Q&A:

Your Prescription Drug Benefit

This Q & A provides highlights of your prescription drug coverage. You will receive a complete description of your pharmacy benefit, including limitations and exclusions, after you enroll.

This guide will:
1. Help you understand your medication choices and make informed decisions.
2. Help you understand which questions to ask your doctor or pharmacist.

What is a Prescription Drug List (PDL)?

A PDL is a list of Food and Drug Administration (FDA)-approved brand name and generic medications.

What is a "formulary"?

A formulary is a select list of brand name and generic drugs that offer a clinical and/or economic advantage when compared to other similar drugs available to treat the same medical conditions. Health maintenance organizations and health insurance companies commonly use formularies to help ensure safe, cost-effective health care. To search for drugs listed on the UHC/Medco formulary, go to **myuhc.com**.

A formulary, sometimes called a Prescription Drug List, is a list of prescription drugs generally covered by your pharmacy benefit. Both brand-name and generic drugs are included on UHC/Medco's formulary.

What factors does the PDL Management Committee look at to make tier placement decisions?

UnitedHealthcare has a Pharmacy and Therapeutics (P&T) Committee consisting of participating physicians and practicing pharmacists that determines how the Plan will cover drugs. The P&T committee meets regularly throughout the course of the year to evaluate new drugs and drug classes for their safety, efficacy, and overall therapeutic and cost value. You and your doctor decide which medication is appropriate for you.

How often will prescription medications change tiers?

The tier placement of a medication on the Prescription Drug List (PDL) may change, Medications may move to a higher tier up to four times per calendar year, depending on your benefit. Additionally, when a brand name medication becomes available as a generic, the tier status of the brand name medication and its corresponding generic will be evaluated. When a medication changes tiers, you may be required to pay more or less for that medication. These changes may occur without prior notice to you. For the most current information on your pharmacy coverage, please call the Customer Care number on your ID card or visit **www.myuhc.com**.

What is the difference between brand name and generic medications?

Generic medications contain the same active ingredients as brand name medications, but they often cost less. Generic medications become available after the patent on the brand name medication expires. At that time, other companies are permitted to manufacture an FDA-approved, chemically equivalent medication. Many companies that make brand name medications also produce and market generic medications.

The next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent is available and if it might be appropriate for you. While there are exceptions, generic medications are usually your lowest cost option.

Please note that some generic medications may be in Tier 2 or Tier 3 and will not have the lowest copayment available under your pharmacy benefit plan. Go to **myuhc.com** to determine the copayment for your generic medication.

Three-Tier Drug Benefit:

With a three-tier plan (for example, **$10/$25/$50**), you have a wider variety of options and control over your out-of-pocket expenses:

Generic drugs are always in the first tier, requiring the lowest copayment. To save on out-of-pocket costs, ask your physician to prescribe generic drugs whenever possible.

In the middle tier you'll find brand-name drugs that UHC/Medco has classified as "formulary" drugs because they offer a clinical advantage at a reasonable cost.

In the third tier are brand name drugs that UHC/Medco has designated as "non-formulary" because they offer no clinical and/or cost advantages compared to similar treatment options.

The cost of prescription drugs varies widely, even for drugs that are used to treat the same condition. The 3-Tier Drug List can help you and your doctor choose lower-cost drug options that work just as well, and save you money.

Why is the medication that I am currently taking no longer covered?

Medications may be excluded from coverage under your pharmacy benefit. For example, a prescription medication may be excluded from coverage when it is therapeutically equivalent to an over-the-counter or prescription medication. Alternatives on the PDL and other over-the counter medications may be available.

When should I consider discussing over-the-counter or non-prescription medications with my doctor?

An over-the-counter medication can be an appropriate treatment for many conditions. Consult your doctor about over-the-counter alternatives to treat your condition. These medications are not covered under your pharmacy benefit, but they may cost less than your out-of-pocket.

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

The specific definitions for these notations (**QLL, QD, N,** etc.) are listed at the bottom of each page of the PDL and refer to our pharmacy programs. These programs can help:

- Confirm coverage based on your benefit plan
- Alert pharmacists and doctors of potentially harmful medication interactions
- Notify your pharmacist and doctor of duplication in treatments

N = **Notification.** There are a few medications that your doctor must notify us of to make sure their use is covered within your benefit.
P = **Progression Rx.**
QD = **Quantity Duration.** Some medications have a limited amount that can be covered for a specific period of time.
QLL = **Quantity Level Limit.** Some medications have a limited amount that can be covered at one time.
DS = **Diabetic Supplies.** Diabetic supplies may be covered by your benefit plan.
1/2T = **Eligible for Half Tablet Program.**
Excluded = Exclude coverage of medications that are classified by the Pharmacy and Therapeutics Committee as therapeutically equivalent to over-the-counter and prescription medications.
Prior Authorization (or Precertification) = Some medications require prior authorization by the plan to determine that they are medically necessary and are being prescribed according to treatment guidelines consistent with good professional practice. In this case, your doctor must contact your medical plan to provide information on the medical reasons for prescribing the medication. If clinical criteria are met, an authorization will be issued for the medication.

What should I do if I use a self-administered injectable medication?

You may have coverage for self-administered injectable medications through your pharmacy benefit plan. UnitedHealthcare has developed a specialty pharmacy network for these medications. Please call the toll-free Specialty Pharmacy Referral Line at 1-866-429-8177 where a representative will answer questions about our program and then transfer you to a specialty pharmacy based on your particular specialty medication prescription.

How do I access updated information about my pharmacy benefit?

Since the PDL may change periodically, we encourage you to visit **www.myuhc.com** or call the Customer Care number on your ID card for more current information.

Log on to myuhc.com for the following pharmacy resources and tools:

- Pharmacy benefit and coverage information
- Set up e-mail reminders for refills
- Specific copayment amounts for prescription medications
- Refill prescriptions
- Possible lower-cost medication alternatives
- Check the status of your order

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