



# Your 2018 Prescription Drug List

## Traditional Three-Tier

This Prescription Drug List (PDL) is accurate as of July 2018 and is subject to change after this date. The next anticipated update will be January 2019. This PDL applies to members of our UnitedHealthcare, River Valley and Oxford medical plans with a pharmacy benefit subject to the Traditional Three-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Effective July 1, 2018

 **UnitedHealthcare®**



# Table of Contents

<b>Drug tiers</b> .....	4
<b>Restrictions on which medications are covered</b> .....	6
<b>Drugs by category</b> .....	8
<b>Anti-Infectives</b>	
Antibiotics .....	8
Antifungals.....	8
Antivirals .....	8
<b>Cancer</b> .....	8
<b>Cardiovascular/Heart Disease</b>	
Coagulation Therapy .....	9
High Blood Pressure .....	9
High Cholesterol .....	10
Other.....	10
<b>Central Nervous System</b>	
Attention Deficit Disorder.....	10
Depression.....	10
Migraine .....	11
Multiple Sclerosis .....	11
Other.....	11
Sedatives/Hypnotics .....	11
Seizure Disorders .....	12
<b>Dermatology</b> .....	12
<b>Diabetes</b>	
Blood Glucose Monitoring.....	13
Insulin .....	13
Non-Insulin.....	13
<b>Endocrine</b>	
Growth Hormone .....	14
Other.....	14
Thyroid Hormone Replacement .....	14
<b>Eye Conditions</b>	
Allergies .....	14
Antibiotics .....	14
Dry Eye Disease .....	14
Glaucoma .....	15
<b>Gastrointestinal</b>	
Acid Suppression .....	15
Nausea/Vomiting .....	15
Other.....	15
<b>Gout</b> .....	15
<b>Hepatitis C</b> .....	15
<b>HIV/AIDS</b> .....	16
<b>Infertility</b> .....	16
<b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b> .....	
Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis.....	16
<b>Medications for Sexual Dysfuntion</b> .....	
Men's Health	17
Prostate .....	17
Testosterone Therapy.....	17
<b>Miscellaneous</b> .....	17
<b>Musculoskeletal</b>	
Muscle Spasms.....	17
Osteoporosis.....	18
Pain Relief .....	18
<b>Overactive Bladder</b> .....	18
<b>Respiratory</b>	
Allergies .....	18
Asthma/COPD .....	19
Pulmonary Arterial Hypertension .....	19
<b>Smoking Cessation</b> .....	19
<b>Transplant</b> .....	19
<b>Vitamins/Electrolytes</b> .....	20
<b>Women's Health</b>	
Contraceptives .....	20
Hormone Replacement .....	22
Miscellaneous .....	22
Prenatal Vitamins .....	22
<b>Index</b> .....	23

## 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 (PDL).

### What is a PDL?

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. Bring this list with you when you see your doctor. It makes it easier for you and your doctor to make informed decisions about your medications and may help you save money.

**Please note:** Where differences are noted between this PDL and your benefit plan documents, the benefit plan documents will rule. This PDL 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 employer or health plan to see which medications are covered under your plan.

### What is a tier?

Tiers indicate the amount you pay for your prescription, which is determined by your employer or benefit plan. Tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Choosing medications in lower tiers may save you money. Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Your Cost	Drug Tier <sup>1</sup>	What's Covered	Helpful Hints
\$ Lowest	1	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$ Mid-range	2	Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
\$\$\$ Higher	3	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

<sup>1</sup>Some plans may have different tiers. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

### 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 PDL 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.

## How is the overall value of a medication determined?

Many sources and factors are considered, including:

- **Clinical Value:** How safe and effective a medication is compared to other medications used to treat the same or similar medical conditions.
- **Cost:** How much a medication costs compared to other medications used to treat similar medical conditions.
- **Outcomes Data:** Studies that show how a medication may affect total health care costs.

## Why are certain medications excluded?

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)<sup>2</sup> 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<sup>3</sup>). 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 health plan 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.

<sup>2</sup>Depending on your benefit, you may have notification or medical necessity requirements for select medications.

<sup>3</sup>This is not applicable for plans written in New Jersey. For New York plans, a prescription drug product that is therapeutically equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

## 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.

## 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. 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.

## How often are PDLs updated?

PDL changes typically occur twice per year. However, changes that have a positive impact for you—such as new medications or cost savings—may occur at any time. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage and lower-cost options.

## **Can a medication change tiers?**

Yes. Tier changes may generally occur two times per year. When a medication changes tiers, you may pay more or less for that medication, depending on the tier change. If one of your medications changes tiers, speak with your doctor to determine if a lower-cost option may be available for you.

## **Are there other restrictions on which medications are covered?**

Yes. Some medications may have additional requirements or limits depending on your benefit plan. You should review your benefit plan documents to confirm if any of these programs apply to your plan. The medications that have programs that apply are noted with letters next to them. Examples include:

### **May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). Referred to as First Start in New Jersey. (E)**

Lower-cost options are available and covered.

### **Health Care Reform Preventive (H)**

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

### **Health Care Reform Preventive with prior authorization (H-PA)**

May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

### **Prior Authorization (sometimes referred to as precertification)<sup>4</sup> (PA)**

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

### **Refill and Save Program<sup>5</sup> (RS)**

Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.

### **Specialty Medication (SP)**

Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.

### **Step Therapy (referred to as First Start in New Jersey) (ST)**

Requires you to try one or more other medications before the medication you are requesting may be covered.

### **Supply Limits (SL)**

Specifies the largest quantity of medication covered per copayment or in a defined period of time.

<sup>4</sup> Depending on your benefit, you may have notification or medical necessity requirements for select medications.

<sup>5</sup> Not applicable to Oxford plans.

## **I'm taking a specialty medication. Who can I contact for more information?**

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 health plan 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 health plan ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

## **Who can I contact if I have questions about my PDL?**

### **Online**

Log in to the member website listed on your health plan ID card. Once online, you'll have access to the following information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by ZIP code
- Your prescription history

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

Check your PDL often for updates.

### **By phone**

Call the toll-free phone number on your health plan ID card to speak with a customer service representative. We can answer any questions you have about your pharmacy benefit plan, including lower-cost options.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
<b>Anti-Infectives: Antibiotics</b>								
Amoxicillin Capsule, Chewable Tablet	1		<b>Cresemba</b>	3	SL			
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1		Econazole Cream	1	SL			
Azithromycin Tablet	1		Fluconazole Tablet	1				
Cefadroxil Capsule, Tablet	1		Itraconazole Capsule	1	SL			
Cefdinir Capsule	1		Ketoconazole Cream	1	SL			
Cefixime Suspension	1		<b>Noxafil Tablet, Suspension</b>	2				
Cefprozil Tablet	1		Nystatin Cream, Ointment	1				
Cefuroxime Tablet	1		Terbinafine Tablet	1	SL			
Cephalexin Capsule	1		<b>Anti-Infectives: Antivirals</b>					
<b>Ciprodex</b>	3		Acyclovir Ointment	1	PA, SL, ST			
Ciprofloxacin Tablet	1		Acyclovir Tablet	1				
Clarithromycin Tablet	1		Famciclovir Tablet	1				
Clindamycin Capsule	1		Oseltamivir Capsule, Suspension	1	SL			
<b>Difidic</b>	3	SL	Valacyclovir Tablet	1	SL			
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	1		Valganciclovir	1	SL			
Doxycycline Monohydrate 50, 100 mg Capsule	1		<b>Zovirax Cream</b>	3	E, SL			
Levofloxacin Tablet	1		<b>Cancer</b>					
Metronidazole Tablet	1		<b>Alunbrig</b>	2	PA, SL, SP			
Minocycline Capsule	1		Bexarotene Capsule	3	E, PA, SL, SP			
Minocycline Tablet	1	E	Bicalutamide	1				
Moxifloxacin Tablet	1		<b>Bosulif</b>	2	PA, SL, SP, ST			
Nitrofurantoin Capsule	1		<b>Cyclophosphamide Capsule</b>	2				
Nitrofurantoin Macrocrystal Capsule	1		Hydroxyurea Capsule	1				
Ofloxacin Otic Solution	1		<b>Idhifa</b>	2	PA, SL, SP			
Ofloxacin Tablet	1		Imantinib Tablet	1	PA, SL, SP			
Penicillin V Potassium Tablet	1		<b>Imbruvica</b>	2	PA, SL, SP			
Sulfamethoxazole-Trimethoprim Tablet	1		Leucovorin Calcium Tablet	1				
<b>Suprax Capsule, Chewable Tablet, Tablet</b>	3		Mercaptopurine Tablet	1				
			<b>Revlimid</b>	2	PA, SL, SP			
			<b>Rydapt</b>	2	PA, SL, SP			
			<b>Sutent</b>	2	PA, SL, SP			

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** = May be excluded from coverage

**H** = May be part of health care reform preventive

**H-PA** = May be part of health care reform preventive with prior authorization

**PA** = Prior authorization required

**RS** = May be eligible for the refill and save program

**SL** = Supply limit

**SP** = Specialty medication

**ST** = Step therapy

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Targretin Capsule	1	SP	Diltiazem Sustained-Release Tablet	1	
Targretin Gel	3	SL	Doxazosin	1	
Tasigna	2	PA, SL, SP, ST	<b>Edarbi</b>	3	SL
Xeloda	1	SL, SP	<b>Edarbyclor</b>	3	SL
Zykadia	2	PA, SL, SP	Enalapril	1	
Zytiga	2	PA, SL, SP	Furosemide	1	
<b>Cardiovascular/Heart Disease: Coagulation Therapy</b>					
Bevyxxa	3	SL	Guanfacine	1	
Brilinta	3	SL	Hydralazine	1	
Clopidogrel	1		Hydrochlorothiazide	1	
Eliquis	3	SL	Irbesartan	1	
Enoxaparin Sodium	1	SL	Labetalol	1	
Pradaxa	2	SL	Lisinopril	1	
Prasugrel	1	SL	Lisinopril-Hydrochlorothiazide	1	
Savaysa	3	SL	Losartan	1	
Warfarin Sodium	1		Losartan-Hydrochlorothiazide	1	
Xarelto	2	SL	Metoprolol Succinate Extended-Release 50, 100, 200 mg	1	
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>					
Amlodipine	1		Metoprolol Tartrate 25, 50, 100 mg	1	
Amlodipine-Benazepril	1		Nadolol	1	
Amlodipine-Valsartan	1		Nifedipine Extended-Release	1	
Atenolol	1		Olmesartan	1	SL
Atenolol-Chlorthalidone	1		Olmesartan-Hydrochlorothiazide	1	SL
Benazepril	1		Propranolol Extended-Release Capsule	1	
Benazepril-Hydrochlorothiazide	1		Propranolol Tablet	1	
<b>Bidil</b>	2		Quinapril	1	
Bisoprolol	1		Ramipril	1	
Bisoprolol-Hydrochlorothiazide	1		Spironolactone	1	
<b>Bystolic</b>	2		Telmisartan	1	
<b>Byvalson</b>	2	SL	Telmisartan-Hydrochlorothiazide	1	
Cartia XT	1		Terazosin	1	
Carvedilol Immediate-Release Tablet	1		Triamterene-Hydrochlorothiazide	1	
Chlorthalidone	1		Valsartan	1	
Clonidine Tablet	1		Valsartan-Hydrochlorothiazide	1	
Diltiazem 24 Hour CD	1		Verapamil	1	
Diltiazem Sustained-Release Capsule	1		Verapamil Sustained-Release	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	H-PA, SL
Choline Fenofibrate	1	E
Ezetimibe Tablet	1	SL
Ezetimibe/Simvastatin	1	SL
Fenofibrate 54, 160 mg Tablet	1	
Fluvastatin Extended-Release Tablet	1	SL, ST
Gemfibrozil	1	
<b>Livalo</b>	3	E, SL, ST
Lovastatin	1	H
Niacin Extended-Release Tablet	1	
<b>Niaspan</b>	3	
Omega-3-Acid Ethyl Esters Capsule	1	PA
<b>Praluent</b>	2	PA, SL, SP, ST
Pravastatin	1	
<b>Repatha</b>	3	PA, SL, SP, ST
Rosuvastatin	1	SL
Simvastatin	1	H-PA
<b>Vascepa</b>	3	PA
<b>Welchol</b>	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
<b>Corlanor</b>	3	PA, SL
Digoxin	1	
<b>Entresto</b>	3	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	3	PA
Nitroglycerin Sublingual Tablet	1	
<b>Ranexa</b>	2	
Sotalol	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR</b>	1	PA, SL
Amphetamine Salt Combo	1	PA
Atomoxetine	1	SL
<b>Concerta</b>	1	PA, SL
Dexmethylphenidate Immediate-Release Tablet	1	PA
Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	1	PA
Guanfacine Extended-Release	1	SL
Methylphenidate Chewable Tablet	1	PA
Methylphenidate Extended-Release Capsule (generic <b>Metadata CD, Ritalin LA</b> )	1	PA, SL
Methylphenidate Extended-Release Capsule (Metadata ER, generic <b>Ritalin SR</b> )	1	PA, SL
Methylphenidate Extended-Release Tablet (generic <b>Concerta</b> )	3	E, PA, SL
Methylphenidate Immediate-Release Tablet	1	PA
<b>Vyvanse</b>	2	PA, SL
<b>Central Nervous System: Depression</b>		
Amitriptyline Tablet	1	
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Desvenlafaxine Extended-Release Tablet (generic <b>Pristiq</b> )	1	SL
Doxepin	1	
Duloxetine Capsule	1	SL
Escitalopram Tablet	1	
<b>Fetzima</b>	3	SL, ST
Fluoxetine Capsule (generic <b>Prozac</b> )	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
Fluvoxamine Tablet	1		Armodafinil	1	PA, SL			
Mirtazapine Tablet	1		<b>Austedo</b>	2	PA, SL, SP			
Nortriptyline Capsule	1		Buspirone Tablet	1				
Paroxetine Tablet	1		Carbidopa-Levodopa	1				
Sertraline Tablet	1		Diazepam Tablet	1				
Trazodone Tablet	1		Donepezil ODT, 5, 10 mg Tablet	1				
<b>Trintellix</b>	3	SL, ST	<b>Ingrezza</b>	3	PA, SL, SP			
Venlafaxine Extended-Release Capsule	1		<b>Latuda</b>	3	SL			
Venlafaxine Tablet	1		Lithium Capsule	1				
<b>Viibryd</b>	3	SL	Lorazepam Tablet	1				
<b>Central Nervous System: Migraine</b>								
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL	Memantine Immediate-Release	1				
Eletriptan	1	SL	Modafinil Tablet	1	PA, SL			
Frovatriptan	1	SL	Naloxone Vial	1				
Naratriptan	1	SL	<b>Narcan Nasal Spray</b>	2	SL			
Rizatriptan ODT, Tablet	1	SL	Olanzapine Tablet	1	SL			
Sumatriptan Nasal Spray	1	SL	Pramipexole Tablet	1				
Sumatriptan Succinate Tablet, Injection	1	SL	Quetiapine Extended-Release Tablet	1	SL			
<b>Central Nervous System: Multiple Sclerosis</b>								
<b>Ampyra</b>	2	PA, SL, SP	Quetiapine Immediate-Release Tablet	1				
<b>Aubagio</b>	3	PA, SL, SP	Risperidone Tablet	1				
<b>Avonex</b>	2	PA, SL, SP	Ropinirole Tablet	1				
<b>Betaseron</b>	2	PA, SL, SP	<b>Suboxone Film</b>	3	E, PA, SL			
<b>Copaxone</b>	1	PA, SL, SP	Tolcapone	1				
<b>Gilenya</b>	3	PA, SL, SP	<b>Xyrem</b>	3	PA, SL			
Glatiramer (generic <b>Copaxone</b> )	3	E, PA, SL, SP, ST	<b>Zelapar</b>	3				
<b>Plegridy</b>	3	PA, SL, SP	Ziprasidone Capsule	1	SL			
<b>Rebif</b>	3	PA, SL, SP, ST	<b>Zubsolv</b>	1	SL			
<b>Tecfidera</b>	2	PA, SL, SP	<b>Central Nervous System: Sedatives/Hypnotics</b>					
<b>Zinbryta</b>	3	PA, SL, SP	Eszopiclone Tablet	1	SL			
<b>Central Nervous System: Other</b>			Temazepam Capsule	1				
Alprazolam Extended-Release Tablet	1		Triazolam Tablet	1				
Alprazolam Tablet	1		Zaleplon Capsule	1	SL			
Aripiprazole Tablet	1	SL	Zolpidem Extended-Release Tablet	1	E, SL			
			Zolpidem Immediate-Release Tablet	1	SL			

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine Extended-Release Capsule, Tablet	1	
Carbamazepine Immediate-Release Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Immediate-Release Tablet	1	
Levetiracetam Extended-Release Tablet	1	
Levetiracetam Immediate-Release Tablet	1	
<b>Lyrica</b>	3	SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Immediate-Release Tablet	1	
Zonisamide Capsule	1	
<b>Dermatology</b>		
<b>Aczone</b>	1	SL
Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel	1	E, SL
Adapalene Cream, Gel, Lotion	1	E, PA, SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Calcipotriene/Betamethasone Ointment	1	SL
<b>Carac</b>	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	PA
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	1	SL

Drug Name	Drug Tier	Requirements & Limits
Clindamycin Gel	1	SL
Clindamycin Lotion, Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment, Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Dapsone 5% Gel	3	E, SL
Desonide 0.05% Cream, Lotion, Ointment	1	SL
Desoximetasone Cream, Gel, Ointment	1	SL
Diflorasone Diacetate 0.05% Cream	1	SL
Diflorasone Diacetate 0.05% Ointment	1	
<b>Dupixent</b>	3	PA, SL, SP, ST
<b>Elidel</b>	3	SL, ST
<b>Enstilar Foam</b>	3	SL
<b>Eucrisa</b>	3	SL, ST
<b>Finacea</b>	3	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	1	SL
<b>Fluorouracil 0.5% Cream</b>	3	SL
Halobetasol Ointment	1	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release	1	E, PA
<b>Mirvaso</b>	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
<b>Oracea</b>	3	
<b>Oxsoralen-Ultra</b>	2	
<b>Picato</b>	3	SL

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Drug Name	Drug Tier	Requirements & Limits
Regranex	2	PA, SL
Rhofade	3	PA, SL
Solodyn	3	E, PA
Taclonex Suspension	3	SL
Tacrolimus Ointment	1	SL, ST
Tazarotene 0.1% Cream (generic Tazorac)	3	E, PA, SL
<b>Tazorac 0.1% Cream</b>	1	PA, SL
<b>Tazorac Gel, 0.05% Cream</b>	3	PA, SL
Tretinoin Cream	1	PA, SL
Tretinoin Gel	1	E, PA, SL
Tretinoin Microspheres	1	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
<b>Vectical</b>	3	SL
<b>Diabetes: Blood Glucose Monitoring<sup>6</sup></b>		
Accu-Chek Test Strips	3	E, SL
Contour Next	2	
Contour Next EZ	2	
Contour Next One	2	
Contour Next Test Strips	2	SL
Contour Test Strips	3	E, SL
FreeStyle Test Strips	3	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio Flex	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL

<sup>6</sup>Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes: Insulin<sup>6</sup></b>		
Afrezza	3	E, PA, SL
Basaglar	1	SL
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL
Lantus Solostar	3	E, SL
Lantus Vials	3	E, SL
Levemir FlexTouch	2	SL
Levemir Vials	2	SL
Novolin Vials (all formulations)	3	SL, ST
Novolog FlexPen (all formulations)	3	SL, ST
Novolog Vials (all formulations)	3	SL, ST
Toujeo SoloStar	3	E, SL
Tresiba FlexTouch	3	E, SL
<b>Diabetes: Non-Insulin<sup>6</sup></b>		
Adlyxin	3	SL
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	3	E, SL, ST
Invokamet	2	SL
Invokamet XR	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST

Drug Name	Drug Tier	Requirements & Limits
<b>Januvia</b>	3	SL, ST
<b>Jardiance</b>	2	SL, ST
<b>Jentadueto</b>	2	SL
<b>Jentadueto XR</b>	2	SL
<b>Kazano</b>	2	SL
<b>Kombiglyze XR</b>	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic <b>Glucophage XR</b> )	1	
<b>Nesina</b>	2	SL
<b>Onglyza</b>	2	SL
<b>Oseni</b>	2	SL
Pioglitazone	1	SL
<b>Soliqua</b>	2	PA, SL
<b>Synjardy</b>	2	SL
<b>Synjardy XR</b>	2	SL
<b>Tradjenta</b>	2	SL
<b>Trulicity</b>	3	SL
<b>Victoza 2-Pak</b>	2	SL
<b>Victoza 3-Pak</b>	3	SL
<b>Xigduo XR</b>	3	E, SL, ST
<b>Xultophy</b>	3	E, SL

<sup>6</sup>Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

#### Endocrine: Growth Hormone<sup>7</sup>

<b>Nutropin, Nutropin AQ</b>	2	PA, SL, SP
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Drug Name	Drug Tier	Requirements & Limits
<b>Endocrine: Other</b>		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
<b>Synthroid</b>	2	
<b>Eye Conditions: Allergies</b>		
Azelastine 0.05% Ophthalmic Solution	1	
<b>Lastacft</b>	3	SL
Olopatadine 0.1% Ophthalmic Solution	1	SL
<b>Eye Conditions: Antibiotics</b>		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
<b>Moxeza</b>	3	
Moxifloxacin Ophthalmic Solution	1	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Tobramycin Ophthalmic Solution	1	
<b>Eye Conditions: Dry Eye Disease</b>		
<b>Restasis Single Use Vial</b>	3	PA, SL
<b>Xiidra</b>	3	PA, SL

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Drug Name	Drug Tier	Requirements & Limits
<b>Eye Conditions: Glaucoma</b>		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
<b>Gastrointestinal: Acid Suppression</b>		
Dexilant	3	SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	1	SL
Ranitadine Syrup	1	
Sucralfate Tablet	1	
<b>Gastrointestinal: Nausea/Vomiting</b>		
Akynzeo	3	SL
Aprepitant Capsule	1	SL
Emend Suspension	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Scopolamine Transdermal Patch	1	
Varubi	2	SL
<b>Gastrointestinal: Other</b>		
Amitiza	3	PA, SL, ST
Apriso	2	
Canasa	2	
Cortifoam	2	
Creon	2	
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Lialda	1	
Linzess	2	PA, SL
Mesalamine Delayed-Release Tablet (generic Lialda)	3	E
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	1	
Prepopik	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	3	
Viberzi	3	PA, SL
Zenpep	2	
<b>Gout</b>		
Allopurinol Tablet	1	
Mitigare	2	
Uloric	3	SL, ST
Zurampic	3	PA, SL
<b>Hepatitis C</b>		
Daklinza	3	PA, SL, SP, ST
Epclusa	2	PA, SL, SP
Harvoni	2	PA, SL, SP
Mavyret	2	PA, SL, SP
Ribavirin Tablet	1	SP
Sovaldi	3	PA, SL, SP, ST
Technivie	3	PA, SL, SP, ST
Viekira Pak	3	PA, SL, SP, ST
Viekira XR	3	PA, SL, SP, ST
Vosevi	2	PA, SL, SP
Zepatier	3	PA, SL, SP, ST

Drug Name	Drug Tier	Requirements & Limits
<b>HIV/AIDS</b>		
Abacavir-Lamivudine	1	SP
Atazanavir Capsule	1	SP
<b>Atripla</b>	2	SP
<b>Complera</b>	3	SP
<b>Descovy</b>	3	SP
Efavirenz	1	SP
<b>Epzicom</b>	3	E, SP
<b>Evotaz</b>	2	SP
<b>Genvoya</b>	3	SP, ST
<b>Intelence</b>	2	SP
<b>Isentress</b>	2	SP
<b>Kaletra Tablet</b>	2	SP
Lamivudine-Zidovudine	1	SP
Lopinavir-Ritonavir Oral Solution	1	SP
Nevirapine	1	SP
Nevirapine Extended-Release	1	E, SP
<b>Norvir</b>	2	SP
<b>Odefsey</b>	3	SP
<b>Prezcobix</b>	2	SP
<b>Prezista</b>	2	SP
<b>Selzentry</b>	2	PA, SP
<b>Stribild</b>	3	SP, ST
Tenofovir Tablet	1	SP
<b>Tivicay</b>	3	SP
<b>Triumeq</b>	2	SP
<b>Truvada</b>	3	SP
<b>Tybost</b>	2	SP
<b>Vitekta</b>	2	SP

Drug Name	Drug Tier	Requirements & Limits
<b>Infertility<sup>7</sup></b>		
<b>Cetrotide</b>	2	SP
Clomiphene	1	SP
<b>Crinone</b>	2	PA, ST
<b>Endometrin</b>	2	PA
<b>Gonal-F</b>	2	SP
<b>Gonal-F RFF</b>	2	SP
<b>Ovidrel</b>	3	SP
<sup>7</sup> Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.		
<b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b>		
<b>Actemra</b>	3	PA, SL, SP, ST
<b>Cimzia</b>	2	PA, SL, SP
<b>Cosentyx</b>	3	PA, SL, SP, ST
<b>Enbrel</b>	3	PA, SL, SP, ST
<b>Humira</b>	2	PA, SL, SP
Hydroxychloroquine Sulfate	1	
<b>Kevzara</b>	3	PA, SL, SP, ST
Leflunomide	1	
Methotrexate Tablet	1	
<b>Orencia</b>	3	PA, SL, SP, ST
<b>Otezla</b>	2	PA, SL, SP
<b>Otrexup</b>	3	E, SL, ST
<b>Rasuvo</b>	3	SL, ST
<b>Siliq</b>	3	PA, SL, SP, ST
<b>Simponi</b>	2	PA, SL, SP
<b>Stelara</b>	2	PA, SL, SP
<b>Taltz</b>	3	PA, SL, SP, ST
<b>Tremfya</b>	2	PA, SL, SP
<b>Xeljanz</b>	3	PA, SL, SP, ST
<b>Xeljanz XR</b>	3	PA, SL, SP, ST

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
<b>Medications for Sexual Dysfunction<sup>7</sup></b>								
Addyi	3	PA, SL	Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	1	PA, SL			
Cialis	3	SL	Epinephrine (generic <b>EpiPen/</b> <b>EpiPen-Jr.</b> )	2	SL			
Intrarosa	3	SL	<b>EpiPen/EpiPen Jr.</b>	3	E, SL			
Levitra	3	SL	Hydrocodone/Chlorpheniramine Suspension	1	PA, SL			
Osphena	3	SL	Lanthanum Chewable Tablet	1				
Sildenafil Tablet (generic <b>Viagra</b> )	1	SL	Letrozole	1				
Stendra	3	PA, SL	Lidocaine Transdermal Patch (generic <b>Lidoderm</b> )	1	PA, SL			
7 Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.								
<b>Men's Health: Prostate</b>								
Alfuzosin Tablet	1		<b>Nityr</b>	2	PA, SP			
Doxazosin Tablet	1		<b>Nuedexta</b>	2	PA			
Dutasteride Capsule	1		<b>Obredon</b>	3	PA, SL, ST			
Finasteride Tablet	1		<b>Pegasys</b>	2	PA, SL, SP			
<b>Rapaflo</b>	3		Phenazopyridine	1				
Tamsulosin Capsule	1		<b>Procrit</b>	2	SL, SP			
Terazosin Capsule, Tablet	1		Promethazine/Codeine	1	PA			
<b>Men's Health: Testosterone Therapy</b>			Promethazine/Dextromethorphan	1				
Androderm	2	PA, SL	<b>Pulmozyme</b>	2	PA, SL, SP			
<b>Androgel</b>	3	E, PA, SL	<b>Rectiv</b>	3	SL			
Methyltestosterone Capsule	1		<b>Rezira</b>	3				
<b>Testim</b>	1	PA, SL	Sevelamer	1				
Testosterone 1% Topical Gel	1	E, PA, SL	<b>Syprine</b>	3	PA, SP			
Testosterone Cypionate Injection	1		<b>Tobi Podhaler</b>	3	PA, SL, SP			
<b>Miscellaneous</b>			<b>Velphoro</b>	2				
Anastrozole Tablet	1		<b>Veltassa</b>	3	PA, SL			
<b>Aranesp</b>	2	SL, SP	<b>Zarxio</b>	2	SP			
<b>Auryxia</b>	3		<b>Musculoskeletal: Muscle Spasms</b>					
<b>Bethkis</b>	1	PA, SL, SP	Baclofen Tablet	1				
<b>Cayston</b>	2	PA, SL	Carisoprodol 350 mg Tablet	1				
<b>Cerdelga</b>	2	PA, SP	Cyclobenzaprine	1				
Chlorhexidine Gluconate	1		Metaxalone Tablet	1				
			Methocarbamol Tablet	1				
			Tizanidine Tablet	1				

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
<b>Musculoskeletal: Osteoporosis</b>								
Alendronate Sodium Tablet	1		<b>Nucynta ER</b>	3	PA, SL			
<b>Forteo</b>	3	PA, SP	Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL			
Ibandronate Tablet	1	SL	Oxycodone Tablet	1				
Raloxifene Tablet	1		<b>Oxycontin</b>	3	E, PA, SL, ST			
Risedronate Sodium Tablet	1	SL	<b>Sprix</b>	3				
<b>Tymlos</b>	3	PA, SP	Tramadol-Acetaminophen	1				
<b>Musculoskeletal: Pain Relief</b>								
Acetaminophen/Codeine Tablet	1	SL	Tramadol Immediate-Release Tablet	1				
<b>Belbuca</b>	3	PA, SL	Tramadol Sustained-Release Tablet	1	SL			
Celecoxib	1	SL	Trezip	1	SL			
Diclofenac Tablet	1		Vicodin 5/300, 7.5/300, 10/300 mg Tablet	1	E, SL			
Etodolac Capsule	1		<b>Voltaren Gel</b>	2				
Fentanyl 12, 25, 50, 75, 100 mcg Patch	1	PA, SL	<b>Xtampza ER</b>	2	PA, SL			
Fentanyl Citrate Lozenge	1	PA, SL	<b>Zohydro ER</b>	3	PA, SL, ST			
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL	<b>Overactive Bladder</b>					
Hydrocodone/Ibuprofen Tablet	1		Dicyclomine Tablet	1				
Hydromorphone Immediate-Release Tablet	1		Oxybutynin Extended-Release Tablet	1				
Ibuprofen Tablet	1		Oxybutynin Tablet	1				
Indomethacin Capsule	1		<b>Toviaz</b>	3				
Ketorolac Tablet	1		<b>Respiratory: Allergies</b>					
<b>Lazanda</b>	3	PA, SL	Azelastine 0.1% Nasal Spray	1				
Meloxicam Tablet	1		Cyproheptadine Tablet	1				
Methadone Tablet, Oral Solution, Concentrate Solution	1	PA, SL	Fluticasone Nasal Spray	1	SL			
Morphine Sulfate Extended-Release Tablet	1	PA, SL	Hydroxyzine Capsule, Tablet	1				
Morphine Sulfate Oral Solution	1		Levocetirizine Tablet	1				
Nabumetone Tablet	1		Promethazine Tablet	1				
Naproxen Tablet	1		<b>Zetonna</b>	3	SL			
<b>Nucynta</b>	3	SL						

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
<b>Respiratory: Asthma/COPD</b>								
<b>Advair Diskus/HFA</b>	3	RS, SL	<b>Adcirca</b>	3	PA, SL, SP			
Albuterol Nebs	1		<b>Adempas</b>	2	PA, SL, SP			
<b>Alvesco</b>	1	SL	<b>Letairis</b>	2	PA, SL, SP			
<b>Anoro Ellipta</b>	3	SL	<b>Opsumit</b>	2	PA, SL, SP			
<b>Arnuity Ellipta</b>	3	SL	<b>Orenitram</b>	3	PA, SL, SP			
<b>Asmanex TwistHaler, HFA</b>	1	SL	Sildenafil Tablet (generic <b>Revatio</b> )	1	SL, SP			
<b>Bevespi Aerosphere</b>	2	SL	<b>Tracleer</b>	2	PA, SL, SP			
<b>Breo Ellipta</b>	3	RS, SL	<b>Tyvaso</b>	2	PA, SP			
Budesonide Nebs	1	SL	<b>Uptravi</b>	3	PA, SL, SP			
<b>Combivent Respimat</b>	3	SL	<b>Smoking Cessation</b>					
<b>Dulera</b>	3	E, SL, ST	Bupropion Sustained-Release Tablet	1	H-PA			
<b>Flovent Diskus/HFA</b>	3	SL	<b>Chantix Tablet</b>	3	H-PA			
Fluticasone/Salmeterol RespiClick (generic <b>AirDuo RespiClick</b> )	1	SL	<b>Nicoderm CQ</b>	3	H-PA			
<b>Incruse Ellipta</b>	2	SL	<b>Nicorette Gum</b>	3	H-PA			
Ipratropium-Albuterol Nebs	1		<b>Nicorette Lozenge</b>	2	H-PA			
Ipratropium Nebs	1		<b>Nicorette Mini-Lozenge</b>	2	H-PA			
Levalbuterol Nebs	1	E, SL	Nicotine Gum	1	H-PA			
Montelukast	1		Nicotine Lozenge	1	H-PA			
<b>Perforomist</b>	3	SL	Nicotine Patch	1	H-PA			
<b>ProAir HFA/RespiClick</b>	3	SL	<b>Nicotrol Inhaler</b>	3	H-PA			
<b>Proventil HFA</b>	3	SL	<b>Nicotrol Nasal Spray</b>	3	H-PA			
<b>Pulmicort Flexhaler</b>	3	SL, ST	Thrive Gum	1	H-PA			
<b>QVAR Redihaler</b>	1	SL	<b>Transplant</b>					
<b>Serevent Diskus</b>	3	SL	Azathioprine Tablet	1				
<b>Spiriva Handihaler/Respimat</b>	3	SL	Cyclosporine Modified Capsule	1	SP			
<b>Striverdi Respimat</b>	2	SL	Mycophenolate Capsule, Suspension	1	SP			
<b>Symbicort</b>	3	RS, SL	Mycophenolic Acid Tablet	1	SP			
<b>Tudorza</b>	2	SL	Sirolimus Tablet	1	SP			
<b>Ventolin HFA</b>	2	SL	Tacrolimus Capsule	1	SP			
<b>Xopenex HFA</b>	3	SL						

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
<b>Vitamins/Electrolytes</b>					
Fluoride	1		Cyclafem 7/7/7, 1/35	1	H
Folic Acid	1		Cyred	1	H
Klor-Con M10	1		Dasetta 7/7/7, 1/35	1	H
Klor-Con M20	1		Daysee	1	H
Potassium Chloride	1		Deblitane	1	H
Potassium Citrate	1		Delyla	1	H
<b>Women's Health: Contraceptives</b>					
Aftera	1	H	Desogestrel-Ethinyl Estradiol	1	H
Altavera	1	H	Drospirenone/Ethinyl Estradiol	1	H
Alyacen 7/7/7, 1/35	1	H	Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium	1	E
Amethia	1	H	Econtra EZ	1	H
Amethia Lo	1	H	Elinest	1	H
Amethyst	1	H	<b>Ella</b>	1	H, SL
Apri	1	H	Emoquette	1	H
Aranelle	1	H	Enpresse	1	H
Ashlyna	1	H	Enskyce	1	H
Aubra	1	H	Errin	1	H
Aviane	1	H	Estarylla	1	H
Azurette	1	H	Fallback	1	H
Balziva	1	H	Falmina	1	H
Bekyree	1	H	Fayosim	1	E
Blisovi Fe	1	H	Gianvi	1	H
Blisovi 24 Fe	1	H	Gildagia	1	H
Briellyn	1	H	Gildess	1	H
Camila	1	H	Gildess 24 Fe	1	H
Camrese	1	H	Gildess Fe	1	H
Camrese Lo	1	H	Heather	1	H
Caziant	1	H	Introvale	1	H
Cesia	1	H	Jencycla	1	H
Chateal	1	H	Jolessa	1	H
Cryselle	1	H	Jolivette	1	H
			Juleber	1	H

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Junel	1	H	Nikki	1	H
Junel 24 Fe	1	H	Nora BE	1	H
Junel Fe	1	H	Norethindrone 0.35 mg	1	H
Kariva	1	H	Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H
Kimidess	1	H	Norgestimate-Ethinyl Estradiol	1	H
Kurvelo	1	H	Norlyroc	1	H
Kelnor 1/35	1	H	Nortrel 7/7/7, 0.5/35, 1/35	1	H
Larin	1	H	<b>Nuvaring</b>	2	H
Larin 24 Fe	1	H	Ocella	1	H
Larin Fe	1	H	Ogestrel	1	H
Larissa	1	H	Opcicon	1	H
Leena	1	H	Orsythia	1	H
Lessina	1	H	Philith	1	H
Levonest	1	H	Pimtrea	1	H
Levonorgestrel 1.5 mg	1	H	Pirmella 7/7/7, 1/35	1	H
Levonorgestrel-Ethinyl Estradiol	1	H	<b>Plan B One Step</b>	1	H
Levora-28	1	H	Portia	1	H
<b>Lo Loestrin Fe</b>	3		Previfem	1	H
LoMedia 24 Fe	1	H	Quasense	1	H
Loryna	1	H	Rajani	1	E
Low-Ogestrel	1	H	Reclipsen	1	H
Lutera	1	H	Rivelsa	1	E
Lyza	1	H	Setlakin	1	H
Marlissa	1	H	Sharobel	1	H
Medroxyprogesterone Acetate	1	H	Solia	1	H
Mibelas 24 Fe Chewable Tablet	1	E	Sprintec	1	H
Microgestin	1	H	Sronyx	1	H
Microgestin Fe	1	H	Syeda	1	H
Mono-Linyah	1	H	Take Action	1	H
Mononessa	1	H	Tarina Fe	1	H
My Way	1	H	Tilia Fe	1	H
Myzilra	1	H	Tri-Estarylla	1	H
<b>Natazia</b>	2		Tri-Legest Fe	1	H
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H	Tri-Linyah	1	H
Next Choice	1	H	Tri-Lo-Estarylla	1	H

Drug Name	Drug Tier	Requirements & Limits
Tri-Lo-Marzia	1	H
Tri-Lo-Sprintec	1	H
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	1	H
Trivora-28	1	H
Velivet	1	H
Vestura	1	H
Vienva	1	H
Viorele	1	H
Vyfemla	1	H
Wera	1	H
Wymza Fe	1	H
Xulane	1	H
<b>Yasmin 28</b>	3	
<b>Yaz</b>	3	
Zarah	1	H
Zenchent	1	H
Zenchent Fe	1	H
Zovia 1/35E, 1/50E	1	H

Drug Name	Drug Tier	Requirements & Limits
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch (generic <b>Vivelle-Dot</b> )	3	E, SL
Estradiol Weekly Transdermal Patch (generic <b>Climara</b> )	1	SL
<b>Estring</b>	2	SL
Estrogen/Methyltestosterone Tablet	1	
<b>Evamist</b>	2	
Medroxyprogesterone	1	
<b>Minivelle</b>	3	SL
<b>Premarin</b>	3	
<b>Premphase</b>	3	
<b>Prempro</b>	3	
Progesterone Micronized Capsule	1	
<b>Vivelle-Dot</b>	1	SL
Yuvaferm	1	

#### Women's Health: Miscellaneous

Raloxifene	1	H-PA
Tamoxifen	1	H-PA

#### Women's Health: Prenatal Vitamins

<b>Brand Prenatal Vitamins</b>	3	
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#### Women's Health: Hormone Replacement

<b>Climara Pro</b>	3	SL
<b>Divigel</b>	3	
<b>Duavee</b>	3	SL
<b>Estrace Cream</b>	1	
Estradiol Cream (generic <b>Estrace</b> )	3	E
Estradiol/Norethindrone Acetate Tablet	1	

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** = May be excluded from coverage

**H** = May be part of health care reform preventive

**H-PA** = May be part of health care reform preventive with prior authorization

**PA** = Prior authorization required

**RS** = May be eligible for the refill and save program

**SL** = Supply limit

**SP** = Specialty medication

**ST** = Step therapy

# Index

## A

Abacavir-Lamivudine .....	16
Accu-Chek Test Strips.....	13
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg .....	11
Acetaminophen/Codeine Tablet .....	18
Actemra.....	16
Acyclovir Ointment .....	8
Acyclovir Tablet .....	8
Aczone .....	12
Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel.....	12
Adapalene Cream, Gel, Lotion.....	12
Adcirca .....	19
Adderall XR .....	10
Addyi.....	17
Adempas .....	19
Adlyxin.....	13
Advair Diskus/HFA .....	19
Afrezza.....	13
Aftera .....	20
AirDuo RespiClick .....	19
Akynzeo .....	15
Albuterol Nebs .....	19
Alendronate Sodium Tablet .....	18
Alfuzosin Tablet.....	17
Allpurinol Tablet.....	15
Alphagan P 0.1%.....	15
Alprazolam Extended-Release Tablet .....	11
Alprazolam Tablet.....	11
Altavera .....	20
Alunbrig.....	8
Alvesco.....	19
Alyacen 7/7/7, 1/35.....	20
Amethia.....	20
Amethia Lo .....	20
Amethyst.....	20
Amiodarone .....	10
Amitiza.....	15
Amitriptyline Tablet.....	10
Amlodipine .....	9
Amlodipine-Benazepril.....	9
Amlodipine-Valsartan .....	9
Amoxicillin Capsule, Chewable Tablet .....	8
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet .....	8

Amphetamine Salt Combo.....	10
Ampyra.....	11
Anastrozole Tablet.....	17
Androderm.....	17
Androgel .....	17
Anoro Ellipta.....	19
Aprepitant Capsule .....	15
Apri.....	20
Apriso .....	15
Aranelle .....	20
Aranesp.....	17
Aripiprazole Tablet .....	11
Armodafinil .....	11
Armour Thyroid .....	14
Arnuity Ellipta.....	19
Ashlynna .....	20
Asmanex TwistHaler, HFA .....	19
Atazanavir Capsule .....	16
Atenolol .....	9
Atenolol-Chlorthalidone .....	9
Atomoxetine .....	10
Atorvastatin .....	10
Atripla.....	16
Aubagio .....	11
Aubra .....	20
Auryxia .....	17
Austedo .....	11
Aviane .....	20
Avonex .....	11
Azathioprine Tablet .....	19
Azelastine 0.05% Ophthalmic Solution .....	14
Azelastine 0.1% Nasal Spray.....	18
Azithromycin Tablet.....	8
Azopt.....	15
Azurette .....	20

## B

Baclofen Tablet .....	17
Balziva .....	20
Basaglar .....	13
Bekyree .....	20
Belbuca .....	18
Benazepril .....	9
Benazepril-Hydrochlorothiazide .....	9
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment .....	12

Betamethasone Dipropionate 0.05% Cream, Ointment .....	12
Betaseron .....	11
Bethkis .....	17
Bevespi Aerosphere.....	19
Bevyxxa .....	9
Bexarotene Capsule .....	8
Bicalutamide .....	8
Bidil .....	9
Bisoprolol .....	9
Bisoprolol-Hydrochlorothiazide .....	9
Blisovi 24 Fe .....	20
Blisovi Fe .....	20
Bosulif .....	8
Brand Prenatal Vitamins .....	22
Breo Ellipta .....	19
Briellyn .....	20
Brilinta .....	9
Budesonide Nebs .....	19
Bupropion Extended-Release Tablet .....	10
Bupropion Sustained-Release Tablet .....	10, 19
Bupropion Tablet .....	10
Buspirone Tablet .....	11
Bydureon .....	13
Byetta .....	13
Bystolic .....	9
Byvalson .....	9

## C

Calcipotriene/Betamethasone Ointment .....	12
Calcitriol Capsule .....	14
Camila .....	20
Camrese .....	20
Camrese Lo .....	20
Canasa .....	15
Carac .....	12
Carbamazepine Extended-Release Capsule, Tablet .....	12
Carbamazepine Immediate-Release Tablet .....	12
Carbidopa-Levodopa .....	11
Carisoprodol 350 mg Tablet .....	17
Cartia XT .....	9
Carvedilol Immediate-Release Tablet .....	9

Cayston .....	17
Caziant .....	20
Cefadroxil Capsule, Tablet .....	8
Cefdinir Capsule .....	8
Cefixime Suspension.....	8
Cefprozil Tablet .....	8
Cefuroxime Tablet .....	8
Celecoxib.....	18
Cephalexin Capsule.....	8
Cerdelga .....	17
Cesia.....	20
Cetrotide .....	16
Chantix Tablet.....	19
Chateal .....	20
Chlorhexidine Gluconate .....	17
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution .....	17
Chlorthalidone.....	9
Choline Fenofibrate.....	10
Cialis .....	17
Ciclopirox Cream, Gel, Lotion, Solution .....	12
Cimzia.....	16
Ciprodex .....	8
Ciprofloxacin Tablet .....	8
Citalopram Tablet .....	10
Claravis.....	12
Clarithromycin Tablet.....	8
Climara.....	22
Climara Pro .....	22
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel.....	12
Clindamycin Capsule.....	8
Clindamycin Gel.....	12
Clindamycin Lotion, Solution, Swabs.....	12
Clobetasol Propionate Cream, Ointment, Solution.....	12
Clomiphene.....	16
Clonazepam Tablet .....	12
Clonidine Tablet .....	9
Clopidogrel.....	9
Clotrimazole-Betamethasone Cream.....	12
Clotrimazole-Betamethasone Lotion.....	12
Combigan.....	15
Combivent Respimat.....	19
Complera.....	16
Concerta.....	10
Contour Next .....	13
Contour Next EZ.....	13
Contour Next One .....	13
Contour Next Test Strips .....	13
Contour Test Strips .....	13
Copaxone.....	11
Corlanor .....	10
Cortifoam.....	15
Cosentyx.....	16
Creon .....	15
Cresemba.....	8
Crinone.....	16
Cryselle .....	20
Cyclafem 7/7/7, 1/35.....	20
Cyclobenzaprine.....	17
Cyclophosphamide Capsule .....	8
Cyclosporine Modified Capsule .....	19
Cyproheptadine Tablet.....	18
Cyred .....	20
<b>D</b>	
Daklinza .....	15
Dapsone 5% Gel.....	12
Dasetta 7/7/7, 1/35.....	20
Daysee.....	20
Deblitane.....	20
Delyla.....	20
Descovy .....	16
Desmopressin Tablet.....	14
Desogestrel-Ethinyl Estradiol.....	20
Desonide 0.05% Cream, Lotion, Ointment .....	12
Desoximetasone Cream, Gel, Ointment .....	12
Desvenlafaxine Extended-Release Tablet .....	10
Dexamethasone Tablet .....	14
Dexilant .....	15
Dexmethylphenidate Immediate-Release Tablet.....	10
Dextroamphetamine Sulfate Immediate-Release Tablet.....	10
Dextroamphetamine-Amphetamine Immediate-Release Tablet.....	10
Diazepam Tablet.....	11, 12
Diclofenac Tablet .....	18
Dicyclomine Tablet.....	18
Diflucan .....	8
Diflurasone Diacetate 0.05% Cream.....	12
Diflurasone Diacetate 0.05% Ointment .....	12
Digoxin .....	10
Diltiazem 24 Hour CD.....	9
Diltiazem Sustained-Release Capsule .....	9
Diltiazem Sustained-Release Tablet .....	9
Diphenoxylate-Atropine Tablet.....	15
Divalproex Delayed-Release Tablet .....	12
Divalproex Extended-Release Tablet .....	12
Digigel .....	22
Donepezil ODT, 5, 10 mg Tablet.....	11
Doxazosin.....	9, 17
Doxazosin Tablet .....	17
Doxepin .....	10
Doxycycline Hylyte 50, 100 mg Capsule, Tablet .....	8
Doxycycline Monohydrate 50, 100 mg Capsule .....	8
Drospirenone/Ethynodiol .....	20
Drospirenone/Ethynodiol/ Levomefolate Calcium .....	20
Duavee .....	22
Dulera .....	19
Duloxetine Capsule .....	10
Dupixent .....	12
Dutasteride Capsule .....	17
<b>E</b>	
Econazole Cream .....	8
Econtra EZ.....	20
Edarbi .....	9
Edarbyclor .....	9
Efavirenz .....	16
Eletriptan .....	11
Elidel .....	12
Elinest .....	20
Eliquis .....	9
Ella .....	20
Emend Suspension.....	15
Emoquette .....	20
Enalapril .....	9
Enbrel .....	16
Endometrin.....	16
Enoxaparin Sodium .....	9
Enpresse .....	20
Enskyce .....	20
Enstilar Foam .....	12
Entresto .....	10

Epcilusa .....	15
Epinephrine.....	17
EpiPen/EpiPen Jr.....	17
EpiPen/EpiPen-Jr.....	17
Epzicom .....	16
Errin.....	20
Erythromycin 0.5% Ophthalmic Ointment.....	14
Escitalopram Tablet.....	10
Estarylla.....	20
Estrace .....	22
Estrace Cream.....	22
Estradiol Cream .....	22
Estradiol Tablet.....	22
Estradiol Twice-Weekly Transdermal Patch.....	22
Estradiol Weekly Transdermal Patch.....	22
Estradiol/Norethindrone Acetate Tablet.....	22
Estring .....	22
Estrogen/Methyltestosterone Tablet .	22
Eszopiclone Tablet .....	11
Etodolac Capsule .....	18
Eucrisa.....	12
Evanist.....	22
Evotaz.....	16
Ezetimibe Tablet.....	10
Ezetimibe/Simvastatin.....	10

## F

Fallback.....	20
Falmina.....	20
Famciclovir Tablet.....	8
Farxiga.....	13
Fayosim .....	20
Fenofibrate 54, 160 mg Tablet.....	10
Fentanyl 12, 25, 50, 75, 100 mcg Patch.....	18
Fentanyl Citrate Lozenge.....	18
Fetzima.....	10
Finacea.....	12
Finasteride Tablet .....	17
Flecainide .....	10
Flovent Diskus/HFA.....	19
Fluconazole Tablet .....	8
Fluocinolone Cream, Oil, Ointment, Solution.....	12
Fluocinonide 0.05% Cream .....	12
Fluoride .....	20

Fluorouracil 0.5% Cream .....	12
Fluoxetine Capsule.....	10
Fluticasone Nasal Spray .....	18
Fluticasone/Salmeterol RespiClick....	19
Fluvastatin Extended-Release Tablet .....	10
Fluvoxamine Tablet .....	11
Folic Acid .....	20
Forteo .....	18
FreeStyle Test Strips .....	13
Frovatriptan .....	11
Furosemide .....	9

## G

Gabapentin Capsule, Tablet .....	12
Gemfibrozil .....	10
Gentamicin Ophthalmic Ointment, Solution .....	14
Genvoya .....	16
Gianvi.....	20
Gildagia.....	20
Gildess .....	20
Gildess 24 Fe.....	20
Gildess Fe.....	20
Gilenya.....	11
Glatiramer .....	11
Glimepiride .....	13
Glipizide .....	13
Glipizide Extended-Release .....	13
Glucophage XR.....	14
Glyburide .....	13
Glyxambi.....	13
Golytely .....	15
Gonal-F .....	16
Gonal-F RFF .....	16
Guanfacine .....	9, 10
Guanfacine Extended-Release .....	10

## H

Halobetasol Ointment .....	12
Harvoni.....	15
Heather.....	20
Humalog KwikPens.....	13
Humalog Vials .....	13
Humira.....	16
Humulin KwikPens .....	13
Humulin Vials.....	13
Hydralazine .....	9
Hydrochlorothiazide.....	9
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet .....	18

Hydrocodone/Chlorpheniramine Suspension .....	17
Hydrocodone/Ibuprofen Tablet .....	18
Hydrocortisone 2.5% Cream, Ointment .....	12
Hydromorphone Immediate-Release Tablet .....	18
Hydroxychloroquine Sulfate.....	16
Hydroxyurea Capsule .....	8
Hydroxyzine Capsule, Tablet .....	18
Hyoscyamine Tablet.....	15

## I

Ibandronate Tablet .....	18
Ibuprofen Tablet.....	18
Idhifa .....	8
Imantinib Tablet.....	8
Imbruvica.....	8
Imiquimod 5% Cream.....	12
Incruse Ellipta .....	19
Indomethacin Capsule .....	18
Ingrezza.....	11
Intelence .....	16
Intrarosa .....	17
Introvale.....	20
Invokamet .....	13
Invokamet XR .....	13
Invokana.....	13
Ipratropium Nebs.....	19
Ipratropium-Albuterol Nebs.....	19
Irbesartan .....	9
Isentress.....	16
Isosorbide Mononitrate ER .....	10
Itraconazole Capsule.....	8

## J

Janumet .....	13
Januvia .....	14
Jardiance .....	14
Jencycla .....	20
Jentadueto .....	14
Jentadueto XR .....	14
Jolessa .....	20
Jolivette .....	20
Juleber .....	20
Junel .....	21
Junel 24 Fe.....	21
Junel Fe .....	21

## K

Kaletra Tablet.....	16
---------------------	----

Kariva.....	21	Lialda .....	15	Methylprednisolone Tablet.....	14
Kazano .....	14	Lidocaine Transdermal Patch.....	17	Methyltestosterone Capsule .....	17
Kelnor 1/35 .....	21	Lidoderm .....	17	Metoclopramide Tablet.....	15
Ketoconazole Cream.....	8	Linzess .....	15	Metoprolol Succinate Extended-Release	
Ketorolac Tablet .....	18	Liothyronine Sodium Tablet.....	14	50, 100, 200 mg .....	9
Kevzara .....	16	Lisinopril.....	9	Metoprolol Tartrate 25, 50, 100 mg....	9
Kimidess .....	21	Lisinopril-Hydrochlorothiazide .....	9	Metronidazole 0.75% Topical Gel.....	12
Klor-Con M10 .....	20	Lithium Capsule .....	11	Metronidazole Tablet .....	8
Klor-Con M20 .....	20	Livalo.....	10	Mibelas 24 Fe Chewable Tablet.....	21
Kombiglyze XR.....	14	Lo Loestrin Fe.....	21	Microgestin .....	21
Kurvelo .....	21	LoMedia 24 Fe .....	21	Microgestin Fe.....	21
<b>L</b>		Lopinavir-Ritonavir Oral Solution .....	16	Minivelle .....	22
Labetalol.....	9	Lorazepam Tablet.....	11	Minocycline Capsule .....	8
Lamivudine-Zidovudine .....	16	Loryna .....	21	Minocycline Extended-Release .....	12
Lamotrigine Immediate-Release Tablet.....	12	Losartan.....	9	Minocycline Tablet.....	8
Lanthanum Chewable Tablet .....	17	Losartan-Hydrochlorothiazide.....	9	Mirtazapine Tablet.....	11
Lantus Solostar .....	13	Lovastatin .....	10	Mirvaso.....	12
Lantus Vials.....	13	Low-Ogestrel .....	21	Mitigare .....	15
Larin .....	21	Lumigan .....	15	Modafinil Tablet.....	11
Larin 24 Fe .....	21	Lutera.....	21	Mometasone Furoate Cream, Lotion, Ointment .....	12
Larin Fe .....	21	Lyrica .....	12	Mono-Linyah.....	21
Larissa .....	21	Lyza.....	21	Mononessa .....	21
Lastacaft .....	14	<b>M</b>		Montelukast .....	19
Latanoprost 0.005% Ophthalmic Solution.....	15	Marlissa.....	21	Morphine Sulfate Extended-Release Tablet .....	18
Latuda .....	11	Mavyret.....	15	Morphine Sulfate Oral Solution .....	18
Lazanda .....	18	Medroxyprogesterone.....	21, 22	Movantik .....	15
Leena.....	21	Medroxyprogesterone Acetate .....	21	Moviprep .....	15
Leflunomide .....	16	Meloxicam Tablet.....	18	Moxeza .....	14
Lessina.....	21	Memantine Immediate-Release .....	11	Moxifloxacin Ophthalmic Solution....	14
Letairis .....	19	Mercaptopurine Tablet.....	8	Moxifloxacin Tablet.....	8
Letrozole .....	17	Mesalamine Delayed-Release Tablet...	15	Multaq.....	10
Leucovorin Calcium Tablet.....	8	Metadate CD.....	10	Mupirocin Ointment .....	12
Levalbuterol Nebs .....	19	Metadate ER .....	10	My Way.....	21
Levemir FlexTouch.....	13	Metaxalone Tablet.....	17	Mycophenolate Capsule, Suspension .....	19
Levemir Vials.....	13	Metformin .....	14	Mycophenolic Acid Tablet.....	19
Levetiracetam Extended-Release Tablet .....	12	Metformin Extended-Release Tablet .....	14	Myzilra .....	21
Levetiracetam Immediate-Release Tablet.....	12	Methadone Tablet, Oral Solution, Concentrate Solution.....	18	<b>N</b>	
Levitra .....	17	Methimazole Tablet.....	14	Nabumetone Tablet .....	18
Levocetirizine Tablet .....	18	Methocarbamol Tablet .....	17	Nadolol .....	9
Levofloxacin Tablet.....	8	Methotrexate Tablet .....	16	Naloxone Vial.....	11
Levonest .....	21	Methylphenidate Chewable Tablet....	10	Naproxen Tablet.....	18
Levonorgestrel 1.5 mg .....	21	Methylphenidate Extended-Release Capsule .....	10	Naratriptan .....	11
Levonorgestrel-Ethinyl Estradiol .....	21	Methylphenidate Extended-Release Tablet .....	10	Narcan Nasal Spray .....	11
Levora-28.....	21	Methylphenidate Immediate-Release Tablet .....	10	Natazia .....	21
Levothyroxine Sodium Tablet .....	14				

Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11.....	21
Nesina .....	14
Nevirapine .....	16
Nevirapine Extended-Release.....	16
Next Choice .....	21
Niacin Extended-Release Tablet .....	10
Niaspan.....	10
Nicoderm CQ .....	19
Nicorette Gum.....	19
Nicorette Lozenge.....	19
Nicorette Mini-Lozenge.....	19
Nicotine Gum.....	19
Nicotine Lozenge.....	19
Nicotine Patch .....	19
Nicotrol Inhaler .....	19
Nicotrol Nasal Spray .....	19
Nifedipine Extended-Release.....	9
Nikki .....	21
Nitrofurantoin Capsule .....	8
Nitrofurantoin Macrocrystal Capsule... <td>8</td>	8
Nitroglycerin Sublingual Tablet .....	10
Nityr.....	17
Nora BE.....	21
Norethindrone 0.35 mg .....	21
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate.....	21
Norgestimate-Ethinyl Estradiol.....	21
Norlyroc.....	21
Nortrel 7/7/7, 0.5/35, 1/35.....	21
Nortriptyline Capsule .....	11
Norvir .....	16
Novolin Vials .....	13
Novolog FlexPen.....	13
Novolog Vials.....	13
Noxafil Tablet, Suspension.....	8
NP Thyroid Tablet.....	14
Nucynta.....	18
Nucynta ER .....	18
Nuedexta .....	17
Nutropin, Nutropin AQ.....	14
Nuvaring.....	21
Nystatin Cream, Ointment .....	8
<b>O</b>	
Obredon.....	17
Ocella.....	21
Odefsey.....	16
Ofloxacin 0.3% Ophthalmic Solution.	14
Ofloxacin Otic Solution.....	8
Ofloxacin Tablet .....	8
Ogestrel.....	21
Olanzapine Tablet.....	11
Olmesartan .....	9
Olmesartan-Hydrochlorothiazide .....	9
Olopatadine 0.1% Ophthalmic Solution .....	14
Omeclamox-Pak .....	15
Omega-3-Acid Ethyl Esters Capsule .	10
Omeprazole Capsule.....	15
Ondansetron.....	15
Ondansetron ODT .....	15
OneTouch Test Strips .....	13
OneTouch Ultra Mini .....	13
OneTouch Ultra Test Strips .....	13
OneTouch Verio.....	13
OneTouch Verio Flex.....	13
OneTouch Verio IQ .....	13
OneTouch Verio Sync .....	13
OneTouch Verio Test Strips.....	13
Onglyza .....	14
Opcicon .....	21
Opsumit .....	19
Oracea.....	12
Orencia.....	16
Orenitram.....	19
Orsythia.....	21
Oseltamivir Capsule, Suspension.....	8
Oseni.....	14
Ospheна .....	17
Otezla.....	16
Otrexup .....	16
Ovidrel .....	16
Oxcarbazepine Tablet .....	12
Oxsoralen-Ultra .....	12
Oxybutynin Extended-Release Tablet .....	18
Oxybutynin Tablet .....	18
Oxycodone Tablet .....	18
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet .....	18
Oxycontin .....	18
P	
Pantoprazole Tablet .....	15
Paroxetine Tablet .....	11
Pegasys.....	17
Penicillin V Potassium Tablet.....	8
Perforomist .....	19
Phenazopyridine.....	17
Phenytoin Capsule, Suspension.....	12
Philith .....	21
Picato .....	12
Pimtrea .....	21
Pioglitazone .....	14
Pirmella 7/7/7, 1/35 .....	21
Plan B One Step .....	21
Plegridy .....	11
Polyethylene Glycol 3350.....	15
Portia .....	21
Potassium Chloride.....	20
Potassium Citrate .....	20
Pradaxa.....	9
Praluent.....	10
Pramipexole Tablet.....	11
Prasugrel.....	9
Pravastatin .....	10
Prednisone Tablet.....	14
Premarin .....	22
Premphase .....	22
Prempro .....	22
Prenisolone Oral Solution.....	14
Prepopik .....	15
Previfem .....	21
Prezcobix .....	16
Prezista.....	16
Pristiq .....	10
ProAir HFA/RespiClick.....	19
Procrit .....	17
Progesterone Micronized Capsule....	22
Promethazine Tablet .....	18
Promethazine/Codeine .....	17
Promethazine/Dextromethorphan ....	17
Propranolol Extended-Release Capsule .....	9
Propranolol Tablet .....	9
Proventil HFA .....	19
Prozac .....	10
Pulmicort Flexhaler .....	19
Pulmozyme .....	17
Pylera .....	15
<b>Q</b>	
Quasense .....	21
Quetiapine Extended-Release Tablet	11
Quetiapine Immediate-Release Tablet	11
Quinapril .....	9
QVAR Redihaler .....	19
<b>R</b>	
Rabeprazole Tablet .....	15

Rajani.....	21	Sprintec.....	21	Terbinafine Tablet .....	8
Raloxifene.....	18, 22	Sprix.....	18	Testim .....	17
Raloxifene Tablet .....	18	Sronyx.....	21	Testosterone 1% Topical Gel .....	17
Ramipril.....	9	Stelara .....	16	Testosterone Cypionate Injection .....	17
Ranexa .....	10	Stendra.....	17	Thrive Gum.....	19
Ranitadine Syrup .....	15	Stribild .....	16	Tilia Fe .....	21
Rapaflo.....	17	Striverdi Respimat.....	19	Timolol 0.25%, 0.5% Ophthalmic Solution .....	15
Rasuvo .....	16	Suboxone Film .....	11	Tivicay.....	16
Rebif.....	11	Sucralfate Tablet .....	15	Tizanidine Tablet.....	17
Reclipsen.....	21	Sulfamethoxazole-Trimethoprim Tablet .....	8	Tobi Podhaler .....	17
Rectiv.....	17	Sulfasalazine Tablet .....	15	Tobramycin Ophthalmic Solution .....	14
Regranex .....	13	Sumatriptan Nasal Spray.....	11	Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension .....	14
Repatha.....	10	Sumatriptan Succinate Tablet, Injection.....	11	Tolcapone.....	11
Restasis Single Use Vial .....	14	Suprax Capsule, Chewable Tablet, Tablet .....	8	Topiramate Immediate-Release Tablet .....	12
Revatio.....	19	Suprep.....	15	Toujeo SoloStar.....	13
Revlimid .....	8	Sutent .....	8	Toviaz.....	18
Rezira.....	17	Syeda.....	21	Tracleer .....	19
Rhofade.....	13	Symbicort .....	19	Tradjenta.....	14
Ribavirin Tablet.....	15	Synjardy .....	14	Tramadol Immediate-Release Tablet .....	18
Risedronate Sodium Tablet.....	18	Synjardy XR.....	14	Tramadol Sustained-Release Tablet..	18
Risperidone Tablet .....	11	Synthroid.....	14	Tramadol-Acetaminophen.....	18
Ritalin LA .....	10	Syprine .....	17	Travatan Z.....	15
Ritalin SR .....	10	Taclonex Suspension .....	13	Trazodone Tablet.....	11
Rivelsa .....	21	Tacrolimus Capsule .....	19	Tremfya .....	16
Rizatriptan ODT, Tablet .....	11	Tacrolimus Ointment.....	13	Tresiba FlexTouch.....	13
Ropinirole Tablet.....	11	Take Action .....	21	Tretinoin Cream.....	13
Rosuvastatin .....	10	Taltz.....	16	Tretinoin Gel.....	13
Rydapt.....	8	Tamoxifen .....	22	Tretinoin Microspheres.....	13
<b>S</b>		Tamsulosin Capsule.....	17	Trezip.....	18
Savaysa .....	9	Targretin Capsule .....	9	Tri-Estarylla.....	21
Scopolamine Transdermal Patch .....	15	Targretin Gel .....	9	Tri-Legest Fe .....	21
Selzentry .....	16	Tarina Fe .....	21	Tri-Linyah .....	21
Serevent Diskus .....	19	Tasigna .....	9	Tri-Lo-Estarylla.....	21
Sertraline Tablet .....	11	Tazarotene 0.1% Cream .....	13	Tri-Lo-Marzia.....	22
Setlakin.....	21	Tazorac .....	13	Tri-Lo-Sprintec .....	22
Sevelamer.....	17	Tazorac 0.1% Cream .....	13	Tri-Previfem .....	22
Sharobel.....	21	Tazorac Gel, 0.05% Cream .....	13	Tri-Sprintec .....	22
Sildenafil Tablet.....	17, 19	Tecfidera .....	11	Triamcinolone Acetonide Cream, Lotion, Ointment .....	13
Siliq.....	16	Technivie.....	15	Triamterene-Hydrochlorothiazide .....	9
Simponi.....	16	Telmisartan.....	9	Triazolam Tablet.....	11
Simvastatin.....	10	Telmisartan-Hydrochlorothiazide.....	9	Trinessa.....	22
Sirolimus Tablet.....	19	Temazepam Capsule.....	11	Trinessa Lo.....	22
Solia .....	21	Tenofovir Tablet.....	16	Trintellix .....	11
Soliqua .....	14	Terazosin.....	9, 17	Triumeq .....	16
Solodyn.....	13	Terazosin Capsule, Tablet .....	17		
Sotalol.....	10				
Sovaldi.....	15				
Spiriva Handihaler/Respimat.....	19				
Spironolactone .....	9				

Trivora-28.....	22
Trulicity .....	14
Truvada.....	16
Tudorza .....	19
Tybost .....	16
Tymlos .....	18
Tyvaso .....	19

## U

Uceris Foam.....	15
Uceris Tablet .....	15
Uloric.....	15
Uptravi .....	19

## V

Valacyclovir Tablet.....	8
Valganciclovir.....	8
Valsartan.....	9
Valsartan-Hydrochlorothiazide.....	9
Varubi.....	15
Vascepa .....	10
Vectical.....	13
Velivet .....	22
Velphoro.....	17
Veltassa.....	17
Venlafaxine Extended-Release Capsule.....	11
Venlafaxine Tablet .....	11
Ventolin HFA .....	19
Verapamil.....	9
Verapamil Sustained-Release .....	9
Vestura .....	22
Viagra.....	17
Viberzi.....	15
Vicodin 5/300, 7.5/300, 10/300 mg Tablet .....	18
Victoza 2-Pak.....	14
Victoza 3-Pak.....	14
Viekira Pak .....	15
Viekira XR.....	15
Vienna .....	22
Viibryd .....	11
Viorele.....	22
Vitekta.....	16
Vivelle-Dot .....	22
Voltaren Gel .....	18
Vosevi .....	15
Vyfemla .....	22
Vyvanse.....	10

## W

Warfarin Sodium.....	9
Welchol .....	10
Wera.....	22
Wymza Fe.....	22

## X

Xarelto .....	9
Xeljanz .....	16
Xeljanz XR.....	16
Xeloda.....	9
Xigduo XR.....	14
Xiidra.....	14
Xopenex HFA.....	19
Xtampza ER .....	18
Xulane.....	22
Xultophy .....	14
Xyrem.....	11

## Y

Yasmin 28.....	22
Yaz.....	22
Yuvarfem .....	22

## Z

Zaleplon Capsule .....	11
Zarah.....	22
Zarxio.....	17
Zelapar .....	11
Zenchent.....	22
Zenchent Fe .....	22
Zenpep.....	15
Zepatier .....	15
Zetonna .....	18
Zinbryta.....	11
Ziprasidone Capsule.....	11
Zohydro ER .....	18
Zolpidem Extended-Release Tablet ..	11
Zolpidem Immediate-Release Tablet.	11
Zonisamide Capsule.....	12
Zovia 1/35E, 1/50E.....	22
Zovirax Cream .....	8
Zubsolv.....	11
Zurampic.....	15
Zykadia.....	9
Zytiga .....	9

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ចំណាត់មករណ៍: បើសិនអភិវឌ្ឍយាយភាគខ្មែរ (Khmer) សេវាជំនួយភាសាអង់គ្លេស តាតិតាន្តី ពីមានសំរាប់អ្នក។ សូមទូរស័ព្ទថ្មីដោយតាតិតាន្តី ដែលមានអត្ថបន្ឌិ៍នៃភាគខ្មែរ។

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