Albuterol Sulfate (Nebulizer Solution)	1	B/D
Albuterol Sulfate (Syrup, Tablet)	1	
Combivent	2	

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DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Foradil Aerolizer	2	QL, ST
Ipratropium Bromide/ Albuterol Sulfate (Nebulizer Solution)	1	B/D
Proair HFA	2	
Proventil HFA	2	
Serevent Diskus	2	QL, ST
Ventolin HFA	2	
Xopenex (Nebulizer Solution)	2	B/D, ST
Xopenex HFA	2	
Mast Cell Stabilizers - Asthma/Lung Drugs		
Cromolyn Sodium (Nebulizer Solution)	1	B/D
Intal Inhaler	2	
Pulmonary Antihypertensives - Asthma/Lung Drugs		
Letairis	4	PA
Revatio	4	PA
Tracleer†	4	PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
Prolastin	4	
Xolair	4	PA
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
Lunesta	2	QL, ST
Rozerem	3	QL
Zaleplon	1	QL
Zolpidem Tartrate (10mg Tablet)	1	
Zolpidem Tartrate (5mg Tablet)	1	QL

DRUG	UnitedHealthcare MedicareRx for Groups (PDP)	
	TIER	LIMITS
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs		
Carisoprodol	1	
Cyclobenzaprine HCl	1	
Methocarbamol	1	
Skelaxin	3	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolytes/Minerals - Electrolytes and Minerals		
KCl	1	
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Klor-Con	1	
Klor-Con M15	2	
Klor-Con M20	1	
NaCl	1	
Therapeutic Nutrients/Minerals/Electrolytes, Other - Electrolytes, Minerals and Nutrients		
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 29
ST- Step Therapy B/D- Medicare Part B or Part D †Limited Access drug
Bold Type = Brand-name drugs

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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 drug options 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 drug options.

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, Zyflo CR**	**Flovent, Pulmicort, Qvar, Singulair**
Diabetes	**Relion**	**Humulin, Novolin**
Glaucoma	**Trusopt, Xalatan**	**Lumigan, Travatan, Travatan-Z**
High Blood Pressure	**Aceon, Accupril, Accuretic, 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
Osteporosis	**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) partial formulary as of January 1, 2010.

For complete updated formulary information, please call Customer Service at **1-888-556-6648**, TTY **711**, 24 hours a day, 7 days a week.

This document may be available in alternative formats. Contact Customer Service for more information.

Para información en español, por favor llame al departamento de atención al cliente.

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