



Your 2018 Prescription Drug List

Advantage Four-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, Golden Rule, UnitedHealthOne, Oxford, All Savers, Neighborhood Health Plan and River Valley medical plans with a pharmacy benefit subject to the Advantage Four-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

Drug tiers	4
Restrictions on which medications are covered	6
Drugs by category	8
Anti-Infectives	
Antibiotics	8
Antifungals.....	8
Antivirals	8
Cancer	8
Cardiovascular/Heart Disease	
Coagulation Therapy	9
High Blood Pressure	9
High Cholesterol	10
Other.....	10
Central Nervous System	
Attention Deficit Disorder.....	10
Depression.....	10
Migraine	11
Multiple Sclerosis	11
Other.....	11
Sedatives/Hypnotics	11
Seizure Disorders	12
Dermatology	12
Diabetes	
Blood Glucose Monitoring.....	13
Insulin	13
Non-Insulin.....	13
Endocrine	
Growth Hormone	14
Other.....	14
Thyroid Hormone Replacement.....	14
Eye Conditions	
Allergies	14
Antibiotics	14
Dry Eye Disease	15
Glaucoma	15
Gastrointestinal	
Acid Suppression	15
Nausea/Vomiting	15
Other.....	15
Gout	15
Hepatitis C	16
HIV/AIDS	16
Infertility	16
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis	
Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis.....	16
Medications for Sexual Dysfuntion	
Men's Health	17
Prostate	17
Testosterone Therapy.....	17
Miscellaneous	17
Musculoskeletal	
Muscle Spasms.....	18
Osteoporosis.....	18
Pain Relief	18
Overactive Bladder	18
Respiratory	
Allergies	19
Asthma/COPD	19
Pulmonary Arterial Hypertension	19
Smoking Cessation	19
Transplant	20
Vitamins/Electrolytes	20
Women's Health	
Contraceptives	20
Hormone Replacement	22
Miscellaneous	22
Prenatal Vitamins	22
Index	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, Tier 2 or Tier 3 option could work for you.

Your Cost	Drug Tier ¹	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 and 3	Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4 drugs, to help reduce your out-of-pocket costs.
\$\$\$ Higher	4	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1, Tier 2 or Tier 3 option could work for you.

¹Some 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)² 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 medications³). 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.

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

³This 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 medications 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)⁴ (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 Program⁵ (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.

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

⁵ Not applicable to Neighborhood Health Plan, Golden Rule, Oxford and UnitedHealthOne.

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			
Anti-Infectives: Antibiotics								
Amoxicillin Capsule, Chewable Tablet	1		Cresemba	3	SL			
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1		Econazole Cream	3	SL			
Azithromycin Tablet	1		Fluconazole Tablet	1				
Cefadroxil Capsule, Tablet	1		Itraconazole Capsule	1	SL			
Cefdinir Capsule	1		Ketoconazole Cream	1	SL			
Cefixime Suspension	3		Noxafil Tablet, Suspension	2				
Cefprozil Tablet	1		Nystatin Cream, Ointment	1				
Cefuroxime Tablet	1		Terbinafine Tablet	1	SL			
Cephalexin Capsule	1		Anti-Infectives: Antivirals					
Ciprodex	3		Acyclovir Ointment	4	PA, SL, ST			
Ciprofloxacin Tablet	1		Acyclovir Tablet	1				
Clarithromycin Tablet	1		Famciclovir	2				
Clindamycin Capsule	1		Oseltamivir Capsule, Suspension	2	SL			
Difidic	3	SL	Valacyclovir Tablet	1	SL			
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	2		Valganciclovir	1	SL			
Doxycycline Monohydrate 50, 100 mg Capsule	1		Zovirax Cream	4	E, SL			
Levofloxacin Tablet	1		Cancer					
Metronidazole Tablet	1		Alunbrig	2	PA, SL, SP			
Minocycline Capsule	1		Bexarotene Capsule	4	E, PA, SL, SP			
Minocycline Tablet	4	E	Bicalutamide	1				
Moxifloxacin Tablet	3		Bosulif	2	PA, SL, SP, ST			
Nitrofurantoin Capsule	1		Cyclophosphamide Capsule	2				
Nitrofurantoin Macrocrystal Capsule	1		Hydroxyurea Capsule	3				
Ofloxacin Otic Solution	2		Idhifa	2	PA, SL, SP			
Ofloxacin Tablets	1		Imatinib Tablet	1	PA, SL, SP			
Penicillin V Potassium Tablet	1		Imbruvica	2	PA, SL, SP			
Sulfamethoxazole-Trimethoprim Tablet	1		Leucovorin Calcium Tablet	1				
Suprax Capsule, Chewable Tablet, Tablet	4		Mercaptopurine Tablet	1				
			Revlimid	2	PA, SL, SP			
			Rydapt	2	PA, SL, SP			
			Sutent	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	2	SL, SP	Diltiazem Sustained-Release Tablet	2	
Targretin Gel	3	SL	Doxazosin	1	
Tasigna	2	PA, SL, SP, ST	Edarbi	3	SL
Zykadia	2	PA, SL, SP	Edarbyclor	3	SL
Xeloda	1	SL, SP	Enalapril	1	
Zytiga	2	PA, SL, SP	Furosemide	1	
Cardiovascular/Heart Disease: Coagulation Therapy					
Bevyxxa	3	SL	Guanfacine	1	
Brilinta	4	SL	Hydralazine	1	
Clopidogrel	1		Hydrochlorothiazide	1	
Eliquis	4	SL	Irbesartan	1	
Enoxaparin Sodium	2	SL	Labetalol	1	
Pradaxa	2	SL	Lisinopril	1	
Prasugrel	3	SL	Lisinopril-Hydrochlorothiazide	1	
Savaysa	4	SL	Losartan	1	
Warfarin Sodium	1		Losartan-Hydrochlorothiazide	1	
Xarelto	2	SL	Metoprolol Succinate Extended-Release 50, 100, 200 mg	2	
Cardiovascular/Heart Disease: High Blood Pressure					
Amlodipine	1		Metoprolol Tartrate 25, 50, 100 mg	1	
Amlodipine-Benazepril	1		Nadolol	1	
Amlodipine-Valsartan	2		Nifedipine Extended-Release	1	
Atenolol	1		Olmesartan	2	SL
Atenolol-Chlorthalidone	1		Olmesartan-Hydrochlorothiazide	2	SL
Benazepril	1		Propranolol Extended-Release Capsule	2	
Benazepril-Hydrochlorothiazide	1		Propranolol Tablet	1	
Bidil	2		Quinapril	1	
Bisoprolol	1		Ramipril	1	
Bisoprolol-Hydrochlorothiazide	1		Spironolactone	1	
Bystolic	2		Telmisartan	2	
Byvalson	2	SL	Telmisartan-Hydrochlorothiazide	2	
Cartia XT	2		Terazosin	1	
Carvedilol Immediate-Release Tablet	1		Triamterene-Hydrochlorothiazide	1	
Chlorthalidone	1		Valsartan	2	
Clonidine Tablet	1		Valsartan-Hydrochlorothiazide	1	
Diltiazem 24 Hour CD	2		Verapamil	1	
Diltiazem Sustained-Release Capsule	2		Verapamil Sustained-Release	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol					
Atorvastatin	1	H-PA, SL	Adderall XR	2	PA, SL
Choline Fenofibrate	4	E	Amphetamine Salt Combo	1	PA
Ezetimibe Tablet	3	SL	Atomoxetine	3	SL
Ezetimibe/Simvastatin	3	SL	Concerta	2	PA, SL
Fenofibrate 54, 160 mg Tablet	2		Dexmethylphenidate Immediate-Release Tablet	1	PA
Fluvastatin Extended-Release Tablet	3	SL, ST	Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Gemfibrozil	1		Dextroamphetamine Sulfate Immediate-Release Tablet	3	PA
Livalo	4	E, SL, ST	Guanfacine Extended-Release	2	SL
Lovastatin	1	H	Methylphenidate Chewable Tablet	3	PA
Niacin Extended-Release Tablet	4		Methylphenidate Extended-Release Capsule (generic Metadate CD, Ritalin LA)	2	PA, SL
Niaspan	2		Methylphenidate Extended-Release Tablet (generic Concerta)	4	E, PA, SL
Omega-3-Acid Ethyl Esters Capsule	3	PA	Methylphenidate Extended-Release Tablet (Metadate ER, generic Ritalin SR)	4	PA, SL
Praluent	2	PA, SL, SP, ST	Methylphenidate Immediate-Release Tablet	1	PA
Pravastatin	1		Vyvanse	2	PA, SL
Repatha	4	PA, SL, SP, ST	Amitriptyline Tablet	1	
Rosuvastatin	2	SL	Bupropion Extended-Release Tablet	1	
Simvastatin	1	H-PA	Bupropion Sustained-Release Tablet	1	
Vascepa	4	PA	Bupropion Tablet	1	
Welchol	2		Citalopram Tablet	1	
Cardiovascular/Heart Disease: Other					
Amiodarone	1		Desvenlafaxine Extended-Release Tablet (generic Pristiq)	2	SL
Corlanor	3	PA, SL	Doxepin Capsule	1	
Digoxin	1		Duloxetine Capsule	3	SL
Entresto	4	PA, SL	Escitalopram Tablet	1	
Flecainide	1		Fetzima	4	SL, ST
Isosorbide Mononitrate ER	1		Fluoxetine Capsule (generic Prozac)	1	
Multaq	4	PA			
Nitroglycerin Sublingual Tablet	1				
Ranexa	2				
Sotalol	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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
Fluvoxamine Tablet	1		Armodafinil	3	PA, SL			
Mirtazapine Tablet	1		Austedo	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 5, 10 mg ODT, Tablet	1				
Trintellix	4	SL, ST	Ingrezza	4	PA, SL, SP			
Venlafaxine Extended-Release Capsule	1		Latuda	4	SL			
Venlafaxine Tablet	1		Lithium Capsule	1				
Viibryd	4	SL	Lorazepam Tablet	1				
Central Nervous System: Migraine								
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL	Memantine Immediate-Release Tablet	2				
Eletriptan	2	SL	Modafinil Tablet	3	PA, SL			
Frovatriptan	3	SL	Naloxone Vials	1				
Naratriptan	1	SL	Narcan Nasal Spray	2	SL			
Rizatriptan ODT, Tablet	1	SL	Olanzapine Tablet	1	SL			
Sumatriptan Nasal Spray	2	SL	Pramipexole Tablet	1				
Sumatriptan Succinate Tablet, Injection	1	SL	Quetiapine Extended-Release Tablet	3	SL			
Central Nervous System: Multiple Sclerosis								
Ampyra	2	PA, SL, SP	Quetiapine Immediate-Release Tablet	1				
Aubagio	3	PA, SL, SP	Risperidone Tablet	1				
Avonex	2	PA, SL, SP	Ropinirole Tablet	1				
Betaseron	2	PA, SL, SP	Suboxone Film	4	E, PA, SL			
Copaxone	2	PA, SL, SP	Tolcapone	2				
Gilenya	3	PA, SL, SP	Xyrem	4	PA, SL, SP			
Glatiramer (generic Copaxone)	4	E, PA, SL, SP, ST	Zelapar	3				
Plegridy	3	PA, SL, SP	Ziprasidone Capsule	2	SL			
Rebif	4	PA, SL, SP, ST	Zubsolv	2	SL			
Tecfidera	2	PA, SL, SP	Central Nervous System: Sedatives/Hypnotics⁶					
Zinbryta	4	PA, SL, SP	Eszopiclone Tablet	2	SL			
Central Nervous System: Other			Temazepam Capsule	1				
Alprazolam Extended-Release Tablet	1		Triazolam Tablet	1				
Alprazolam Tablet	1		Zaleplon Capsule	1	SL			
Aripiprazole Tablet	2	SL	Zolpidem Extended-Release Tablet	4	E, SL			
			Zolpidem Immediate-Release Tablet	1	SL			

⁶Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Seizure Disorders					
Carbamazepine Extended-Release Capsule	2		Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	3	SL
Carbamazepine Extended-Release Tablet	3		Clindamycin Gel	3	SL
Carbamazepine Immediate-Release Tablet	1		Clindamycin Lotion	3	
Clonazepam Tablet	1		Clindamycin Solution, Swabs	1	
Diazepam Tablet	1		Clobetasol Propionate Cream, Ointment	2	SL
Divalproex Delayed-Release Tablet	1		Clobetasol Propionate Solution	1	SL
Divalproex Extended-Release Tablet	2		Clotrimazole-Betamethasone Cream	1	SL
Gabapentin Capsule, Tablet	1		Clotrimazole-Betamethasone Lotion	1	
Lamotrigine Immediate-Release Tablet	1		Dapsone 5% Gel	4	E, SL
Levetiracetam Extended-Release Tablet	2		Desonide 0.05% Cream, Lotion, Ointment	3	SL
Levetiracetam Immediate-Release Tablet	1		Desoximetasone Gel, Ointment	3	SL
Lyrica	4	SL, ST	Diflorasone Diacetate 0.05% Cream	3	SL
Oxcarbazepine Tablet	1		Diflorasone Diacetate 0.05% Ointment	3	
Phenytoin Capsule, Suspension	1		Dupixent	4	PA, SL, SP, ST
Topiramate Immediate-Release Tablet	1		Elidel	3	SL, ST
Zonisamide Capsule	1		Enstilar Foam	4	SL
Dermatology					
Aczone	4	SL	Eucrisa	3	SL, ST
Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel	4	E, SL	Finacea	4	
Adapalene Cream, Gel, Lotion	4	E, PA, SL	Fluocinonide 0.05% Cream	1	
Bethamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3		Fluocinolone Cream, Oil, Solution	3	SL
Betamethasone Dipropionate 0.05% Cream, Ointment	2		Fluocinolone Ointment	2	SL
Calcipotriene/Betamethasone Ointment	3	SL	Fluorouracil 0.5% Cream	4	SL
Carac	2		Halobetasol Ointment	2	SL
Ciclopirox Cream, Gel, Lotion, Solution	1		Hydrocortisone 2.5% Cream, Ointment	1	
Claravis	2	PA	Imiquimod 5% Cream	1	SL
			Metronidazole 0.75% Topical Gel	1	
			Minocycline Extended-Release	4	E, PA
			Mirvaso	4	SL
			Mometasone Furoate Cream, Lotion, Ointment	1	
			Mupirocin Ointment	1	SL

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
Oracea	4	
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	PA, SL
Rhofade	4	PA, SL
Solodyn	4	E, PA
Taclonex Suspension	4	SL
Tacrolimus Ointment	2	SL, ST
Tazarotene 0.1% Cream (generic Tazorac)	4	E, PA, SL
Tazorac	4	PA, SL
Tretinoin Cream	3	PA, SL
Tretinoin Gel	4	E, PA, SL
Tretinoin Microspheres	4	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL
Diabetes: Blood Glucose Monitoring⁷		
Accu-Chek Test Strips	4	E, SL
Contour Next	2	
Contour Next EZ	2	
Contour Next One	2	
Contour Next Test Strips	2	SL
Contour Test Strips	4	E, SL
FreeStyle Test Strips	4	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
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

⁷Diabetic 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
Diabetes: Insulin⁷		
Afrezza	4	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	4	E, SL
Lantus Vials	4	E, SL
Levemir FlexTouch	2	SL
Levemir Vials	2	SL
Novolin Vials (all formulations)	4	SL, ST
Novolog FlexPen (all formulations)	4	SL, ST
Novolog Vials (all formulations)	4	SL, ST
Toujeo SoloStar	4	E, SL
Tresiba FlexTouch	4	E, SL
7Diabetic 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.		
Diabetes: Non-Insulin⁷		
Adlyxin	4	SL
Bydureon	2	SL
Byetta	2	SL
Farxiga	4	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	4	E, SL, ST
Invokamet	2	SL
Invokamet XR	2	SL
Invokana	2	SL, ST
Janumet	4	SL, ST
Januvia	4	SL, ST

Drug Name	Drug Tier	Requirements & Limits
Jardiance	2	SL, ST
Jentadueto	2	SL
Jentadueto XR	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Soliqua	2	PA, SL
Synjardy	2	SL
Synjardy XR	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	4	E, SL, ST
Xultophy	4	E, SL

⁷Diabetic 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 Hormone⁸

Nutropin, Nutropin AQ	2	PA, SL, SP
------------------------------	---	------------

⁸Coverage 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.

Drug Name	Drug Tier	Requirements & Limits
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	
Lastacft	3	SL
Olopatadine 0.1% Ophthalmic Solution	3	SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	4	
Moxifloxacin Ophthalmic Solution	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	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

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Dry Eye Disease		
Restasis Single Use Vial	4	PA, SL
Xiidra	4	PA, SL
Eye Conditions: Glaucoma		
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 (generic Timoptic)	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	3	SL
Ranitadine Syrup	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	4	SL
Aprepitant Capsule	2	SL
Emend Suspension	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Scopolamine Transdermal Patch	3	
Varubi	2	SL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Other		
Amitiza	4	PA, SL, ST
Apriso	2	
Canasa	2	
Cortifoam	2	
Creon	2	
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	PA, SL
Mesalamine Delayed-Release Tablet (generic Lialda)	4	E
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	4	
Viberzi	4	PA, SL
Zenpep	2	
Gout		
Allopurinol Tablet	1	
Mitigare	2	
Uloric	4	SL, ST
Zurampic	4	PA, SL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
Hepatitis C								
Daklinza	4	PA, SL, SP, ST	Prezcobix	2	SP			
Epclusa	2	PA, SL, SP	Prezista	2	SP			
Harvoni	2	PA, SL, SP	Selzentry	2	PA, SP			
Mavyret	2	PA, SL, SP	Stribild	3	SP, ST			
Ribavirin Tablet	1	SP	Tenofovir Tablet	2	SP			
Sovaldi	4	PA, SL, SP, ST	Tivicay	3	SP			
Technivie	4	PA, SL, SP, ST	Triumeq	2	SP			
Viekira Pak	4	PA, SL, SP, ST	Truvada	4	SP			
Viekira XR	4	PA, SL, SP, ST	Tybost	2	SP			
Vosevi	2	PA, SL, SP	Vitekta	2	SP			
Zepatier	4	PA, SL, SP, ST	Infertility^{8, 9}					
HIV/AIDS								
Abacavir-Lamivudine	2	SP	Cetrotide	2	SP			
Atazanavir Capsule	2	SP	Clomiphene	1	SP			
Atripla	2	SP	Crinone	4	PA, ST			
Complera	4	SP	Endometrin	2	PA			
Descovy	4	SP	Gonal-F	2	SP			
Efavirenz	2	SP	Gonal-F RFF	2	SP			
Epzicom	4	E, SP	Ovidrel	3	SP			
Evotaz	2	SP	⁸ 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.					
Genvoya	4	SP, ST	⁹ This is not a covered benefit for Neighborhood Health Plan.					
Intelence	2	SP	Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis					
Isentress	2	SP	Actemra	3	PA, SL, SP, ST			
Kaletra Tablet	2	SP	Cimzia	2	PA, SL, SP			
Lamivudine-Zidovudine	1	SP	Cosentyx	3	PA, SL, SP, ST			
Lopinavir-Ritonavir Oral Solution	2	SP	Enbrel	4	PA, SL, SP, ST			
Nevirapine	1	SP	Humira	2	PA, SL, SP			
Nevirapine Extended-Release	4	E, SP	Hydroxychloroquine Sulfate Tablet	1				
Norvir	2	SP	Kevzara	4	PA, SL, SP, ST			
Odefsey	4	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
Leflunomide Tablet	1		Men's Health: Testosterone Therapy		
Methotrexate Tablet	1		Androderm	2	PA, SL
Orencia	4	PA, SL, SP, ST	Androgel	4	E, PA, SL
Otezla	2	PA, SL, SP	Methyltestosterone Capsule	2	
Otrexup	4	E, SL, ST	Testim	2	PA, SL
Rasuvo	4	SL, ST	Testosterone 1% Topical Gel	4	E, PA, SL
Siliq	4	PA, SL, SP, ST	Testosterone Cypionate Injection	1	
Simponi	2	PA, SL, SP	Miscellaneous		
Stelara	2	PA, SL, SP	Anastrozole Tablet	1	
Taltz	4	PA, SL, SP, ST	Aranesp	2	SL, SP
Tremfya	2	PA, SL, SP	Auryxia	3	
Xeljanz	3	PA, SL, SP, ST	Bethkis	2	PA, SL, SP
Xeljanz XR	3	PA, SL, SP, ST	Cayston	2	PA, SL, SP
Medications for Sexual Dysfunction⁸			Cerdelga	2	PA, SP
Addyi	4	PA, SL	Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	2	PA, SL
Cialis	4	SL	Epinephrine (generic EpiPen/ EpiPen-Jr.)	2	SL
Intrarosa	3	SL	EpiPen/EpiPen Jr.	4	E, SL
Levitra	4	SL	Hydrocodone/Chlorpheniramine Suspension	3	PA, SL
Osphena	3	SL	Lanthanum Chewable Tablet	3	
Sildenafil Tablet (generic Viagra)	4	SL	Letrozole Tablet	1	
Stendra	4	PA, SL	Lidocaine Transdermal Patch (generic Lidoderm)	3	PA, SL
⁸ 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.			Nityr	2	PA, SP
Men's Health: Prostate			Nuedexta	2	PA
Alfuzosin Tablet	1		Obredon	4	PA, SL, ST
Doxazosin Tablet	1		Pegasys	2	PA, SL, SP
Dutasteride Capsule	3		Phenazopyridine	1	
Finasteride Tablet	1		Procrit	2	SL, SP
Rapaflo	4		Promethazine/Codeine	1	PA
Tamsulosin Capsule	1		Promethazine/Dextromethorphan	1	
Terazosin Capsule, Tablet	1		Pulmozyme	2	PA, SL, SP
			Rectiv	3	SL
			Rezira	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
Sevelamer	2		Ibuprofen Tablet	1				
Syprine	3	PA, SP	Indomethacin Capsule	1				
Tobi Podhaler	3	PA, SL, SP	Ketorolac Tablet	1				
Velphoro	2		Lazanda	4	PA, SL			
Veltassa	3	PA, SL	Meloxicam Tablet	1				
Zarxio	2	SP	Methadone Tablet, Oral Solution, Concentrate Solution	1	PA, SL			
Musculoskeletal: Muscle Spasms								
Baclofen Tablet	1		Morphine Sulfate Extended-Release Tablet	1	PA, SL			
Carisoprodol 350 mg Tablet	1		Morphine Sulfate Oral Solution	1				
Cyclobenzaprine Tablet	1		Nabumetone Tablet	1				
Metaxalone Tablet	3		Naproxen Tablet	1				
Methocarbamol Tablet	1		Nucynta	4	SL			
Tizanidine Tablet	1		Nucynta ER	3	PA, SL			
Musculoskeletal: Osteoporosis								
Alendronate Sodium Tablet	1		Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL			
Forteo	3	PA, SP	Oxycodone Tablet	1				
Ibandronate Tablet	2	SL	Oxycontin	4	E, PA, SL, ST			
Raloxifene Tablet	2		Sprix	3				
Risedronate Sodium Tablet	3	SL	Tramadol-Acetaminophen	1				
Tymlos	3	PA, SP	Tramadol Immediate-Release Tablet	1				
Musculoskeletal: Pain Relief			Tramadol Sustained-Release Tablet	2	SL			
Acetaminophen/Codeine Tablet	1	SL	Trezip	4	SL			
Belbuca	3	PA, SL	Vicodin 5/300, 7.5/300, 10/300 mg Tablet	4	E, SL			
Celecoxib	2	SL	Voltaren Gel	2				
Diclofenac Tablet	1		Xtampza ER	2	PA, SL			
Etodolac Capsule	1		Zohydro ER	4	PA, SL, ST			
Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	PA, SL	Overactive Bladder					
Fentanyl Citrate Lozenge	2	PA, SL	Dicyclomine Tablet	1				
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL	Oxybutynin Extended-Release Tablet	2				
Hydrocodone/Ibuprofen Tablet	1		Oxybutynin Tablet	1				
Hydromorphone Immediate-Release Tablet	1		Toviaz	3				

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
Respiratory: Allergies⁶		
Azelastine 0.1% Nasal Spray	3	
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet ⁶	1	
Promethazine Tablet	1	
Zetonna	3	SL

⁶Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Drug Name	Drug Tier	Requirements & Limits
Pulmicort Flexhaler	4	SL, ST
QVAR Redihaler	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	4	SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Tudorza	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	4	PA, SL, SP
Adempas	2	PA, SL, SP
Letairis	2	PA, SL, SP
Opsumit	2	PA, SL, SP
Orenitram	4	PA, SL, SP
Sildenafil Tablet (generic Revatio)	1	SL, SP
Tracleer	2	PA, SL, SP
Tyvaso	2	PA, SP
Uptravi	4	PA, SL, SP
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H-PA
Chantix Tablet	4	H-PA
Nicoderm CQ	4	H-PA
Nicorette Gum	4	H-PA
Nicorette Lozenge	2	H-PA
Nicorette Mini-Lozenge	2	H-PA
Nicotine Gum	1	H-PA
Nicotine Lozenge	1	H-PA
Nicotine Patch	1	H-PA
Nicotrol Inhaler	4	H-PA
Nicotrol Nasal Spray	4	H-PA
Thrive Gum	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
Transplant		
Azathioprine Tablet	1	
Cyclosporine Modified Capsule	1	SP
Mycophenolate Capsule, Suspension	1	SP
Mycophenolic Acid Tablet	2	SP
Sirolimus Tablet	1	SP
Tacrolimus Capsule	1	SP
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Aftera	1	H
Altavera	1	H
Alyacen 7/7/7, 1/35	1	H
Apri	1	H
Aranelle	1	H
Aubra	1	H
Aviane	1	H
Azurette	2	
Blisovi Fe	1	H
Camila	1	H
Caziant	1	H
Cesia	1	H
Chateal	1	H
Cryselle	1	H
Cyclafem 7/7/7, 1/35	1	H

Drug Name	Drug Tier	Requirements & Limits
Cyred	1	H
Dasetta 7/7/7, 1/35	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel-Ethinyl Estradiol (generic Ortho-Cept)	1	H
Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium	4	E
Econtra EZ	1	H
Elinest	1	H
Ella	1	H, SL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estarylla	1	H
Fallback	1	H
Falmina	1	H
Fayosim	4	E
Gildess	2	
Gildess Fe	1	H
Heather	1	H
Introvale	2	H
Jencycla	1	H
Jolessa	2	H
Jolivette	1	H
Juleber	1	H
Junel	2	
Junel Fe	1	H
Kurvelo	1	H
Kelnor 1/35	1	H

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
Larin Fe	1	H	Norgestimate-Ethinyl Estradiol Lo (generic Ortho Tri-Cyclen Lo)	2	
Larissia	1	H	Norlyroc	1	H
Leena	1	H	Nortrel 7/7/7, 0.5/35, 1/35	1	H
Lessina	1	H	Nuvaring	2	H
Levonest	1	H	Opcicon	1	H
Levonorgestrel 1.5 mg	1	H	Orsythia	1	H
Levonorgestrel-Ethinyl Estradiol (generic Alesse, Nordette, Triphasol)	1	H	Pirmella 7/7/7, 1/35	1	H
Levonorgestrel-Ethinyl Estradiol (generic Seasonale)	2	H	Plan B One Step	1	H
Levora-28	1	H	Portia	1	H
Lo Loestrin Fe	3		Previfem	1	H
Loryna	3		Quasense	2	H
Low-Ogestrel	1	H	Rajani	4	E
Lutera	1	H	React	1	H
Lyza	1	H	Reclipsen	1	H
Marlissa	1	H	Rivelsa	4	E
Medroxyprogesterone Acetate	1	H	Setlakin	2	H
Mibelas 24 Fe Chewable Tablet	4	E	Sharobel	1	H
Microgestin	2		Solia	1	H
Microgestin Fe	1	H	Sprintec	1	H
Mono-Linyah	1	H	Sronyx	1	H
MonoNessa	1	H	Take Action	1	H
My Way	1	H	Tarina Fe	1	H
Myzilra	1	H	Tri-Estarylla	1	H
Natazia	2		Tri-Linyah	1	H
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H	Tri-Lo-Estarylla	2	
Next Choice	1	H	Tri-Lo-Marzia	2	
Nora BE	1	H	Tri-Lo-Sprintec	2	
Norethindrone 0.35 mg	1	H	Tri-Previfem	1	H
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H	Tri-Sprintec	1	H
Norgestimate-Ethinyl Estradiol (generic Ortho-Cyclen, Ortho Tri-Cyclen)	1	H	Trinessa	1	H
			Trinessa Lo	2	
			Trivora-28	1	H
			Velvet	1	H

Drug Name	Drug Tier	Requirements & Limits
Vestura	3	
Vienva	1	H
Viorele	2	
Wera	1	H
Xulane	3	H
Yasmin 28	2	
Yaz	2	
Zovia 1/35E, 1/50E	1	H

Women's Health: Hormone Replacement

Climara Pro	3	SL
Divigel	3	
Duavee	3	SL
Estrace Cream	3	
Estradiol Cream (generic Estrace)	4	E
Estradiol/Norethindrone Acetate Tablet	2	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch (generic Vivelle-Dot)	4	E, SL
Estradiol Weekly Transdermal Patch (generic Climara)	1	SL
Estring	2	SL
Estrogen/Methyltestosterone Tablet	1	
Evanist	2	
Medroxyprogesterone Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vivelle-Dot	2	SL
Yuvafem	2	
Women's Health: Miscellaneous		
Raloxifene	2	H-PA
Tamoxifen	1	H-PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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
Alesse	21
Alfuzosin Tablet.....	17
Allopurinol 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
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

B

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
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	20
Azelastine 0.05% Ophthalmic Solution	14
Azelastine 0.1% Nasal Spray.....	19
Azithromycin Tablet.....	8
Azopt.....	15
Azurette.....	20

C

Calcipotriene/Betamethasone Ointment	12
Calcitriol Capsule.....	14
Camila.....	20
Canasa	15
Carac	12
Carbamazepine Extended-Release Capsule	12
Carbamazepine Extended-Release Tablet	12
Carbamazepine Immediate-Release Tablet	12
Carbidopa-Levodopa	11
Carisoprodol 350 mg Tablet.....	18
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	Creon	15	Divigel	22
Cesia.....	20	Cresemba	8	Donepezil 5, 10 mg ODT, Tablet	11
Cetrotide	16	Crinone	16	Doxazosin	9, 17
Chantix Tablet.....	19	Cryselle	20	Doxazosin Tablet	17
Chateal	20	Cyclafem 7/7/7, 1/35	20	Doxepin Capsule	10
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	17	Cyclobenzaprine Tablet	18	Doxycycline Hyclate 50, 100 mg Capsule, Tablet	8
Chlorthalidone.....	9	Cyclophosphamide Capsule	8	Doxycycline Monohydrate 50, 100 mg Capsule	8
Choline Fenofibrate.....	10	Cyclosporine Modified Capsule	20	Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium	20
Cialis	17	Cyproheptadine Tablet.....	19	Duavee	22
Ciclopirox Cream, Gel, Lotion, Solution	12	Cyred	20	Dulera	19
Cimzia.....	16	D		Duloxetine Capsule	10
Ciprodex	8	Daklinza	16	Dupixent.....	12
Ciprofloxacin Tablet	8	Dapsone 5% Gel.....	12	Dutasteride Capsule	17
Citalopram Tablet	10	Dasetta 7/7/7, 1/35	20	E	
Claravis.....	12	Deblitane.....	20	Econazole Cream	8
Clarithromycin Tablet.....	8	Delyla	20	Econtra EZ.....	20
Climara	22	Descovy	16	Edarbi	9
Climara Pro	22	Desmopressin Tablet.....	14	Edarbyclor	9
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	12	Desogestrel-Ethinyl Estradiol.....	20	Efavirenz.....	16
Clindamycin Capsule.....	8	Desonide 0.05% Cream, Lotion, Ointment	12	Eletriptan.....	11
Clindamycin Gel.....	12	Desoximetasone Gel, Ointment	12	Elidel	12
Clindamycin Lotion	12	Desvenlafaxine Extended-Release Tablet	10	Elinest	20
Clindamycin Solution, Swabs	12	Dexamethasone Tablet	14	Eliquis	9
Clobetasol Propionate Cream, Ointment	12	Dexilant	15	Ella.....	20
Clobetasol Propionate Solution	12	Dexmethylphenidate Immediate-Release Tablet	10	Emend Suspension.....	15
Clomiphene.....	16	Dextroamphetamine Sulfate Immediate-Release Tablet	10	Emoquette	20
Clonazepam Tablet	12	Dextroamphetamine-Amphetamine Immediate-Release Tablet	10	Enalapril	9
Clonidine Tablet	9	Diazepam Tablet	11, 12	Enbrel	16
Clopidogrel.....	9	Diclofenac Tablet	18	Endometrin.....	16
Clotrimazole-Betamethasone Cream.....	12	Dicyclomine Tablet	18	Enoxaparin Sodium.....	9
Clotrimazole-Betamethasone Lotion	12	Difcid	8	Enpresse	20
Combigan.....	15	Diflorasone Diacetate 0.05% Cream	12	Enskyce	20
Combivent Respimat.....	19	Diflorasone Diacetate 0.05% Ointment	12	Enstilar Foam	12
Completra.....	16	Digoxin	10	Entresto	10
Concerta.....	10	Diltiazem 24 Hour CD	9	Epclusa	16
Contour Next	13	Diltiazem Sustained-Release Capsule	9	Epinephrine	17
Contour Next EZ	13	Diltiazem Sustained-Release Tablet	9	EpiPen/EpiPen Jr.	17
Contour Next One	13	Diphenoxylate-Atropine Tablet.....	15	EpiPen/EpiPen-Jr.	17
Contour Next Test Strips	13	Divalproex Delayed-Release Tablet ...	12	Epzicom	16
Contour Test Strips	13	Divalproex Extended-Release Tablet	12	Errin	20
Copaxone.....	11			Erythromycin 0.5% Ophthalmic Ointment	14
Corlanor	10			Escitalopram Tablet	10
Cortifoam.....	15			Estarylla	20
Cosentyx.....	16			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	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, Solution.....	12
Fluocinolone Ointment.....	12
Fluocinonide 0.05% Cream	12
Fluoride	20
Fluorouracil 0.5% Cream	12
Fluoxetine Capsule.....	10
Fluticasone Nasal Spray	19
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
Gildess	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.....	16
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 Tablet	16
Hydroxyurea Capsule	8
Hydroxyzine Capsule, Tablet	19
Hyoscyamine Tablet.....	15
I	
Ibandronate Tablet	18
Ibuprofen Tablet	18

Idhifa	8
Imatinib 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	13
Jardiance	14
Jencycla	20
Jentadueto	14
Jentadueto XR	14
Jolessa	20
Jolivette	20
Juleber	20
Junel	20
Junel Fe	20

K	
Kaletra Tablet.....	16
Kazano	14
Kelnor 1/35	20
Ketoconazole Cream	8
Ketorolac Tablet	18
Kevzara	16
Klor-Con M10	20
Klor-Con M20	20
Kombiglyze XR	14
Kurvelo	20
L	

Labetalol	9
Lamivudine-Zidovudine	16
Lamotrigine Immediate-Release Tablet	12
Lanthanum Chewable Tablet	17

Lantus Solostar	13
Lantus Vials.....	13
Larin Fe	21
Larissia.....	21
Lastacraft	14
Latanoprost 0.005% Ophthalmic Solution	15
Latuda	11
Lazanda	18
Leena.....	21
Leflunomide Tablet.....	17
Lessina.....	21
Letairis.....	19
Letrozole Tablet.....	17
Leucovorin Calcium Tablet.....	8
Levalbuterol Nebs	19
Levemir FlexTouch.....	13
Levemir Vials.....	13
Levetiracetam Extended-Release Tablet	12
Levetiracetam Immediate-Release Tablet	12
Levitra.....	17
Levocetirizine Tablet	19
Levofloxacin Tablet.....	8
Levonest	21
Levonorgestrel 1.5 mg	21
Levonorgestrel-Ethinyl Estradiol	21
Levora-28.....	21
Levothyroxine Sodium Tablet	14
Lialda	15
Lidocaine Transdermal Patch.....	17
Lidoderm	17
Linzess	15
Liothyronine Sodium Tablet	14
Lisinopril.....	9
Lisinopril-Hydrochlorothiazide	9
Lithium Capsule	11
Livalo.....	10
Lo Loestrin Fe.....	21
Lopinavir-Ritonavir Oral Solution	16
Lorazepam Tablet.....	11
Loryna	21
Losartan.....	9
Losartan-Hydrochlorothiazide.....	9
Lovastatin	10
Low-Ogestrel	21
Lumigan	15
Lutera.....	21
Lyrica	12

Lyza.....	21
-----------	----

M

Marlissa.....	21
Mavyret.....	16
Medroxyprogesterone Acetate	21
Medroxyprogesterone Tablet	22
Meloxicam Tablet.....	18
Memantine Immediate-Release Tablet	11
Mercaptopurine Tablet.....	8
Mesalmine Delayed-Release Tablet... <td>15</td>	15
Metadate CD.....	10
Metadate ER	10
Metaxalone Tablet.....	18
Metformin	14
Metformin Extended-Release Tablet	14
Methadone Tablet, Oral Solution, Concentrate Solution.....	18
Methimazole Tablet.....	14
Methocarbamol Tablet	18
Methotrexate Tablet	17
Methylphenidate Chewable Tablet.... <td>10</td>	10
Methylphenidate Extended-Release Capsule	10
Methylphenidate Extended-Release Tablet	10
Methylphenidate Immediate-Release Tablet	10
Methylprednisolone Tablet.....	14
Methyltestosterone Capsule	17
Metoclopramide Tablet	15
Metoprolol Succinate Extended-Release 50, 100, 200 mg.....	9
Metoprolol Tartrate 25, 50, 100 mg.... <td>9</td>	9
Metronidazole 0.75% Topical Gel..... <td>12</td>	12
Metronidazole Tablet	8
Mibelas 24 Fe Chewable Tablet..... <td>21</td>	21
Microgestin	21
Microgestin Fe.....	21
Minivelle	22
Minocycline Capsule	8
Minocycline Extended-Release	12
Minocycline Tablet.....	8
Mirtazapine Tablet.....	11
Mirvaso.....	12
Mitigare	15
Modafinil Tablet.....	11

Mometasone Furoate Cream, Lotion, Ointment	12
Mono-Linyah.....	21
MonoNessa.....	21
Montelukast Chewable Tablet, Tablet	19
Montelukast Granules	19
Morphine Sulfate Extended-Release Tablet	18
Morphine Sulfate Oral Solution..... <td>18</td>	18
Movantik	15
Moviprep	15
Moxeza	14
Moxifloxacin Ophthalmic Solution.... <td>14</td>	14
Moxifloxacin Tablet.....	8
Multaq.....	10
Mupirocin Ointment	12
My Way	21
Mycophenolate Capsule, Suspension	20
Mycophenolic Acid Tablet	20
Myzilra	21

N

Nabumetone Tablet	18
Nadolol	9
Naloxone Vials.....	11
Naproxen Tablet.....	18
Naratriptan	11
Narcan Nasal Spray	11
Natazia	21
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
Nitrofurantoin Capsule	8

Nitrofurantoin Macrocrystal Capsule	8	OneTouch Verio IQ	13	Prasugrel	9
Nitroglycerin Sublingual Tablet	10	OneTouch Verio Sync	13	Pravastatin	10
Nityr	17	OneTouch Verio Test Strips	13	Prednisone Tablet	14
Nora BE	21	Onglyza	14	Premarin	22
Nordette	21	Opcicon	21	Premphase	22
Norethindrone 0.35 mg	21	Opsumit	19	Prempro	22
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	21	Oracea	13	Prenisolone Oral Solution	14
Norgestimate-Ethinyl Estradiol	21	Orencia	17	Prepopik	15
Norgestimate-Ethinyl Estradiol Lo	21	Orenitram	19	Previfem	21
Norlyroc	21	Orsythia	21	Prezcobix	16
Nortrel 7/7/7, 0.5/35, 1/35	21	Ortho Tri-Cyclen	21	Prezista	16
Nortriptyline Capsule	11	Ortho Tri-Cyclen Lo	21	Pristiq	10
Norvir	16	Ortho-Cept	20	ProAir HFA/RespiClick	19
Novolin Vials	13	Ortho-Cyclen	21	Procrit	17
Novolog FlexPen	13	Oseltamivir Capsule, Suspension	8	Progesterone Micronized Capsule	22
Novolog Vials	13	Oseni	14	Promethazine Tablet	19
Noxafil Tablet, Suspension	8	Osphena	17	Promethazine/Codeine	17
NP Thyroid Tablet	14	Otezla	17	Promethazine/Dextromethorphan	17
Nucynta	18	Otrexup	17	Propranolol Extended-Release Capsule	9
Nucynta ER	18	Ovidrel	16	Propranolol Tablet	9
Nuedexta	17	Oxcarbazepine Tablet	12	Proventil HFA	19
Nutropin, Nutropin AQ	14	Oxsoralen-Ultra	13	Prozac	10
Nuvaring	21	Oxybutynin Extended-Release Tablet	18	Pulmicort Flexhaler	19
Nystatin Cream, Ointment	8	Oxybutynin Tablet	18	Pulmozyme	17
O		Oxycodone Tablet	18	Pylera	15
Obredon	17	Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	18	Q	
Odefsey	16	Oxycontin	18	Quasense	21
Ofloxacin 0.3% Ophthalmic Solution	14	P		Quetiapine Extended-Release Tablet	11
Ofloxacin Otic Solution	8	Pantoprazole Tablet	15	Quetiapine Immediate-Release Tablet	11
Ofloxacin Tablets	8	Paroxetine Tablet	11	Quinapril	9
Olanzapine Tablet	11	Pegasys	17	QVAR Redihaler	19
Olmesartan	9	Penicillin V Potassium Tablet	8	R	
Olmesartan-Hydrochlorothiazide	9	Perforomist	19	Rabeprazole Tablet	15
Olopatadine 0.1% Ophthalmic Solution	14	Phenazopyridine	17	Rajani	21
Omeclamox-Pak	15	Phenytoin Capsule, Suspension	12	Raloxifene	18, 22
Omega-3-Acid Ethyl Esters Capsule	10	Picato	13	Raloxifene Tablet	18
Omeprazole Capsule	15	Pioglitazone	14	Ramipril	9
Ondansetron	15	Pirmella 7/7/7, 1/35	21	Ranexa	10
Ondansetron ODT	15	Plan B One Step	21	Ranitidine Syrup	15
OneTouch Test Strips	13	Plegridy	11	Rapaflo	17
OneTouch Ultra Meter	13	Polyethylene Glycol 3350	15	Rasuvo	17
OneTouch Ultra Mini	13	Portia	21	React	21
OneTouch Ultra Test Strips	13	Potassium Chloride	20	Rebif	11
OneTouch Verio	13	Potassium Citrate	20	Recipsen	21
OneTouch Verio Flex	13	Pradaxa	9	Rectiv	17
		Praluent	10	Regranex	13
		Pramipexole Tablet	11	Repatha	10
				Restasis Single Use Vial	15

Revatio.....	19	Sumatriptan Succinate Tablet, Injection.....	11	Topiramate Immediate-Release Tablet.....	12
Revlimid	8	Suprax Capsule, Chewable Tablet, Tablet.....	8	Toujeo SoloStar.....	13
Rezira.....	17	Suprep.....	15	Toviaz.....	18
Rhofade.....	13	Sutent.....	8	Tracleer	19
Ribavirin Tablet.....	16	Symbicort.....	19	Tradjenta.....	14
Risedronate Sodium Tablet.....	18	Synjardy	14	Tramadol Immediate-Release Tablet.....	18
Risperidone Tablet	11	Synjardy XR.....	14	Tramadol Sustained-Release Tablet..	18
Ritalin LA	10	Synthroid.....	14	Tramadol-Acetaminophen.....	18
Ritalin SR.....	10	Syprine	18	Travatan Z.....	15
Rivelsa.....	21			Trazodone Tablet.....	11
Rizatriptan ODT, Tablet	11			Tremfya	17
Ropinirole Tablet.....	11	Taclonex Suspension	13	Tresiba FlexTouch.....	13
Rosuvastatin	10	Tacrolimus Capsule	20	Tretinoin Cream.....	13
Rydapt.....	8	Tacrolimus Ointment.....	13	Tretinoin Gel.....	13
		Take Action	21	Tretinoin Microspheres.....	13
S		Taltz.....	17	Trezix.....	18
Savaysa	9	Tamoxifen	22	Tri-Estarylla.....	21
Scopolamine Transdermal Patch	15	Tamsulosin Capsule.....	17	Tri-Linyah	21
Seasonale.....	21	Targretin Capsule	9	Tri-Lo-Estarylla.....	21
Selzentry	16	Targretin Gel	9	Tri-Lo-Marzia.....	21
Serevent Diskus	19	Tarina Fe	21	Tri-Lo-Sprintec.....	21
Sertraline Tablet.....	11	Tasigna.....	9	Tri-Previfem	21
Setlakin.....	21	Tazarotene 0.1% Cream	13	Tri-Sprintec	21
Sevelamer.....	18	Tazorac.....	13	Triamcinolone Acetonide Cream, Lotion, Ointment	13
Sharobel.....	21	Tecfidera.....	11	Triamterene-Hydrochlorothiazide	9
Sildenafil Tablet.....	17, 19	Technivie.....	16	Triazolam Tablet.....	11
Siliq.....	17	Telmisartan.....	9	Trinessa.....	21
Simponi	17	Telmisartan-Hydrochlorothiazide.....	9	Trinessa Lo.....	21
Simvastatin	10	Temazepam Capsule.....	11	Trintellix	11
Sirolimus Tablet.....	20	Tenofovir Tablet.....	16	Triphasil.....	21
Solia	21	Terazosin.....	9, 17	Triumeq	16
Soliqua	14	Terazosin Capsule, Tablet	17	Trivora-28.....	21
Solodyn	13	Terbinafine Tablet	8	Trulicity	14
Sotalol.....	10	Testim	17	Truvada.....	16
Sovaldi.....	16	Testosterone 1% Topical Gel	17	Tudorza	19
Spiriva Handihaler/Respimat.....	19	Testosterone Cypionate Injection	17	Tybost	16
Spironolactone.....	9	Thrive Gum.....	19	Tymlos	18
Sprintec.....	21	Timolol 0.25%, 0.5% Ophthalmic Solution	15	Tyvaso	19
Srix.....	18	Timoptic	15		
Sronyx.....	21	Tivicay.....	16	U	
Stelara	17	Tizanidine Tablet.....	18	Uceris Foam.....	15
Stendra.....	17	Tobi Podhaler	18	Uceris Tablet.....	15
Stribild	16	Tobramycin Ophthalmic Solution	14	Uloric.....	15
Striverdi Respimat	19	Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	14	Uptravi	19
Suboxone Film	11	Tolcapone.....	11		
Sucralfate Tablet	15			V	
Sulfamethoxazole-Trimethoprim Tablet.....	8			Valacyclovir Tablet.....	8
Sulfasalazine Tablet	15			Valganciclovir.....	8
Sumatriptan Nasal Spray.....	11				

Valsartan.....	9
Valsartan-Hydrochlorothiazide.....	9
Varubi.....	15
Vascepa	10
Vectical.....	13
Velivet	21
Velphoro.....	18
Veltassa.....	18
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	16
Viekira XR.....	16
Vienna.....	22
Viibryd	11
Viorele.....	22
Vitekta.....	16
Vivelle-Dot	22
Voltaren Gel	18
Vosevi	16
Vyvanse.....	10

W

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

X

Xarelto	9
Xeljanz	17
Xeljanz XR.....	17
Xeloda.....	9
Xigduo XR.....	14
Xiidra.....	15
Xopenex HFA.....	19
Xtampza ER	18
Xulane.....	22
Xultophy	14
Xyrem.....	11

Y

Yasmin 28.....	22
Yaz.....	22
Yuvaferm	22

Z

Zaleplon Capsule	11
Zarxio.....	18
Zelapar	11
Zenpep.....	15
Zepatier.....	16
Zetonna.....	19
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

Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll free **1-800-368-1019**, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文（**Chinese**），我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LUU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**), فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisyen sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語（**Japanese**）を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بکیرید.

द्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, जिनमें शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xovtooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាត់មករណ៍: បើសិនអភិវឌ្ឍយាយភាគខ្មែរ (Khmer) សេវាជំនួយភាសាអង់គ្លេស តាតិតាន្តី ពីមានសំរាប់អ្នក។ សូមទូរស័ព្ទថ្មីដោយតែតិចឡើង។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahé nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i. Táá shqodí ninaaltsoos nit'lizí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'i biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

This document applies to members of UnitedHealthcare and UnitedHealthOne plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company. UnitedHealthOne plans provided by or through Oxford Health Plans (NJ), Inc.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated.

All other trademarks are the property of their respective owners.