

## **You have choices. Understanding them will help you make informed health care decisions.**

Your prescription benefit provides you with many choices. This booklet will help you understand those choices. It will also enable you to ask your doctor or pharmacist the right questions regarding your medication needs. Our goal is to provide information that will help you make informed decisions regarding medications for you and your family.

The UnitedHealthcare prescription benefit is designed to provide you with a comprehensive selection of prescription drugs. This booklet lists the most commonly prescribed drugs for certain conditions. You can find our complete Prescription Drug List (PDL)<sup>1</sup> at [www.365wellst.com](http://www.365wellst.com). Together with your doctor, you may refer to this list to consider your choices and select the appropriate medication to meet your needs. Keep in mind that the benefit documents provided by your employer define your actual benefit coverage and may exclude coverage for certain drugs listed in the condensed PDL found in this booklet.<sup>2</sup>

Below you will find some common questions many consumers have asked regarding UnitedHealthcare's prescription drug benefit. If you have additional questions, please visit us at [www.365wellst.com](http://www.365wellst.com) or call the toll-free number listed on your ID card.

## **What are Tier designations, and how do they affect what I actually pay at the pharmacy?**

Prescription drug products are categorized within three Tiers – Tier 1, Tier 2, and Tier 3<sup>3</sup>. Each Tier is assigned a copayment, which is an amount you pay when you visit the pharmacy or order your medications online through home delivery. Consult the benefit plan documents provided by your employer for more information about specific copayments.

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

**Tier 2** is your middle copayment option. Consider Tier 2 drugs if no Tier 1 drug is available to treat your condition.

**Tier 3** is your highest copayment option. The drugs in Tier 3 are usually more costly. Sometimes there are alternatives available in Tier 1 or Tier 2. If you are currently taking a drug in Tier 3, ask your doctor about Tier 1 or Tier 2 alternatives that may be clinically appropriate for your treatment. Compounded medications, those medications containing two or more ingredients that are combined "on-site" by a pharmacist, are classified at the Tier 3 level, providing the ingredients are covered under the pharmacy benefit.

**Please note:** *The Prescription Drug List is subject to our periodic (at least quarterly but not more than six times a year) review and modification.*

**Please note:** *Some employers have a two-tier prescription benefit plan. A two-tier closed prescription benefit plan does not cover drugs classified in Tier 3 of this PDL. A two-tier open prescription benefit plan covers Tier 1 drugs at the lower copayment, and covers Tier 2 and 3 drugs at the higher copayment. You should refer to your enrollment materials, check your personal information on [www.365wellst.com](http://www.365wellst.com), or call the toll-free number on your ID card for more information about your benefit plan.*

<sup>1</sup> In certain documents the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your benefit coverage.

<sup>2</sup> Where differences are noted, the benefit plan documents will govern.

<sup>3</sup> In certain documents Tier 1 was referred to as "generics;" Tier 2 was referred to as "preferred brands" or "brand name on the PDL;" and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand name not on the PDL." These changes in descriptive terms do not affect your benefit coverage.

## **Who decides which drugs get placed in which Tier?**

Our National Pharmacy and Therapeutics Committee reviews new and existing medications and makes recommendations to the PDL Management Committee which assigns drugs to certain PDL Tiers based on factors such as drug cost and clinical value. Throughout the year, generally quarterly, but up to six times per year, the PDL Management Committee adds or moves drugs between the copayment Tiers on the PDL. Some reasons for this movement may include new drugs approved by the United States Food and Drug Administration (FDA) or the availability of new generic alternatives.

## **What is the difference between brand name and generic drugs?**

Generic drugs are medications that contain the same active ingredients as their brand name counterparts, but they often cost less. Generic drugs can become available only after the patent and market exclusivities on the brand name drug expires. At that time, other companies are permitted to manufacture a chemically equivalent drug. Before a generic drug can be sold, the FDA must be satisfied that the drug contains the same active ingredients in the same strength as the brand name equivalent. It must also meet the same standards of quality and effectiveness.

## **What are therapeutic alternatives?**

“Therapeutic alternative” is a term that we use to describe two or more chemically different drugs that may treat the same condition. A therapeutic alternative may have a lower out-of-pocket expense compared with the drug your doctor may prescribe, so selecting the alternative may save you money. Some therapeutic alternatives may also be available “over-the-counter.” If you are interested in pursuing therapeutic alternatives, please talk to your doctor to see if a therapeutic alternative may be right for you.

## **Why might the medication that I am used to taking no longer be covered?**

Periodically, drugs may be excluded from coverage, for example when an over-the-counter equivalent of a brand name drug is approved by the FDA. In these cases, you don’t have to get a prescription to obtain a particular medication; you can simply purchase it at your local pharmacy.

## **When should I consider “over-the-counter,” or non-prescription medications?**

For many conditions, an over-the-counter medication may be the most appropriate treatment. Consult with your doctor about over-the-counter alternatives during your visit. These drugs are not covered under your prescription benefit, but they often cost less than your out-of-pocket expense for prescription medications.

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

Certain medications have a notation, such as N (for “notification”), QL (for “quantity limitations”), QD (for “quantity duration”), and DS (for “diabetic supplies”), in this booklet. These notations identify drugs that have special programs attached to them. Some may require your doctor to notify us before they are dispensed, to make sure that their use is covered within your benefit. Others have a maximum quantity allowed for each copayment. Still others have additional programs that apply. The specific definitions for these notations are listed at the bottom of each page of the PDL.

## **How do I access updated information about my prescription drug benefit?**

Since the PDL may change periodically, we encourage you to visit [www.365wellst.com](http://www.365wellst.com) for the most current information. In addition to information about your prescription drug benefit, [www.365wellst.com](http://www.365wellst.com) is your online resource for a variety of health and wellness topics. The site is designed to help you make the best health care decisions for you and your family.

With [www.365wellst.com](http://www.365wellst.com), you can view your prescription claims history, compare costs of medications to identify cost-saving opportunities, fill prescriptions online for home delivery of medications you take regularly, check the status of your home delivery order and speak to a registered pharmacist seven days a week.

### **How do I find information on [www.365wellst.com](http://www.365wellst.com)?**

You can log on to our consumer Web site at [www.365wellst.com](http://www.365wellst.com) and become a registered user for convenient pharmacy service seven days a week. To register, simply enter your name, date of birth, ID number and group ID number from your ID card. After selecting your user name and password, simply select "Price A Medication." You will then have the capability to:

- Access pharmacy information and services seven days a week
- View benefit coverage and prescription history
- Search the PDL
- Review information on prescription drug pricing
- Locate a participating retail pharmacy by zip code
- Order prescription and non-prescription products to be delivered to your home
- Set up e-mail reminders for prescription refills

### **What if I still have questions?**

If you have additional questions about your prescription drug benefit, please call the toll-free number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

### **Key points to remember**

Your doctor can help you save money by prescribing drugs in Tier 1 and Tier 2. You and your doctor always make the decisions regarding your treatment. Here are some practical suggestions for getting the most out of your prescription benefit:

- Ask your doctor to refer to the PDL when prescribing medications. It is a tool that helps guide you and your doctor in choosing medications that allow the most effective and affordable use of your prescription drug benefit.
- Inquire about the availability of a cost-saving Tier 1 alternative. Tier 1 drugs may have the same therapeutic effects as drugs classified in Tiers 2 and 3, but are less expensive. As a result, Tier 1 drugs are available to you for the lowest out-of-pocket expense.
- Ask your doctor or pharmacist if there is an over-the-counter drug available to treat your condition.
- Always refer to your benefit plan materials to determine your coverage for medications and copayment. Some drugs listed on the PDL may not be covered under your specific benefit plan.
- If you would like to view a comprehensive version of the PDL and information about your specific benefit plan, please visit [www.365wellst.com](http://www.365wellst.com). Once you have logged in, click on "Price A Medication."
- If you still have questions about your prescription drug benefit, please call the toll-free number on your ID card. Representatives are available to assist you 24 hours a day, except Thanksgiving and Christmas.

*Tier One*

Acetaminopen w/Codeine  
Acyclovir tab & cap  
Albuterol Inhaler **QL**  
Allopurinol  
Alprazolam  
Amitriptyline  
Amoxicillin/Clavulanate 500 & 875 mg tab, 200 & 400 mg suspension  
Amoxicillin  
Amoxil Suspension  
Amphetamine/Detroamphetamine  
Apri  
Atenolol  
Atenolol w/Chlorthalidone  
Aviane  
Benzonatate  
Bisoprolol w/Hydrochlorothiazide  
Buspirone  
Butabital-Apap-Caffeine  
Captopril  
Carisoprodol  
Cartia XT  
Cefuroxime  
Cephalexin  
Chlorhexidine Gluconate  
Ciprofloxacin 0.3% drops  
Clindamycin 150 & 300 mg cap  
Clindamycin Phosphate Gel, Solution  
Clobetasol  
Clonazepam  
Clonidine  
Clotrimazole/Betamethasone  
Cyclobenzaprine  
Diazepam  
Diclofenac tab  
Dicyclomine  
Digitek  
Diltiazem  
Doxazosin  
Doxycycline Hyclate  
Enalapril  
Endocet  
Estradiol

Etodolac  
Ethynyl Estradiol/Desogestrel  
Fluocinonide  
Fluoxetine **QL**  
Folic Acid  
Fosinopril  
Furosemide  
Gemfibrozil  
Gentamicin Sulfate  
Glipizide  
Glyburide  
Glyburide/Metformin  
Guaifenes G  
Guaifenes LA  
Guaifen PSE  
Guaifenesin w/Pseudoephedrine  
Guaifenes PSE  
Hydrochlorothiazide  
Hydrocodone w/Acetaminophen  
Hydroxychloroquine  
Hydroxyzine Syrup; 10, 25, 50 mg tab  
Hyoscyamine tab  
Ibuprofen  
Indapamide  
Indomethacin  
Isosorbide Mononitrate  
Kariva  
Ketoconazole  
Klor-Con M20  
Levora-28  
Levoxyl  
Lisinopril  
Lisinopril w/Hydrochlorothiazide  
Lorazepam  
Lovastatin **QL**  
Low-Ogestrel  
Medroxyprogesterone  
Metformin  
Methocarbamol  
Methotrexate  
Methylphenidate  
Methylprednisolone Dose Pack, 4 mg tab  
Metoclopramide  
Metoprolol

Metronidazole tab & cap  
Microgestin FE  
Minocycline  
Mirtazapine **QL**  
Nabumetone  
Nadolol  
Naproxen  
Naproxen Sodium  
Neomycin/Polymyxin/  
Hydrocortisone  
Nifedipine  
Nifedipine ER  
Nortrel  
Nortriptyline  
Nystatin  
Nystatin w/Triamcinolone  
Ofloxacin  
Oxycodone w/Acetaminophen  
Paroxetine  
Penicillin V Potassium  
Phenazopyridine  
Polymyxin B/Trimethoprim  
Potassium Chloride  
Prednisone  
Promethazine  
Promethazine w/Codeine  
Propoxyphene Napsylate w/APAP  
Propranolol  
Q-Bid LA  
Ranitidine cap & tab  
Roxicet 5-325 mg tab  
Spironolactone  
Sprintec  
Sulfamethoxazole/Trimethoprim  
Tamoxifen  
Temazepam  
Terazosin  
Tetracycline  
Tizanidine  
Tramadol **QL**  
Trazodone  
Triamcinolone Acetonide  
Triamterene  
w/Hydrochlorothiazide  
Verapamil  
Warfarin

Some drugs are noted with N, QD, QL, or DS. The definitions for these symbols are listed below. Your benefit plan determines how these drugs may be covered for you.

**N = Notification.** There are a few drugs that your physician must notify us of to make sure their use is covered within your benefit.

**QD = Quantity Duration.** Some drugs have a limited amount that can be covered for a specific period of time.

**QL = Quantity Level.** Some drugs have a limited amount that can be covered at one time.

**DS = Diabetic Supplies.** Diabetic supplies may be covered by your benefit plan.

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### *Tier Two*

Accu-Chek **DS**  
Accupril  
Aciphex **QL/QD**  
Actonel **QL**  
Actos **QL**  
Adderall XR **QL**  
Advair Diskus **QL**  
Alesse-28  
Altace  
Amaryl  
Asacol  
Astelin **QL**  
Atarax 100 mg tab  
Augmentin ES  
Augmentin XR  
Avandamet  
Avandia **QL**  
Bactroban  
Benicar **QL/QD**  
Benicar HCT **QL/QD**  
Biaxin **QL**  
Biaxin XL **QL**  
Cardizem CD 360 mg cap  
Cardizem LA  
Celexa **QL** (20 & 40 mg tab  
scored for 1/2 tab use)  
Cenestin  
Cipro **QL**  
Clarinet **QL/QD**  
Climara **QL**  
Coreg  
Coumadin  
Cozaar **QL/QD**  
Depakote  
Depakote ER  
Diazepam Solution and  
Concentrate  
Differin **N**  
Diflucan 50, 100, 200 mg **N**  
Diflucan 150 mg **QL**  
Dilantin  
Diovan **QL/QD**  
Diovan HCT **QL/QD**  
Ditropan XL **QL**  
Effexor XR **QL**  
Estrace Cream  
Estratest  
Estratest H.S.  
Estrostep FE  
Evista  
Famvir **QL**  
Femhrt  
Flonase **QL**  
Flovent **QL**  
Floxin **QL**  
Fosamax **QL**  
Frova **QL**  
Glucophage XR  
Glucotrol XL  
Humalog Vials  
Humulin N Vials  
Hyzaar **QL/QD**  
Imitrex **QL**  
Lamictal  
Lamisil tab **QL, N**  
Lanoxin  
Lantus Vials  
Levaquin **QL**  
Lipitor **QL/QD**  
Lo/Ovral-28  
Loestrin FE  
Lumigan  
Macrobid  
Maxalt **QL**  
Medrol 2, 8, 16, 24 & 32 mg tab  
Metrogel Vaginal  
Mircette  
Nasonex **QL**  
Neurontin  
Nexium **QL/QD**  
Niaspan  
Nordette  
Norvasc  
Novolin Vials  
Novolog Vials  
Omnicef **QL**  
One Touch Ultra Test Strips **DS**  
Orapred  
Ortho Evra **QL**  
Ortho Tri-Cyclen  
Ortho Tri-Cyclen Lo  
Ortho-Cyclen  
Ortho-Novum  
Oxycontin **QL**  
Patanol  
Paxil CR **QL**  
Percocet 2.5-325; 7.5-325;  
10-325 mg tab  
Plavix  
Premarin  
Prempro, Premphase  
Prometrium  
Protonix **QL**  
Pulmicort **QL**  
Rhinocort Aqua **QL**  
Risperdal  
Serevent **QL**  
Seroquel  
Serzone **QL**  
Singulair **QL**  
Synthroid  
Tobradex  
Topamax  
Toprol XL  
Travatan  
Tricor  
Trileptal  
Triphasil-28  
Valtrex **QL** (1 gram tab scored  
for 1/2 tab use)  
Viagra **QL**  
Vivelle **QL**  
Vivelle Dot **QL**  
Wellbutrin SR **QL N**  
Xalatan  
Yasmin 28  
Zantac syrup  
Zetia **QL**  
Zithromax **QL**  
Zocor **QL/QD**  
Zolofit **QL** (50 & 100 mg tab  
scored for 1/2 tab use)  
Zomig **QL**  
Zyprexa  
Zyrtec **QL/QD**  
Zyrtec-D **QL/QD**

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### *Tier Three*

Activella **QL**  
Allegra **QL/QD**  
Allegra-D **QL/QD**  
Ambien **QL**  
Androgel  
Armour Thyroid  
Atacand **QL/QD**  
Avapro **QL/QD**  
Avelox **QL**  
Axert **QL**  
Benzaclin  
Bextra **QL/QD**  
Cefzil  
Celebrex **QL/QD**  
Combivent **QL**  
Concerta **QL**  
Detrol LA **QL**  
Duragesic **QL**  
Elidel  
Flomax  
Inderal LA  
Levothroid  
Lexapro **QL**  
Lotensin  
Lotrel **QL**  
Miralax  
Mobic

Nasacort AQ **QL**  
Pravachol **QL/QD**  
Prevacid **QL/QD**  
Skelaxin  
Strattera **QL**  
Tequin **QL**  
Tussionex  
Ultracet **QL**  
Vioxx **QL/QD**  
Xopenex **QL**

#### **NOTE:**

- **Compounded prescriptions are Tier Three**
- **Pens & cartridges are Tier Three**

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*Additional Tier Three drugs with a generic alternative in Tier One*

Adderall (Amphetamine/ Detroamphetamine)	Estrace tab, Climara 0.05, 0.1 (Estradiol)	Prinivil, Zestril ( Lisinopril)
Aldactone (Spironolactone)	Fioricet (Butabital-Apap-Caffeine)	Prinzide, Zestoretic (Lisinopril w/Hydrochlorothiazide)
Anaprox (Naproxen Sodium)	Flagyl tab, cap (Metronidazole tab & cap)	Procardia (Nifedipine)
Aristocort, Kenalog (Triamcinolone Acetonide)	Flexeril (Cyclobenzaprine)	Procardia XL (Nifedipine ER)
Atarax Syrup 10, 25, 50 mg tab (Hydroxyzine Syrup; 10, 25, 50 mg tab)	Glucophage (Metformin)	Proventil Inhaler <b>QL</b> , Ventolin Inhaler <b>QL</b> (Albuterol Inhaler <b>QL</b> )
Ativan (Lorazepam)	Glucotrol (Glipizide)	Provera tab (Medroxyprogesterone)
Augmentin (Amoxicillin/ Clavulanate 500 & 875 mg tab, 200 & 400 mg suspension)	Glucovance (Glyburide/Metformin)	Prozac <b>QL</b> (Fluoxetine <b>QL</b> )
Bactrim, Septra (Sulfamethoxazole/Trimethoprim)	HydroDIURIL, Oretic (Hydrochlorothiazide)	Pyridium (Phenazopyridine)
Bentyl (Dicyclomine)	Hytrin (Terazosin)	Reglan (Metoclopramide)
Buspar (Buspirone)	Imdur (Isosorbide Mononitrate)	Remeron <b>QL</b> (Mirtazapine <b>QL</b> )
Calan, Calan SR (Verapamil)	Inderal (Propranolol)	Remeron SolTab <b>QL</b> (Mirtazapine <b>QL</b> )
Capoten (Captopril)	Indocin (Indomethacin)	Restoril (Temazepam)
Cardizem, Cardizem SR, Cardizem CD 120, 180, 240, 300mg (Diltiazem)	Keflex (Cephalexin)	Ritalin, Ritalin SR (Methylphenidate)
Cardura (Doxazosin)	Klonopin (Clonazepam)	Robaxin (Methocarbamol)
Catapres (Clonidine)	Lasix (Furosemide)	Soma (Carisoprodol)
Ceftin (Cefuroxime)	Levsin, Levsinex (Hyoscyamine tab)	Temovate (Clobetasol)
Ciloxan (Ciprofloxin 0.3% Drops)	Lopid (Gemfibrozil)	Tenormin (Atenolol)
Cleocin 150 & 300 mg capsules (Clindamycin 150 & 300 mg cap)	Lopressor (Metoprolol)	Tenoretic (Atenolol w/Chlorthalidone)
Cleocin T Gel, Solution (Clindamycin Phosphate Gel, Solution)	Lotrisone (Clotrimazole/Betamethasone)	Tessalon Perles (Benzonatate)
Cortisporin (Neomycin/Polymyxin/ Hydrocortisone)	Medrol Dose Pack, Medrol 4 mg tab (Methylprednisolone Dose Pack, 4 mg tab)	Tiazac (Diltiazem)
Cyclessa (Ethinyl Estradiol/ Desogestrel)	Mevacor <b>QL/QD</b> (Lovastatin <b>QL/QD</b> )	Trimox (Amoxicillin)
Darvocet-N (Propoxyphene Napsylate w/APAP)	Minocin, Dynacin (Minocycline)	Trimox 250 (Amoxicillin)
Desyrel (Trazodone)	Monopril (Fosinopril)	Tylenol #3 (Acetaminopen w/Codeine)
DiaBeta, Micronase, Glynase (Glyburide)	Motrin (Ibuprofen)	Ultram <b>QL</b> (Tramadol <b>QL</b> )
Dyazide (Triamterene w/Hydrochlorothiazide)	Naprosyn (Naproxen)	Valium (Diazepam)
Elavil (Amitriptyline)	Ocuflox (Ofloxacin)	Vasotec (Enalapril)
	Paxil <b>QL</b> (20 mg tab scored for 1/2 tab use)	Vibramycin, Vibra-Tabs (Doxycycline Hyclate)
	Pen-Vee K (Penicillin V Potassium)	Vicodin (Hydrocodone w/Acetaminophen)
	Percocet 5-325, 7.5-500, 10-650 (Oxycodone w/Acetaminophen)	Voltaren tab (Diclofenac tab)
	Peridex (Chlorhexidine Gluconate)	Xanax (Alprazolam)
	Phenergan 25 & 50 mg suppos, 25 & 50 mg tab, 6.25/5mL syrup (Promethazine)	Zanaflex (Tizanidine)
	Phenergan with Codeine (Promethazine w/Codeine)	Zantac tab & caps (Ranitidine cap & tab)
	Plaquenil (Hydroxychloroquine)	Ziac (Bisoprolol w/Hydrochlorothiazide)
		Zovirax tab and cap (Acyclovir tab & cap)
		Zyloprim (Allopurinol)

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