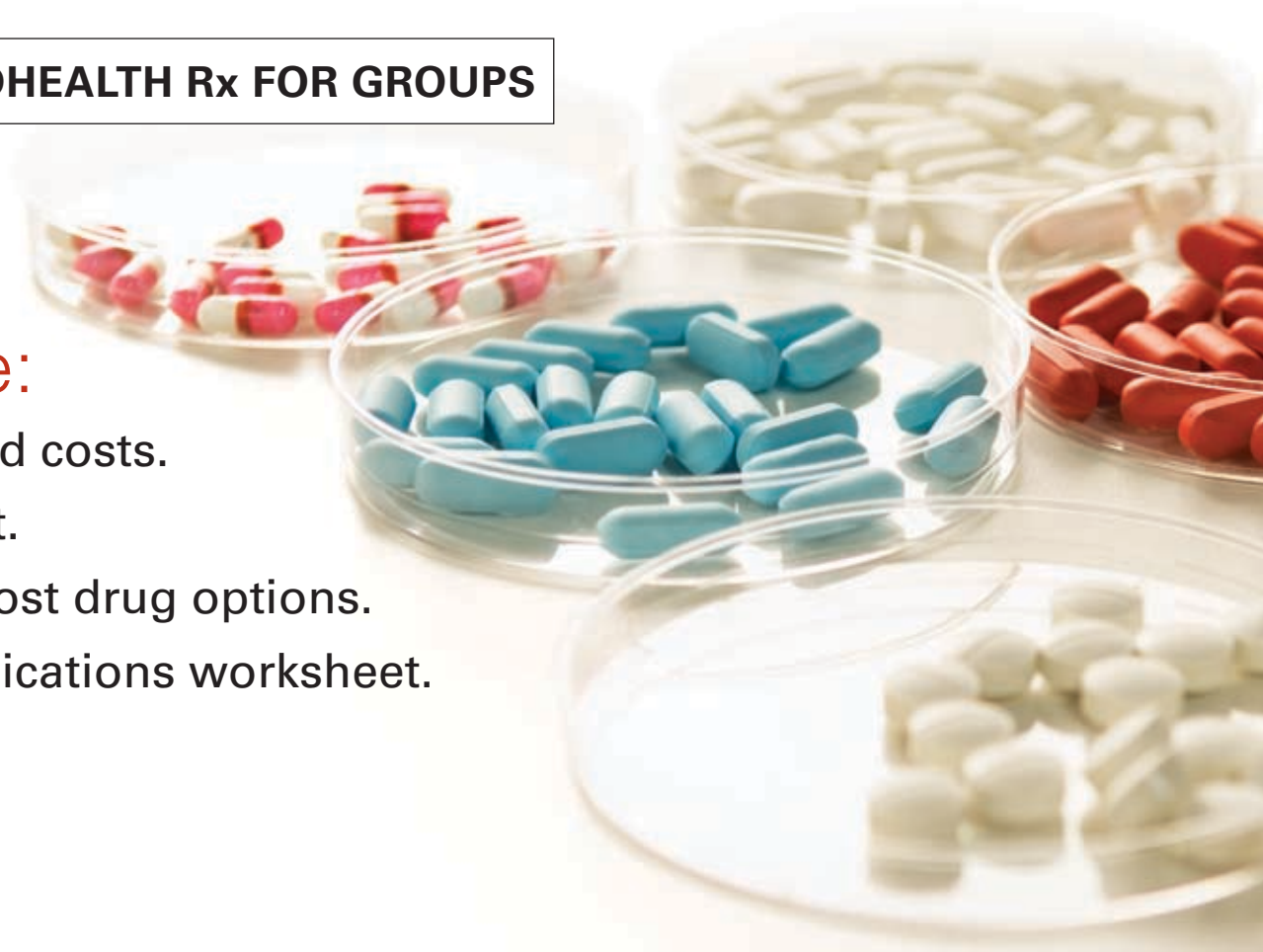
UnitedHealth Rx™

PART D

2009 formulary

(COMPLETE LIST OF COVERED DRUGS)

UNITEDHEALTH Rx FOR GROUPS



Inside:

Tiers and costs.

Drug list.

Lower-cost drug options.

My Medications worksheet.

DRUG LIST EFFECTIVE JANUARY 1 THROUGH DECEMBER 31, 2009

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

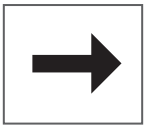
About this complete drug list.

UnitedHealth Rx for Groups 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. This complete formulary is a list of drugs covered by UnitedHealth Rx for Groups. UnitedHealth Rx for Groups selected the drugs in consultation with a team of health care providers. For more information, call UnitedHealth Rx for Groups Customer Care using the number on the bottom of the next page.

For your prescription drugs 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 network pharmacies.

UnitedHealth Rx for Groups includes over 60,000 network pharmacies for your convenience. Some of our network retail pharmacies include:

CVS
Kmart
Kroger
Longs
Medicine Shoppe
Rite Aid
Safeway
Sam's Club
SUPERVALU Pharmacies
Target
Walgreens
Wal-Mart



Plus thousands of independent neighborhood pharmacies.

For a complete list within our network, call Customer Care or visit us online at www.UnitedHealthRxforGroups.com.

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 name in the Drug Index, which begins on page 53.
2. Look for a drug by the health condition in the category section. For example, if you want to find drugs used to treat heart disease, turn to the category listing and look for "Cardiovascular Drugs".

Brand-name drugs are in bold type (e.g., **Lipitor**) while generic drugs are not (e.g., Simvastatin). If you cannot find a specific drug in the drug list, contact Customer Care for assistance in finding your drug. If your drug is not in the complete drug list, you can talk with your doctor to see if the drug list includes an alternative drug choice that is right for you.

Note: If your plan has an open formulary, many additional drugs not usually covered by a Medicare Part D plan are covered by your plan. With open formulary plans, all Food and Drug Administration (FDA)-approved prescription drugs will be covered except those listed in the Summary of Benefits. Only drugs covered by Medicare Part D are eligible when calculating your drug costs. The amount you and the plan spend on Medicare Part D drugs will help you move into or out of the coverage gap, and into catastrophic coverage. In addition, only drugs covered under the Medicare Part D program are eligible for the Medicare appeals process. All other drugs are eligible for the UnitedHealth Rx for Groups grievance process.

Please refer to your Summary of Benefits or contact Customer Care if you have specific questions about your prescription drugs.

Your costs.

During the initial coverage period, UnitedHealth Rx for Groups 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 drug.

The UnitedHealth Rx for Groups drug list includes four tiers. The Summary of Benefits lists the copays or coinsurance that apply to each tier. If you qualify for extra help in paying for your prescription drugs, your costs may be different than those described in the Summary of Benefits. Please contact Customer Care to find out what your costs are in this situation.

TIER 1

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

TIER 2

Includes preferred brand-name prescription drugs. Tier 2 drugs offer clinical advantages and/or lower prices than Tier 3 drugs. Some Tier 2 drugs have lower-cost Tier 1 options that you may consider with your doctor.

TIER 3

Tier 3 drugs include non-preferred drugs that may have clinical disadvantages and/or higher prices than Tier 1 and/or Tier 2 drugs. If you are taking a Tier 3 drug, ask your doctor if a Tier 1 or Tier 2 drug could be an alternative. See page 74 for a partial listing of lower-cost drug options.

SPECIALTY TIER (TIER 4)

Includes unique and/or very high-cost drugs. You and the plan share in the cost of the drug.

Generic drugs.

UnitedHealth Rx for Groups covers both brand-name and generic drugs. You and your doctor are encouraged to consider generic drugs whenever they are right for your treatment. The Food and Drug Administration (FDA) requires a generic drug to have the same active ingredients, strength and purity as its brand-name equivalent. Generic drugs usually cost less than brand-name drugs. If a generic equivalent drug is not available, a generic alternative can be a good option. Generic alternatives contain different active ingredients than brand-name drugs, but come from the same chemical family and can provide similar results.

To manage drug costs and what you pay out of pocket, you may want to talk with your doctor to determine whether any of the brand-name drugs you take have generic options. Using generic drugs may save you money.

Limited access drugs.

Drugs are considered "limited access" if:

- The FDA says the drug can only be dispensed by certain facilities or doctors **or**
- Extra handling, provider coordination or patient education is needed to be able to dispense the drug and can't be done at a network pharmacy.

On the UnitedHealth Rx for Groups drug list, these "limited access" drugs may include:

Tracleer	Tysabri
Revlimid	Xyrem

Requirements and limits for certain drugs.

Some drugs may have additional requirements or limits that help ensure safe, effective and affordable drug use. These drugs may require a coverage determination by your Medicare Part D plan. 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.

Coverage determination process.

A coverage determination allows you to request an exception to waive coverage restrictions or limits on your drug. A coverage determination applies to prior authorization, step therapy, quantity limits and Medicare Part B/Part D. You, your doctor or your authorized representative can initiate a coverage determination by contacting Customer Care at the number listed below.

These requirements and limits apply to retail and mail service.

PRIOR AUTHORIZATION

PA

Prior authorization requires you or your doctor to get approval from the plan before your drug is covered. Sometimes prior authorization may be needed for the plan to ensure your drug is covered by the Medicare Part D benefit. In other cases, prior authorization helps guide appropriate use of certain drugs. If you do not get approval, your drug may not be covered by the plan.

MEDICARE PART B/D COVERAGE DETERMINATION

B/D

Some drugs may be covered by the Medicare Part B or Part D benefit, depending on how the drug is used and other factors. Claims may be stopped at the pharmacy to determine which Medicare benefit should cover the drug. Your doctor may need to supply additional information before a drug is covered by the Part D plan.

QUANTITY LIMITS

QL

Quantity limits manage the amount of a drug that the plan will cover for a single copay or within a defined period of time. For example, if a blood pressure medication is typically taken once a day, the plan may limit coverage to 31 pills per 31 days (i.e., one pill per day for a month). If you require a quantity over this limit, you or your doctor may request an exception from the plan. Exceptions will be considered when special circumstances apply.

STEP THERAPY

ST

Step therapy encourages you to try safe, effective, lower-cost drugs before the plan covers a more costly drug. For example, if Drug A and Drug B treat the same medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. Step Therapy can decrease your out-of-pocket costs.

Part D exception process.

You can ask to make an exception to the plan's coverage rules.

- You can 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 level.
- You can 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. 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 drugs included on the plan's drug list or the lower-tiered drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

When requesting a drug list or tiering exception, please submit a statement from your doctor supporting your request.

Generally, the coverage decision is made within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. 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.

Visit www.UnitedHealthRxforGroups.com or call Customer Care at the number below for more information and to access the Exception Request Form.

Transition process for changing the drugs you take.

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 coverage determination requirement may apply. For example, you may need prior authorization before the plan covers the drug. You should talk to your doctor to decide if you should switch to an appropriate alternative drug that we cover or to request an exception so that we may consider coverage of 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 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. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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.

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 a drug list exception.

If you are a continuing member in the plan, you receive an Annual Notification of Changes to your plan. You may notice that a formulary medication which you are currently taking is either not on the 2009 formulary or its cost-sharing or coverage is limited in the upcoming year. For coverage requests we receive by December 15, 2008 and approve, the plan will cover the drug as of January 1, 2009. For coverage requests initiated on or after December 16, 2008, normal timeframes for resolution 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, 2009, you may receive a temporary supply of the drug for your current plan cost-sharing until we answer your 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, drug list changes are necessary. For example, the 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. For other changes, such as if a drug is moved to a higher-cost tier, UnitedHealth Rx for Groups 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. If there are any coverage changes to the drugs you take, they will be listed in your Explanation of Benefits.

The drug list may change throughout the year when the plan:

- Changes the limitations or restrictions for a drug.
- Adds or removes a drug.
- Moves a drug to a lower or higher-cost tier.

Generally, if you are taking a drug on our 2009 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 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, 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 those members taking it for the remainder of the coverage year.

For more information.

For more detailed information about UnitedHealth Rx for Groups drug coverage, please review your Evidence of Coverage, Summary of Benefits and other plan materials.

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, seven days a week. TTY users should call 1-877-486-2048. Or visit www.medicare.gov.

This document may be available in alternative formats. For more information, call Customer Care at the phone number listed below.

DRUG	UnitedHealth Rx for Groups TIER	LIMITS
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Analgesics, Other - Miscellaneous Pain Relievers		
Equagesic	3	
Nonsteroidal Anti-inflammatory Drugs - Pain/Anti-inflammatory Drugs		
Anaprox	3	
Anaprox DS	3	
Arthrotec 50	3	
Arthrotec 75	3	
Cataflam	3	
Celebrex	3	QL
Clinoril	3	
Daypro	3	
Diclofenac Potassium ♦	1	
Diclofenac Sodium ♦	1	
Diclofenac Sodium DR ♦	1	
Diclofenac Sodium EC ♦	1	
Diclofenac Sodium ER ♦	1	
Diclofenac Sodium XR ♦	1	
Diflunisal ♦	1	
EC-Naprosyn	3	
Etodolac ♦	1	
Etodolac ER ♦	1	
Feldene	3	
Fenoprofen Calcium ♦	1	
Flector	3	
Flurbiprofen ♦	1	
Ibuprofen ♦	1	
Indocin	3	
Indocin SR	3	

DRUG	UnitedHealth Rx for Groups TIER	LIMITS
Indomethacin ♦	1	
Indomethacin ER ♦	1	
Ketoprofen ♦	1	
Ketoprofen ER ♦	1	
Ketorolac Tromethamine ♦	1	QL
Meclofenamate Sodium ♦	1	
Meloxicam ♦	1	
Mobic	3	
Motrin	3	
Nabumetone ♦	1	
Nalfon	3	
Naprelan	3	
Naprosyn	3	
Naproxen ♦	1	
Naproxen DR ♦	1	
Oxaprozin ♦	1	
Piroxicam ♦	1	
Ponstel	3	
Sulindac ♦	1	
Tolmetin Sodium ♦	1	
Voltaren	3	
Voltaren-XR	3	
Opioid Analgesics - Opioid Pain Relievers		
Acetaminophen/Codeine ♦	1	
Acetaminophen/Codeine #2 ♦	1	
Acetaminophen/Codeine #3 ♦	1	
Acetaminophen/Codeine #4 ♦	1	
Actiq	4	PA, QL
Ascomp/Codeine ♦	1	
Astramorph ♦	1	
Avinza	2	QL

♦ Tier 1 Drug - We provide coverage of this prescription drug in the coverage gap. Please refer to the Summary of Benefits for more information.
* See page 74 for Lower-cost Drug Options
Bold Type = Brand-name drugs
† For Limited Access drugs see page 2 for more information
PA = Prior Authorization **QL = Quantity Limits** **ST = Step Therapy** **B/D = Medicare Part B**

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Balacet 325 ♦	1	
Buprenex	3	
Buprenorphine HCl ♦	1	
Butalbital/Acetaminophen/ Caffeine/Codeine ♦	1	
Butalbital/Aspirin/Caffeine/ Codeine ♦	1	
Butorphanol Tartrate ♦	1	
Capital/Codeine	2	
Co-Gesic ♦	1	
Combunox	3	
Darvocet A500	3	
Darvocet-N 100	3	
Darvocet-N 50	3	
Darvon	3	
Darvon-N	3	
Demerol (Solution)	3	
Demerol (Tablet)	3	ST
Dilaudid	3	
Dilaudid-5	3	
Dilaudid-HP	3	
Dolophine	3	
Dolophine HCl	3	
Dolorex Forte ♦	1	
Duragesic	3	QL
Duramorph ♦	1	
Endocet ♦	1	
Fentanyl (Patch) ♦	1	QL
Fentanyl Citrate (Injection) ♦	1	
Fentanyl Citrate Oral Transmucosal ♦	4	PA, QL
Fentora	4	PA, QL
Fioricet/Codeine	3	
Fiorinal/Codeine #3	3	
Hycet	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Hydrocodone/ Acetaminophen ♦	1	
Hydrocodone/ Acetaminophen-HS ♦	1	
Hydrocodone/Ibuprofen ♦	1	
Hydromorphone HCl ♦	1	
Infumorph 200	3	
Infumorph 500	3	
Kadian	2	QL
Levo-Dromoran	3	
Levorphanol Tartrate ♦	1	
Lorcet 10/650	3	
Lorcet Plus	3	
Lortab	3	
Lortab 10	3	
Lortab 2.5	3	
Lortab 5	3	
Lortab 7.5	3	
Magnacet	3	
Margesic-H ♦	1	
Maxidone	3	
Meperidine HCl (10mg/ml Solution, 25mg/ml Solution, 50mg/ml Solution, 75mg/ml Solution) ♦	1	
Meperidine HCl (50mg/5ml Solution, Tablet) ♦	1	ST
Meperitab ♦	1	ST
Methadone HCl (10mg/ml Solution, 10mg/5ml Solution, 5mg/5ml Solution, Concentrate, Tablet) ♦	1	
Methadose ♦	1	
Morphine Sulfate ♦	1	
Morphine Sulfate ER ♦	1	QL
MS Contin	3	QL
Nalbuphine HCl ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Narvox ♦	1	
Norco	3	
Opana	2	QL
Opana ER	2	QL
Oramorph SR	3	QL
Oxycodone HCl ♦	1	
Oxycodone/Acetaminophen ♦	1	
Oxycodone/Aspirin ♦	1	
Oxycodone/Ibuprofen ♦	1	
Oxycontin	3	QL
Pentazocine/ Acetaminophen ♦	1	ST
Pentazocine/Naloxone HCl ♦	1	ST
Percocet (325mg/10mg Tablet, 325mg/5mg Tablet, 325mg/7.5mg Tablet, 500mg/7.5mg Tablet, 650mg/10mg Tablet)	3	
Percocet (325mg/2.5mg Tablet)	2	
Percodan	3	
Perloxx ♦	1	
Phrenilin w/Caffeine/ Codeine ♦	1	
Propoxyphene HCl ♦	1	
Propoxyphene/ Acetaminophen ♦	1	
Propoxyphene-N/ Acetaminophen ♦	1	
Reprexain	3	
Roxicet (Solution)	2	
Roxicet (Tablet) ♦	1	
Roxicodone	3	
Stadol	4	
Stagesic ♦	1	
Suboxone	3	
Subutex	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Talacen	3	ST
Talwin	2	
Talwin NX	3	ST
Tramadol HCl ♦	1	
Tramadol HCl/ Acetaminophen ♦	1	
Tylenol/Codeine #3	3	
Tylenol/Codeine #4	3	
Tylox	3	
Ultracet	3	
Ultram	3	
Ultram ER	3	
Vanacet ♦	1	
Vicodin	3	
Vicodin ES	3	
Vicodin HP	3	
Vicoprofen	3	
Vopac	2	
Xodol	3	
Zydone	3	
Anesthetics - Drugs for Numbing		
Local Anesthetics		
Emla	3	
Emla/Tegaderm	3	
Lidocaine ♦	1	
Lidocaine HCl ♦	1	
Lidocaine HCl Jelly ♦	1	
Lidocaine/Prilocaine ♦	1	
Lidoderm	2	QL
Lidomar Viscous ♦	1	
Synera	3	
Xylocaine	3	
Xylocaine Jelly	3	
Xylocaine Viscous	3	

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DRUG	UnitedHealth Rx for Groups TIER	LIMITS
Antibacterials - Drugs to Treat Bacterial Infections		
Aminoglycosides - Antibiotics		
Ak-Tob ♦	1	
Amikacin Sulfate ♦	1	
Amikin	3	
Genoptic ♦	1	
Gentak ♦	1	
Gentamicin Sulfate ♦	1	
Gentamicin Sulfate/0.9% NaCl (0.8mg/ml/0.9% Solution, 1.2mg/ml/0.9% Solution, 1.6mg/ml/0.9% Solution, 1mg/ml/0.9% Solution) ♦	1	
Gentamicin Sulfate/0.9% NaCl (0.9mg/ml/0.9% Solution, 1.4mg/ml/0.9% Solution)	3	
Gentamicin Sulfate/NaCl ♦	1	
Gentasol ♦	1	
Isotonic Gentamicin ♦	1	
Kanamycin Sulfate ♦	1	
Neo-Fradin	3	
Neomycin Sulfate ♦	1	
Paromomycin Sulfate ♦	1	
Streptomycin Sulfate	3	
Tobi	4	B/D
Tobramycin Sulfate ♦	1	
Tobramycin Sulfate Add-Vantage ♦	1	
Tobramycin Sulfate Fliptop ♦	1	
Tobramycin Sulfate/NaCl	3	
Tobrasol ♦	1	
Tobrex (Ointment)	2	
Tobrex (Solution)	3	

DRUG	UnitedHealth Rx for Groups TIER	LIMITS
Antibacterials, Other - Antibiotics		
Ak-Poly-Bac ♦	1	
Altabax	3	
Baciim ♦	1	
Bacitracin (Ointment) ♦	1	
Bacitracin (Solution for Reconstitution)	3	
Bacitracin/Neomycin/Polymyxin ♦	1	
Bacitracin/Polymyxin B ♦	1	
Bacitracin/Polymyxin/Neomycin/Hydrocortisone ♦	1	
Bactroban (Cream)	2	
Bactroban (Ointment)	3	
Bactroban Nasal	2	
Chloramphenicol Sodium Succinate ♦	1	
Cleocin (150mg Capsule, 300mg Capsule, Cream)	3	
Cleocin (75mg Capsule, Suppository)	2	
Cleocin Galaxy	2	
Cleocin Pediatric Granules	2	
Cleocin Phosphate	3	
Cleocin-T	3	
Clindagel	3	
Clindamycin HCl ♦	1	
Clindamycin Phosphate ♦	1	
Clindamycin Phosphate Add-Vantage ♦	1	
Clindesse	3	
Colistimethate Sodium	4	
Coly-Mycin-M	3	
Cortisporin (Cream, Ointment)	2	
Cortisporin (Solution, Suspension)	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cubicin	4	
Evoclin	3	
Flagyl	3	
Flagyl ER	3	
Furadantin	3	
Hiprex	3	
Lincocin	3	
Macrobid	3	
Macrodantin	3	
Methenamine Hippurate ♦	1	
Metro IV	3	
Metrocream	3	
Metrogel	3	
Metrolotion	3	
Metronidazole ♦	1	
Metronidazole in NaCl 0.79% ♦	1	
Metronidazole Vaginal ♦	1	
Monurol	3	
Mupirocin ♦	1	
Neomycin/Polymyxin B Sulfates ♦	1	
Neomycin/Polymyxin/ Gramicidin ♦	1	
Neomycin/Polymyxin/ Hydrocortisone ♦	1	
Neosporin	3	
Nitrofurantoin Macrocrystalline ♦	1	
Nitrofurantoin Monohydrate ♦	1	
Noritate	3	
Phisohex	3	
Polycin B ♦	1	
Polymyxin B Sulfate ♦	1	
Polymyxin B Sulfate/ Trimethoprim Sulfate ♦	1	
Polytrim	3	

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

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cefprozil ♦	1	
Ceftin	3	
Ceftriaxone in Iso-Osmotic Dextrose ♦	1	
Ceftriaxone Sodium ♦	1	
Ceftriaxone/Dextrose ♦	1	
Cefuroxime Axetil ♦	1	
Cefuroxime Sodium ♦	1	
Cefuroxime/Dextrose (1.5gm/2.9% Solution for Reconstitution) ♦	1	
Cefuroxime/Dextrose (750mg/4.1% Solution for Reconstitution) ♦	1	
Cefzil	3	
Cephalexin ♦	1	
Claforan	3	
Claforan/D5W	3	
Fortaz (1gm Solution for Reconstitution, 2gm Solution for Reconstitution, 6gm Solution for Reconstitution)	3	
Fortaz (500mg Solution for Reconstitution, Solution)	2	
Keflex	3	
Maxipime (1gm Solution, 2gm Solution; 500mg Solution for Reconstitution)	2	
Maxipime (1gm Solution for Reconstitution, 2gm Solution for Reconstitution)	3	
Mefoxin	3	
Mefoxin Add-Vantage	3	
Mefoxin in Dextrose 2.2%	3	
Mefoxin in Dextrose 3.9%	3	
Omnicef	3	
Omni-PAC	3	
Raniclor	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Rocephin (10gm Solution; 250mg Solution for Reconstitution, 500mg Solution for Reconstitution, 1gm Solution for Reconstitution)	3	
Rocephin (1gm Solution, 2gm Solution; 2gm Solution for Reconstitution)	2	
Rocephin in Iso-Osmotic Dextrose	3	
Spectracef	2	
Suprax	3	
Tazicef (Solution for Reconstitution) ♦	1	
Tazicef (Solution)	2	
Vantin	3	
Zinacef (1.5gm Solution for Reconstitution, 750mg Solution for Reconstitution)	3	
Zinacef (7.5gm Solution for Reconstitution) ♦	1	
Zinacef in Iso-Osmotic Dextrose	3	
Zinacef in Iso-Osmotic Diluent	3	
Beta-lactam, Other - Antibiotics		
Azactam	2	
Azactam in Dextrose	3	
Doribax	3	
Invanz	3	
Merrem	4	
Primaxin I.M.	3	
Primaxin IV	3	
Primaxin IV Add-Vantage	3	
Beta-lactam, Penicillins - Antibiotics		
Amoclan ♦	1	
Amoxicillin ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Amoxicillin/Potassium Clavulanate ♦	1	
Amoxil (250mg/5ml Suspension for Reconstitution, Capsule) ♦	1	
Amoxil (400mg/5ml Suspension for Reconstitution)	3	
Amoxil (50mgml Suspension for Reconstitution)	2	
Ampicillin	1	
Ampicillin-Sodium	1	
Ampicillin-Sulbactam ♦	1	
Augmentin	3	
Augmentin ES-600	3	
Augmentin XR	3	
Bactocill in Dextrose	4	
Bicillin C-R	2	
Bicillin L-A	2	
Dicloxacillin Sodium ♦	1	
Nafcillin Sodium ♦	1	
Nallpen Iso-Osmotic in Dextrose	4	
Nallpen/Dextrose	4	
Oxacillin Sodium	3	
Penicillin G Potassium ♦	1	
Penicillin G Potassium in Iso-Osmotic Dextrose ♦	1	
Penicillin G Procaine	3	
Penicillin G Sodium ♦	1	
Penicillin V Potassium ♦	1	
Pfizerpen-G	3	
Piperacillin Sodium	3	
Timentin	2	
Trimox ♦	1	
Unasyn	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Unasyn Add-Vantage	3	
Unasyn Bulk Pack	3	
Unasyn Piggyback Unit	3	
Veetids ♦	1	
Zosyn	2	
Macrolides - Antibiotics		
Akne-Mycin	2	
Azasite	3	
Azithromycin ♦	1	
Biaxin	3	
Biaxin XL	3	
Biaxin XL PAC	3	
Clarithromycin ♦	1	
Clarithromycin ER ♦	1	
E.E.S. 200 ♦	1	
E.E.S. 400 ♦	1	
E.E.S. Granules	3	
Ery ♦	1	
Eryderm ♦	1	
Erygel	3	
Eryped	2	
Eryped 200	3	
Eryped 400	2	
Ery-Tab	2	
Erythrocin Lactobionate	2	
Erythrocin Stearate ♦	1	
Erythromycin ♦	1	
Erythromycin Base ♦	1	
Erythromycin Ethylsuccinate ♦	1	
Erythromycin/Sulfisoxazole ♦	1	
Ketek	3	PA
PCE	3	
Pediazole	3	
Romycin ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Zithromax	3	
Zithromax Tri-Pak	3	
Zithromax Z-Pak	3	
Zmax	3	
Quinolones - Antibiotics		
Avelox	3	
Avelox ABC Pack	3	
Ciloxan (Ointment)	2	
Ciloxan (Solution)	3	
Cipro	3	
Cipro I.V.	3	
Cipro I.V.-in D5W	3	
Ciprofloxacin ♦	1	
Ciprofloxacin ER ♦	1	
Ciprofloxacin HCl ♦	1	
Ciprofloxacin I.V.-in D5W ♦	1	
Factive	2	
Floxin Otic	3	
Floxin Otic Singles	3	
Iquix	3	
Levaquin	2	
Levaquin Leva-Pak	2	
Levaquin Premix	2	
Noroxin	3	
Ocuflox	3	
Ofloxacin ♦	1	
Proquin XR	3	
Quixin	3	
Vigamox	2	
Zymar	2	
Sulfonamides - Antibiotics		
Bactrim	3	
Bactrim DS	3	
Bleph-10	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Gantrisin Pediatric	2	
Klaron	3	
Ocusulf-10 ♦	1	
Septra	3	
Septra DS	3	
Sulf-10 ♦	1	
Sulfacetamide Sodium ♦	1	
Sulfadiazine ♦	1	
Sulfamethoxazole/ Trimethoprim ♦	1	
Sulfamethoxazole/ Trimethoprim DS ♦	1	
Sulfatrim ♦	1	
Tetracyclines - Antibiotics		
Adoxa	3	
Adoxa Pak 1/100	3	
Adoxa Pak 1/150	3	
Adoxa Pak 1/75	3	
Adoxa Pak 2/100	3	
Declomycin	3	
Demeclocycline HCl ♦	1	
Doryx	3	
Doxy-Caps ♦	1	
Doxycycline Hyclate ♦	1	
Doxycycline Monohydrate ♦	1	
Dynacin	3	
Minocin	3	
Minocin PAC	3	
Minocycline HCl ♦	1	
Monodox	3	
Myrac ♦	1	
Oracea	2	
Periostat	3	
Solodyn	3	
Tetracycline HCl ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Vibramycin	3	
Vibratab	3	
Anticonvulsants - Drugs to Treat Seizures		
Anticonvulsants, Other - Seizure Control Drugs		
Keppra (100mg/ml Solution, Tablet)	2	
Keppra (500mg/5ml Solution)	4	
Calcium Channel Modifying Agent-Seizure Control Drugs		
Celontin	2	
Ethosuximide ♦	1	
Lyrica	2	PA
Zarontin	3	
Zonegran	3	
Zonisamide ♦	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs		
Depacon	3	
Depakene	3	
Depakote	2	
Depakote ER	2	
Depakote Sprinkles	2	
Gabapentin	1	
Gabitril	2	
Mysoline	3	
Neurontin (Capsule, Tablet)	3	
Neurontin (Solution)	2	
Primidone ♦	1	
Valproate Sodium ♦	1	
Valproic Acid ♦	1	
Glutamate Reducing Agents - Seizure Control Drugs		
Felbatol (Suspension)	3	
Felbatol (Tablet)	2	
Lamictal	3	
Lamictal Chewable Dispersible	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Lamictal Starter/Not Taking Carbamazepine	2	
Lamictal Starter/Taking Carbamazepine/Not Taking Valproate	2	
Lamictal Starter/Taking Valproate	2	
Lamotrigine ♦	1	
Lamotrigine Chewable Dispersible ♦	1	
Topamax	2	PA
Topamax Sprinkle	2	PA
Sodium Channel Inhibitors - Seizure Control Drugs		
Carbamazepine ♦	1	
Carbatrol	2	
Cerebyx	4	
Dilantin	2	
Dilantin Infatabs	2	
Epitol ♦	1	
Fosphenytoin Sodium ♦	1	
Oxcarbazepine ♦	1	
Peganone	2	
Phenytek	2	
Phenytoin ♦	1	
Phenytoin Sodium ♦	1	
Phenytoin Sodium Extended ♦	1	
Tegretol	2	
Tegretol-XR	2	
Trileptal (Suspension)	2	
Trileptal (Tablet)	3	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia		
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs		
Aricept	2	
Aricept ODT	2	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cognex	3	
Exelon*	3	
Razadyne	2	
Razadyne ER	2	
Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs		
Namenda	2	
Namenda Titration Pak	2	
Antidepressants - Drugs to Treat Depression		
Antidepressants, Other - Antidepressants		
Budeprion SR ♦	1	
Budeprion XL ♦	1	QL
Bupropion HCl ♦	1	
Bupropion HCl SR ♦	1	
Maprotiline HCl ♦	1	
Mirtazapine ♦	1	
Mirtazapine ODT ♦	1	
Nefazodone HCl ♦	1	
Remeron	3	
Remeron Soltab	3	
Trazodone HCl ♦	1	
Wellbutrin	3	
Wellbutrin SR	3	
Wellbutrin XL (150mg 24-Hour Tablet)	2	QL
Wellbutrin XL (300mg 24-Hour Tablet)	3	QL
Monoamine Oxidase Inhibitors - Antidepressants		
Emsam	3	QL
Marplan	2	
Nardil	2	
Parnate	3	
Tranylcypromine Sulfate ♦	1	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants		
Celexa	3	
Citalopram Hydrobromide ♦	1	
Cymbalta	2	
Effexor	3	
Effexor XR	2	QL
Fluoxetine HCl ♦	1	
Fluvoxamine Maleate ♦	1	
Lexapro	2	
Luvox CR	3	QL
Paroxetine HCl ♦	1	
Paroxetine HCl ER ♦	1	QL
Paxil	3	
Paxil CR	3	QL
Pexeva	3	
Pristiq	2	QL
Prozac	3	
Prozac Weekly	3	QL
Rapiflux	3	
Sarafem	3	QL
Sertraline HCl ♦	1	
Venlafaxine HCl ♦	1	
Zoloft	3	
Tricyclics - Antidepressants		
Amitriptyline HCl ♦	1	
Amoxapine ♦	1	
Anafranil	3	
Chlordiazepoxide/ Amitriptyline ♦	1	
Clomipramine HCl ♦	1	
Desipramine HCl ♦	1	
Doxepin HCl ♦	1	
Imipramine HCl ♦	1	
Imipramine Pamoate ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Limbitrol	3	
Limbitrol DS	3	
Norpramin	3	
Nortriptyline HCl ♦	1	
Pamelor	3	
Perphenazine/Amitriptyline ♦	1	
Surmontil	3	
Tofranil	3	
Tofranil-PM	3	
Trimipramine Maleate ♦	1	
Vivactil	2	
Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrents		
Antidotes - Antidotes/Protectants		
Acetadote	3	
Acetylcysteine ♦	1	B/D
Antizol	4	
Chemet	3	
Cuprimine	2	
Depen Titratabs	2	
Exjade	4	
Fomepizole	4	
Kayexalate	3	
Kionex ♦	1	
Leucovorin Calcium ♦	1	
Sodium Polystyrene Sulfonate ♦	1	
Syprine	3	
Deterrents - Antidotes/Protectants		
Antabuse	2	
Buproban ♦	1	
Bupropion HCl SR ♦	1	
Campral	2	
Chantix	3	QL

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Nicotine ♦	1	
Nicotrol Inhaler	3	
Nicotrol NS	3	
Zyban	3	
Toxicologic Agents - Antidotes/Protectants		
Depade ♦	1	
Naloxone HCl ♦	1	
Naltrexone HCl ♦	1	
Revia	3	
Vivitrol	4	
Antiemetics - Drugs to Treat Nausea and Vomiting		
Aloxi	4	
Antivert	3	
Anzemet (Solution)	3	
Anzemet (Tablet)	3	B/D, QL
Cesamet	4	B/D, PA, QL
Dronabinol (10mg Capsule, 5mg Capsule)	4	B/D, PA
Dronabinol (2.5mg Capsule) ♦	1	B/D, PA
Emend	2	B/D, PA, QL
Granisetron HCl (Solution) ♦	1	
Granisetron HCl (Tablet) ♦	1	B/D, QL
Granisol ♦	1	B/D, QL
Hydroxyzine Pamoate ♦	1	
Kytril (0.1mg/ml Solution, 1mg/ml Solution)	3	
Kytril (2mg/10ml Oral Solution, Tablet)	4	B/D, QL
Marinol (10mg Capsule, 5mg Capsule)	4	B/D, PA
Marinol (2.5mg Capsule)	3	B/D, PA
Meclizine HCl ♦	1	
Metoclopramide HCl ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Ondansetron HCl (2mg/ml Solution) ♦	1	
Ondansetron HCl (4mg/5ml Solution, Tablet) ♦	1	B/D, QL
Ondansetron ODT ♦	1	B/D, QL
Reglan	3	
Tigan	3	PA
Transderm-Scop	3	
Trimethobenzamide HCl ♦	1	PA
Vistaril	3	
Zofran (2mg/ml Solution)	4	
Zofran (4mg/5ml Solution, Tablet)	4	B/D, QL
Zofran ODT	3	B/D, QL
Antifungals - Drugs to Treat Fungal Infections		
Antifungals - Fungal Infection Drugs		
Abelcet	4	B/D
Ambisome	4	B/D
Amphotec	4	B/D
Amphotericin B ♦	1	B/D
Ancobon (250mg Capsule)	3	
Ancobon (500mg Capsule)	4	
Cancidas	4	
Ciclopirox Cream ♦	1	
Ciclopirox Nail Lacquer ♦	1	
Ciclopirox Suspension ♦	1	
Clotrimazole ♦	1	
Clotrimazole/ Betamethasone Dipropionate ♦	1	
Diflucan	3	
Diflucan in Iso-Osmotic Dextrose	3	
Diflucan in NaCl	3	
Econazole Nitrate ♦	1	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Eraxis	4	
Ertaczo	2	
Exelderm	3	
Extina	3	
Fluconazole ♦	1	
Fluconazole in Dextrose ♦	1	
Fluconazole in NaCl ♦	1	
Grifulvin V (Suspension)	3	
Grifulvin V (Tablet)	2	
Griseofulvin Microsize ♦	1	
Gris-Peg	2	
Gynazole-1	2	
Itraconazole ♦	1	
Ketoconazole ♦	1	
Kuric ♦	1	
Lamisil	3	
Loprox	3	
Lotrisone	3	
Mentax	3	
Miconazole 3 ♦	1	
Mycamine	4	
Mycelex	3	
Mycostatin	3	
Naftin	2	
Naftin-MP	2	
Natacyn	2	
Nizoral	3	
Noxafil	4	
Nyamyc ♦	1	
Nystatin ♦	1	
Nystatin/Triamcinolone ♦	1	
Nystop ♦	1	
Oxistat	3	
Pedi-Dri ♦	1	
Penlac Nail Lacquer	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Sporanox (Capsule)	3	
Sporanox (Solution)	3	PA
Sporanox Pulsepak	3	
Terazol 3	3	
Terazol 7	3	
Terbinafine HCl ♦	1	
Terconazole ♦	1	
Vfend	4	
Vfend IV	4	
Xolegel	3	
Zazole ♦	1	
Antigout Agents - Drugs to Treat Gout		
Antigout Agents - Gout Drugs		
Allopurinol ♦	1	
Allopurinol Sodium ♦	1	
Aloprim	3	
Colchicine ♦	1	
Probenecid ♦	1	
Probenecid/Colchicine ♦	1	
Zyloprim	3	
Antimigraine Agents - Drugs to Treat Migraines		
Abortive - Migraine Drugs		
Amerge	3	QL
Axert	3	QL
Cafergot	3	
D.H.E. 45	4	
Dihydroergotamine Mesylate ♦	1	
Ergoloid Mesylates ♦	1	
Ergomar	3	
Ergotamine Tartrate/Caffeine ♦	1	
Frova	3	QL
Imitrex	2	QL
Imitrex Statdose Refill	2	QL

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Maxalt	2	QL
Maxalt-Mlt	2	QL
Migergot ♦	1	
Migranal	2	QL
Orphenadrine Compound ♦	1	
Orphenadrine Compound DS ♦	1	
Orphenadrine/Aspirin/ Caffeine ♦	1	
Panlor DC	3	
Panlor SS	3	
Relpax	3	QL
Synalgos-DC	3	
Treximet	3	QL, ST
Trezix ♦	1	
Zerlor ♦	1	
Zomig	3	QL
Zomig ZMT	3	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
Parasympathomimetics - Myasthenia Gravis Drugs		
Guanidine HCl	3	
Mestinon (Syrup)	2	
Mestinon (Tablet)	3	
Mestinon Timespan	2	
Mytelase	3	
Pyridostigmine Bromide ♦	1	
Regonol ♦	1	
Antimycobacterials - Drugs to Treat Infections		
Antimycobacterials, Other - Miscellaneous Anti-infectives		
Dapsone	2	
Mycobutin	2	
Antituberculars - Tuberculosis Drugs		
Capastat Sulfate	4	
Ethambutol HCl ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Isonarif ♦	1	
Isoniazid ♦	1	
Myambutol	3	
Nydrazid	3	
Paser	3	
Priftin	3	
Pyrazinamide ♦	1	
Rifadin	3	
Rifamate	3	
Rifampin ♦	1	
Rifater	3	
Seromycin	3	
Trecator	3	
Antineoplastics - Drugs to Treat Cancer and Cancer Treatment Side Effects		
Alkylating Agents - Chemotherapy Agents		
Alkeran	4	
BiCNU	3	
Busulfex	4	
CeeNu	2	
Cyclophosphamide (Solution for Reconstitution) ♦	1	
Cyclophosphamide (Tablet) ♦	1	B/D
Cytoxan (Solution for Reconstitution)	3	
Cytoxan (Tablet)	3	B/D
Dacarbazine (100mg Solution for Reconstitution)	3	
Dacarbazine (200mg Solution for Reconstitution) ♦	1	
DTIC-Dome	3	
Hexalen	4	
Ifex	3	
Ifex/Mesnex Combo Pack	4	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Ifosfamide (Solution for Reconstitution) ♦	1	
Ifosfamide (Solution)	3	
Ifosfamide/Mesna	4	
Leukeran	2	
Matulane	4	
Mustargen	3	
Thiotepa ♦	1	
Treanda	4	PA
Zanosar	3	
Antiangiogenic Agents - Chemotherapy Agents		
Revlimid †	4	PA
Thalomid	4	PA
Antiestrogens/Modifiers - Chemotherapy Agents		
Emcyt	2	
Fareston	2	
Faslodex	4	
Soltamox	3	
Tamoxifen Citrate ♦	1	
Antimetabolites - Chemotherapy Agents		
Alimta	4	PA
Cytarabine ♦	1	
Cytarabine Aqueous ♦	1	
Droxia	2	
Elitek	4	
Gemzar	4	
Hydrea	3	
Hydroxyurea ♦	1	
Mercaptopurine ♦	1	
Nipent	4	
Pentostatin	4	
Purinethol	3	
Tabloid	2	
Antineoplastics, Other - Chemotherapy Agents		
Abraxane	4	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Adriamycin (10mg Solution for Reconstitution, 50mg Solution for Reconstitution, Solution)	3	B/D
Adriamycin (20mg Solution for Reconstitution)	3	B/D
Arranon	4	
Blenoxane	3	
Bleomycin Sulfate ♦	1	
Camptosar	4	
Carboplatin ♦	1	
Cerubidine	3	
Cisplatin ♦	1	
Cladribine ♦	1	
Clolar	4	
Cosmegen	3	
Dacogen	4	
Daunorubicin HCl (Injection) ♦	1	
Daunorubicin HCl (Solution for Reconstitution) ♦	1	
Daunoxome	3	
Doxil	4	B/D
Doxorubicin HCl ♦	1	B/D
Ellence	4	
Eloxatin	4	
Elspar	3	
Epirubicin HCl	4	
Etopophos	4	
Etoposide ♦	1	
Fludara	4	
Fludarabine Phosphate	4	
Hycamtin	4	
Idamycin PFS	4	
Idarubicin HCl	4	
Irinotecan	4	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Ixempra Kit	4	
Leustatin	3	
Mitomycin ♦	1	
Mitoxantrone HCl	4	
Navelbine	4	
Novantrone	4	
Oncaspar	4	
Ontak	4	
Onxol	4	
Paclitaxel	3	
Photofrin	4	
Platinol AQ	3	
Proleukin	4	PA
Taxol	3	
Taxotere	4	
Toposar ♦	1	
Torisel	4	
Trisenox	4	
Velcade	4	
Vidaza	4	
Vinblastine Sulfate ♦	1	
Vincasar PFS ♦	1	
Vincristine Sulfate ♦	1	
Vinorelbine Tartrate ♦	1	
Zolinza	4	
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents		
Arimidex	2	
Aromasin	2	
Femara	2	
Molecular Target Inhibitors - Chemotherapy Agents		
Gleevec	4	PA
Iressa	4	
Nexavar	4	
Sprycel	4	PA

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Sutent	4	
Tarceva	4	
Tasigna	4	PA
Tykerb	4	PA
Monoclonal Antibodies - Chemotherapy Agents		
Avastin	4	PA
Campath	4	
Erbitux	4	PA
Herceptin	4	
Mylotarg	4	
Rituxan	4	PA
Vectibix	4	PA
Retinoids - Chemotherapy Agents		
Panretin	4	
Targretin	4	
Tretinoin (Capsule)	4	
Vesanoid	4	
Antiparasitics - Drugs to Treat Parasitic Infections		
Anthelmintics - Worm Infection Drugs		
Albenza	2	
Biltricide	2	
Mebendazole ♦	1	
Mintezol	2	
Stromectol	2	
Antiprotozoals - Protozoal Infection Drugs		
Alinia	3	
Aralen	3	
Chloroquine Phosphate ♦	1	
Daraprim	2	
Fansidar	3	
Hydroxychloroquine Sulfate ♦	1	
Lariam	3	
Malarone	2	
Mefloquine HCl ♦	1	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Mepron	4	
Nebupent	3	B/D
Neutrexin	4	
Pentam 300	3	
Plaquenil	3	
Primaquine Phosphate	2	
Qualaquin	3	PA
Tindamax	2	
Pediculicides/Scabicides - Scabies and Lice Drugs		
Acticin ♦	1	
Elimite	3	
Eurax	2	
Lindane ♦	1	
Ovide	3	
Permethrin ♦	1	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
Antiparkinson Agents - Parkinson's Disease Drugs		
Amantadine HCl ♦	1	
Apokyn	4	PA
Atamet ♦	1	
Azilect	2	
Benztropine Mesylate ♦	1	
Bromocriptine Mesylate ♦	1	
Carbidopa/Levodopa ♦	1	
Carbidopa/Levodopa CR ♦	1	
Carbidopa/Levodopa ER ♦	1	
Carbidopa/Levodopa SR ♦	1	
Cogentin	2	
Comtan	2	
Eldepryl	3	
Kemadrin	3	
Lodosyn	2	
Mirapex	2	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Parcopa	3	
Parlodel	3	
Requip	3	
Requip XL	3	
Ropinirole HCl ♦	1	
Selegiline HCl ♦	1	
Sinemet	3	
Sinemet CR	3	
Stalevo 100	2	
Stalevo 150	2	
Stalevo 200	2	
Stalevo 50	2	
Tasmar	3	
Trihexyphenidyl HCl ♦	1	
Zelapar	3	
Antipsychotics - Drugs to Treat Mood Disorders		
Atypicals - Mood Disorder Drugs		
Abilify	3	
Abilify Discmelt	4	
Clozapine ♦	1	
Clozaril	3	
Fazaclo	2	
Invega	3	
Risperdal	3	
Risperdal Consta (12.5mg Suspension for Reconstitution, 25mg Suspension for Reconstitution)	3	QL
Risperdal Consta (37.5mg Suspension for Reconstitution, 50mg Suspension for Reconstitution)	4	
Risperdal M-Tab	3	
Risperidone ♦	1	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Seroquel	2	
Seroquel XR	2	
Zyprexa	2	
Zyprexa Zydis	2	
Conventional - Mood Disorder Drugs		
Chlorpromazine HCl ♦	1	
Compro ♦	1	
Fluphenazine Decanoate ♦	1	
Fluphenazine HCl ♦	1	
Haldol	3	
Haldol Decanoate-100	3	
Haldol Decanoate-50	3	
Haloperidol ♦	1	
Haloperidol Decanoate ♦	1	
Haloperidol Lactate ♦	1	
Loxapine Succinate ♦	1	
Loxitane	3	
Moban	2	
Navane	3	
Orap	2	
Perphenazine ♦	1	
Prochlorperazine ♦	1	
Prochlorperazine Edisylate ♦	1	
Prochlorperazine Maleate ♦	1	
Thioridazine HCl ♦	1	
Thiothixene ♦	1	
Trifluoperazine HCl ♦	1	
Antispasticity Agents - Drugs to Treat Spasms		
Antispasticity Agents - Muscle Spasm Drugs		
Baclofen ♦	1	
Dantrium	3	
Dantrolene Sodium ♦	1	
Tizanidine HCl ♦	1	
Zanaflex	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Antivirals - Drugs to Treat Viral Infections		
Anti-cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs		
Cytovene	3	B/D
Foscarnet Sodium ♦	1	B/D
Foscavir	3	B/D
Ganciclovir (250mg Capsule)	4	
Ganciclovir (500mg Capsule)	4	
Valcyte	4	
Vistide	4	
Antihepatitis Agents - Hepatitis Drugs		
Baraclude (Solution)	3	
Baraclude (Tablet)	4	
Copegus	4	PA
Hepsera	4	
Rebetol	4	PA
Ribapak	4	PA
Ribasphere	1	PA
Ribatab Dose Pack	4	PA
Ribatab (Tablet) ♦	1	PA
Ribavirin ♦	1	PA
Tyzeka	3	
Virazole	4	
Antiherpetic Agents - Herpes Drugs		
Acyclovir ♦	1	
Acyclovir Sodium ♦	1	B/D
Denavir	2	
Famciclovir ♦	1	
Famvir	3	
Trifluridine ♦	1	
Valtrex	2	
Viroptic	3	
Zovirax (Capsule, Suspension, Tablet)	3	
Zovirax (Cream, Ointment)	2	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Anti-HIV Agents, Nonnucleoside Reverse Transcriptase Inhibitors - HIV Drugs		
Rescriptor	2	
Sustiva	2	
Viramune (Suspension)	3	
Viramune (Tablet)	2	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs		
Atripla	4	
Combivir	4	
Didanosine ♦	1	
Emtriva	2	
Epivir	2	
Epivir HBV	2	
Epzicom	4	
Retrovir	3	
Retrovir IV Infusion	2	
Trizivir	4	
Truvada	4	
Videx EC	3	
Videx Pediatric	2	
Viread	3	
Zerit	2	
Ziagen	2	
Zidovudine ♦	1	
Anti-HIV Agents, Other - HIV Drugs		
Fuzeon	4	
Intelence	4	
Isentress	4	
Selzentry	4	
Anti-HIV Agents, Protease Inhibitors - HIV Drugs		
Aptivus	4	
Crixivan	2	
Invirase (Capsule)	3	
Invirase (Tablet)	4	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Kaletra	4	
Lexiva (Suspension)	3	
Lexiva (Tablet)	4	
Norvir (Capsule)	3	
Norvir (Solution)	4	
Prezista	4	
Reyataz	4	
Viracept (Powder)	3	
Viracept (Tablet)	4	
Anti-influenza Agents - Flu Drugs		
Flumadine	3	
Relenza Diskhaler	3	
Rimantadine HCl ♦	1	
Tamiflu	2	
Anxiolytics - Drugs to Treat Anxiety		
Anxiolytics, Other - Anxiety Drugs		
Buspar	3	
Buspirone HCl ♦	1	
Meprobamate ♦	1	PA
Vanspar	3	
Bipolar Agents - Drugs to Treat Mood Disorders		
Bipolar Agents - Mood Disorder Drugs		
Equetro	2	
Geodon	3	
Lithium Carbonate ♦	1	
Lithium Carbonate ER ♦	1	
Lithium Citrate ♦	1	
Lithobid	2	
Symbyax	3	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
Antidiabetic Agents - Diabetic Drugs		
Acarbose ♦	1	
Actoplus Met	2	ST

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Actos	2	ST
Amaryl	3	
Avandamet	2	ST
Avandaryl	2	ST
Avandia	2	ST
Byetta	3	PA, ST
Chlorpropamide ♦	1	ST
Diabeta	3	
Diabinese	3	ST
Duetact	2	ST
Fortamet	3	
Glimepiride ♦	1	
Glipizide ♦	1	
Glipizide ER ♦	1	
Glipizide XL ♦	1	
Glipizide/Metformin HCl ♦	1	
Glucophage	3	
Glucophage XR	3	
Glucotrol	3	
Glucotrol XL	3	
Glucovance	3	
Glumetza	3	
Glyburide ♦	1	
Glyburide Micronized ♦	1	
Glyburide/Metformin HCl ♦	1	
Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet) ♦	1	
Glycron (4.5mg Tablet)	2	
Glynase	3	
Glyset	3	
Janumet	3	ST
Januvia	3	ST
Metaglip	3	
Metformin HCl ♦	1	
Metformin HCl ER ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Micronase	3	
Prandin	3	QL
Precose	3	
Riomet	3	
Starlix	2	QL
Symlin	2	PA
Symlinpen 120	2	PA
Symlinpen 60	2	PA
Tolazamide ♦	1	
Tolbutamide ♦	1	
Glycemic Agents - Diabetic Drugs		
Glucagen Hypokit	2	
Glucagon Emergency Kit	2	
Proglycem	3	
Insulins - Diabetic Drugs		
Apidra	3	
Humalog	2	
Humalog Mix 50/50	2	
Humalog Mix 50/50 Pen	2	
Humalog Mix 75/25	2	
Humalog Mix 75/25 Pen	2	
Humalog Pen	2	
Humulin 50/50	2	
Humulin 70/30	2	
Humulin 70/30 Pen	2	
Humulin N	2	
Humulin N U-100 Pen	2	
Humulin R	2	
Lantus	2	
Lantus Solostar	2	
Levemir	2	
Levemir FlexPen	2	
Novolin 70/30	2	
Novolin 70/30 Innolet	2	
Novolin 70/30 Penfill	2	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Novolin N	2	
Novolin N Innolet	2	
Novolin N U-100 Penfill	2	
Novolin R	2	
Novolin R Innolet	2	
Novolin R U-100 Penfill	2	
Novolog	2	
Novolog FlexPen	2	
Novolog Mix 70/30	2	
Novolog Mix 70/30 Penfill	2	
Novolog Mix 70/30 Prefilled FlexPen	2	
Novolog Penfill	2	
Relion 70/30	2	
Relion 70/30 Innolet	2	
Relion N	2	
Relion N Innolet	2	
Relion R	2	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders		
Anticoagulants - Blood Thinners		
Arixtra	4	
Coumadin	2	
Fragmin (10000unit/ml Injection, 25000unit/ml Injection, 7500unit/0.3ml Injection)	4	
Fragmin (2500unit/0.2ml Injection, 5000unit/0.2ml Injection)	3	QL
Heparin Sodium ♦	1	
Heparin Sodium DCU ♦	1	
Heparin Sodium/D5W (5%/100unit/ml Solution, 5%/40unit/ml Solution) ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Heparin Sodium/D5W (5%/50unit/ml Solution) ♦	1	
Heparin Sodium/NaCl 0.45% ♦	1	
Heparin Sodium/NaCl 0.9% ♦	1	
Heparin Sodium/NaCl 0.9% Premix ♦	1	
Innohep	3	
Jantoven ♦	1	
Lovenox (100mg/ml Solution, 120mg/0.8ml Solution, 150mg/ml Solution, 300mg/3ml Solution, 60mg/0.6ml Solution, 80mg/0.8ml Solution)	4	
Lovenox (30mg/0.3ml Solution, 40mg/0.4ml Solution)	3	QL
Warfarin Sodium ♦	1	
Blood Formation Products - Blood Formation Drugs		
Aranesp Albumin Free (100mcg/ml Solution, 150mcg/0.3ml Solution, 150mcg/0.75ml Solution, 200mcg/0.4ml Solution, 200mcg/ml Solution, 300mcg/ml Solution, 40mcg/0.4ml Solution, 40mcg/ml Solution, 500mcg/ml Solution, 60mcg/ml Solution, 100mcg/0.5ml Solution, 300mcg/0.6ml Solution, 60mcg/0.3ml Solution)	4	B/D, PA
Aranesp Albumin Free (25mcg/0.42ml Solution, 25mcg/ml Solution)	3	B/D, PA, QL
Epogen (10000unit/ml Solution, 20000unit/ml Solution, 40000unit/ml Solution)	4	B/D, PA

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Epogen (2000unit/ml Solution, 3000unit/ml Solution, 4000unit/ml Solution)	3	B/D, PA, QL
Leukine	4	PA
Neulasta	4	PA
Neumega	2	PA
Neupogen	4	PA
Procrit (10000unit/ml Solution, 20000unit/ml Solution, 40000unit/ml Solution)	4	B/D, PA
Procrit (2000unit/ml Solution, 3000unit/ml Solution, 4000unit/ml Solution)	3	B/D, PA, QL
Coagulants - Blood Clotting Drugs		
Cyklokapron	2	
Platelet Aggregation Inhibitors - Blood Thinners		
Aggrenox	2	QL
Agrylin	3	
Anagrelide HCl ♦	1	
Cilostazol ♦	1	
Dipyridamole ♦	1	
Pentopak ♦	1	
Pentoxifylline ER ♦	1	
Pentoxil ♦	1	
Persantine	3	
Plavix	2	QL
Pletal	3	
Ticlid	3	
Ticlopidine HCl ♦	1	
Trental	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		
Alpha-adrenergic Agonists - Blood Pressure Drugs		
Catapres	3	
Catapres-TTS-1	2	QL
Catapres-TTS-2	2	QL
Catapres-TTS-3	2	QL
Clonidine HCl ♦	1	
Guanabenz Acetate ♦	1	
Guanfacine HCl ♦	1	
Methyldopa ♦	1	
Methyldopate HCl ♦	1	
Midodrine HCl ♦	1	
Proamatine	3	
Tenex	3	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs		
Cardura	3	
Dibenzyline	3	
Doxazosin Mesylate ♦	1	
Hytrin	3	
Minipress	3	
Prazosin HCl ♦	1	
Terazosin HCl ♦	1	
Antiarrhythmics - Heart Regulation Drugs		
Amiodarone HCl ♦	1	
Betapace	3	
Betapace AF	3	
Cordarone	3	
Disopyramide Phosphate ♦	1	
Disopyramide Phosphate ER ♦	1	
Flecainide Acetate ♦	1	
Mexiletine HCl ♦	1	
Norpace	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Norpace CR (100mg 12-Hour Capsule)	2	
Norpace CR (150mg 12-Hour Capsule)	3	
Pacerone (100mg Tablet, 300mg Tablet)	2	
Pacerone (200mg Tablet) ♦	1	
Pacerone (400mg Tablet)	3	
Procainamide HCl ♦	1	
Procanbid	2	
Pronestyl	3	
Pronestyl SR	3	
Propafenone HCl ♦	1	
Quinidine Gluconate	3	
Quinidine Gluconate CR ♦	1	
Quinidine Gluconate ER ♦	1	
Quinidine Gluconate SA ♦	1	
Quinidine Sulfate ♦	1	
Quinidine Sulfate ER ♦	1	
Rythmol	3	
Rythmol SR	2	
Sorine ♦	1	
Sotalol HCl ♦	1	
Sotalol HCl (AF) ♦	1	
Tambocor	3	
Tikosyn	2	
Beta-adrenergic Blocking Agents - Blood Pressure Drugs		
Acebutolol HCl ♦	1	
Atenolol ♦	1	
Atenolol/Chlorthalidone ♦	1	
Betaxolol HCl ♦	1	
Bisoprolol Fumarate ♦	1	
Bisoprolol Fumarate/ Hydrochlorothiazide ♦	1	
Bystolic	3	QL, ST

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cartrol	3	
Carvedilol ♦	1	
Coreg	3	
Coreg CR *	3	QL
Corgard	3	
Corzide	3	
Inderal LA	3	
Innopran XL	3	
Kerlone	3	
Labetalol HCl ♦	1	
Levatol	3	
Lopressor	3	
Lopressor HCT	3	
Metoprolol Succinate ER ♦	1	
Metoprolol Tartrate ♦	1	
Metoprolol/ Hydrochlorothiazide ♦	1	
Nadolol ♦	1	
Nadolol/ Bendroflumethiazide ♦	1	
Pindolol ♦	1	
Propranolol HCl ♦	1	
Propranolol HCl ER ♦	1	
Propranolol/ Hydrochlorothiazide ♦	1	
Sectral	3	
Tenoretic 100	3	
Tenoretic 50	3	
Tenormin	3	
Timolide 10/25	3	
Timolol Maleate ♦	1	
Toprol XL	3	
Trandate	3	
Trandate IV	3	
Zebeta	3	
Ziac	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Calcium Channel Blocking Agents - Blood Pressure Drugs		
Adalat CC	3	
Afeditab CR ♦	1	
Amlodipine Besylate ♦	1	
Calan	3	
Calan SR	3	
Cardene	3	
Cardene I.V.	3	
Cardene SR	3	QL
Cardizem	3	
Cardizem CD	3	
Cardizem LA	2	QL
Cartia XT	1	
Covera-HS	3	QL
Dilacor XR	3	
Dilt-CD ♦	1	
Diltiazem CD ♦	1	
Diltiazem HCl ♦	1	
Diltiazem HCl ER ♦	1	
Dilt-XR ♦	1	
Dynacirc CR	3	QL
Exforge	2	QL, ST
Felodipine ER ♦	1	
Isoptin SR	3	
Isradipine ♦	1	
Nicardipine HCl ♦	1	
Nifediac CC ♦	1	
Nifedical XL ♦	1	
Nifedipine ♦	1	
Nifedipine ER ♦	1	
Nimodipine	4	
Nimotop	4	
Norvasc	3	
Plendil	3	
Procardia	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Procardia XL	3	
Sular	3	QL
Taztia XT ♦	1	
Tiazac	3	
Verapamil HCl ♦	1	
Verapamil HCl ER ♦	1	
Verelan	3	
Verelan PM	3	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs		
Demser	4	
Digitek ♦	1	
Digoxin ♦	1	
Inversine	3	
Lanoxin	2	
Ranexa	2	PA
Reserpine ♦	1	
Diuretics - Blood Pressure Drugs		
Acetazolamide Sodium ♦	1	
Aldactazide	3	
Aldactone	3	
Amiloride HCl ♦	1	
Amiloride/ Hydrochlorothiazide ♦	1	
Bumetanide ♦	1	
Bumex	3	
Chlorothiazide ♦	1	
Chlorthalidone ♦	1	
Clorpres	3	
Demadex	3	
Diuril	2	
Diuril IV	3	
Dyazide	3	
Dyrenium	3	
Edecrin	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Furosemide ♦	1	
Hydrochlorothiazide ♦	1	
Indapamide ♦	1	
Inspra	3	ST
Lasix	3	
Maxzide	3	
Maxzide-25	3	
Methyclothiazide ♦	1	
Methyldopa/ Hydrochlorothiazide ♦	1	
Metolazone ♦	1	
Microzide	3	
Sodium Edecrin	3	
Spironolactone ♦	1	
Spironolactone/ Hydrochlorothiazide ♦	1	
Thalitone	3	
Torsemide ♦	1	
Triamterene/ Hydrochlorothiazide ♦	1	
Zaroxolyn	3	
Dyslipidemics - Cholesterol Control Drugs		
Advicor	2	QL
Altoprev	3	QL
Antara	2	
Caduet	3	QL
Cholestyramine ♦	1	
Cholestyramine Light ♦	1	
Colestid	3	
Colestid Flavored	3	
Colestipol HCl ♦	1	
Crestor *	2	QL
Fenofibrate ♦	1	
Fenoglide	3	
Gemfibrozil ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Lescol *	3	QL
Lescol XL *	3	QL
Lipitor *	2	QL
Lipofen	3	
Lofibra	3	
Lopid	3	
Lovastatin ♦	1	
Lovaza	3	
Mevacor	3	
Niacor ♦	1	
Niaspan	2	
Pravachol	3	
Pravastatin Sodium ♦	1	
Prevalite ♦	1	
Questran	3	
Questran Light	3	
Simcor	3	QL
Simvastatin ♦	1	
Tricor	2	
Triglide	3	
Vytorin *	3	QL
Welchol	2	
Zetia	3	QL
Zocor	3	
Renin-angiotensin-aldosterone System Inhibitors - Blood Pressure Drugs		
Accupril	3	
Accuretic	3	
Aceon	2	
Altace	3	
Amlodipine Besylate/ Benazepril HCl ♦	1	
Atacand	3	QL, ST
Atacand HCT	3	QL, ST
Avalide *	3	QL, ST

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Avapro *	3	QL, ST
Azor	2	QL, ST
Benazepril HCl ♦	1	
Benazepril HCl/ Hydrochlorothiazide ♦	1	
Benicar	2	QL, ST
Benicar HCT	2	QL, ST
Capoten	3	
Capozide	3	
Captopril ♦	1	
Captopril/ Hydrochlorothiazide ♦	1	
Cozaar *	3	QL, ST
Diovan	2	QL, ST
Diovan HCT	2	QL, ST
Enalapril Maleate ♦	1	
Enalapril Maleate/ Hydrochlorothiazide ♦	1	
Fosinopril Sodium ♦	1	
Fosinopril Sodium/ Hydrochlorothiazide ♦	1	
Hyzaar *	3	QL, ST
Lexxel	3	
Lisinopril ♦	1	
Lisinopril/ Hydrochlorothiazide ♦	1	
Lotensin	3	
Lotensin HCT	3	
Lotrel (10mg/20mg Capsule, 2.5mg/10mg Capsule, 5mg/10mg Capsule, 5mg/20mg Capsule)	3	
Lotrel (10mg/40mg Capsule, 5mg/40mg Capsule)	3	QL
Mavik	3	
Micardis	3	QL, ST

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Micardis HCT	3	QL, ST
Moexipril HCl ♦	1	
Moexipril/ Hydrochlorothiazide ♦	1	
Monopril	3	
Monopril HCT	3	
Prinivil	3	
Prinzide	3	
Quinapril HCl ♦	1	
Quinapril/ Hydrochlorothiazide ♦	1	
Quinaretic ♦	1	
Ramipril ♦	1	
Tarka	3	
Tekturna	2	QL, ST
Tekturna HCT	3	QL, ST
Teveten *	3	QL, ST
Teveten HCT *	3	QL, ST
Trandolapril ♦	1	
Uniretic	3	
Univasc	3	
Vaseretic	3	
Vasotec	3	
Zestoretic	3	
Zestril	3	
Vasodilators - Chest Pain Drugs		
Bidil	2	
Dilatrate SR	3	
Hydralazine HCl ♦	1	
Imdur	3	
Ismo	3	
Isochron ♦	1	
Isordil Titradose	3	
Isosorbide Dinitrate ♦	1	
Isosorbide Dinitrate ER ♦	1	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Isosorbide Mononitrate ♦	1	
Isosorbide Mononitrate ER ♦	1	
Minitran ♦	1	
Minoxidil ♦	1	
Monoket	3	
Nitro-Dur	3	
Nitroglycerin ♦	1	
Nitroglycerin Transdermal ♦	1	
Nitrolingual Pumpspray	3	
Nitrostat	3	
Ventavis	4	B/D, PA
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
Amphetamines, ADHD - ADHD Drugs		
Adderall	3	
Adderall XR	3	QL
Amphetamine Salt Combo ♦	1	
Desoxyn	3	
Dexedrine	3	
Dextroamphetamine Sulfate ♦	1	
Dextroamphetamine Sulfate CR ♦	1	
Dextrostat (10mg Tablet)	3	
Dextrostat (5mg Tablet) ♦	1	
Liquadd	3	QL
Vyvanse	3	QL
Central Nervous System Agents, Other - Miscellaneous Nervous System Drugs		
Botox	3	PA
Myobloc	3	
Non-amphetamines, ADHD - ADHD Drugs		
Concerta	3	QL
Daytrana	3	QL
Dexmethylphenidate HCl ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Focalin	3	
Focalin XR	3	QL
Metadate CD	3	QL
Metadate ER (10mg Controlled Release Tablet) ♦	1	
Metadate ER (20mg Controlled Release Tablet)	3	
Methylin (Chewable Tablet, Solution)	3	
Methylin (Tablet) ♦	1	
Methylin ER ♦	1	
Methylphenidate HCl ♦	1	
Methylphenidate HCl ER ♦	1	
Ritalin	3	
Ritalin LA	3	QL
Ritalin SR	3	
Strattera	3	QL, ST
Non-amphetamines, Other - Miscellaneous Nervous System Drugs		
Provigil	2	PA, QL
Rilutek	4	
Xyrem †	4	QL
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions		
Dental and Oral Agents		
Aphthasol	2	
Chlorhexadine Gluconate Oral Rinse ♦	1	
Chlorhexidine Gluconate ♦	1	
Evoxac	3	
Kepivance	4	
Peridex Oral Rinse	3	
Periogard ♦	1	
Pilocarpine HCl ♦	1	
Salagen	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Triamcinolone in Orabase ♦	1	
Dermatological Agents - Drugs to Treat Skin Conditions		
Dermatological Agents - Skin Agents		
8-Mop	4	
Accutane	4	
Aldara	2	
Amevive	4	PA
Ammonium Lactate ♦	1	
Amnesteem ♦	1	
Atralin	3	
Avita ♦	1	
Azelex	2	
Benoquin	3	
Benzaclin	2	
Benzamycin	3	
Calcipotriene ♦	1	
Carac	2	
Carmol-HC	3	
Claravis ♦	1	
Condylox Gel	2	
Condylox Solution	3	
Differin	2	
Dovonex (Cream)	2	
Dovonex (Solution)	3	
Efudex	3	
Efudex Occlusion Pack	2	
Elidel	3	ST
Erythromycin/Benzoyl Peroxide ♦	1	
Finacea	2	
Fluoroplex	2	
Fluorouracil ♦	1	
LAC-Hydrin	3	
Laclotion ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Oxsoralen	3	
Oxsoralen Ultra	4	
Podofilox ♦	1	
Protopic	2	ST
Raptiva	4	PA
Regranex	4	PA, QL
Retin-A	3	
Retin-A Micro	2	
Santyl	3	
Selenium Sulfide ♦	1	
Selsun Shampoo	3	
Solaraze	3	
Soriatane CK	4	
Sotret (10mg Capsule, 20mg Capsule, 40mg Capsule) ♦	1	
Sotret (30mg Capsule)	2	
Tazorac	2	
Tretinoin (Cream, Gel) ♦	1	
U-Cort ♦	1	
Uvadex	3	
Veregen	3	
Ziana	3	
Zonalon	3	
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency		
Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs		
Adagen	4	
Aldurazyme	4	
Buphenyl	4	
Ceredase	4	
Cerezyme	4	
Creon 10	2	
Creon 20	2	
Creon 5	2	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cystadane	3	
Cystagon	3	
Dygase	3	
Elaprase	4	
Enzymax	3	
Fabrazyme	4	
Kutrase	3	
Kuvan	4	
Ku-Zyme	3	
Ku-Zyme HP	3	
Lapase	3	
Lipram 4500	3	
Lipram-PN10	3	
Lipram-PN16	3	
Lipram-PN20	3	
Lipram-UL12	3	
Lipram-UL18	3	
Lipram-UL20	3	
Myozyme	4	
Naglazyme	4	
Orfadin	4	
Palcaps 10	3	
Palcaps 20	3	
Pancrease MT 10	3	
Pancrease MT 16	3	
Pancrease MT 20	3	
Pancrease MT 4	3	
Pancrecarb MS-16	3	
Pancrecarb MS-4	3	
Pancrecarb MS-8	3	
Pancrelipase	3	
Pancrelipase MST-16	3	
Pancron 10	3	
Pancron 20	3	
Pangestyme CN 10	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Pangestyme CN 20	3	
Pangestyme EC	3	
Pangestyme MT 16	3	
Pangestyme UL 12	3	
Pangestyme UL 18	3	
Pangestyme UL 20	3	
Panocaps	3	
Panocaps MT 16	3	
Panocaps MT 20	3	
Panokase	3	
Panokase-16	3	
Plaretase 8000	3	
Sucraid	4	
Ultracaps MT 20	3	
Ultrase	2	
Ultrase MT 12	2	
Ultrase MT 18	2	
Ultrase MT 20	2	
Viokase	3	
Viokase 16	3	
Viokase 8	3	
Zavesca	4	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs		
Atropine Sulfate ♦	1	
Bentyl	3	
Cantil	3	
Dicyclomine HCl ♦	1	
Glycopyrrolate ♦	1	
Methscopolamine Bromide ♦	1	
Pamine	3	
Pamine Forte	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Propantheline Bromide ♦	1	
Robinul	3	
Robinul Forte	3	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
Actigall	3	
Amitiza	3	PA, QL
Colyte	3	
Colyte-Flavor Packs	3	
Constulose ♦	1	
Diphenoxylate/Atropine ♦	1	
Enulose ♦	1	
Golytely	2	
Kristalose	2	
Lactulose ♦	1	
Lofene ♦	1	
Lomotil	3	
Lonox	1	
Loperamide HCl ♦	1	
Motofen	3	
Moviprep	2	
Nulytely	2	
Polyethylene Glycol 3350 ♦	1	
Polyethylene Glycol 3350/ Electrolytes ♦	1	
Trilyte	2	
Urso 250	2	
Urso Forte	2	
Ursodiol ♦	1	
Xenical	3	
Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs		
Axid	3	
Cimetidine ♦	1	
Cimetidine HCl ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Famotidine ♦	1	
Famotidine Premixed ♦	1	
Nizatidine ♦	1	
Pepcid	3	
Pepcid Premixed	3	
Ranitidine HCl ♦	1	
Taladine	3	
Zantac	3	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs		
Lotronex	2	PA, QL
Protectants - Ulcer and Stomach Acid Drugs		
Carafate	3	
Cytotec	3	
Misoprostol ♦	1	
Sucralfate ♦	1	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs		
Aciphex *	3	
Helidac	3	QL
Nexium *	2	
Nexium I.V.	3	
Omeprazole ♦	1	
Pantoprazole Sodium	3	
Prevacid *	2	
Prevacid Naprapac	2	QL
Prevacid Solutab	2	
Prevpac	2	QL
Prilosec	3	
Protonix (Delayed Release Tablet, Pack) *	2	
Protonix (Solution for Reconstitution)	3	
Pylera	3	QL
Zegerid	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
Antispasmodics, Urinary - Bladder Control Drugs		
Detrol	2	QL
Detrol LA	2	QL
Ditropan	3	
Ditropan XL	3	
Enablex	2	QL
Flavoxate HCl ♦	1	
Oxybutynin Chloride ♦	1	
Oxybutynin Chloride ER ♦	1	
Oxytrol	2	QL
Sanctura	3	QL
Sanctura XR	3	QL
Urispas	3	
Vesicare	3	QL
Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs		
Avodart	2	QL
Cardura XL	3	
Finasteride ♦	1	
Flomax	2	QL
Proscar	3	
Uroxatral *	3	QL
Genitourinary Agents, Other - Miscellaneous Bladder, Genital and Kidney Conditions Drugs		
Bethanechol Chloride ♦	1	
Elmiron	3	
Lithostat	3	
Methergine	2	
Thiola	3	
Urecholine	3	
Phosphate Binders - Phosphate-Removing Agents		
Fosrenol	2	
Phoslo	2	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
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		
Aclovate	3	
A-Hydrocort ♦	1	
Ala-Cort ♦	1	
Ala-Scalp	2	
Alclometasone Dipropionate ♦	1	
Amcinonide ♦	1	
A-Methapred ♦	1	
Anusol-HC	3	
Augmented Betamethasone Dipropionate ♦	1	
Betamethasone Dipropionate ♦	1	
Betamethasone Valerate ♦	1	
Beta-Val ♦	1	
Capex	3	
Celestone	3	
Clobetasol Propionate ♦	1	
Clobetasol Propionate E ♦	1	
Clobex	3	
Cloderm	3	
Colocort ♦	1	
Cordran	3	
Cordran SP	3	
Cordran Tape	3	
Cormax ♦	1	
Cortef	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cortenema	3	
Cortifoam	2	
Cortisone Acetate ♦	1	
Cortisporin (Cream, Ointment)	2	
Cutivate	3	
Del-Beta ♦	1	
Depo-Medrol (20mg/ml Suspension)	2	
Depo-Medrol (40mg/ml Suspension, 80mg/ml Suspension)	3	
Derma-Smoothe/FS Body Oil	3	
Derma-Smoothe/FS Scalp Oil	3	
Dermatop	3	
Desonate	3	
Desonide ♦	1	
Desowen	3	
Desoximetasone ♦	1	
Dexamethasone ♦	1	
Dexamethasone Intensol ♦	1	
Dexamethasone Sodium Phosphate ♦	1	
Dexpak 13 Day	3	
Diflorasone Diacetate ♦	1	
Diprolene	3	
Diprolene AF	3	
Elocon	3	
Entocort EC	3	
Fludrocortisone Acetate ♦	1	
Fluocinolone Acetonide ♦	1	
Fluocinonide ♦	1	
Fluocinonide-E ♦	1	
Fluticasone Propionate ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Halobetasol Propionate ♦	1	
Halog	3	
Hydrocortisone ♦	1	
Hydrocortisone Butyrate ♦	1	
Hydrocortisone in Absorbase ♦	1	
Hydrocortisone Valerate ♦	1	
Hytone	3	
Isovate ♦	1	
Kenalog (Aerosol Solution)	2	
Kenalog (Cream)	3	
Locoid	3	
Locoid Lipocream	2	
Lokara ♦	1	
Luxiq	3	
Medrol	3	
Medrol Dosepak	3	
Methylprednisolone ♦	1	
Methylprednisolone Acetate ♦	1	
Methylprednisolone Sodium Succinate ♦	1	
Mometasone Furoate ♦	1	
Olux	3	
Olux-E	3	
Orapred	3	
Orapred ODT	3	
Pandel	3	
Pediapred	3	
Prednicarbate ♦	1	
Prednisolone ♦	1	
Prednisolone Sodium Phosphate ♦	1	
Prednisone ♦	1	
Prednisone Intensol ♦	1	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Prelone	3	
Proctocort	3	
Proctocream-HC ♦	1	
Procto-Pak ♦	1	
Proctosol HC ♦	1	
Proctozone-HC ♦	1	
Psorcon E	3	
Solu-Cortef	2	
Solu-Medrol (1000mg Solution for Reconstitution, 125mg Solution for Reconstitution, 40mg Solution for Reconstitution, 500mg Solution for Reconstitution)	3	
Solu-Medrol (2gm Solution for Reconstitution)	2	
Solu-Medrol Act-O-Vial	3	
Sterapred	3	
Sterapred 12 Day	3	
Sterapred DS	3	
Sterapred DS 12 Day	3	
Taclonex	3	
Taclonex Scalp	3	
Temovate	3	
Temovate E	3	
Texacort (1% Solution)	1	
Texacort (2.50% Solution)	3	
Topicort	3	
Topicort LP	3	
Triamcinolone Acetonide ♦	1	
Triamcinolone Acetonide in Absorbase ♦	1	
Triderm ♦	1	
Ultravate	3	
Vanos	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Verdeso	3	
Westcort	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs		
Chorionic Gonadotropin ♦	1	
DDAVP	3	
Desmopressin Acetate ♦	1	
Genotropin	4	PA
Genotropin Miniquick (0.2mg Solution for Reconstitution)	3	PA, QL
Genotropin Miniquick (0.4mg Solution for Reconstitution, 0.6mg Solution for Reconstitution, 0.8mg Solution for Reconstitution, 1.2mg Solution for Reconstitution, 1.4mg Solution for Reconstitution, 1.6mg Solution for Reconstitution, 1.8mg Solution for Reconstitution	4	PA
Humatrope	4	PA
Humatrope Combo Pack	4	PA
Increlex	4	PA
Iplex	4	PA
Minirin	1	
Norditropin Cartridge	4	PA
Norditropin Nordiflex Pen	4	PA
Novarel ♦	1	
Nutropin	4	PA
Nutropin AQ	4	PA
Nutropin AQ Pen	4	PA
Omnitrope	4	PA

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Pregnyl w/Diluent Benzyl Alcohol/NaCl ♦	1	
Saizen	4	PA
Saizen Click.Easy	4	PA
Serostim	4	PA
Stimate	4	
Tev-Tropin	4	PA
Zorbtive	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
Oxandrin (10mg Tablet)	4	PA
Oxandrin (2.5mg Tablet)	3	PA
Oxandrolone ♦	1	PA
Androgens - Hormone Replacement/Modifying Drugs		
Androderm	2	PA
Androgel	2	PA
Androgel Pump	2	PA
Android	2	
Androxy ♦	1	
Danazol ♦	1	
Depo-Testosterone	3	
Methitest	3	
Striant	3	PA
Testim	3	PA
Testosterone Cypionate ♦	1	
Testosterone Enanthate ♦	1	
Testred	2	
Estrogens - Hormone Replacement/Modifying Drugs		
Activella	3	
Alora	2	
Angeliq	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Apri ♦	1	
Aranelle ♦	1	
Aviane ♦	1	
Balziva ♦	1	
Brevicon-28	3	
Cenestin	2	
Cesia ♦	1	
Climara	3	
Climara Pro	3	
Combipatch	3	
Cryselle-28 ♦	1	
Cyclessa	3	
Delestrogen	3	
Depo-Estradiol	3	
Desogen	3	
Divigel	3	QL
Elestrin	3	QL
Enjuvia	3	
Enpresse-28 ♦	1	
Estrace (Cream)	2	
Estrace (Tablet)	3	
Estraderm	2	
Estradiol ♦	1	
Estradiol Valerate ♦	1	
Estradiol/Norethindrone Acetate ♦	1	
Estrasorb	3	
Estring	2	QL
Estrogel	3	QL
Estropipate ♦	1	
Estrostep Fe	3	
Evamist	3	QL
Femhrt 1/5	2	
Femhrt Low Dose	2	
Femring	3	QL

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Femtrace	3	
Gynodiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) ♦	1	
Gynodiol (1.5mg Tablet)	2	
Junel 1.5/30 ♦	1	
Junel 1/20 ♦	1	
Junel Fe 1.5/30 ♦	1	
Junel Fe 1/20 ♦	1	
Kariva ♦	1	
Kelnor 1/35 ♦	1	
Leena ♦	1	
Lessina-28 ♦	1	
Levlite-28	3	
Levora 0.15/30-28 ♦	1	
Lo/Ovral-28	3	
Loestrin 1.5/30-21	3	
Loestrin 1/20-21	3	
Loestrin 24 Fe	3	
Loestrin Fe 1.5/30	3	
Loestrin Fe 1/20	3	
Low-Ogestrel ♦	1	
Lutera ♦	1	
Lybrel	3	
Menest	2	
Menostar	3	
Microgestin 1.5/30 ♦	1	
Microgestin 1/20 ♦	1	
Microgestin Fe ♦	1	
Microgestin Fe 1.5/30 ♦	1	
Modicon-28	3	
MonoNessa ♦	1	
Necon 0.5/35-28 ♦	1	
Necon 1/35-28 ♦	1	
Necon 10/11-28 ♦	1	
Necon 7/7/7 ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Nordette-28	3	
Norinyl 1+35	3	
Nortrel 0.5/35 (28) ♦	1	
Nortrel 1/35 (21) ♦	1	
Nortrel 1/35 (28) ♦	1	
Nortrel 7/7/7 ♦	1	
NuvaRing	2	
Ocella ♦	1	
Ogen	3	
Ogestrel ♦	1	
Ortho Evra	2	
Ortho Tri-Cyclen Lo	3	
Ortho-Cept-28	3	
Ortho-Cyclen-28	3	
Ortho-Est ♦	1	
Ortho-Novum 7/7/7-28	3	
Ovcon-35	3	
Ovcon-50 28	3	
Portia-28 ♦	1	
Prefest	2	
Premarin	2	
Premarin w/Applicator	2	
Premphase	2	
Prempro	2	
Previfem ♦	1	
Quasense ♦	1	
Reclipsen ♦	1	
Seasonale	3	
Seasonique	3	
Solia ♦	1	
Sprintec 28 ♦	1	
Sronyx ♦	1	
Tri-Legest Fe ♦	1	
TriNessa ♦	1	
Tri-Norinyl 28	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Tri-Previfem ♦	1	
Tri-Sprintec ♦	1	
Trivora-28 ♦	1	
Vagifem	2	
Velivet ♦	1	
Vivelle-Dot	2	
Yasmin 28	3	
Yaz	2	
Zovia 1/35E ♦	1	
Zovia 1/50E ♦	1	
Progestins - Hormone Replacement/Modifying Drugs		
Aygestin	3	
Camila ♦	1	
Crinone	2	
Depo-Provera	3	
Depo-Provera Contraceptive	3	
Depo-Subq Provera 104	3	
Endometrin	3	
Errin ♦	1	
Jolivette ♦	1	
Medroxyprogesterone Acetate ♦	1	
Megace ES	3	
Megace Oral	3	
Megestrol Acetate ♦	1	
Necon 1/50-28 ♦	1	
Nora-BE ♦	1	
Norethindrone Acetate ♦	1	
Nor-QD	3	
Ortho Micronor	3	
Ortho-Novum 1/50-28	3	
Plan B	3	
Prochieve	2	
Prometrium	2	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Provera	3	
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs		
Evista	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs		
Cytomel	2	
Levothroid	2	
Levothyroxine Sodium ♦	1	
Levoxyl ♦	1	
Liothyronine Sodium ♦	1	
Synthroid	2	
Thyrolar-1	2	
Thyrolar-1/2	2	
Thyrolar-1/4	2	
Thyrolar-2	2	
Thyrolar-3	2	
Unithroid ♦	1	
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants		
Lysodren	4	
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants		
Sensipar	2	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants		
Cabergoline ♦	1	
Eligard	3	
Leuprolide Acetate ♦	1	
Lupron 2-Week Supply	3	
Lupron 6-Pack	4	
Lupron Depot	3	
Lupron Depot-PED	4	
Octreotide Acetate	4	PA
Sandostatin	4	PA
Sandostatin LAR Depot	4	PA
Somatuline Depot	4	PA
Somavert	4	PA
Synarel	4	
Trelstar Depot	3	
Trelstar LA	3	
Vantas	3	
Hormonal Agents, Suppressant (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Antiandrogens - Hormone Suppressants		
Casodex	2	
Flutamide ♦	1	
Nilandron	3	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones		
Antithyroid Agents - Thyroid Suppressing Drugs		
Methimazole ♦	1	
Propylthiouracil ♦	1	
Tapazole	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
Immune Suppressants - Immune System Drugs		
Azasan	2	
Azathioprine ♦	1	
Azathioprine Sodium ♦	1	
Cellcept (Capsule)	3	B/D, PA
Cellcept (Suspension for Reconstitution, Tablet)	4	B/D, PA
Cellcept Intravenous	4	B/D, PA
Cimzia	4	PA
Cyclosporine ♦	1	B/D
Cyclosporine Modified ♦	1	B/D
Enbrel	4	PA
Enbrel SureClick	4	PA
Gengraf	1	B/D
Humira	4	PA
Humira Pen	4	PA
Humira Pen-Crohns Disease Starter Kit	4	PA
Imuran	3	
Kineret	4	PA
Methotrexate ♦	1	
Methotrexate Sodium ♦	1	
Myfortic	3	B/D
Neoral	3	B/D
Orencia	4	PA
Orthoclone OKT3	4	B/D
Prograf (0.5mg Capsule, 1mg Capsule)	3	B/D, PA
Prograf (5mg Capsule, Solution)	4	B/D, PA
Rapamune (Solution)	3	B/D
Rapamune (Tablet)	4	B/D
Rheumatrex	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Sandimmune	3	B/D
Simulect	4	B/D
Trexall	2	
Zenapax	4	B/D
Immunizing Agents, Passive - Immune System Drugs		
Atgam	4	B/D
Carimune Nanofiltered	4	B/D, PA
Flebogamma	4	B/D, PA
Gamastan S/D	2	B/D, PA
Gammagard Liquid	4	B/D, PA
Gamunex	4	B/D, PA
Iveegam EN	4	B/D, PA
Octagam	4	B/D, PA
Panglobulin	4	B/D, PA
Panglobulin NF	4	B/D, PA
Polygam S/D	3	B/D, PA
Synagis	4	
Thymoglobulin	4	B/D
Vivaglobin	4	B/D, PA
Immunomodulators - Immune System Drugs		
Actimmune	4	
Alferon N	4	
Arava	3	
Arcalyst	4	PA
Avonex	4	PA
Betaseron	4	PA
Copaxone	4	PA
Infergen	4	PA
Intron-A (10mu/0.2ml Kit, 5mu/0.2ml Kit, Solution)	4	PA
Intron-A (3mu/0.2ml Kit)	3	PA, QL
Intron-A w/Diluent	4	PA
Leflunomide ♦	1	
Pegasys	4	PA
Peg-Intron	4	PA

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Peg-Intron Redipen	4	PA
Peg-Intron Redipen Pak 4	4	PA
Rebif	4	PA
Rebif Titration Pack	4	PA
Remicade	4	PA
Ridaura	2	
Tysabri †	4	PA
Vaccines		
Acthib	2	
Adacel	2	
Attenuvax	2	
Boostrix	2	
Comvax	2	
Daptacel	2	
Decavac	2	
Diphtheria/Tetanus Toxoid Pediatric	2	
Engerix-B	2	B/D, PA
Gardasil	2	
Havrix	2	
Hibtiter	2	
Imovax Rabies (H.D.C.V.)	2	
Infanrix	2	
Ipol Inactivated IPV	2	
Je-Vax	2	
Menactra	2	
Menomune-A/C/Y/W-135	2	
Meruvax II w/Diluent 10 Dose	2	
M-M-R II w/Diluent 10 Dose	2	
Pediarix	2	
Pedvax HIB	2	
ProQuad	2	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Rabavert	2	
Recombivax HB	2	B/D, PA
RotaTeq	2	
Tetanus Toxoid Adsorbed	2	
Tetanus/Diphtheria Toxoids-Adsorbed Adult	2	
TriHiBit	2	
Tripedia	2	
Twinrix	2	
Typhim Vi	2	
Vaqta	2	
Varivax	2	
Vivotif Berna	2	
YF-Vax	2	
Zostavax	2	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease		
Salicylates - Inflammatory Bowel Disease Drugs		
Asacol	2	
Balsalazide Disodium ♦	1	
Canasa	2	
Colazal	3	
Dipentum	2	
Lialda	3	
Mesalamine ♦	1	
Pentasa	3	
Rowasa	4	
Sulfonamides - Inflammatory Bowel Disease Drugs		
Azulfidine	3	
Azulfidine EN-Tabs	3	
Sulfasalazine ♦	1	
Sulfazine ♦	1	
Sulfazine EC ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Metabolic Bone Disease Agents - Drugs to Regulate Hormones and Treat Diabetes and Bone Conditions		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs		
Actonel *	2	QL
Actonel With Calcium *	2	QL
Alendronate Sodium ♦	1	
Aredia	3	
Boniva (Kit) *	3	
Boniva (Tablet) *	2	QL
Calcijex	3	
Calcitriol ♦	1	
Didronel	3	
Etidronate Disodium ♦	1	
Forteo	3	B/D, PA
Fortical	2	QL
Fosamax (Solution)	3	QL
Fosamax (Tablet)	3	
Fosamax Plus D *	3	QL
Hectorol	2	
Miacalcin Nasal Solution *	3	QL
Miacalcin Injection	3	B/D, PA
Pamidronate Disodium (30mg/10ml Solution, 90mg/10ml Solution, Solution for Reconstitution) ♦	1	
Pamidronate Disodium (6mg/ml Solution) ♦	1	
Rocaltrol	3	
Skelid	3	
Zemplar (2mcg/ml Solution)	3	
Zemplar (5mcg/ml Solution, Capsule)	2	
Zometa	4	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Miscellaneous Agents - Drugs to Treat Miscellaneous Conditions		
Cytoprotective Agents - Ulcer and Stomach Acid Drugs		
Amifostine	4	
Dexrazoxane ♦	1	
Ethyol	4	
Mesna	4	
Mesnex (Solution)	3	
Mesnex (Tablet)	4	
Zinecard	4	
Diabetic Supplies		
Alcohol Preps ♦	1	
BD Insulin Needles, Pens, Syringes, Safety Syringes ♦	1	
Gauze Pads ♦	1	
Insulin Needles, Pens, Syringes, Safety Syringes (Non BD Products)	2	
Ophthalmic Agents - Drugs to Treat Eye Conditions		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs		
Ak-Con ♦	1	
Albalon	3	
Alcaine	3	
Lacrisert	2	
Mydral ♦	1	
Mydriacyl	3	
Naphazoline HCl ♦	1	
Parcaine ♦	1	
Proparacaine HCl ♦	1	
Restasis	2	
Tropicacyl ♦	1	
Tropicamide ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs		
Alamast	3	
Alocril	2	
Alomide	2	
Crolom	3	
Cromolyn Sodium (Solution)♦	1	
Elestat	3	
Emadine	3	
Ketotifen Fumarate♦	1	
Optivar	2	
Pataday	2	
Patanol	2	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs		
Acetazolamide♦	1	
Alphagan P	2	
Azopt	2	
Betagan	3	
Betagan Without C Cap	3	
Betaxolol HCl♦	1	
Betimol	3	
Betoptic-S	2	
Brimonidine Tartrate♦	1	
Carteolol HCl♦	1	
Combigan	2	
Cosopt	2	
Diamox	2	
Dipivefrin HCl♦	1	
Iopidine	2	
Istalol	3	
Levobunolol HCl♦	1	
Methazolamide♦	1	
Metipranolol♦	1	
Optipranolol	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Phospholine Iodide	2	
Pilopine HS	2	
Propine	3	
Timolol Maleate♦	1	
Timolol Maleate Ophthalmic Gel Forming♦	1	
Timoptic	3	
Timoptic Ocudose	3	
Timoptic-XE	3	
Trusopt	3	
Ophthalmic Anti-inflammatories - Allergy, Infection and Inflammation Drugs		
Acular	2	
Acular LS	2	
Acular PF	2	
Alrex	2	
Blephamide	2	
Blephamide S.O.P.	2	
Dexamethasone Sodium Phosphate♦	1	
Dexasporin♦	1	
Diclofenac Sodium♦	1	
Econopred Plus	3	
Flarex	2	
Fluorometholone♦	1	
Fluor-Op♦	1	
Flurbiprofen Sodium♦	1	
FML Forte	2	
FML Liquifilm	3	
FML S.O.P.	2	
Lotemax	2	
Maxidex	2	
Maxitrol	3	
Neomycin/Polymyxin/ Dexamethasone♦	1	
Nevanac	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Ocufen	3	
Poly-Dex ♦	1	
Poly-Pred	2	
Pred Forte	3	
Pred Mild	2	
Pred-G	2	
Pred-G S.O.P.	2	
Prednisolone Acetate ♦	1	
Prednisolone Sodium Phosphate ♦	1	
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate ♦	1	
Tobradex	2	
Vexol	2	
Voltaren	3	
Xibrom	3	
Zylet	2	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs		
Lumigan	2	QL
Travatan	2	QL
Travatan Z	2	QL
Xalatan*	3	QL
Otic Agents - Drugs to Treat Ear Conditions		
Otic Agents - Ear Drugs		
Acetic Acid ♦	1	
Acetic Acid/ Hydrocortisone ♦	1	
Borofair ♦	1	
Cipro HC	2	
Ciprodex	2	
Coly-Mycin-S	3	
Cortisporin (Solution, Suspension)	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Cortisporin-TC	3	
Cortomycin ♦	1	
Dermotic	2	
Neomycin/Polymyxin/ Hydrocortisone ♦	1	
Oticin HC ♦	1	
Pediotic	3	
Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
Antihistamines - Allergy Drugs		
Allegra (Suspension)	3	QL
Allegra (Tablet)	3	
Allegra-D 12 Hour	3	QL
Allegra-D 24 Hour	3	QL
Astelin	2	QL
Cetirizine HCl (Syrup) ♦	1	QL
Clarinex *	3	QL
Clarinex Reditabs	3	QL
Clarinex-D 12 Hour	3	QL
Clarinex-D 24 Hour	3	QL
Clemastine Fumarate ♦	1	
Cyproheptadine HCl ♦	1	
Dexchlorpheniramine Maleate ♦	1	
Diphenhydramine HCl ♦	1	
Fexofenadine HCl ♦	1	
Hydroxyzine HCl ♦	1	
Palgic	3	
Patanase	3	QL
Phenadoz ♦	1	
Phenergan	3	
Promethazine HCl ♦	1	
Promethazine HCl Plain ♦	1	
Promethazine VC ♦	1	
Promethegan ♦	1	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Semprex-D	3	
Xyzal	3	QL
Anti-inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs		
Advair Diskus	2	ST
Advair HFA	2	ST
Aerobid	3	
Aerobid-M	3	
Asmanex 120 Metered Doses	3	QL
Asmanex 14 Metered Doses	3	QL
Asmanex 30 Metered Doses	3	QL
Asmanex 60 Metered Doses	3	QL
Azmacort*	3	
Beconase AQ*	3	QL
Flonase	3	
Flovent HFA	2	
Flunisolide ♦	1	
Fluticasone Propionate ♦	1	
Nasacort AQ*	3	QL
Nasarel	3	
Nasonex	2	QL
Omnaris	3	QL
Pulmicort Flexhaler	2	
Pulmicort Inhalation Solution	2	B/D
QVAR	2	
Rhinocort Aqua*	2	QL
Veramyst*	3	QL
Antileukotrienes - Asthma/Lung Drugs		
Accolate	3	QL, ST
Singulair	2	QL, ST
Zyflo CR	3	QL, ST

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Bronchodilators, Anticholinergic - Asthma/Lung Drugs		
Atrovent	3	
Atrovent HFA	2	
Ipratropium Bromide (0.02% Solution) ♦	1	B/D
Ipratropium Bromide (0.03% Solution, 0.06% Solution) ♦	1	
Spiriva Handihaler	2	
Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs		
Aminophylline ♦	1	
Elixophyllin	2	
Lufyllin	3	
Theo-24	2	
Theochron ♦	1	
Theophylline CR ♦	1	
Theophylline ER ♦	1	
Theophylline TD ♦	1	
Uniphyl	3	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs		
Accuneb	3	B/D
Albuterol Sulfate (Nebulizer Solution) ♦	1	B/D
Albuterol Sulfate (Syrup, Tablet) ♦	1	
Albuterol Sulfate ER ♦	1	
Alupent	3	
Brethine	3	
Brovana	3	B/D
Combivent	2	
Duoneb	3	B/D
Epinephrine HCl ♦	1	
Epipen 2-Pak	2	
Epipen-Jr 2-Pak	2	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Foradil Aerolizer	2	
Ipratropium Bromide/ Albuterol Sulfate ♦	1	B/D
Maxair Autohaler	3	
Metaproterenol Sulfate (Nebulizer Solution) ♦	1	B/D
Metaproterenol Sulfate (Syrup, Tablet) ♦	1	
Perforomist	3	B/D
Proair HFA	2	
Proventil HFA	3	
Serevent Diskus	2	
Symbicort	2	ST
Terbutaline Sulfate ♦	1	
Twinject	3	
Ventolin HFA	2	
Vospire ER	3	
Xopenex HFA	2	
Xopenex Inhalation Solution	2	B/D
Mast Cell Stabilizers - Asthma/Lung Drugs		
Cromolyn Sodium (Nebulizer Solution) ♦	1	B/D
Gastrocrom	3	
Intal	3	B/D
Intal Inhaler	2	
Pulmonary Antihypertensives - Asthma/Lung Drugs		
Letairis	4	PA
Remodulin	4	B/D, PA
Revatio	4	PA
Tracleer †	4	PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
Aralast	4	
Prolastin	4	
Pulmozyme	4	B/D
Tyzine	2	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Tyzine Pediatric Nasal Drops	2	
Xolair	4	PA
Zemaira	4	
Sedatives/Hypnotics - Drugs for Sedation and Sleep		
Sedatives/Hypnotics - Sedation and Sleep Drugs		
Ambien	3	
Ambien CR	2	QL
Lunesta	2	QL
Rozerem	3	QL
Sonata *	3	QL
Zaleplon ♦	1	QL
Zolpidem Tartrate ♦	1	
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs		
Amrix	3	ST
Carisoprodol ♦	1	
Carisoprodol/Aspirin ♦	1	
Carisoprodol/Aspirin/ Codeine ♦	1	
Chlorzoxazone ♦	1	
Cyclobenzaprine HCl ♦	1	
Fexmid	3	ST
Flexeril	3	
Methocarbamol ♦	1	
Norflex	3	
Orphenadrine Citrate	3	
Orphenadrine Citrate ER	1	
Parafon Forte DSC	3	
Robaxin	3	
Robaxin-750	3	
Skelaxin	3	

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Soma	3	
Soma Compound	3	
Soma Compound/Codeine	3	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolytes/Minerals - Electrolytes and Minerals		
Aminess	3	B/D
Aminosyn	3	B/D
Aminosyn 7%/Electrolytes	3	B/D
Aminosyn 8.5%/ Electrolytes	3	B/D
Aminosyn II	3	B/D
Aminosyn II 3.5%/ Dextrose 25%	3	B/D
Aminosyn II 3.5%/ Dextrose 5%	3	B/D
Aminosyn II 3.5%/ Dextrose 25%	3	B/D
Aminosyn II 4.25%/ Dextrose 10%	3	B/D
Aminosyn II 4.25%/ Dextrose 20%	3	B/D
Aminosyn II 4.25%/ Dextrose 25%	3	B/D
Aminosyn II 5%/Dextrose 25%	3	B/D
Aminosyn II 8.5%/ Electrolytes	3	B/D
Aminosyn II M 3.5%/ Dextrose 5%	3	B/D
Aminosyn II M 4.25%/ Dextrose 10%	3	B/D
Aminosyn M	3	B/D
Aminosyn-HBC	3	B/D
Aminosyn-HF	3	B/D
Aminosyn-PF	3	B/D
Aminosyn-PF 7%	3	B/D

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Ammonium Chloride	3	
Carnitor	3	
Clinimix 2.75%/ Dextrose 5%	3	B/D
Clinimix 4.25%/ Dextrose 10%	3	B/D
Clinimix 4.25%/ Dextrose 20%	3	B/D
Clinimix 4.25%/ Dextrose 25%	3	B/D
Clinimix 4.25%/ Dextrose 5%	3	B/D
Clinimix 5%/Dextrose 15%	3	B/D
Clinimix 5%/Dextrose 20%	3	B/D
Clinimix 5%/Dextrose 25%	3	B/D
Clinimix E 2.75%/ Dextrose 10%	3	B/D
Clinimix E 2.75%/ Dextrose 5%	3	B/D
Clinimix E 4.25%/ Dextrose 25%	3	B/D
Clinimix E 4.25%/ Dextrose 5%	3	B/D
Clinimix E 5%/ Dextrose 15%	3	B/D
Clinimix E 5%/ Dextrose 20%	3	B/D
Clinimix E 5%/ Dextrose 25%	3	B/D
Clinimix E 5%/ Dextrose 35%	3	B/D
Clinisol SF 15%	3	B/D
Dextrose 10%/NaCl 0.2% ♦	1	
Dextrose 10%/NaCl 0.45% ♦	1	
Dextrose 2.5%/NaCl 0.45% ♦	1	
Dextrose 5%/Electrolyte #48 Viaflex ♦	1	

♦ Tier 1 Drug - We provide coverage of this prescription drug in the coverage gap. Please refer to the Summary of Benefits for more information.
* See page 74 for Lower-cost Drug Options
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† For Limited Access drugs see page 2 for more information
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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Dextrose 5%/Electrolyte #75 Viaflex ♦	1	
Dextrose 5%/KCl 0.075% ♦	1	
Dextrose 5%/KCl 0.15% ♦	1	
Dextrose 5%/Lactated Ringer's ♦	1	
Dextrose 5%/NaCl 0.2% ♦	1	
Dextrose 5%/NaCl 0.225% ♦	1	
Dextrose 5%/NaCl 0.33% ♦	1	
Dextrose 5%/NaCl 0.45% ♦	1	
Dextrose 5%/NaCl 0.9% ♦	1	
Ed K+10 ♦	1	
Freamine HBC 6.9%	3	B/D
Freamine III	3	B/D
Freamine III 3%	3	B/D
Hepatamine	3	B/D
Hepatasol	3	B/D
Intralipid (1.7%/1.2%/30% Emulsion)	3	B/D
Intralipid (2.25%/1.2%/10% Emulsion, 2.5%/1.2%/20% Emulsion)	3	B/D
Intralipid 20%	3	B/D
Ionosol-B/Dextrose 5%	3	
Ionosol-Mb/Dextrose 5%	3	
Ionosol-T/Dextrose 5%	3	
Isolyte-H/Dextrose 5%	3	
Isolyte-M/Dextrose 5%	3	
Isolyte-P/Dextrose 5%	3	
Isolyte-S	3	
Isolyte-S PH 7.4	3	
Isolyte-S/Dextrose 5%	3	
Kaon-Cl-10 ♦	1	
KCl ♦	1	
KCl 0.075%/D5W/NaCl 0.2% ♦	1	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
KCl 0.075%/ D5W/NaCl 0.225% ♦	1	
KCl 0.075%/D5W/NaCl 0.45% ♦	1	
KCl 0.15% /NaCl 0.45% Viaflex ♦	1	
KCl 0.15% D5W/NaCl 0.33% ♦	1	
KCl 0.15% D5W/NaCl 0.45% Viaflex ♦	1	
KCl 0.15% NaCl 0.9% ♦	1	
KCl 0.15%/D10W/NaCl 0.2% ♦	1	
KCl 0.15%/D5W ♦	1	
KCl 0.15%/D5W/ NaCl 0.3% ♦	1	
KCl 0.15%/D5W/LR ♦	1	
KCl 0.15%/D5W/NaCl 0.2% ♦	1	
KCl 0.15%/D5W/NaCl 0.225% ♦	1	
KCl 0.15%/D5W/NaCl 0.45% ♦	1	
KCl 0.15%/D5W/NaCl 0.9% ♦	1	
KCl 0.15%/NaCl 0.9% ♦	1	
KCl 0.22% D5W/NaCl 0.45% ♦	1	
KCl 0.224%/D5W ♦	1	
KCl 0.224%/D5W/NaCl 0.2% ♦	1	
KCl 0.224%/D5W/NaCl 0.45% ♦	1	
KCl 0.224%D5W/NaCl 0.33% ♦	1	
KCl 0.3%/ NaCl 0.9% ♦	1	
KCl 0.3%/D5W ♦	1	
KCl 0.3%/D5W/LR ♦	1	
KCl 0.3%/D5W/LR IV LAC Ring ♦	1	
KCl 0.3%/D5W/NaCl 0.2% ♦	1	
KCl 0.3%/D5W/NaCl 0.45% ♦	1	
KCl 0.3%/D5W/NaCl 0.9% ♦	1	
KCl 0.3%/NaCl 0.9%/Viaflex ♦	1	
KCl CR ♦	1	
KCl ER ♦	1	
KCl SR ♦	1	

♦ Tier 1 Drug - We provide coverage of this prescription drug in the coverage gap. Please refer to the Summary of Benefits for more information.

* See page 74 for Lower-cost Drug Options

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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Klor-Con 10♦	1	
Klor-Con 8♦	1	
Klor-Con M10♦	1	
Klor-Con M15	2	
Klor-Con M20♦	1	
Klotrix	3	
K-Tabs	3	
Lactated Ringer's Dextrose 5% Viaflex♦	1	
Lactated Ringer's Irrigation♦	1	
Lactated Ringer's Viaflex♦	1	
Levocarnitine♦	1	
Magnesium Sulfate♦	1	
Magnesium Sulfate in D5W♦	1	
Micro-K (10meq Controlled Release Capsule)	3	
Micro-K (8meq Controlled Release Capsule)	2	
NaCl♦	1	
NaCl 0.45% Viaflex♦	1	
NaCl 0.9%♦	1	
Nephramine	3	B/D
Normosol-M in D5W	3	
Normosol-R	3	
Normosol-R in D5W	3	
Novamine	3	B/D
Osmoprep	2	
Physiolyte	3	
Physiosol Irrigation	3	
Physiosol Irrigation PH 7.4	3	
Plasma-Lyte 56	3	
Plasma-Lyte A	3	
Plasma-Lyte-148	3	
Plasma-Lyte-148/D5W	3	
Plasma-Lyte-56/D5W	3	

DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Plasma-Lyte-R	3	
Potassium Citrate Extended-Release♦	1	
Premasol 10%	3	B/D
Premasol 6%	3	B/D
Procalamine	3	B/D
Prosol	3	B/D
Renamin	3	B/D
Ringer's Injection♦	1	
Ringer's Irrigation♦	1	
Sodium Bicarbonate♦	1	
Sodium Fluoride	3	
Sodium Lactate♦	1	
Tis-U-Sol♦	1	
Tis-U-Sol Viaflex♦	1	
TPN Electrolytes FTV	3	
Travasol	3	B/D
Travasol 2.75%/ Dextrose 10%	3	B/D
Travasol 2.75%/ Dextrose 5%	3	B/D
Travasol 3.5%/Electrolytes	3	B/D
Travasol 4.25%/ Dextrose 10%	3	B/D
Travasol 4.25%/ Dextrose 25%	3	B/D
Travasol 5.5%/ Dextrose 10%	3	B/D
Travasol 5.5%/ Dextrose 20%	3	B/D
Travasol 5.5%/Electrolytes	3	B/D
Travasol 8.5%/ Dextrose 10%	3	B/D
Travasol 8.5%/ Dextrose 20%	3	B/D

♦ Tier 1 Drug - We provide coverage of this prescription drug in the coverage gap. Please refer to the Summary of Benefits for more information.
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Bold Type = Brand-name drugs
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DRUG	UnitedHealth Rx for Groups	
	TIER	LIMITS
Travasol 8.5%/ Dextrose 50%	3	B/D
Travasol 8.5%/Electrolytes	3	B/D
Trophamine	3	B/D
Urocit-K 10	3	
Urocit-K 5	3	
Visicol	2	
Therapeutic Nutrients/Minerals/Electrolytes, Other - Electrolytes, Minerals and Nutrients		
Alcohol 5%/Dextrose 5% ♦	1	
Dextrose 10% Flex Container ♦	1	
Dextrose 5% ♦	1	
Sterile Water Irrigation ♦	1	
Vitamins		
Prenatal Vitamins ♦	1	

♦ Tier 1 Drug - We provide coverage of this prescription drug in the coverage gap. Please refer to the Summary of Benefits for more information.
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LOWER-COST DRUG OPTIONS.

Brand-name Drug	Lower-cost Drug
Aciphex	Omeprazole, **Nexium, Prevacid, Prevacid Solutab, Protonix**
Actonel	Alendronate
Actonel with Calcium	Alendronate
Avalide	**Benicar HCT, Diovan HCT**
Avapro	**Benicar, Diovan**
Azmacort	**Flovent, QVAR**
Beconase AQ	Flunisolide, Fluticasone, **Nasonex**
Boniva	Alendronate
Clarinex	Fexofenadine HCL
Coreg CR	Carvedilol
Cozaar	**Benicar, Diovan**
Crestor	Lovastatin, Pravastatin, Simvastatin
Exelon	**Aricept, Aricept ODT, Razadyne, Razadyne ER**
Fosamax Plus D	Alendronate
Hyzaar	**Benicar HCT, Diovan HCT**
Lescol	Lovastatin, Pravastatin, Simvastatin
Lescol XL	Lovastatin, Pravastatin, Simvastatin
Lipitor	Lovastatin, Pravastatin, Simvastatin
Miacalcin	**Fortical**
Nasacort AQ	Flunisolide, Fluticasone, **Nasonex**
Nexium	Omeprazole
Prevacid	Omeprazole
Protonix	Omeprazole
Rhinocort Aqua	Flunisolide, Fluticasone
Sonata	Zolpidem, **Ambien CR, Lunesta**
Teveten	**Benicar, Diovan**
Teveten HCT	**Benicar HCT, Diovan HCT**
Uroxatral	**Flomax**
Veramyst	Flunisolide, Fluticasone, **Nasonex**
Vytorin	Lovastatin, Pravastatin, Simvastatin
Xalatan	**Travatan, Travatan Z, Lumigan**

Brand-name drugs are in bold type.

PART D

"MY MEDICATIONS" WORKSHEET

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

Name of medicine and strength	Copay level	I take this medicine for:	Directions	Doctor
Example: Lisinopril	*Tier 1*	*High blood pressure*	*one tablet daily*	*Dr. Johnson*

UnitedHealth Rx™

PART D

This document includes:

UnitedHealth Rx for Groups complete formulary as of January 1, 2009.

For the most up-to-date formulary information, please call **1-888-556-6648**, 24 hours a day, 7 days a week. TTY users should call **1-877-730-4203**.

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

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