Your 2016 Four-Tier Prescription Drug List

effective January 1, 2016

All Savers Advantage Four-Tier

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

For additional information:

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

Visiting **www.myallsavers.com** and clicking on the "Find a Doctor" tab provides you access to:

- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

UnitedHealthcare®

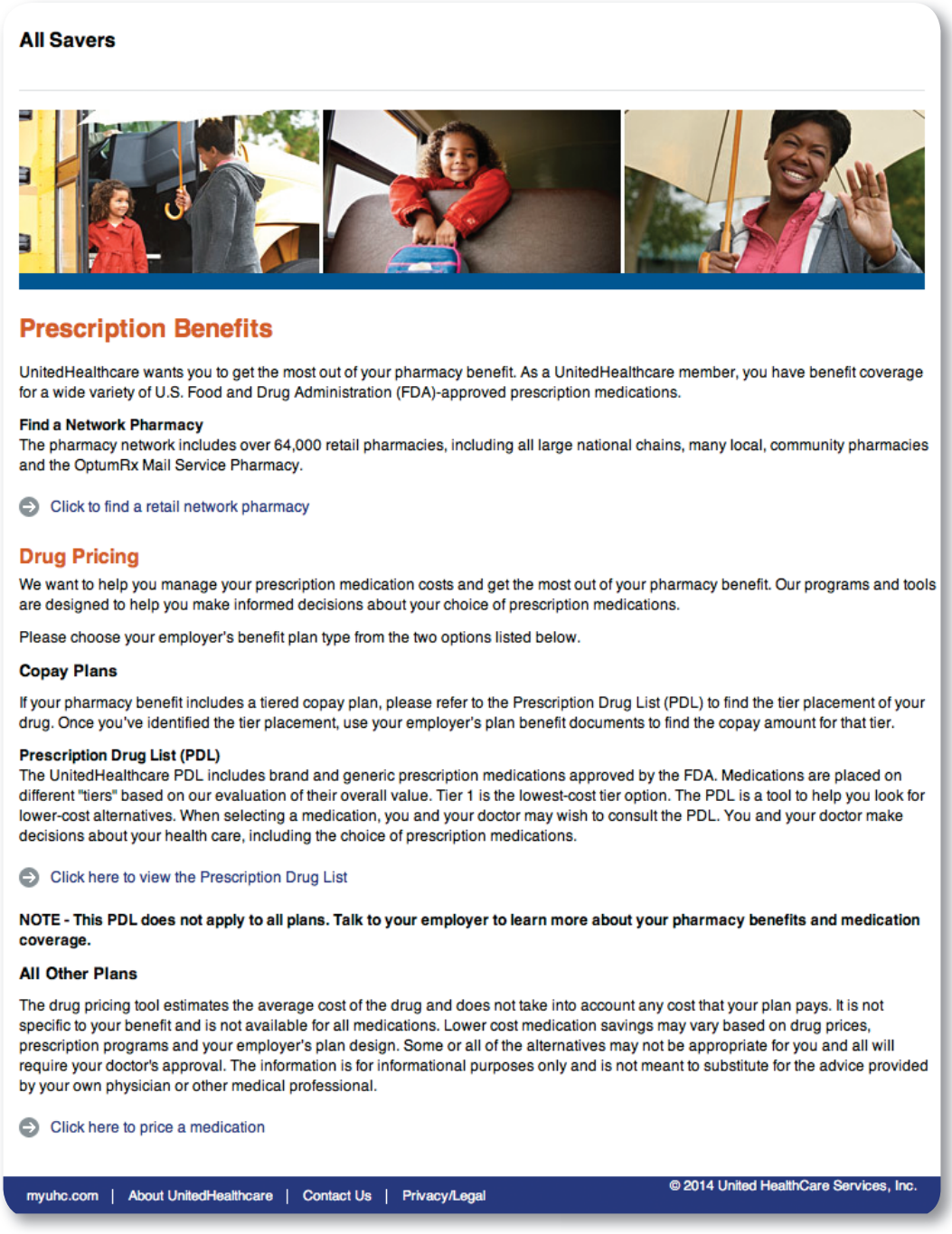
Note: Benefits may not be available for all drugs on this list, and not all programs will apply. Please check your plan documents to be sure. For Alternate Funding members, Sedatives/Hypnotics, Non-Sedating Antihistamines, and Erectile Dysfunction medications are covered under the member's plan. For fully-insured members, Sedatives/Hypnotics, Non-Sedating Antihistamines, and Erectile Dysfunction medications are not covered under the member's plan.

Your Prescription Drug List

This Prescription Drug List (PDL) outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers. An important part of the PDL is giving you choices so you and your doctor can choose the best course of treatment for you.

Go to www.myallsavers.com for complete drug information

Since the PDL may change, we encourage you to visit our website, **www.myallsavers.com** and click on the "Find a Doctor" tab. This website is the best source for up-to-date information about the medications your pharmacy benefit covers, possible lower-cost options, and cost comparisons.



All Savers

Prescription Benefits

UnitedHealthcare wants you to get the most out of your pharmacy benefit. As a UnitedHealthcare member, you have benefit coverage for a wide variety of U.S. Food and Drug Administration (FDA)-approved prescription medications.

Find a Network Pharmacy
The pharmacy network includes over 64,000 retail pharmacies, including all large national chains, many local, community pharmacies and the OptumRx Mail Service Pharmacy.

Click to find a retail network pharmacy

Drug Pricing

We want to help you manage your prescription medication costs and get the most out of your pharmacy benefit. Our programs and tools are designed to help you make informed decisions about your choice of prescription medications.

Please choose your employer's benefit plan type from the two options listed below.

Copay Plans

If your pharmacy benefit includes a tiered copay plan, please refer to the Prescription Drug List (PDL) to find the tier placement of your drug. Once you've identified the tier placement, use your employer's plan benefit documents to find the copay amount for that tier.

Prescription Drug List (PDL)
The UnitedHealthcare PDL includes brand and generic prescription medications approved by the FDA. Medications are placed on different "tiers" based on our evaluation of their overall value. Tier 1 is the lowest-cost tier option. The PDL is a tool to help you look for lower-cost alternatives. When selecting a medication, you and your doctor may wish to consult the PDL. You and your doctor make decisions about your health care, including the choice of prescription medications.

Click here to view the Prescription Drug List

NOTE - This PDL does not apply to all plans. Talk to your employer to learn more about your pharmacy benefits and medication coverage.

All Other Plans

The drug pricing tool estimates the average cost of the drug and does not take into account any cost that your plan pays. It is not specific to your benefit and is not available for all medications. Lower cost medication savings may vary based on drug prices, prescription programs and your employer's plan design. Some or all of the alternatives may not be appropriate for you and all will require your doctor's approval. The information is for informational purposes only and is not meant to substitute for the advice provided by your own physician or other medical professional.

Click here to price a medication

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We want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the Prescription Drug List.

What is a Prescription Drug List (PDL)?

This document is a list of commonly prescribed medications. Drugs are listed by common categories or class. They are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

Please note: Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. It is not a complete list of medications, and not all medications listed may be covered under your plan. Please look at your benefit plan documents provided by your employer or health plan to see what medications are covered under your plan. You may also log on to **www.myallsavers.com** or call the toll-free member phone number on your health plan ID card for more information.

How do I use my Prescription Drug List?

When choosing a medication, you and your doctor should consult the PDL. It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if a medication is generic or brand, and if special programs apply. Bring this list with you when you see your doctor. It is organized by common medical conditions. Medications are then listed alphabetically.

If your medication is not listed in this document, please visit **www.myallsavers.com** or call the toll-free member phone number on your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2, 3 or 4, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

Check your benefit plan documents to find out your specific pharmacy plan costs.

$	Drug Tier	Includes	Helpful Tips
	**Tier 1 Lowest Cost**	Lower-cost drugs. Some brands and generics are also included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
	**Tier 2 and 3 Mid-range Cost**	Mix of brands and generics.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
	**Tier 4 Highest Cost**	Mostly higher-cost brand as well as select generic drugs.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if they could work for you.

Please note: Some plans may have two or three tiers, while others may not have any. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan materials on **www.myallsavers.com**, or call the toll-free number on your health plan ID card for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often on January 1 or July 1.

When a medication changes tiers, you may have to pay a different amount for that medication.

For the most up-to-date list, please visit **www.myallsavers.com**.

Programs and Limits

Some medications are noted with letters next to them. The letters refer to our pharmacy benefit programs. Your benefit plan determines how these medications may be covered for you.

DSP	**Designated Specialty Program** – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the number on your ID card or call 1-888-739-5820 for more information.
E	**May be excluded from coverage or subject to prior authorization and/or trial/ failure of another medication(s)**. Lower-cost options are available and covered.
H	**Health Care Reform Preventive** – This medication is part of a Health Care Reform preventive benefit and may be available at no cost to you.
N	**Notification or Prior Authorization required*** – Your doctor is required to provide additional information to us to determine coverage.
RS	**Refill and Save Program** – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SDP	**Select Designated Pharmacy** – Must use a lower cost medication at retail or transfer the impacted medication to the mail service pharmacy for network coverage.
SL	**Supply Limit** – Amount of medication covered per copayment or in a specific time period.
ST	**Step Therapy** – Trial of a lower cost medication is required before a higher cost medication is covered.

*Depending on your benefit you may have notification or prior authorization requirements for select medications.

To learn more about a pharmacy program or to find out if it applies to you, please visit **www.myallsavers.com** or call the toll-free member phone number on your health plan ID card.

Why are some medications excluded from coverage?

Medications may be excluded from coverage under your pharmacy benefit when it works the same or similar as another prescription medication or an over-the-counter (OTC) medication. There may be other medication options available.

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

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options.

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

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

Is it a generic or brand-name drug?

The drug list shows **brand-name** drugs in **bold** type (for example, **Crestor**) and generic drugs in plain type (for example, Simvastatin).

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans if a brand-name drug is prescribed and a generic equivalent is available, your cost share may be the copay PLUS the cost difference between the brand-name drug and generic equivalent. Visit **www.myallsavers.com** to make sure.

Are you taking a specialty medication?

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

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on Tier 3 or Tier 4, call the toll-free number on your health plan ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **www.myallsavers.com** or call the toll-free member phone number on your health plan ID card for more current information.

For more information


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


Or, visit **www.myallsavers.com**

In certain documents, the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in terms does not affect your benefit coverage.

Medications are categorized by common therapeutic conditions in this PDL for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines coverage for these medications.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	2	
Cefixime Suspension	3	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doryx	4	E
Doxycycline Hyclate Capsule, Tablet	2	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	3	
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Tablets	1	
Oracea	4	
Penicillin V Potassium Tablet	1	
Solodyn	4	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	4	
Anti-Infectives: Antifungals		
Econazole Cream	1	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Noxafil Tablet, Suspension	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	4	N, SL, ST
Acyclovir Tablet	1	
Famciclovir	1	
Tamiflu	3	SL
Valacyclovir Tablet	2	SL
Valganciclovir	1	SL
Zovirax Cream	4	E, SL

Bold type = Brand-name drug
[Plain type = Generic drug]

DSP = Designated Specialty Program
E = May be excluded from coverage
H = Health Care Reform Preventive
N = Notification or Prior Authorization required
RS = May be eligible for the Refill and Save Program
SDP = Select Designated Pharmacy
SL = Supply Limit
ST = Step Therapy

Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bicalutamide	1	
Bosulif	2	DSP, N, SL, ST
Cyclophosphamide Capsule	2	
Gleevec	2	DSP, N, SL
Hydroxyurea Capsule	3	
Imbruvica	2	DSP, N, SL
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	DSP, N, SL
Sutent	2	DSP, N, SL
Tasigna	2	DSP, N, SL
Xeloda	1	DSP, SL
Zytiga	2	DSP, N, SL
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Effient	4	SL
Eliquis	4	SL
Enoxaparin Sodium	2	SL
Pradaxa	2	SL
Savaysa	4	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine Besylate-Benazepril	2	SL
Amlodipine-Valsartan	3	SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL
Benicar HCT	2	SL

Drug Name	Drug Tier	Requirements & Limits
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Cartia XT	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	2	
Diltiazem Sustained-Release Capsule	2	
Diltiazem Sustained-Release Tablet	2	
Diovan	4	E, SL
Doxazosin	1	
Dutoprol	2	SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	SL
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	2	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Extended-Release Capsule	2	

Drug Name	Drug Tier	Requirements & Limits
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	2	SL
Telmisartan-Hydrochlorothiazide	2	SL
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	2	SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	3	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	SL
Choline Fenofibrate	4	E
Crestor	2	SL
Fenofibrate 43, 50 , 67, 130, 134, 150, 200 mg Capsule	4	E
Fenofibrate 48, 145 mg Tablet	4	E
Fenofibrate 54, 160 mg Tablet	2	
Fenoglide	4	E
Gemfibrozil	1	
Lescol XL	4	SL, ST
Lipitor	4	E, SL
Lipofen	4	E
Livalo	4	SL, ST
Lovastatin	1	
Niacin Extended-Release Tablet	4	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	N
Pravastatin	1	
Simcor	4	SL
Simvastatin	1	
Tricor 48, 145 mg	4	E
Vascepa	4	N
Vytorin	4	SL
Welchol	2	
Zetia	4	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Nitrostat	2	
Ranexa	2	
Sotalol	1	

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	N, SL
Amphetamine Salt Combo	1	N
Concerta	2	N, SL
Daytrana	4	E, N, SL
Dexmethylphenidate Extended-Release Capsule	4	E, N, SL
Dexmethylphenidate Tablet	1	N
Dextroamphetamine-Amphetamine Extended-Release	4	E, N, SL
Dextroamphetamine-Amphetamine Tablet	1	N
Dextroamphetamine Sulfate Tablet	3	N
Focalin XR	4	E, N, SL
Guanfacine Extended-Release	4	SL, ST
Intuniv	4	E, SL, ST
Metadate CD	2	N, SL
Methylphenidate Chewable Tablet	3	N
Methylphenidate Extended-Release Capsule	4	E, N, SL
Methylphenidate Extended-Release Tablet	4	E, N, SL
Methylphenidate Tablet	1	N
Strattera	4	SL
Vyvanse	2	N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Brintellix	4	SL, ST
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Cymbalta	4	E, SL
Doxepin Capsule	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	4	SL, ST
Fluoxetine Capsule, Tablet	1	
Fluvoxamine Tablet	1	
Lexapro	4	E
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Pristiq ER	3	RS, SL
Sertraline Tablet	1	
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	4	SL
Wellbutrin XL	4	E

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Naratriptan	1	SL
Relpax	2	SL
Rizatriptan ODT, Tablet	1	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, N, SL
Aubagio	4	DSP, N, SL, ST
Avonex	2	DSP, N, SL
Betaseron	2	DSP, N, SL
Copaxone	2	DSP, N, SL
Gilenya	3	DSP, N, SL, ST
Glatopa	4	DSP, E, N, SL, ST
Rebif	4	DSP, N, SL, ST
Tecfidera	2	DSP, N, SL
Central Nervous System: Other		
Abilify Tablet	4	E, SL
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Buprenorphine/ Naloxone Tablet	4	E, N, SL
Buspirone Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	4	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine	3	
Modafinil Tablet	4	E, N, SL
Namenda XR	4	
Nuvigil	4	N, SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Tablet	1	SL
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	4	SL
Suboxone Film	4	E, N, SL
Tolcapone	2	
Xyrem	4	N, SL
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	N, SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	2	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Extended-Release Tablet	4	E, SL
Zolpidem Tablet	1	SL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Seizure Disorders		
Carbamazepine Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Tablet	1	
Levetiracetam Extended-Release Tablet	2	
Levetiracetam Tablet	1	
Lyrica	4	SDP, SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Absorica	4	E, N
Aczone	4	SL
Adapalene 0.1% Cream, Gel	3	N, SL
Adapalene 0.3% Gel	3	N, SL
Bethamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	N
Clindamycin 1%/ Benzoyl Peroxide 5% Gel	4	E, SL
Clindamycin 1.2%/ Benzoyl Peroxide 5% Gel	3	SL
Clindamycin Gel	3	SL
Clindamycin Lotion	3	
Clindamycin Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment, Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Condylox Gel	3	
Desonide 0.05% Cream, Lotion, Ointment	3	SL
Desoximetasone Gel, Ointment	3	SL
Differin 1% Cream, Gel	2	N, SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Epiduo	3	SL
Finacea	4	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	3	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	2	SL
Metronidazole Gel 0.75%	1	
Mirvaso	4	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Nystatin-Triamcinolone Acetonide Cream, Ointment	4	E
Oxsoralen-Ul	2	
Picato	3	SL

Drug Name	Drug Tier	Requirements & Limits
Regranex	2	N, SL
Tacrolimus Ointment	2	N, SL
Tazorac	4	N, SL
Tretinoin	1	N, SL
Tretinoin Microspheres	4	E, N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL
Diabetes: Blood Glucose Monitoring		
Accu-Chek Test Strips	4	E, SL
Contour Test Strips	4	E, SL
Dexcom G4 Platinum Continuous Glucose Monitoring System	3	N, SL
Dexcom Sensor	3	N, SL
Dexcom Transmitter	3	N, SL
FreeStyle Test Strips	4	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin		
Afrezza	4	E, N, SL, ST
Humalog KwikPen	2	SL
Humalog Mix 50-50 KwikPen	2	SL
Humalog Mix 75-25 KwikPen	2	SL
Humalog Vials	1	SL
Humulin 70-30 KwikPen	2	SL
Humulin 70-30 Vials	1	SL
Humulin N KwikPen	2	SL
Humulin N Vials	1	SL
Humulin R Vials	1	SL
Lantus Solostar	3	SL
Lantus Vials	3	SL
Levemir FlexTouch	1	SL
Levemir Vials	1	SL
Novolin 70-30 Vials	3	SDP, SL, ST
Novolin N Vials	3	SDP, SL, ST
Novolin R Vials	3	SDP, SL, ST
Novolog Flexpen	4	SDP, SL, ST
Novolog Mix 70/30 Flexpen	4	SDP, SL, ST
Novolog Mix 70/30 Vials	4	SDP, SL, ST
Novolog Vials	4	SDP, SL, ST

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Bydureon	2	SL
Byetta	2	SL
Farxiga	4	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	4	E, SL, ST
Invokamet	2	SL
Invokana	2	SL, ST
Janumet	4	SL, ST
Januvia	4	SL, ST
Jardiance	2	SL, ST
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic **Glucophage XR**)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	4	SL, ST
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	4	E, SL, ST
Endocrine: Growth Hormone		
Nutropin, Nutropin AQ	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Tirosint	4	E
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Lastacaft	3	SL
Pataday	4	E, SL
Patanol	4	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	4	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
Vigamox	4	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	4	E, SL
Lansoprazole Capsules	3	E, SL
Nexium Capsule	4	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	3	SL
Ranitadine Syrup	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	4	SL
Emend	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Transderm-Scop	3	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	4	N, SL, ST
Apriso	2	
Asacol HD Tablet	4	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	4	E
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	N, SL
Metoclopramide Tablet	1	
Movantik	2	N, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Zenpep	2	
Hepatitis C		
Harvoni	2	DSP, N, SL
Ribapak	4	DSP, E
Ribavirin Tablet	1	DSP
Sovaldi	2	DSP, N, SL, ST
Viekira Pak	4	DSP, N, SL, ST

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Drug Name	Drug Tier	Requirements & Limits
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Evotaz	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Lamivudine-Zidovudine	1	DSP
Nevirapine	1	DSP
Nevirapine Extended-Release	2	DSP
Norvir	2	DSP
Prezcobix	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, ST
Sustiva	2	DSP
Tivicay	3	DSP
Triumeq	2	DSP
Truvada	2	DSP
Tybost	2	DSP
Viread	2	DSP
Vitekta	2	DSP
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	4	DSP, N, SL, ST
Cimzia	2	DSP, N, SL
Cosentyx	4	DSP, N, SL, ST
Enbrel	4	DSP, N, SL, ST
Humira	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Hydroxychloroquine Sulfate Tablet	1	
Leflunomide Tablet	1	
Methotrexate Tablet	1	
Orencia	4	DSP, N, SL, ST
Otezla	4	DSP, N, SL, ST
Otrexup	4	E, SL, ST
Rasuvo	4	SL, ST
Simponi	2	DSP, N, SL
Stelara	2	DSP, N, SL
Xeljanz	4	DSP, N, SL, ST
Men's Health: Erectile Dysfunction		
Cialis	4	SL
Levitra	4	SL
Stendra	4	SL
Viagra	4	SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Cialis	4	SL, ST
Doxazosin Tablet	1	
Finasteride Tablet	1	
Rapaflo	4	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Testosterone Therapy		
Androderm	2	N, SL
Androgel	4	E, N, SL
Android	2	
Testim	2	N, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auryxia	3	
Benzonatate Capsule	1	
Bethkis	2	DSP, N, SL
Bromfed DM	3	
Cayston	2	N, SL
Cerdelga	2	DSP, N
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	2	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Fosrenol	3	
Hydrocodone/ Chlorpheniramine Suspension	3	SL

Drug Name	Drug Tier	Requirements & Limits
Hydrocodone/ Homatropine	1	
Letrozole Tablet	1	
Lidocaine Transdermal Patch	2	SL
Nuedexta	2	
Pegasys	2	DSP, N, SL
Phenazopyridine	1	
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, N, SL
Rectiv	3	N, SL
Renvela	2	
Restasis	4	N, SL
Rezira	3	
Tobi Podhaler	3	DSP, N, SL
Tobramycin Nebulized Solution	4	DSP, E, N, SL
Velphoro	2	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	SL
Forteo	2	DSP, N
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL

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Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Other		
Allopurinol Tablet	1	
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	4	E
Cyclobenzaprine Tablet	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Mitigare	2	
Tizanidine Tablet	1	
Uloric	4	SL, ST
Musculoskeletal: Pain Relief		
Acetaminophen/ Codeine Tablet	1	SL
Celecoxib	3	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	
Fentanyl 12 mcg, 25 mcg, 50 mcg, 75 mcg, 100 mcg Patch	2	SL
Fentanyl Citrate Lozenge	2	N, SL
Hydrocodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Tablet	1	
Hysingla	4	E, N, SL, ST
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	N, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	SL

Drug Name	Drug Tier	Requirements & Limits
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	4	SL
Nucynta ER	3	N, SL
Opana ER	2	N, SL
Oxycodone/ Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
Oxycontin	4	N, SL, ST
Sprix	3	
Subsys	4	E, N, SL
Tramadol-Acetaminophen	1	SL
Tramadol Sustained-Release Tablet	2	SL
Tramadol Tablet	1	
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	4	E, SL
Voltaren Gel	2	
Zohydro ER	4	N, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended-Release Tablet	4	E
Tolterodine Tablet	4	E
Toviaz	3	
Vesicare	4	E

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	SL
Clarinex	4	E, SL
Clarinex-D	3	E, SL
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Nasonex	4	E, SL
Promethazine Tablet	1	
Qnasl	4	E, SL
Triamcinolone Nasal Spray	4	E, SL
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Aerospan	3	SL
Albuterol Nebs	1	
Albuterol Sulfate Tablet	1	
Alvesco	1	SL
Arnuity Ellipta	3	SL
Asmanex	1	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	3	RS, SL
Flovent Diskus/HFA	3	SL
Foradil	3	SL
Incruse Ellipta	2	SL

Drug Name	Drug Tier	Requirements & Limits
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	4	E, SL
Montelukast Chewable Tablet, Tablet	1	SL
Montelukast Granules	2	SL
Perforomist	3	SL
Proair HFA	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	4	SDP, SL
QVAR	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler	4	SL
Spiriva Respimat	4	SL
Striverdi Respimat	2	SL
Symbicort	4	E, SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebs	4	E, SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	4	DSP, N, SL
Adempas	2	DSP, N, SL
Letairis	2	DSP, N, SL
Opsumit	2	DSP, N, SL
Orenitram	4	DSP, N, SL
Sildenafil Tablet	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N

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Drug Name	Drug Tier	Requirements & Limits
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H
Chantix Tablet	3	H, N
Nicoderm CQ	3	H
Nicorette Gum	3	H
Nicorette Lozenge	3	H
Nicorette Mini-Lozenge	3	H
Nicotine Gum	1	H
Nicotine Lozenge	1	H
Nicotine Patch	1	H
Nicotrol Inhaler	3	H, N
Nicotrol Nasal Spray	3	H, N
Thrive Gum	1	H
Transplant		
Azathioprine Tablet	1	
Cellcept	4	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule, Suspension	1	DSP
Mycophenolic Acid Tablet	2	DSP
Myfortic	4	DSP
Neoral	4	DSP
Prograf	4	DSP
Rapamune	4	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	1	DSP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Contraceptives		
Apri	1	H
Aviane	1	H
Azurette	2	
Cryselle	1	H
Cyclafem	1	H
Ella	1	H
Enskyce	1	H
Gildess	2	
Gildess Fe	1	H
Introvale	2	H
Jolessa	2	H
Junel	2	
Junel Fe	1	H
Levora-28	1	H
Lo Loestrin Fe	3	
Loryna	3	
Low-Ogestrel	1	H
Lutera	1	H
Microgestin	2	
Microgestin FE	1	H
Minastrin 24 FE	4	E
Mononessa	3	
Natazia	1	H
Necon 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice	1	H
Norgestimate-Ethinyl Estradiol	3	
Nortrel 0.5/35	1	H
Nuvaring	2	H
Orsythia	1	H
Ortho-Cyclen	1	H
Ortho Micronor	1	H
Ortho-Novum	3	
Ortho-Novum 7/7/7	1	H
Ortho Tri-Cyclen	1	H
Ortho Tri-Cyclen Lo	3	
Plan B One Step	1	H

Drug Name	Drug Tier	Requirements & Limits
Quasense	2	H
Reclipsen	1	H
Sprintec	3	
Sronyx	1	H
Tri-Previfem	3	
Tri-Sprintec	3	
Trinessa	3	
Vestura	3	
Viorele	2	
Xulane	3	H
Yasmin 28	1	H
Yaz	2	
Women's Health: Hormone Replacement		
Cenestin	4	E
Climara	2	SL
Climara Pro	3	SL
Divigel	3	
Duavee	3	
Enjuvia	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	2	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch	4	E, SL
Estring	2	SL
Estrogen/ Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone Tablet	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vagifem	2	
Vivelle-Dot	2	SL
Women's Health: Miscellaneous		
Osphena	3	
Raloxifene	2	H, N
Tamoxifen	1	H, N
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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Notes

“My Medications” worksheet

Take this worksheet with you each time you visit a doctor. Each of your doctors should be aware of every drug you take and you should have a list as well.

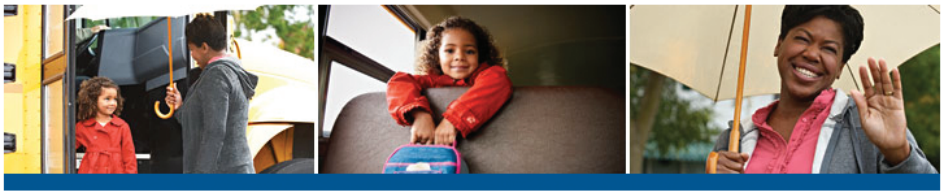
Name of Medicine and Strength	Drug Tier	I Take This Medicine For	Directions	Doctor
Example: Lisinopril, 20 mg	Tier 1	High blood pressure	One tablet daily	Dr. Johnson

For more information

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

Or, visit **www.myallsavers.com**

All Savers



Prescription Benefits

UnitedHealthcare wants you to get the most out of your pharmacy benefit. As a UnitedHealthcare member, you have benefit coverage for a wide variety of U.S. Food and Drug Administration (FDA)-approved prescription medications.

Find a Network Pharmacy
The pharmacy network includes over 64,000 retail pharmacies, including all large national chains, many local, community pharmacies and the OptumRx Mail Service Pharmacy.

Click to find a retail network pharmacy

Drug Pricing

We want to help you manage your prescription medication costs and get the most out of your pharmacy benefit. Our programs and tools are designed to help you make informed decisions about your choice of prescription medications.

Please choose your employer's benefit plan type from the two options listed below.

Copay Plans

If your pharmacy benefit includes a tiered copay plan, please refer to the Prescription Drug List (PDL) to find the tier placement of your drug. Once you've identified the tier placement, use your employer's plan benefit documents to find the copay amount for that tier.

Prescription Drug List (PDL)
The UnitedHealthcare PDL includes brand and generic prescription medications approved by the FDA. Medications are placed on different "tiers" based on our evaluation of their overall value. Tier 1 is the lowest-cost tier option. The PDL is a tool to help you look for lower-cost alternatives. When selecting a medication, you and your doctor may wish to consult the PDL. You and your doctor make decisions about your health care, including the choice of prescription medications.

Click here to view the Prescription Drug List

NOTE - This PDL does not apply to all plans. Talk to your employer to learn more about your pharmacy benefits and medication coverage.

All Other Plans

The drug pricing tool estimates the average cost of the drug and does not take into account any cost that your plan pays. It is not specific to your benefit and is not available for all medications. Lower cost medication savings may vary based on drug prices, prescription programs and your employer's plan design. Some or all of the alternatives may not be appropriate for you and all will require your doctor's approval. The information is for informational purposes only and is not meant to substitute for the advice provided by your own physician or other medical professional.

Click here to price a medication

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