

Important Pharmacy Information

There is no copay when your Primary Care Provider (PCP) or UnitedHealthcare Community Plan Specialist writes you a covered prescription. **But you can get many over-the-counter (OTC) medicines free when you have a prescription.** You can get the medications listed on the following pages when they are medically necessary and you get a written prescription from your UnitedHealthcare Community Plan doctor and take it to a UnitedHealthcare Community Plan pharmacy.

To get your medicine:

- Take your prescription to a UnitedHealthcare Community Plan pharmacy. To find a pharmacy, call **1-800-903-5253** or go to **UHCommunityPlan.com**.
- For your safety, we urge you to select a single pharmacy from which to get your drugs.
- Get to know the pharmacist and build a relationship.

If the UnitedHealthcare Community Plan pharmacy says they cannot fill your covered prescription or you have to pay more than your copay:

Do **not** leave the pharmacy.

Do **not** pay for it yourself.

Ask the pharmacy why they cannot fill your prescription.

Response	Your Solution
Not Covered	<ul style="list-style-type: none">• Ask them to call OptumRx right away to find out which medicine is covered.• Ask them to call your doctor to see if you can get the covered medicine instead.
Prior Authorization Needed	<ul style="list-style-type: none">• Ask them to call your doctor for a prior authorization.• You can call your doctor and ask that a prior authorization be sent to: UnitedHealthcare Pharmacy Prior Notification Service Fax 1-866-940-7328 Phone 1-800-310-6826
Refill Too Soon	<ul style="list-style-type: none">• Ask what day it can be filled.• Pick your prescription up the day it can be filled.

You can get FDA (Food and Drug Administration)-approved generic (not brand-name) drugs or brand-name drugs (if generic drugs are not available).

UnitedHealthcare Community Plan uses a formulary. A formulary is a list of approved medicines. It helps your doctor when prescribing medicines for you. New drugs are introduced every year. UnitedHealthcare Community Plan will add drugs to its formulary as needed.

Most medicines you take (brand-name and generic drugs) are in our formulary.

UnitedHealthcare Community Plan requires generic drugs to be used when available. If a specific medicine is not listed on the formulary, your doctor or pharmacy may request a prior authorization from:

UnitedHealthcare Pharmacy Prior Notification Service

Fax 1-866-940-7328, Phone 1-800-310-6826

To see a complete, up-to-date list of covered medicines, go to: UHCommunityPlan.com.

Over-the-Counter (OTC) Medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. A network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription at no cost to you. OTC medications include:

- Pain relievers.
- Cough medicine.
- First-aid cream.
- Cold medicine.
- Contraceptives.

For a complete list of covered OTC medicines, go to myuhc.com/CommunityPlan. Or call Member Services at **1-800-903-5253, TTY 711**.

Category/Generic Name/ Dosage Form	Brand-Name Examples	Category/Generic Name/ Dosage Form	Brand-Name Examples
ACNE THERAPY		ANTIFUNGALS (continued)	
BENZOYL PEROXIDE Gel; wash		Vaginal Antifungal	
<hr/>		MICONAZOLE 7 CREAM; Cream	Monistat 7
ANTIFUNGALS		MICONAZOLE 100 MG VAG SUPP; Suppository	
Vaginal Antifungal	Gyna-Lotrimin	MICONAZOLE NITRATE 2% CREAM; Cream	
CLOTRIMAZOLE 1% CREAM; Cream		<hr/>	
CLOTRIMAZOLE 3 2% CREAM; Cream		Athletes Foot	
CLOTRIMAZOLE 7 CREAM; Cream		MICONAZOLE; Cream, sol	Lotrimin AF
MICONAZOLE 3 KIT; Cream	Monistat 3	TOLNAFTATE 1% SPRAY POWDER; Spray	Tinactin
MICONAZOLE 3 COMBO PACK; Cream		<hr/>	

Category/Generic Name/ Dosage Form	Brand-Name Examples	Category/Generic Name/ Dosage Form	Brand-Name Examples
ALLERGY <i>Allergy/Antihistamines</i> CHLORPHENIRAMINE; Tablet DIPHENHYDRAMINE 25 MG CAPSULE; Tablet, capsule, syrup CETIRIZINE HCL 5 MG TABLET; Tablet CETIRIZINE HCL TAB 10 MG CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5 ML) LORATADINE 10 MG TABLET; Tablet, syrup	Chlortrimeton Benadryl Zyrtec Claritin, Alavert	DERMATOLOGICAL <i>Dermatological – Antibacterial Mixtures</i> TRIPLE ANTIBIOTIC OINTMENT; Ointment <hr/> <i>Dermatological – Antibacterial Polymyxins and Derivatives</i> BACITRACIN 500 UNIT/ GM OINTMENT; Ointment <hr/> <i>Dermatological – Antiviral, Herpes</i> ABREVA 10% CREAM; Cream <hr/> <i>Dermatological – Glucocorticoid</i> HYDROCORTISONE 0.5% CREAM; Cream <hr/> <i>Dermatological Irritants – Counter-Irritant Single Agents</i> CAPSAICIN 0.025% CREAM; Cream <hr/> <i>Dermatological – Topical Local Anesthetic Amides</i> LIDOCAINE 4% CREAM; Cream	
COLD <i>Decongestants</i> PSEUDOEPHEDRINE; Tablet, syrup			
RESPIRATORY THERAPY AGENTS <i>Nasal Corticosteroids</i> FLONASE ALLERGY RLF 50 MCG SPR; Spray NASACORT ALLERGY 24HR SPRAY; Spray <i>Nasal Mast Cell Stabilizers</i> NASALCROM 5.2 MG NASAL SPRAY; Spray CROMOLYN SODIUM NASAL SOLUTION; Spray	Nasacort	GASTROINTESTINAL THERAPY AGENTS <i>Antacid – Alginate Combinations</i> ANTACID TABLET ASST'D <hr/> <i>Antacid – Bicarbonate</i> SODIUM BICARB TABLET; Tablet	
<i>Nasal Moisturizers</i> SALINE 0.65% NASAL SPRAY; Spray	ALTAMIST, OCEAN, SEA SOFT		

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Antacid – Calcium ANTACID CHEW TAB; Tablet	Tums	Antidiarrheal – Bismuth Agents PINK BISMUTH CAPLET; Caplet, chew tabs, liquid	Pepto-Bismol
Antacid – Simethicone Combinations ANTACID LIQUID; Liquid	Maalox	KAOPECTATE 262 MG/15 ML SUSP; Suspension	
Antacid – Aluminum ALUMINUM HYDROXIDE GEL; Gel		Gastrointestinal Antiflatulents SIMETHICONE; Chew tab, drops	Gas-X
Laxative – Stimulant BISACODYL EC 5 MG TABLET; Tablet BISCOLAX 10 MG SUPPOSITORY; Suppository SENEXON 8.8 MG/5 ML LIQUID; Liquid	Dulcolax	Gastric Acid Secretion Reducers – Histamine H2-Receptor Antagonists CIMETIDINE 200 MG TABLET; Tablet	Tagamet
Laxative – Lubricant MINERAL OIL ENEMA	Fleet	RANITIDINE 75 MG TABLET; Tablet	Zantac
Laxative – Surfactant DOCUSATE CAL 240 MG CAPSULE; Capsule DOK 100 MG TABLET; Tablet	Colace	FAMOTIDINE 10 MG TABLET; Tablet	Pepcid
Laxative – Bulk Forming FIBER LAXATIVE POWDER; Powder	Metamucil	Gastric Acid Secretion Reducing Agents – Proton Pump Inhibitors (PPIs) LANSOPRAZOLE 15 MG; Capsule	Prevacid
Laxative – Stimulant SENNALAXATIVE 8.6 MG TAB; Tablet EX-LAX PILLS; Tablet CORRECTOL 5 MG TABLET; Tablet	Senokot	Step 1: Omeprazole and pantoprazole Step 2: Nexium OTC and lansoprazole NEXIUM 24HR 22.3 MG CAPSULE; Capsule	Nexium
Antidiarrheal – Antiperistaltic Agents HM LOPERAMIDE 2 MG; Softgel, suspension, liquid	Imodium	QL = 60/30 DAYS Step 1 is omeprazole and pantoprazole Step 2 is Nexium OTC and lansoprazole	

Category/Generic Name/ Dosage Form	Brand-Name Examples	Category/Generic Name/ Dosage Form	Brand-Name Examples
RECTAL PREPARATION H HC 1% CREAM; Cream	PREPARATION H HC 1% CREAM	PAIN <i>Analgesic or Antipyretic Non-Narcotic</i> ACETAMINOPHEN; Tablet, capsule, liquid, drops, suppository	Tylenol
LICE <i>Scabicide & Pediculicide Combinations</i> PERMETHRIN 1%; Shampoo, cream rinse	Nix	Salicylate Analgesics ASPIRIN; Tablet, caplet, suppository	Bayer
QL PIPERONYL BUTOXIDE; Shampoo	Rid	Salicylate Analgesics, Buffered TRI-BUFFERED ASPIRIN 325 MG; Tablet	Excedrin
MOTION SICKNESS MECLIZINE 12.5 MG CAPLET; Caplet, tablet, chew	Bonine	NSAID Analgesics (COX Non-Specific) – Propionic Acid Derivatives IBUPROFEN 200 MG; Tablet, softgel, capsule, chewable, suspension, drops	
DIMENHYDRINATE 50 MG TABLET; Tablet	Dramamine		
OPHTHALMIC AGENTS <i>Ophthalmic – Antihistamines</i> KETOTIFEN FUM 0.025% EYE DROPS; Drops	Zyrtec, Zaditor, Alaway	FAMILY PLANNING <i>Contraceptives Intravaginal- Spermicides</i> VCF CONTRACEPTIVE FOAM; Foam GYNOL II 3% GEL; Gel TODAY CONTRACEPTIVE SPONGE; Sponge	
<i>Ophthalmic – Antihistamine- Decongestant Combinations</i> NAPHCONE-A EYE DROPS; Drops VISINE-A EYE ALLERGY DROPS; Drops OPCON-A EYE DROPS; Drops			
<i>Artificial Tears and Lubricant Combinations</i> POLYVINYL ALCOHOL 1.4% EYEDROP; Drops	ARTIFICIAL TEARS EYE DROPS		

Category/Generic Name/ Dosage Form	Brand-Name Examples	Category/Generic Name/ Dosage Form	Brand-Name Examples
Emergency Contraceptives		B-Complex Vitamin Combinations	
AFTERA 1.5 MG TABLET; Tablet		B-COMPLEX W-VITAMIN C CAPLET; Caplet, tablet	
ECONTRA EZ 1.5 MG TABLET; Tablet		STRESS FORMULA TABLET; Tablet	
FALLBACK SOLO 1.5 MG TABLET; Tablet			
MY WAY 1.5 MG TABLET; Tablet			
NEXT CHOICE ONE DOSE 1.5 MG TB; Tablet			
OPCICON ONE-STEP 1.5 MG TABLET; Tablet			
TAKE ACTION 1.5 MG TABLET; Tablet			
SMOKING DETERRENTS AND COMBINATIONS		Multiple Vitamin and Mineral Combinations	
NICOTINE TRANSDERMAL SYSTEM; Patches	Nicoderm	MULTIPLE VITAMIN WITH IRON TAB; Tablet	
NICOTINE CHEWING GUM; Gum	Nicorette	MULTIPLE VITAMIN W-MINERALS TB; Tablet	
NICOTINE LOZENGE; Lozenge	Commit	VITAMINS A-D-E TABLET; Tablet	
VITAMIN/MINERAL		Multivitamins	
Vitamins – D Derivatives		MULTIPLE VITAMINS TABLET; Tablet	
VITAMIN D3 400 UNIT SFTGL; Softgel		Pediatric Vitamins	
VITAMIN D3 1,000 UNITS; Softgel		TRI-VITAMIN DROPS; Drops	
VITAMIN D3 5,000 UNIT SFGL; Softgel		POLY-VITAMIN DROPS; Drops	
VITAMIN D 400 UNIT SOFTGEL; Softgel		Prenatal Vitamins and Minerals	
VITAMIN D 1,000 UNITS; Softgel		PRENATAL TABLET; Tablet	
		PRENATAL MULTIVITAMINS TABLET; Tablet	
		PRENATAL MULTI + DHA SOFTGEL; Softgel	



Category/Generic Name/ Dosage Form	Brand-Name Examples	Category/Generic Name/ Dosage Form	Brand-Name Examples
<i>Vitamins – Folic Acid and Derivatives</i>		<i>Alternative Therapy – Antioxidant</i>	
FOLIC ACID 400 MCG TAB; Tablet		OCUVITE LUTEIN & ZEAXANTHIN CP; Capsule	
FOLIC ACID 800 MCG TABLET; Tablet		PRESERVISION AREDS 2 SOFTGEL; Softgel	
<i>Alternative Therapy – Antiarthritics</i>		MACUVITE WITH LUTEIN TABLET; Tablet	
GLUCOTEN CAPLET; Caplet		PROSIGHT TABLET; Tablet	
		<i>Miscellaneous</i>	
		V-R MEMORY COMPLEX CAPLET; Tablet	
		MG-PLUS-PROTEIN TABLET; Tablet	

Injectable Medicines

Injectable medications are medicines given by shot, and they are a covered benefit. Your PCP can have the injectable medication delivered either to the doctor’s office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

Pharmacy Home

Some UnitedHealthcare Community Plan members will be assigned a pharmacy home. In this case, members must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at **1-800-903-5253, TTY 711**. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

UnitedHealthcare Community Plan
 Attn: Pharmacy Department
 26957 Northwestern Hwy, Suite 400
 Southfield, MI 48033

