



Your 2015 Prescription Drug List

effective January 1, 2015

Student Resources Traditional Three-Tier

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

For additional information:



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



Visiting **www.uhcsr.com** and clicking on the “Login To My Account” link provides you access to:

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



Your Prescription Drug List

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

Go to www.uhcsr.com for complete drug information

Since the PDL may change, we encourage you to visit our website, www.uhcsr.com and click on “Login To My Account” link. This website is the best source for up-to-date information about the medications your pharmacy benefit covers, possible lower-cost options, and cost comparisons.

The screenshot displays the UnitedHealthcare StudentResources website. The header includes the UnitedHealthcare logo and the text "StudentResources". A search bar with the text "SEARCH" and a "GO" button is located in the top right. Below the header, a navigation bar contains four tabs: "Student Health Insurance & Plans" (selected), "Self Service & Support", and "Request Information". On the left, a sidebar lists various services: "Collegiate Assistance Program", "Dental", "Intercollegiate Sports", "Prep Schools", "Prescription Drug Plan" (highlighted), "Global Emergency Services", "Health Insurance After College", "Student Health", "UnitedHealth Allies", and "Vision". The main content area is titled "Prescription Drug Plan" in red. It contains the following text: "UnitedHealthcare StudentResources Prescription Drug Programs", "Schools today are faced with many decisions about their students' health care plan - including how to balance student benefits and health and well-being needs while keeping the health care plan affordable.", "UnitedHealthcare StudentResources' insured's may have access to a comprehensive and quality pharmacy benefit.", "Simply log into [My Account](#) to access your Pharmacy Benefit Program information, including:", and a bulleted list of services: "Prescription refills/renewals", "New prescription requests", "Retail and mail-order prescription history", "Over-the-counter product offering", "Preferred Drug List (PDL)", "Pharmacy directory", "Health and well-being information", and "E-mail reminders". Below this list, it states: "To request reimbursement for a pharmacy (OptumRx) claim, simply submit the [Prescription Reimbursement Request Form](#) along with your original pharmacy receipt(s).", and "These files are in PDF format. To read and print a PDF file you must have Adobe Acrobat Reader Software 4.0 installed on your computer. You can download the Adobe Acrobat Reader [here](#)." At the bottom, a footer contains links: "Mobile | About Us | Contact Us | Feedback | Privacy Policy | Terms Of Use | Site Map".

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We want to help you better understand your medication options.

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

What is a Prescription Drug List (PDL)?

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

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

How do I use my Prescription Drug List?

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

If your medication is not listed in this document, please visit **www.uhcsr.com** and click on “Login To My Account” link or call the toll-free member phone number on your health plan ID card.

What are tiers?

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

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

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

Please note: Some plans may have two or four tiers, while others may not have any. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible. Refer to your enrollment and plan materials on www.uhcsr.com and click on “Login To My Account” link, or call the toll-free number on your health plan ID card for more information about your benefit plan.

When does the Prescription Drug List change?

- Medications may move to a lower tier at any time.
- Medications can be up-tiered off cycle when the therapeutically equivalent medication is placed in an equal or lower tier than up-tiered medication.
- Medications may move to a higher tier on January 1.
- Medications may be excluded from coverage on January 1 or July 1.

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

For the most up-to-date list, call customer service at the number on your ID card.

Programs and Limits

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

DSP	Designated Specialty Program – Specialty medications need to be filled at a designated specialty pharmacy for network coverage. Call the number on your ID card or call 1-888-739-5820 for more information.
E	May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). Lower-cost options are available and covered.
N	Notification or Prior Authorization required* – Your doctor is required to provide additional information to us to determine coverage.
SL	Supply Limit – Amount of medication covered per copayment or in a specific time period.

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

To learn more about a pharmacy program or to find out if it applies to you, please visit www.uhcsr.com and click on “Login To My Account” link or call the toll-free member phone number on your health plan ID card.

Why are some medications excluded from coverage?

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

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

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

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

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

Is it a generic or brand name drug?

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

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. Visit www.uhcsr.com and click on “Login To My Account” link to make sure.

Are you taking a specialty medication?

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

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

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **www.uhcsr.com** and click on “Login To My Account” link or call the toll-free member phone number on your health plan ID card for more current information.

For more information



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



Or, visit **www.uhcsr.com** and click on “Login To My Account” link.

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Adoxa Capsule	3	E
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Augmentin XR	3	E
Azithromycin Tablet	1	
Cefdinir Capsule	1	
Cefuroxime Tablet	1	
Centany AT	3	E
Cephalexin Capsule	1	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Difacid	3	SL
Doryx	3	E
Doxycycline Hyclate Capsule, Tablet	1	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Doxycycline Monohydrate 75 mg Capsule	1	E
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule, Tablet	1	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Oracea	3	

Drug Name	Drug Tier	Requirements & Limits
Penicillin V Potassium Tablet	1	
Solodyn	3	
Sulfamethoxazole-Trimethoprim Tablet	1	
Anti-Infectives: Antifungals		
Ertaczo	3	E
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Luzu	3	E, SL
Naftin 1%, 2% Cream, Gel	3	E, SL
Nystatin Cream, Ointment	1	
Onmel	3	E, SL
Oxistat Cream	3	SL
Oxistat Lotion	3	E
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	1	SL
Acyclovir Tablet	1	
Baraclude	2	DSP
Denavir Cream	3	E
Olysio	2	DSP, N, SL
Ribapak	1	DSP, E
Ribavirin Tablet	1	DSP
Tamiflu	3	SL
Valacyclovir Tablet	1	SL
Zovirax Cream	3	E, SL

Bold type = Brand name drug

[Plain type = Generic drug]

DSP = Designated Specialty Program

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Drug Name	Drug Tier	Requirements & Limits
Cancer		
Bosulif	2	DSP, N, SL
Capecitabine Tablet	1	DSP, SL
Gleevec	2	DSP, N, SL
Hydroxyurea Capsule	1	
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Sutent	2	DSP, N, SL
Tasigna	2	DSP, N, SL
Xeloda	2	DSP, SL
Zytiga	2	DSP, N, SL
Cardiovascular/Heart Disease: Coagulation Therapy		
Clopidogrel	1	
Coumadin	2	
Effient	3	SL
Eliquis	3	SL
Enoxaparin Sodium	1	SL
Pradaxa	2	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine Besylate-Benazepril	1	SL
Amlodipine/Telmisartan	1	E, SL
Amturnide	3	E, SL
Atenolol	1	
Atenolol-Chlorthalidone	1	
Azor	3	E, SL
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Benicar	2	SL
Benicar HCT	2	SL
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	

Drug Name	Drug Tier	Requirements & Limits
Cartia XT	1	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Coreg CR	3	E, SL
Diltiazem 24 Hour CD	1	
Diltiazem Sustained-Release Capsule	1	
Diltiazem Sustained-Release Tablet	1	
Diovan	1	SL
Doxazosin	1	
Dutoprol	2	SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Enalapril-Hydrochlorothiazide	1	
Epaned	3	
Exforge	3	E, SL
Exforge HCT	3	E, SL
Felodipine	1	
Fosinopril Sodium	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Indapamide	1	
Irbesartan	1	SL
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate 50, 100, 200 mg	1	
Metoprolol Tartrate	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Propranolol Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Tekamlo	3	E, SL
Telmisartan	1	SL
Telmisartan-Hydrochlorothiazide	1	SL
Terazosin	1	
Torsemide	1	
Triamterene-Hydrochlorothiazide	1	
Tribenzor	3	E, SL
Twynsta	3	E, SL
Valsartan	1	SL
Valsartan-Hydrochlorothiazide	1	SL
Verapamil	1	
Verapamil Sustained-Release	1	
Cardiovascular/Heart Disease: High Cholesterol		
Altoprev	3	E, SL
Antara	3	E
Atorvastatin	1	SL
Caduet	3	E, SL
Choline Fenofibrate	1	E
Crestor	2	SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	1	E
Fenofibrate 48, 145 mg Tablet	1	E
Fenofibrate 54, 160 mg Tablet	1	
Fenofibric Acid 35, 105 mg	1	E

Drug Name	Drug Tier	Requirements & Limits
Fenoglide	3	E
Gemfibrozil	1	
Lipofen	3	E
Liptruzet	3	E, SL
Livalo	3	SL
Lovastatin	1	
Niacin Extended-Release Tablet	1	
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	
Pravastatin	1	
Simcor	3	SL
Simvastatin	1	
Tricor 48, 145 mg	3	E
Triglide	3	E
Trilipix	3	E
Vascepa	3	
Vytorin	3	SL
Welchol	2	
Zetia	3	SL
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Digoxin	1	
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	2	
Nitroglycerin Sublingual Spray	1	SL
Nitrolingual Pump Spray	3	E, SL
Ranexa	2	
Sotalol	1	

Bold type = Brand name drug

[Plain type = Generic drug]

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	SL
Amphetamine Salt Combo	1	
Clonidine Extended-Release Tablet	1	E
Concerta	1	SL
Daytrana	3	E, SL
Dexmethylphenidate Extended-Release Capsule	1	E, SL
Dexmethylphenidate Tablet	1	
Dextroamphetamine Sulfate Tablet	1	
Dextroamphetamine-Amphetamine Extended-Release	3	E, SL
Dextroamphetamine-Amphetamine Tablet	1	
Focalin XR	3	E, SL
Intuniv	3	E, SL
Kapvay	3	E
Metadate CD	1	SL
Methylphenidate	1	
Methylphenidate Extended-Release Capsule	3	E, SL
Methylphenidate Extended-Release Tablet	3	E, SL
Quillivant XR	3	E, SL
Ritalin LA	3	E, SL
Strattera	3	SL
Vyvanse	2	SL
Zenzedi	3	E

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Aplenzin	3	E, SL
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Desvenlafaxine	3	E, SL
Doxepin	1	
Duloxetine Capsule	1	SL
Escitalopram Tablet	1	
Fluoxetine Tablet, Capsule	1	
Fluvoxamine Tablet	1	
Forfivo XL	3	E, SL
Imipramine Tablet	1	
Khedeza	3	E, SL
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Oleptro	3	E, SL
Paroxetine Tablet	1	
Pexeva	3	E, SL
Pristiq ER	3	SL
Sertraline Tablet	1	
Trazodone Tablet	1	
Venlafaxine Extended-Release Capsule	1	SL
Venlafaxine Extended-Release Tablet	1	E, SL
Venlafaxine Tablet	1	
Viibryd	3	SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Migraine		
Acetaminophen/ Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Acetaminophen/ Butalbital/Caffeine/ Codeine 325 mg/ 50 mg/40 mg/30 mg	1	SL
Alsuma	3	E, SL
Cambia	3	E, SL
Relpax	2	SL
Rizatriptan Orally Disintegrating Tablet	1	SL
Rizatriptan Tablet	1	SL
Sumatriptan Nasal Spray	1	SL
Sumatriptan Succinate Tablet, Injection	1	SL
Sumavel DosePro	3	SL
Treximet	3	E, SL
Central Nervous System: Multiple Sclerosis		
Ampyra	2	DSP, N, SL
Aubagio	3	DSP, N, SL
Avonex	2	DSP, N, SL
Betaseron	2	DSP, N, SL
Copaxone	2	DSP, N, SL
Extavia	3	DSP, E, N, SL
Gilenya	3	DSP, N, SL
Rebif	3	DSP, N, SL
Tecfidera	2	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Other		
Abilify	3	SL
Alprazolam Extended- Release Tablet	1	
Alprazolam Tablet	1	
Aricept 23 mg	3	E
Buprenorphine/ Naloxone Tablet	1	E, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Mirapex ER	3	E
Modafinil Tablet	1	E, SL
Namenda XR	3	
Nuvigil	3	SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Provigil	3	E, SL
Quetiapine Tablet	1	SL
Requip XL	3	E
Risperidone Tablet	1	
Ropinirole Tablet	1	
Seroquel XR	3	SL
Suboxone Film	3	E, SL
Tasmar	2	
Xyrem	3	N, SL
Zelapar	3	
Ziprasidone Capsule	1	SL
Zubsolv	1	SL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Sedatives/Hypnotics		
Ambien CR	3	E, SL
Edluar	3	E, SL
Eszopiclone Tablet	1	SL
Intermezzo	3	E, SL
Silenor	3	E, SL
Temazepam Capsule	1	
Zaleplon Capsule	1	SL
Zolpidem Extended-Release Tablet	1	E, SL
Zolpidem Tablet	1	SL
Zolpimist	3	SL
Central Nervous System: Seizure Disorders		
Carbamazepine Tablet	1	
Clonazepam Tablet	1	
Depakote	3	
Depakote ER	3	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Keppra	3	
Keppra XR	3	
Lamictal	3	
Lamictal XR	3	
Lamotrigine Tablet	1	
Levetiracetam Extended-Release Tablet	1	
Levetiracetam Tablet	1	
Lyrica	3	SL
Neurontin	3	
Oxcarbazepine Tablet	1	
Oxtellar XR	3	E
Phenytoin Capsule, Suspension	1	
Topamax	3	
Topiramate Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Trileptal	3	
Trokendi XR	3	E
Zonegran	3	
Zonisamide Capsule	1	
Dermatology		
Absorica	3	E
Acanya	3	E, SL
Aczone	3	SL
Adapalene 0.1% Cream, Gel	1	N, SL
Atralin	3	E, N, SL
Azelex	3	SL
Benzaclin	3	E, SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Betamethasone Valerate 0.12% Foam	1	E, SL
Betamethasone/Calcipotriene Ointment	1	SL
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	
Clindagel	3	E, SL
Clindamycin 1%/Benzoyl Peroxide 5% Gel	1	E, SL
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	1	SL
Clindamycin Gel	1	SL
Clindamycin Lotion, Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment, Solution	1	
Clobetasol Propionate Foam, Lotion, Shampoo	1	E
Clocortolone Cream	1	SL

Drug Name	Drug Tier	Requirements & Limits
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Condylox Gel	3	
Desonide 0.05% Cream, Lotion, Ointment	1	SL
Desoximetasone Cream, Gel, Ointment	1	SL
Differin	3	N, SL
Difforlason Diacetate 0.05% Cream, Ointment	1	SL
Epiduo	3	SL
Fabior	3	E, SL
Finacea	3	
Fluocinonide 0.05% Cream	1	
Fluocinonide 0.1% Cream	1	E, SL
Fluocinolone Cream, Oil, Ointment, Solution	1	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Hydrocortisone Butyrate Cream	1	E, SL
Keralyt Scalp Kit	3	E
Locoid Lipocream	3	E, SL
Locoid Lotion	3	E, SL
Luxiq	3	E, SL
Metrogel 1%	3	E
Metronidazole Gel 0.75%	1	
Metronidazole Gel 1%	1	E
Mirvaso	3	SL

Drug Name	Drug Tier	Requirements & Limits
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
Noritate	3	E
Nystatin-Triamcinolone Acetonide Cream, Ointment	1	E
Olux, Olux-E	3	E, SL
Oxsoralen-UI	2	
Picato	3	SL
Protopic	2	SL
Retin-A Micro	3	E, N, SL
Sodium Sulfacetamide-Sulfur	1	
Sorilux	3	E, SL
Topicort Spray	3	E, SL
Tretin-X	3	E, N, SL
Tretinoin	1	N
Tretinoin Microspheres	1	E, N, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Urea 40%	1	
Vanos	3	E, SL
Vectical	3	SL
Veltin	3	E, SL
Verdeso	3	E, SL
Virasal	3	E
Vusion	3	E
Xerese	3	E
Ziana	3	E, SL
Zyclara	3	E, SL

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[Plain type = Generic drug]

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Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Accu-Chek Active Test Strips	1	SL
Accu-Chek Aviva Plus	1	
Accu-Chek Aviva Plus Test Strips	1	SL
Accu-Chek Comfort Curve Test Strips	1	SL
Accu-Chek Compact Test Strips	1	SL
Accu-Chek Nano SmartView	1	
Accu-Chek Nano SmartView Test Strips	1	SL
Contour Test Strips	3	SL
Freestyle Test Strips	3	SL
One Touch Test Strips	1	SL
One Touch Ultra Mini	1	
One Touch Ultra Test Strips	1	SL
One Touch Verio IQ	1	
One Touch Verio IQ Test Strips	1	SL
One Touch Verio Sync	1	
Diabetes: Insulin		
Humalog KwikPen	2	
Humalog Mix 75-25 KwikPen	2	
Humalog Vials	1	
Humulin 70-30 Vials	1	
Humulin KwikPen	2	
Humulin N KwikPen	2	
Humulin N Vials	1	
Humulin R Vials	1	
Lantus Solostar	3	

Drug Name	Drug Tier	Requirements & Limits
Lantus Vials	3	
Levemir Flexpen	1	
Levemir Vials	1	
Novolog	3	
Novolog Flexpen	3	
Diabetes: Non-Insulin		
Bydureon	3	SL
Byetta	2	SL
Farxiga	3	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glumetza	3	
Glyburide	1	
Glyburide-Metformin	1	
Invokamet	2	SL
Invokana	2	SL
Janumet	3	SL
Januvia	3	SL
Jentadueto	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Osmotic Tablet	1	
Metformin Extended-Release Tablet	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Pioglitazone-Metformin	1	SL
Prandimet	3	
Prandin	3	SL
Repaglinide	1	SL
Tanzeum	2	SL
Tradjenta	2	SL
Victoza	3	SL

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Growth Hormone		
Genotropin	3	DSP, E, N, SL
Humatrope	3	DSP, E, N, SL
Norditropin	3	DSP, E, N, SL
Nutropin AQ NuSpin	2	DSP, N, SL
Omnitrope	3	DSP, E, N, SL
Saizen	2	DSP, N, SL
Tev-Tropin	2	DSP, N, SL
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prednisolone Solution, Syrup	1	
Prednisone Tablet	1	
Rayos	3	E
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Levoxyl	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Tirosint	2	

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	SL
Bepreve	3	E, SL
Elestat	3	E, SL
Emadine	3	E
Lastacraft	3	SL
Pataday	3	E, SL
Patanol	3	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobradex ST	3	E, SL
Tobramycin/ Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Cosopt PF	3	E, SL
Dorzolamide-Timolol 2%-0.5% Ophthalmic Solution	1	
Latanoprost 0.005% Ophthalmic Solution	1	

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Drug Name	Drug Tier	Requirements & Limits
Lumigan	2	SL
Simbrinza	3	E, SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Eye Conditions: Other		
Acuvail	3	E, SL
Bromday	3	E, SL
Ilevro	3	E
Lotemax Gel	3	E, SL
Lotemax Solution	3	SL
Prolensa	3	E, SL
Gastrointestinal: Acid Suppression		
Aciphex Sprinkle	3	E, SL
Dexilant	3	SL
Lansoprazole Capsule	1	E, SL
Helidac	3	E, SL
Nexium Capsule	3	E, SL
Nexium Suspension Packet	3	SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Prevacid Solutab	3	SL
Prevpac	3	E, SL
Prilosec Suspension	3	E, SL
Protonix Suspension	3	E, SL
Pylera	3	SL
Rabeprazole Tablet	1	SL
Sucralfate Tablet	1	
Zegerid Capsule	3	E, SL
Gastrointestinal: Nausea/Vomiting		
Ondansetron	1	
Ondansetron ODT	1	
Sancuso	3	E, SL
Zuplenz	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	3	SL
Apriso	2	SL
Asacol HD Tablet	3	E, SL
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	E, SL
Giazo	3	E
Golytely	2	
Halflytely	3	
Hyoscyamine Tablet	1	
Lialda	2	SL
Linzess	2	SL
Metoclopramide Tablet	1	
Metozolv ODT	3	E
Moviprep	3	
Pentasa	3	E, SL
Pertzye	3	
Polyethylene Glycol 3350	1	
Prepopik	3	
Procort	3	E
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris	3	
Ultresa	3	
Ursodiol Capsule, Tablet	1	
Viokace	3	
Zenpep	2	

Drug Name	Drug Tier	Requirements & Limits
HIV/AIDS		
Atripla	2	DSP
Complera	2	DSP
Epzicom	2	DSP
Intelence	2	DSP
Isentress	2	DSP
Kaletra	2	DSP
Norvir	2	DSP
Prezista	2	DSP
Reyataz	2	DSP
Stribild	3	DSP, N
Sustiva	2	DSP
Truvada	2	DSP, N
Viread	2	DSP
Infertility*		
Cetrotide	2	DSP
Gonal-F	2	DSP
Gonal-F RFF	2	DSP
Ovidrel	3	DSP
*Coverage is determined by the consumer's prescription drug benefit plan.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	DSP, N, SL
Cimzia	2	DSP, N, SL
Enbrel	3	DSP, N, SL
Humira	2	DSP, N, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate	1	
Orencia	3	DSP, N, SL

Drug Name	Drug Tier	Requirements & Limits
Otezla	3	DSP, N, SL
Simponi	2	DSP, N, SL
Stelara	2	DSP, N, SL
Xeljanz	3	DSP, N, SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Avodart	3	
Doxazosin Tablet	1	
Finasteride Tablet	1	
Jalyn	3	E
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	SL
Androgel	3	E, SL
Android	2	
Axiron	3	E, SL
Depo-Testosterone	3	
Fortesta	3	E, SL
Testim	2	SL
Testosterone Cypionate Injection	1	
Testosterone Enanthate Injection	1	
Testosterone Topical Gel	1	E, SL
Testred	2	

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Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole Tablet	1	
Antipyrine/Benzocaine Otic Solution	1	
Aranesp	2	DSP, SL
Auvi-Q	3	E, SL
Benzonatate Capsule	1	
Bethkis	1	DSP, N, SL
Brisdelle	3	E, SL
Bromfed DM	3	
Chlorhexidine Gluconate	1	
Chlorpheniramine/ Hydrocodone/ Pseudoephedrine Solution	1	SL
Ciprodex	2	
Epipen	2	SL
Epipen-Jr	2	SL
Exemestane Tablet	1	
Fosrenol	2	
Hydrocodone/ Chlorpheniramine Suspension	1	SL
Hydrocodone/ Homatropine	1	
Letrozole	1	
Lidocaine Transdermal Patch	1	SL
Nuedexta	2	
Pegasys	2	DSP, N, SL
Procrit	2	DSP, SL
Promethazine/Codeine	1	
Promethazine/ Dextromethorphan	1	
Pulmozyme	2	DSP, N, SL
Rectiv	3	SL
Restasis	3	SL

Drug Name	Drug Tier	Requirements & Limits
Rezira	3	
Sevelamer Carbonate	1	
Soltamox	3	E
Tamoxifen	1	
Tobi	3	DSP, E, N, SL
Tobi Podhaler	3	DSP, N, SL
Tobramycin Nebulized Solution	1	DSP, E, N, SL
Zonatuss	3	E
Musculoskeletal: Osteoporosis		
Actonel	3	SL
Alendronate Sodium Tablet	1	SL
Atelvia	3	E, SL
Binosto	3	E, SL
Forteo	2	DSP, N
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate 150 mg Tablet	1	SL
Musculoskeletal: Other		
Allopurinol Tablet	1	
Amrix	3	E
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Colcrys	2	
Cyclobenzaprine	1	
Gralise	3	E, SL
Horizant	3	E, SL
Lorzone	3	E, SL
Methocarbamol Tablet	1	
Soma 250	3	E
Tizanidine Tablet	1	
Uloric	3	SL

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Pain Relief		
Abstral	3	E, SL
Acetaminophen/ Codeine Tablet	1	SL
Celebrex	3	SL
Conzip	3	E, SL
Diclofenac 1.5% Topical Solution	1	E
Diclofenac Sodium Tablet	1	
Duexis	3	E, SL
Etodolac Capsule	1	
Exalgo	3	SL
Fentanyl Patches	1	SL
Fentora	3	E, SL
Flector	3	E
Hydrocodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Extended-Release Tablet	1	SL
Hydromorphone Tablet	1	
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Kadian	3	E, SL
Ketorolac Tablet	1	
Lazanda	3	SL
Meloxicam Tablet	1	
Methadone Tablet	1	
Morphine Sulfate Extended-Release 30, 45, 60, 75, 90, 120 mg Capsule	1	SL

Drug Name	Drug Tier	Requirements & Limits
Morphine Sulfate Extended-Release Capsule	1	E, SL
Morphine Sulfate Extended-Release Tablet	1	SL
Nabumetone Tablet	1	
Naprelan	3	E
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	SL
Onsolis	3	SL
Opana ER	2	SL
Oxycodone Tablet	1	
Oxycodone/ Acetaminophen 5/325 mg, 7.5/325 mg, 10/325 mg Tablet	1	SL
Oxycontin	2	SL
Oxymorphone Extended-Release Tablet	1	SL
Rybix ODT	3	E, SL
Sprix	3	
Subsys	3	SL
Tramadol Extended- Release Tablet	1	E, SL
Tramadol Sustained- Release Tablet	1	SL
Tramadol Tablet	1	
Vicodin 5/300 mg, 7.5/300 mg, 10/300 mg Tablet	1	E, SL
Vimovo	3	E, SL
Voltaren Gel	2	
Zipsor	3	E
Zohydro ER	3	SL
Zolvit	3	E, SL
Zorvolex	3	E

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Drug Name	Drug Tier	Requirements & Limits
Overactive Bladder		
Detrol	3	E
Detrol LA	3	E
Dicyclomine Tablet	1	
Enablex	3	E
Gelnique	3	E
Myrbetriq	3	E
Oxybutynin Extended-Release Tablet	1	
Oxybutynin Tablet	1	
Oxytrol	3	E
Sanctura	3	E
Sanctura XR	3	E
Tolterodine Extended-Release Tablet	1	E
Tolterodine Tablet	1	E
Toviaz	3	
Trospium Extended-Release Capsule	1	E
Trospium Tablet	1	E
Vesicare	3	E
Respiratory: Allergies		
Astepro	3	E, SL
Azelastine 0.1% Nasal Spray	1	SL
Azelastine 0.15% Nasal Spray	1	E, SL
Beconase AQ	3	E, SL
Budesonide Nasal Spray	1	E, SL
Clarinet	3	E, SL
Clarinet-D	3	E, SL
Cyproheptadine Tablet	1	
Desloratadine Orally Disintegrating Tablet, Tablet	1	E, SL
Dymista	3	E, SL
Flunisolide Nasal Spray	1	
Fluticasone Nasal Spray	1	SL

Drug Name	Drug Tier	Requirements & Limits
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	SL
Nasacort AQ	3	E, SL
Nasonex	3	E, SL
Omnaris	3	E, SL
Promethazine Tablet	1	
Qnasl	3	E, SL
Triamcinolone Nasal Spray	1	E, SL
Veramyst	3	E, SL
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	SL
Aerospan	3	SL
Albuterol Sulfate Tablet	1	
Alvesco	1	SL
Asmanex	1	SL
Breo Ellipta	3	SL
Budesonide Nebs	1	SL
Combivent Respimat	3	SL
Dulera	3	SL
Flovent Diskus/HFA	3	SL
Foradil	2	SL
Ipratropium Nebs	1	
Levalbuterol Nebs	1	E, SL
Montelukast	1	SL
Perforomist	3	SL
Proair HFA	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SL
QVAR	1	SL
Spiriva	2	SL
Symbicort	3	E, SL
Tudorza	2	SL
Ventolin HFA	1	SL
Xopenex HFA	3	SL
Xopenex Nebs	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Respiratory:		
Pulmonary Arterial Hypertension		
Adcirca	3	DSP, N, SL
Letairis	2	DSP, N, SL
Revatio	3	DSP, E, N, SL
Sildenafil Tablet	1	DSP, N, SL
Tracleer	2	DSP, N, SL
Tyvaso	2	DSP, N
Transplant		
Astagraf XL	3	DSP, E
Azathioprine Tablet	1	
Cellcept	3	DSP
Cyclosporine Modified Capsule	1	DSP
Mycophenolate Capsule	1	DSP
Mycophenolic Acid Tablet	1	DSP
Myfortic	3	DSP
Neoral	3	DSP
Prograf	3	DSP
Rapamune	3	DSP
Sirolimus Tablet	1	DSP
Tacrolimus Capsule	1	DSP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Contraceptives		
Altavera	1	
Amethia	1	
Apri	1	
Aviane	1	
Azurette	1	
Beyaz	3	E
Camrese	1	
Cryselle	1	
Cyclafem	1	
Emoquette	1	
Enpresse	1	
Generess Fe	3	E
Gianvi	1	
Gildess Fe	1	
Jolessa	1	
Jolivette	1	
Junel	1	
Junel Fe	1	
Kariva	1	
Levora-28	1	
Lo Loestrin Fe	3	
Lo Minastrin 24 FE	3	E
Loryna	1	
Low-Ogestrel	1	
Lutera	1	
Microgestin	1	
Microgestin FE	1	
Minastrin 24 FE	3	E
Mononessa	1	
Natazia	1	

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Drug Name	Drug Tier	Requirements & Limits
Necon 0.5/35, 1/35, 1/50, 10/11	1	
Norgestimate-Ethinyl Estradiol	1	
Nortrel 0.5/35	1	
Nuvaring	2	
Orsythia	1	
Ortho Micronor	3	
Ortho Tri-Cyclen	3	
Ortho Tri-Cyclen Lo	3	
Ortho-Cyclen	3	
Ortho-Novum	3	
Portia	1	
Previfem	1	
Quartette	3	E
Quasense	1	
Reclipsen	1	
Safyral	3	E
Sprintec	1	
Syeda	1	
Tri-Previfem	1	
Tri-Sprintec	1	
Trinessa	1	
Trivora-28	1	
Viorele	1	
Xulane	1	
Yasmin 28	3	
Yaz	3	
Zovia 1-35E	1	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Cenestin	3	E
Climara	2	SL
Climara Pro	3	SL
Divigel	2	
Enjuvia	3	
Estrace Cream	3	
Estradiol Tablet	1	
Estradiol/Norethindrone Acetate Tablet	1	
Estring	2	SL
Estrogen/Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Prempro	3	
Progesterone Micronized Capsule	1	
Vagifem	2	
Vivelle-Dot	2	SL
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	
Prenatal Plus	1	

Common Brand medications excluded from coverage under many benefit plans	Lower-cost option(s)
Aciphex	Omeprazole (generic Prilosec), Pantoprazole (generic Protonix), Rabeprazole (generic Aciphex), Dexilant
Actiq	Fentanyl Lozenge (generic Actiq)
Actos	Pioglitazone (generic Actos)
Adderall	Amphetamine/Dextroamphetamine Immediate-Release (generic Adderall)
Adoxa Tablet	Doxycycline Hyclate (generic Vibra-Tab), Doxycycline Monohydrate Tablet (generic Adoxa Tablet)
Ambien	Zolpidem (generic Ambien)
Arimidex	Anastrozole (generic Arimidex)
Astelin	Azelastine Nasal Spray (generic Astelin)
Ativan	Lorazepam (generic Ativan)
Avelox Tablet	Moxifloxacin Tablet (generic Avelox)
Avinza	Morphine Sulfate Extended-Release Tablet (generic MS Contin), Morphine Sulfate Extended-Release Capsule (generic Avinza)
Celexa	Citalopram (generic Celexa)
Cipro Suspension	Ciprofloxacin Oral Suspension (generic Cipro Suspension)
Cloderm Cream	Clocortolone 0.1% Cream (generic Cloderm), Mometasone Furoate Cream 0.1 % (generic Elocon)
Cymbalta	Duloxetine (generic Cymbalta)
Diovan HCT	Valsartan/Hydrochlorothiazide (generic Diovan HCT)
Duac	Clindamycin Solution (generic Cleocin T) plus OTC Benzoyl Peroxide, Clindamycin 1.2%/Benzoyl Peroxide 5% (generic Duac)
Duragesic	Fentanyl Transdermal Patch (generic Duragesic)
Effexor XR	Venlafaxine Extended-Release Capsule (generic Effexor XR)
Entocort EC	Budesonide (generic Entocort EC)
Evista	Raloxifene (generic Evista)
Femara	Letrozole (generic Femara)
Fioricet with Codeine 50 mg/325 mg/40 mg/30 mg	Butalbital/Acetaminophen/Caffeine/Codeine Phosphate 50 mg/325 mg/40 mg/30 mg (generic Fioricet with Codeine)
Flomax	Tamsulosin (generic Flomax)
Geodon	Ziprasidone (generic Geodon)
Imitrex Injection & Tablets	Sumatriptan Injection, Tablet (generic Imitrex)
Lexapro	Escitalopram (generic Lexapro)
Lidoderm	Lidocaine Transdermal Patch (generic Lidoderm)
Lipitor	Atorvastatin (generic Lipitor)
Lofibra 54, 160 mg	Fenofibrate 54, 160 mg (generic Lofibra)
Lovaza	Omega-3-Acid Ethyl Esters (generic Lovaza)
Lunesta	Eszopiclone (generic Lunesta), Zaleplon (generic Sonata), Zolpidem (generic Ambien)

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Common Brand medications excluded from coverage under many benefit plans	Lower-cost option(s)
Maxalt	Rizatriptan (generic Maxalt)
Maxalt-MLT	Rizatriptan (generic Maxalt), Rizatriptan Orally Disintegrating Tablet (generic Maxalt MLT)
Mepron Suspension	Atovaquone Suspension (generic Mepron)
Micardis	Losartan (generic Cozaar), Telmisartan (generic Micardis)
Micardis HCT	Losartan/Hydrochlorothiazide (generic Hyzaar), Telmisartan/Hydrochlorothiazide (generic Micardis HCT)
Monodox	Doxycycline Hyclate (generic Vibramycin), Doxycycline Monohydrate (generic Monodox)
Natroba	Malathion (generic Ovide), Permethrin (generic Elimite), Spinosad (generic Natroba)
Optivar	Azelastine (generic Optivar), Lastacraft
Ortho Evra	Norelgestromin/Ethinyl Estradiol Topical Patch, Xulane (generic Ortho Evra)
Percocet	Acetaminophen/Oxycodone (generic Percocet)
Plavix	Clopidogrel (generic Plavix)
Prilosec	Omeprazole (generic Prilosec)
Protonix	Pantoprazole (generic Protonix)
Prozac	Fluoxetine (generic Prozac)
Revatio	Sildenafil (generic Revatio)
Risperdal	Risperidone (generic Risperdal)
Seroquel	Quetiapine (generic Seroquel)
Singulair Chewable Tablet	Montelukast Chewable Tablet (generic Singulair)
Singulair Tablet	Montelukast (generic Singulair)
Skelaxin	Metaxalone (generic Skelaxin)
Taclonex Ointment	Betamethasone/Calcipotriene Ointment (generic Taclonex)
Valium	Diazepam (generic Valium)
Valtrex	Valacyclovir (generic Valtrex)
Viramune XR 400 mg	Nevirapine Extended-Release (generic Viramune XR)
Wellbutrin SR	Bupropion Extended-Release (generic Wellbutrin SR)
Wellbutrin XL	Bupropion Extended-Release (generic Wellbutrin XL)
Xanax	Alprazolam (generic Xanax)
Xanax XR	Alprazolam Extended-Release (generic Xanax XR)
Zoloft	Sertraline (generic Zoloft)
Zutripro	Chlorpheniramine/Hydrocodone/Pseudoephedrine (generic Zutripro)
Zyprexa	Olanzapine (generic Zyprexa)
Zyprexa Zydis	Olanzapine (generic Zyprexa), Olanzapine Orally Disintegrating Tablet (generic Zyprexa Zydis)

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“My Medications” worksheet

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

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

For more information



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



Or, visit www.uhcsr.com and click on “Login To My Account” link.

The screenshot shows the UnitedHealthcare StudentResources website. The header includes the UnitedHealthcare logo and the text "StudentResources". A search bar is located in the top right. The main navigation bar has three tabs: "Student Health Insurance & Plans", "Self Service & Support", and "Request Information". The left sidebar lists various services, with "Prescription Drug Plan" highlighted. The main content area is titled "Prescription Drug Plan" and contains the following text:

UnitedHealthcare StudentResources Prescription Drug Programs
Schools today are faced with many decisions about their students' health care plan - including how to balance student benefits and health and well-being needs while keeping the health care plan affordable.

UnitedHealthcare StudentResources' insured's may have access to a comprehensive and quality pharmacy benefit. Simply log into [My Account](#) to access your Pharmacy Benefit Program information, including:

- Prescription refills/renewals
- New prescription requests
- Retail and mail-order prescription history
- Over-the-counter product offering
- Preferred Drug List (PDL)
- Pharmacy directory
- Health and well-being information
- E-mail reminders

To request reimbursement for a pharmacy (OptumRx) claim, simply submit the [Prescription Reimbursement Request Form](#) along with your original pharmacy receipt(s).

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