

Formulary Comparison

AARP® MedicareRx Plans, insured through UnitedHealthcare, include three plans. Each plan has its own specific tier requirements and limits. Below you will find 100 commonly prescribed drugs. This chart demonstrates the difference in tier and cost from plan to plan with respect to each drug. If you are unable to find the prescription drug you are looking for in the chart below, please call UnitedHealthcare® Customer Service or visit our Web site for the most up-to-date information.

AARP MedicareRx Saver (PDP): Includes nearly all generic drugs covered by Medicare Part D and most commonly used brand-name drugs.
AARP MedicareRx Preferred (PDP): Includes 100% of the prescription drugs covered by Medicare Part D. **AARP MedicareRx Enhanced (PDP):** Includes 100% of the prescription drugs covered by Medicare Part D, plus coverage for Tier 1 drugs in the coverage gap.

Drug Name	Common Use	AARP MedicareRx Plan				Lower-Cost Alternative
		AARP MedicareRx Preferred (PDP)/ AARP MedicareRx Enhanced (PDP)		AARP MedicareRx Saver (PDP)		
		Tier	Requirements and Limits	Tier	Requirements and Limits	
ABILIFY	Schizophrenia/Bipolar Disorder	3	QL, ST	3	QL, ST	RISPERIDONE
ACIPHEX	Stomach Ulcer/Acid Reflux	3	QL, ST	5		OMEPRAZOLE

BOLD = Brand-name Drugs | PA = Prior Authorization | QL = Quantity Limits | ST = Step Therapy | B/D = Medicare Part B



1-800-811-5504, TTY 711

24 hours a day, 7 days a week



www.AARPMedicareRx.com/BR

Formulary information as of August 2009. Subject to change at any time. This is not a complete list of drugs covered by the Part D plan. For a complete listing, please call 1-800-811-5504, TTY 711, 24 hours a day, 7 days a week, or log onto www.AARPMedicareRx.com/BR.

Drug Name	Common Use	AARP MedicareRx Plan				Lower-Cost Alternative
		AARP MedicareRx Preferred (PDP)/ AARP MedicareRx Enhanced (PDP)		AARP MedicareRx Saver (PDP)		
		Tier	Requirements and Limits	Tier	Requirements and Limits	
ACTONEL	Osteoporosis	2	QL	2	QL	ALENDRONATE
ACTOS	Diabetes	2	ST	2	ST	METFORMIN
ADVAIR DISKUS	Asthma/Chronic Obstructive Pulmonary Disease	2	QL	2	QL	
AGGRENOX	Stroke Prevention	2	QL	2	QL	
ALENDRONATE	Osteoporosis	1		1		
AMBIEN CR	Insomnia	2	QL, ST	5		ZOLPIDEM
AMLODIPINE	Blood Pressure Reduction	1		1		
ARICEPT	Alzheimer's Disease	2	QL	2	QL	
ARIMIDEX	Oncology	2		2		
ATRIPLA	HIV Infection	4		4		
AVANDIA	Diabetes	2	ST	2	ST	METFORMIN
AVODART	Benign Prostatic Hypertrophy	3	QL	3	QL	FINASTERIDE
BENICAR	Blood Pressure Reduction	2	QL	2	QL	

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		Tier	Requirements and Limits	Tier	Requirements and Limits	
BENICAR HCT	Blood Pressure Reduction	2	QL	2	QL	
BONIVA	Osteoporosis	2	QL	2	QL	ALENDRONATE
CADUET	Blood Pressure Reduction/Cholesterol Reduction	3	QL, ST	5		AMLODIPINE, LIPITOR, CRESTOR
CARVEDILOL	Blood Pressure Reduction	1		1		
CATAPRES-TTS	Blood Pressure Reduction	3	QL	3	QL	
CELEBREX	Osteoarthritis/ Rheumatoid Arthritis/ Moderate Pain	2	QL	2	QL	
COMBIVENT	Chronic Obstructive Pulmonary Disease	2		2		
COPAXONE	Multiple Sclerosis	4	PA	4	PA	
COZAAR	Blood Pressure Reduction	3	QL	3	QL	BENICAR, DIOVAN
CRESTOR	Cholesterol Reduction	2	QL	2	QL	SIMVASTATIN, PRAVASTATIN, LOVASTATIN

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		Tier	Requirements and Limits	Tier	Requirements and Limits	
CYMBALTA	Depression	2	QL	2	QL	VENLAFAXINE
DETROL LA	Overactive Bladder	2	QL	2	QL	OXYBUTYNIN ER
DILTIAZEM	Blood Pressure Reduction	1		1		
DIOVAN	Blood Pressure Reduction	2	QL	2	QL	
DIOVAN HCT	Blood Pressure Reduction	2	QL	2	QL	
EFFEXOR XR	Depression	2	QL	2	QL	VENLAFAXINE
ENBREL	Rheumatoid Arthritis/ Psoriasis	4	PA	4	PA	
ENBREL SRCLK	Rheumatoid Arthritis/ Psoriasis	4	PA	4	PA	
EVISTA	Osteoporosis	2	QL	2	QL	
EXELON	Alzheimer's Disease	3	QL	3	QL	
FEMARA	Oncology	2		2		
FENTANYL	Severe Pain	2	QL	2	QL	
FEXOFENADINE	Allergic Rhinitis	1		1		

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		Tier	Requirements and Limits	Tier	Requirements and Limits	
FINASTERIDE	Benign Prostatic Hypertrophy	1		1		
FLOMAX	Benign Prostatic Hypertrophy	2	QL	2	QL	TERAZOSIN, DOXAZOSIN
FLOVENT HFA	Asthma	2	QL	2	QL	
FORTEO	Osteoporosis	3	PA	3	PA	
GABAPENTIN	Epilepsy/Nerve Pain	1		1		
GEODON	Schizophrenia/Bipolar Disorder	3	ST	3	ST	RISPERIDONE
GLEEVEC	Oncology	4	PA	4	PA	
HUMALOG	Diabetes	2		2		
HUMIRA	Rheumatoid Arthritis/ Psoriasis/Crohn's Disease	4	PA	4	PA	
HYZAAR	Blood Pressure Reduction	3	QL	3	QL	BENICAR, DIOVAN
JANUVIA	Diabetes	2	QL, ST	2	QL, ST	METFORMIN
LANTUS	Diabetes	2		2		

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		Tier	Requirements and Limits	Tier	Requirements and Limits	
LEVAQUIN	Infection	3		3		
LEXAPRO	Depression	2	QL	2	QL	CITALOPRAM
LIDODERM	Shingles Pain	2	QL	2	QL	
LIPITOR	Cholesterol Reduction	2	QL	2	QL	SIMVASTATIN, PRAVASTATIN, LOVASTATIN
LISINOPRIL	Blood Pressure Reduction	1		1		
LOVAZA	Cholesterol Reduction	3		3		
LOVENOX	Thrombosis	4	QL	4	QL	
LUMIGAN	Glaucoma	2	QL	2	QL	
LUNESTA	Insomnia	2	QL, ST	2	QL, ST	ZOLPIDEM
LYRICA	Epilepsy/Nerve Pain/ Fibromyalgia	2	QL	2	QL	
METFORMIN	Diabetes	1		1		
MIRAPEX	Parkinson's Disease	2		2		
NAMENDA	Alzheimer's Disease	2	QL	2	QL	
NASONEX	Allergic Rhinitis	2	QL	2	QL	FLUTICASONE

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NEXIUM	Stomach Ulcer/Acid Reflux	2	QL	2	QL	OMEPRAZOLE
NIASPAN	Cholesterol Reduction	2		2		
NOVOLOG	Diabetes	2		2		
NOVOLOG MIX	Diabetes	2		2		
OMEPRAZOLE	Stomach Ulcer/Acid Reflux	1	QL	1	QL	
OXYCODONE ER	Severe Pain	2	QL	2	QL	
OXYCONTIN	Severe Pain	2	QL	2	QL	
PLAVIX	Stroke Prevention	2	QL	2	QL	
PRAVASTATIN	Cholesterol Reduction	1		1		
PREMARIN	Estrogen Replacement	2		3		
PREVACID	Stomach Ulcer/Acid Reflux	3	QL, ST	5		OMEPRAZOLE
PROAIR HFA	Asthma	2		2		
PROCRIT	Anemia	4	PA, QL	4	PA, QL	
PROTONIX	Stomach Ulcer/Acid Reflux	2	QL	2	QL	OMEPRAZOLE

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PROVIGIL	Narcolepsy/Sleep Apnea	3	PA, QL	3	PA, QL	
RESTASIS	Dry Eye Disorder	2		2		
REVLIMID	Oncology	4	PA	4	PA	
REYATAZ	HIV Infection	4		4		
RISPERDAL	Schizophrenia/Bipolar Disorder	3		5		RISPERIDONE
RISPERIDONE	Schizophrenia/Bipolar Disorder	1		1		
SENSIPAR	Calcium Reduction (Dialysis)	2		2		
SEROQUEL	Schizophrenia/Bipolar Disorder	2		2		RISPERIDONE
SIMVASTATIN	Cholesterol Reduction	1		1		
SINGULAIR	Seasonal Allergy/Asthma	2	QL	2	QL	
SPIRIVA	Chronic Obstructive Pulmonary Disease	2	QL	2	QL	
TARCEVA	Oncology	4	PA	4	PA	

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		Tier	Requirements and Limits	Tier	Requirements and Limits	
THALOMID	Oncology	4	PA	4	PA	
TRACLEER	Pulmonary Arterial Hypertension	4	PA	4	PA	
TRICOR	Cholesterol Reduction	2		2		GEMFIBROZIL
TRUVADA	HIV Infection	4		4		
VALTrex	Shingles/Herpes	2		2		
VYTORIN	Cholesterol Reduction	3	QL	3	QL	SIMVASTATIN, PRAVASTATIN, LOVASTATIN
WARFARIN	Stroke Prevention	1		1		
XALATAN	Glaucoma	3	QL, ST	3	QL, ST	LUMIGAN
ZETIA	Cholesterol Reduction	2	QL	2	QL	
ZYPREXA	Schizophrenia/Bipolar Disorder	2		2		RISPERIDONE

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PA = Prior Authorization

Prior authorization means that your doctor will need to provide additional information to the plan before it will cover your drug. This information is used to ensure the drug is prescribed according to established clinical standards for a Medicare-eligible health condition.

QL = Quantity Limits

The plan will cover only a certain amount of your drug for one copay or over a defined number of days. This limit may be in place to ensure safe and efficient use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan for an exception to cover the additional quantity.

ST = Step Therapy

There are effective, clinically proven, lower-cost alternatives to your drug that treat the same health condition. The plan may require you to try one of these alternative drugs for your health condition before the plan will cover the drug you are currently taking. If you have already tried the alternative drugs or your doctor thinks other drugs are not right for your situation, he or she can request an exception.

B/D = Medicare Part B or Part D Coverage Determination

In certain cases, some prescription drugs are covered by Part B and not by Part D. Your doctor may be asked to provide more information about how a drug will be used to ensure it is correctly covered.

Trademarks for the drugs listed above are owned by third parties with whom AARP MedicareRx Plans have no affiliation.

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