Your 2020 Formulary
SignatureValue 3-Tier

Effective January 1, 2020

This formulary is accurate as of Jan. 1, 2020 and is subject to change after this date. The next anticipated update will be July 1, 2020. This formulary applies to members of our UnitedHealthcare West HMO medical plans with a pharmacy benefit. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.
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Understanding your formulary

What is a formulary?
This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order.

How do I use my formulary?
You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan’s member website or call the toll-free member phone number on your health plan ID card.

What are tiers?
Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the formulary change?
Formulary changes including tier status changes resulting in higher copayments of maintenance medications occur twice per contract or plan year. Tier changes that result in a lower copayment may occur at any time. You can log in to the member website listed on your ID card at any time to check your medication coverage and lower-cost options.
Why are some medications excluded from coverage?
We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification) if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?
Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the Prescription Drug List Management Committee, which includes senior UnitedHealth Group® physicians and business leaders, meets to evaluate overall health care value. They also determine coverage and tier status for all medications.
What is the difference between brand-name and generic medications?
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

What if my doctor writes a brand-name prescription?
If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equivalent is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

What if I am taking a specialty medication?
Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your ID card or call the toll-free phone number on your ID card to learn more.

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

Over-the-counter (OTC) medications
An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.
Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in bold type and generic medications in plain type.

**Tier information.**

Using lower-tier medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

In the chart below, overall value indicates medications’ effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Includes</th>
<th>Helpful Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$ Lower-cost</td>
<td>Use Tier 1 drugs for the lowest out-of-pocket costs.</td>
</tr>
<tr>
<td></td>
<td>Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>$$ Mid-range cost</td>
<td>Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.</td>
</tr>
<tr>
<td></td>
<td>Medications that provide good overall value of preferred brand-name drugs.</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>$$$ Highest-cost</td>
<td>Ask your doctor if a Tier 1 or Tier 2 option could work for you.</td>
</tr>
<tr>
<td></td>
<td>Medications that provide the lowest overall value. Mostly non-preferred brand-name drugs, as well as some non-preferred generics.</td>
<td></td>
</tr>
</tbody>
</table>
**Drug list information.**

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AE</strong></td>
<td><strong>Age Edit</strong>&lt;br&gt;This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval.</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td><strong>Exceptions required for select markets in California and Oklahoma</strong>&lt;br&gt;Your doctor is required to provide additional information to UnitedHealthcare to verify medical necessity of certain medications.</td>
</tr>
<tr>
<td><strong>H</strong></td>
<td><strong>Health Care Reform Preventive</strong>&lt;br&gt;This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.</td>
</tr>
<tr>
<td><strong>H-PA</strong></td>
<td><strong>Health Care Reform Preventive with Prior Authorization</strong>&lt;br&gt;May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.</td>
</tr>
<tr>
<td><strong>M</strong></td>
<td><strong>Medical</strong>&lt;br&gt;The medication may be covered under medical with prior authorization.</td>
</tr>
<tr>
<td><strong>PA</strong></td>
<td><strong>Prior Authorization</strong>&lt;br&gt;Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.</td>
</tr>
<tr>
<td><strong>QL</strong></td>
<td><strong>Quantity Limits</strong>&lt;br&gt;Specifies the largest quantity of medication covered per copayment or in a defined period of time.</td>
</tr>
<tr>
<td><strong>ST</strong></td>
<td><strong>Step Therapy</strong>&lt;br&gt;Requires you to try one or more other medications before the medication you are requesting may be covered.</td>
</tr>
</tbody>
</table>
Coverage details.
Some drug classes in this PDL have additional/important coverage details. Review this list to determine if drug classes that apply to you are noted.

Infertility
Coverage is determined by the consumer’s prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Medications for Sexual Dysfunction
Coverage is determined by the consumer’s prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.
For the most current list of covered medications or if you have questions:

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

Visit your plan’s member website listed on your ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements &amp; Limits</th>
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</thead>
<tbody>
<tr>
<td><strong>Anti-Infectives: Antibiotics</strong></td>
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<tr>
<td>Amoxicillin</td>
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<tr>
<td>Amoxicillin/Potassium Clavulanate</td>
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<td>Antipyrine/Benzocaine Otic</td>
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<td>Azithromycin</td>
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<tr>
<td><strong>Bethkis</strong></td>
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<td>PA, QL</td>
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<td><strong>Cayston</strong></td>
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<td>Cefaclor Suspension</td>
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<td>Cephalexin</td>
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<td>Chloroxylenol/Hydrocortisone/Pramoxine Otic</td>
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<td>Ciprofloxacin</td>
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<td>Clarithromycin IR/ER</td>
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<td><strong>Cleocin Vaginal Suppository</strong></td>
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<td>Erythromycin/Sulfisoxazole</td>
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<td>Ethambutol</td>
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<td>Firvanq</td>
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<td>Isoniazid</td>
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<td>Levofoxacin</td>
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<td>Linezolid Tablet</td>
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<td>Metronidazole Tablet</td>
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<td><strong>Mycobutin</strong></td>
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<td>Neomycin</td>
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<td>Nitrofurantoin</td>
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<td>Nitrofurantoin Macrocrystal</td>
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<td>Ofloxacin Otic</td>
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<td><strong>Oracea</strong></td>
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<td>Paromomycin</td>
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<td>Penicillin VK</td>
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<td><strong>TOBI Podhaler</strong></td>
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<td>PA, QL</td>
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<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements &amp; Limits</td>
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<tr>
<td><strong>Anti-Infectives: Antifungals</strong></td>
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<td><strong>Jublia</strong></td>
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<td>Kerydin</td>
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<td><strong>Anti-Infectives: Antivirals</strong></td>
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<td>Adefovir</td>
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<td>Amantadine Capsule, Syrup</td>
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<td><strong>Baraclude</strong></td>
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<td>Prevymis Tablet</td>
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<td>Ribavirin Tablet</td>
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<td>Rimantidine</td>
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<td>Sovaldi</td>
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<td><strong>Drug Name</strong></td>
<td><strong>Drug Tier</strong></td>
<td><strong>Requirements &amp; Limits</strong></td>
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<td>Valacyclovir</td>
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<td>QL</td>
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<td><strong>Cancer</strong></td>
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**Cardiovascular/Heart Disease: Coagulation Therapy**

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**Cardiovascular/Heart Disease: High Blood Pressure**

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**Cardiovascular/Heart Disease: High Cholesterol**

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**Cardiovascular/Heart Disease: Other**

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**Central Nervous System: Attention Deficit Disorder**

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**Central Nervous System: Depression**

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**Central Nervous System: Migraine**

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**Central Nervous System: Multiple Sclerosis**

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**Central Nervous System: Other**

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**Diabetes: Blood Glucose Monitoring**

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**Diabetes: Insulin**

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**Diabetes: Non-Insulin**

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**Endocrine: Growth Hormone**

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**Endocrine: Thyroid Hormone Replacement**

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**Eye Conditions: Allergies**

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**Musculoskeletal: Osteoporosis**

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**Musculoskeletal: Other**

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**Musculoskeletal: Pain Relief**

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**Respiratory: Oral Allergies**

- Carboxamine Solution, 4 mg Tablet | 1 |
- Clemastine | 1 |
- Cyproheptadine | 1 |
- Hydroxyzine | 1 |
- Levocetirizine | 1 |
- Promethazine | 1 |

**Respiratory: Pulmonary Arterial Hypertension**

- Ambrisentan | 1 | PA, QL |
- Adempas | 2 | PA, QL |
- Bosentan | 1 | PA, QL |
- Opsumit | 2 | PA, QL |
- Orenitram | 3 | PA, QL |
- Sildenafil Tablet 20 mg (generic Revatio) | 1 | PA, QL |

**Smoking Cessation**

- Bupropion Sustained-Release Tablet | 1 | H |
- Chantix Tablet | 3 | H |
- Nicoderm CQ | 3 | H |
- Nicorette Gum | 3 | H |
- Nicorette Lozenge | 3 | H |
- Nicorette Mini-Lozenge | 3 | H |
- Nicotine Gum | 1 | H |
- Nicotine Lozenge | 1 | H |
- Nicotine Patch | 1 | H |
- Nicotrol Inhaler | 3 | H |
- Nicotrol Nasal Spray | 3 | H |
- Thrive Gum | 1 | H |

See page 8 for coverage details.
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**Women's Health: Miscellaneous**

- Raloxifene 1 H-PA, QL
- Tamoxifen 1 H-PA

**Women's Health: Prenatal Vitamins**

- Brand Prenatal Vitamins/Folic Acid 1 mg 2
- Generic Prenatal Vitamins/Folic Acid 1 mg 1

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If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:**  UHC_Civil_Rights@uhc.com

**Mail:**  Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at

**Phone:**  Toll-free 1-800-368-1019, 800-537-7697 (TDD)

**Mail:**  U.S. Dept. of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意:如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

ATTENTION: Si habla português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATENÇÃO: Se você fala português (Portugues), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tesserina identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。保健保険証に記載されているフリーダイヤルにお電話ください。

DHAYAHAN D'N: JADIDU (Hindi) HOLLI (Hmong) bollare, an akhobh a joya ahasa se, nishishik upalambh hoon. Kuwary apne phawon phuter par suupchhurudh toll-fare foie nabor par call karay.

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hau rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cin qhia tus kheej.

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awanan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA’ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yáñíliti’go, saad beé ákanañidaawo’igií, t’áá jílk’eh, bee na’ahóóti’. T’áá shqoqí ninialtsoos níit’íí bee nééhoozííí bine’déé t’áá jílk’ehgo béeesh bee hane’i biká’ííí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadad bilaashka ee ku yaalla kaarkaaga aqoonsiga.