



# Your 2018 Prescription Drug List

## Advantage 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, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Advantage 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





# Table of Contents

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

## 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   |
|-------------------|------------------------|---|---|
| \$<br>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.                          |
| \$\$<br>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. |
| \$\$\$<br>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 Neighborhood Health Plan and 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 |
|---|-----------|-----------------------|
| <b>Anti-Infectives: Antibiotics</b>                       |           |                       |
| Amoxicillin Capsule, Chewable Tablet                      | 1         |                       |
| Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet | 1         |                       |
| Azithromycin Tablet                                       | 1         |                       |
| Cefadroxil Capsule, Tablet                                | 1         |                       |
| Cefdinir Capsule  | 1         |                       |
| Cefixime Suspension                                       | 3         |                       |
| Cefprozil Tablet  | 1         |                       |
| Cefuroxime Tablet   | 1         |                       |
| Cephalexin Capsule  | 1         |                       |
| <b>Ciprodex</b>   | 3         |                       |
| Ciprofloxacin Tablet                                      | 1         |                       |
| Clarithromycin Tablet                                     | 1         |                       |
| Clindamycin Capsule                                       | 1         |                       |
| <b>Dificid</b>  | 3         | SL                    |
| Doxycycline Hyclate 50, 100 mg Capsule, Tablet            | 2         |                       |
| Doxycycline Monohydrate 50, 100 mg Capsule                | 1         |                       |
| Levofloxacin Tablet                                       | 1         |                       |
| Metronidazole Tablet                                      | 1         |                       |
| Minocycline Capsule                                       | 1         |                       |
| Minocycline Tablet  | 3         | E                     |
| Moxifloxacin Tablet                                       | 3         |                       |
| Nitrofurantoin Capsule                                    | 1         |                       |
| Nitrofurantoin Macrocrystal Capsule                       | 1         |                       |
| Ofloxacin Otic Solution                                   | 2         |                       |
| Ofloxacin Tablet  | 1         |                       |
| Penicillin V Potassium Tablet                             | 1         |                       |
| Sulfamethoxazole-Trimethoprim Tablet                      | 1         |                       |
| <b>Suprax Capsule, Chewable Tablet, Tablet</b>            | 3         |                       |

| Drug Name                           | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| <b>Anti-Infectives: Antifungals</b> |           |                       |
| <b>Cresemba</b>                     | 3         | SL                    |
| Econazole Cream                     | 3         | SL                    |
| Fluconazole Tablet                  | 1         |                       |
| Itraconazole Capsule                | 1         | SL                    |
| Ketoconazole Cream                  | 1         | SL                    |
| <b>Noxafil Tablet, Suspension</b>   | 2         |                       |
| Nystatin Cream, Ointment            | 1         |                       |
| Terbinafine Tablet                  | 1         | SL                    |
| <b>Anti-Infectives: Antivirals</b>  |           |                       |
| Acyclovir Ointment                  | 3         | PA, SL, ST            |
| Acyclovir Tablet                    | 1         |                       |
| Famciclovir Tablet                  | 2         |                       |
| Oseltamivir Capsule, Suspension     | 2         | SL                    |
| Valacyclovir Tablet                 | 1         | SL                    |
| Valganciclovir                      | 1         | SL                    |
| <b>Zovirax Cream</b>                | 3         | E, SL                 |
| <b>Cancer</b>                       |           |                       |
| <b>Alunbrig</b>                     | 2         | PA, SL, SP            |
| Bexarotene Capsule                  | 3         | E, PA, SL, SP         |
| Bicalutamide                        | 1         |                       |
| <b>Bosulif</b>                      | 2         | PA, SL, SP, ST        |
| <b>Cyclophosphamide Capsule</b>     | 2         |                       |
| Hydroxyurea Capsule                 | 1         |                       |
| <b>Idhifa</b>                       | 2         | PA, SL, SP            |
| Imatinib Tablet                     | 1         | PA, SL, SP            |
| <b>Imbruvica</b>                    | 2         | PA, SL, SP            |
| Leucovorin Calcium Tablet           | 1         |                       |
| 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 |
|--|-----------|-----------------------|---|-----------|-----------------------|
| <b>Targretin Capsule</b>                                 | 2         | SP                    | Diltiazem Sustained-Release Tablet                    | 2         |                       |
| <b>Targretin Gel</b>                                     | 3         | SL                    | Doxazosin   | 1         |                       |
| <b>Tasigna</b>   | 2         | PA, SL, SP, ST        | <b>Edarbi</b>   | 3         | SL                    |
| <b>Xeloda</b>  | 1         | SL, SP                | <b>Edarbyclor</b>                                     | 3         | SL                    |
| <b>Zykadia</b>   | 2         | PA, SL, SP            | Enalapril   | 1         |                       |
| <b>Zytiga</b>  | 2         | PA, SL, SP            | Furosemide  | 1         |                       |
| <b>Cardiovascular/Heart Disease: Coagulation Therapy</b> |           |                       | Guanfacine  | 1         |                       |
| <b>Bevyxxa</b>   | 3         | SL                    | Hydralazine   | 1         |                       |
| <b>Brilinta</b>  | 3         | SL                    | Hydrochlorothiazide                                   | 1         |                       |
| Clopidogrel  | 1         |                       | Irbesartan  | 1         |                       |
| <b>Eliquis</b>   | 3         | SL                    | Labetalol   | 1         |                       |
| Enoxaparin Sodium  | 2         | SL                    | Lisinopril  | 1         |                       |
| <b>Pradaxa</b>   | 2         | SL                    | Lisinopril-Hydrochlorothiazide                        | 1         |                       |
| Prasugrel  | 3         | SL                    | Losartan  | 1         |                       |
| <b>Savaysa</b>   | 3         | SL                    | Losartan-Hydrochlorothiazide                          | 1         |                       |
| Warfarin Sodium  | 1         |                       | Metoprolol Succinate Extended-Release 50, 100, 200 mg | 2         |                       |
| <b>Xarelto</b>   | 2         | SL                    | Metoprolol Tartrate 25, 50, 100 mg                    | 1         |                       |
| <b>Cardiovascular/Heart Disease: High Blood Pressure</b> |           |                       | Nadolol   | 1         |                       |
| Amlodipine   | 1         |                       | Nifedipine Extended-Release                           | 1         |                       |
| Amlodipine-Benazepril                                    | 1         |                       | Olmesartan  | 2         | SL                    |
| Amlodipine-Valsartan                                     | 2         |                       | Olmesartan-Hydrochlorothiazide                        | 2         | SL                    |
| Atenolol   | 1         |                       | Propranolol Extended-Release Capsule                  | 2         |                       |
| Atenolol-Chlorthalidone                                  | 1         |                       | Propranolol Tablet                                    | 1         |                       |
| Benazepril   | 1         |                       | Quinapril   | 1         |                       |
| Benazepril-Hydrochlorothiazide                           | 1         |                       | Ramipril  | 1         |                       |
| <b>Bidil</b>   | 2         |                       | Spironolactone  | 1         |                       |
| Bisoprolol   | 1         |                       | Telmisartan   | 2         |                       |
| Bisoprolol-Hydrochlorothiazide                           | 1         |                       | Telmisartan-Hydrochlorothiazide                       | 2         |                       |
| <b>Bystolic</b>  | 2         |                       | Terazosin   | 1         |                       |
| <b>Byvalson</b>  | 2         | SL                    | Triamterene-Hydrochlorothiazide                       | 1         |                       |
| Cartia XT  | 2         |                       | Valsartan   | 2         |                       |
| Carvedilol Immediate-Release Tablet                      | 1         |                       | Valsartan-Hydrochlorothiazide                         | 1         |                       |
| Chlorthalidone   | 1         |                       | Verapamil   | 1         |                       |
| Clonidine Tablet   | 1         |                       | Verapamil Sustained-Release                           | 3         |                       |
| Diltiazem 24 Hour CD                                     | 2         |                       |   |           |                       |
| Diltiazem Sustained-Release Capsule                      | 2         |                       |   |           |                       |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| <b>Cardiovascular/Heart Disease: High Cholesterol</b> |           |                       |
| Atorvastatin  | 1         | H-PA, SL              |
| Choline Fenofibrate                                   | 3         | E                     |
| Ezetimibe Tablet                                      | 3         | SL                    |
| Ezetimibe/Simvastatin                                 | 3         | SL                    |
| Fenofibrate 54, 160 mg Tablet                         | 2         |                       |
| Fluvastatin Extended-Release Tablet                   | 3         | SL, ST                |
| Gemfibrozil   | 1         |                       |
| <b>Livalo</b>   | 3         | E, SL, ST             |
| Lovastatin  | 1         | H                     |
| Niacin Extended-Release Tablet                        | 3         |                       |
| <b>Niaspan</b>  | 2         |                       |
| Omega-3-Acid Ethyl Esters Capsule                     | 3         | PA                    |
| <b>Praluent</b>                                       | 2         | PA, SL, SP, ST        |
| Pravastatin   | 1         |                       |
| <b>Repatha</b>  | 3         | PA, SL, SP, ST        |
| Rosuvastatin  | 2         | SL                    |
| Simvastatin   | 1         | H-PA                  |
| <b>Vascepa</b>  | 3         | PA                    |
| <b>Welchol</b>  | 2         |                       |
| <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>   | 2         | PA, SL                |
| Amphetamine Salt Combo   | 1         | PA                    |
| Atomoxetine  | 3         | SL                    |
| <b>Concerta</b>  | 2         | PA, SL                |
| Dexmethylphenidate Immediate-Release Tablet  | 1         | PA                    |
| Dextroamphetamine-Amphetamine Immediate-Release Tablet                             | 1         | PA                    |
| Dextroamphetamine Sulfate Immediate-Release Tablet                                 | 3         | PA                    |
| Guanfacine Extended-Release  | 2         | SL                    |
| Methylphenidate Chewable Tablet  | 3         | PA                    |
| Methylphenidate Extended-Release Capsule (generic <b>Metadate CD, Ritalin LA</b> ) | 2         | PA, SL                |
| Methylphenidate Extended-Release Tablet (generic <b>Concerta</b> )                 | 3         | E, PA, SL             |
| Methylphenidate Extended-Release Tablet (Metadate ER, generic <b>Ritalin SR</b> )  | 3         | 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> )                   | 2         | SL                    |
| Doxepin  | 1         |                       |
| Duloxetine Capsule   | 3         | SL                    |
| Escitalopram Tablet  | 1         |                       |
| <b>Fetzima</b>   | 3         | SL, ST                |
| Fluoxetine Capsule (generic <b>Prozac</b> )  | 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 |
|--|-----------|-----------------------|
| Fluvoxamine Tablet                                   | 1         |                       |
| Mirtazapine Tablet                                   | 1         |                       |
| Nortriptyline Capsule                                | 1         |                       |
| Paroxetine Tablet                                    | 1         |                       |
| Sertraline Tablet                                    | 1         |                       |
| Trazodone Tablet                                     | 1         |                       |
| <b>Trintellix</b>                                    | 3         | SL, ST                |
| Venlafaxine Extended-Release Capsule                 | 1         |                       |
| Venlafaxine Tablet                                   | 1         |                       |
| <b>Viibryd</b>                                       | 3         | SL                    |
| <b>Central Nervous System: Migraine</b>              |           |                       |
| Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg | 1         | SL                    |
| Eletriptan   | 2         | SL                    |
| Frovatriptan   | 3         | SL                    |
| Naratriptan  | 1         | SL                    |
| Rizatriptan ODT, Tablet                              | 1         | SL                    |
| Sumatriptan Nasal Spray                              | 2         | SL                    |
| Sumatriptan Succinate Tablet, Injection              | 1         | SL                    |
| <b>Central Nervous System: Multiple Sclerosis</b>    |           |                       |
| <b>Ampyra</b>  | 2         | PA, SL, SP            |
| <b>Aubagio</b>                                       | 3         | PA, SL, SP            |
| <b>Avonex</b>  | 2         | PA, SL, SP            |
| <b>Betaseron</b>                                     | 2         | PA, SL, SP            |
| <b>Copaxone</b>                                      | 2         | PA, SL, SP            |
| <b>Gilenya</b>                                       | 3         | PA, SL, SP            |
| Glatiramer (generic <b>Copaxone</b> )                | 3         | E, PA, SL, SP, ST     |
| <b>Plegridy</b>                                      | 3         | PA, SL, SP            |
| <b>Rebif</b>   | 3         | PA, SL, SP, ST        |
| <b>Tecfidera</b>                                     | 2         | PA, SL, SP            |
| <b>Zinbryta</b>                                      | 3         | PA, SL, SP            |
| <b>Central Nervous System: Other</b>                 |           |                       |
| Alprazolam Extended-Release Tablet                   | 1         |                       |
| Alprazolam Tablet                                    | 1         |                       |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Aripiprazole Tablet                                | 2         | SL                    |
| Armodafinil  | 3         | PA, SL                |
| <b>Austedo</b>                                     | 2         | PA, SL, SP            |
| Buspirone Tablet                                   | 1         |                       |
| Carbidopa-Levodopa                                 | 1         |                       |
| Diazepam Tablet                                    | 1         |                       |
| Donepezil 5, 10 mg ODT, Tablet                     | 1         |                       |
| <b>Ingrezza</b>                                    | 3         | PA, SL, SP            |
| <b>Latuda</b>                                      | 3         | SL                    |
| Lithium Capsule                                    | 1         |                       |
| Lorazepam Tablet                                   | 1         |                       |
| Memantine Immediate-Release Tablet                 | 2         |                       |
| Modafinil Tablet                                   | 3         | PA, SL                |
| Naloxone Vials                                     | 1         |                       |
| <b>Narcan Nasal Spray</b>                          | 2         | SL                    |
| Olanzapine Tablet                                  | 1         | SL                    |
| Pramipexole Tablet                                 | 1         |                       |
| Quetiapine Extended-Release Tablet                 | 3         | SL                    |
| Quetiapine Immediate-Release Tablet                | 1         |                       |
| Risperidone Tablet                                 | 1         |                       |
| Ropinirole Tablet                                  | 1         |                       |
| <b>Suboxone Film</b>                               | 3         | E, PA, SL             |
| Tolcapone  | 2         |                       |
| <b>Xyrem</b>                                       | 3         | PA, SL, SP            |
| <b>Zelapar</b>                                     | 3         |                       |
| Ziprasidone Capsule                                | 2         | SL                    |
| <b>Zubsolv</b>                                     | 2         | SL                    |
| <b>Central Nervous System: Sedatives/Hypnotics</b> |           |                       |
| Eszopiclone Tablet                                 | 2         | SL                    |
| Temazepam Capsule                                  | 1         |                       |
| Triazolam Tablet                                   | 1         |                       |
| Zaleplon Capsule                                   | 1         | SL                    |
| Zolpidem Extended-Release Tablet                   | 3         | 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                      | 2         |                       |
| Carbamazepine Extended-Release Tablet                       | 3         |                       |
| Carbamazepine Immediate-Release Tablet                      | 1         |                       |
| Clonazepam Tablet   | 1         |                       |
| Diazepam Tablet   | 1         |                       |
| Divalproex Delayed-Release Tablet                           | 1         |                       |
| Divalproex Extended-Release Tablet                          | 2         |                       |
| Gabapentin Capsule, Tablet                                  | 1         |                       |
| Lamotrigine Immediate-Release Tablet                        | 1         |                       |
| Levetiracetam Extended-Release Tablet                       | 2         |                       |
| 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>   | 3         | SL                    |
| Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel                    | 3         | E, SL                 |
| Adapalene Cream, Gel, Lotion                                | 3         | E, PA, SL             |
| Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment | 3         |                       |
| Betamethasone Dipropionate 0.05% Cream, Ointment            | 2         |                       |
| Calcipotriene/Betamethasone Ointment                        | 3         | SL                    |
| <b>Carac</b>  | 2         |                       |
| Ciclopirox Cream, Gel, Lotion, Solution                     | 1         |                       |
| Claravis  | 2         | PA                    |

| Drug Name                                  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Clindamycin 1.2%/Benzoyl Peroxide 5% Gel   | 3         | SL                    |
| Clindamycin Gel                            | 3         | SL                    |
| Clindamycin Lotion                         | 3         |                       |
| Clindamycin Solution, Swabs                | 1         |                       |
| Clobetasol Propionate Cream, Ointment      | 2         | SL                    |
| Clobetasol Propionate Solution             | 1         | SL                    |
| Clotrimazole-Betamethasone Cream           | 1         | SL                    |
| Clotrimazole-Betamethasone Lotion          | 1         |                       |
| Dapsone 5% Gel                             | 3         | E, SL                 |
| Desonide 0.05% Cream, Lotion, Ointment     | 3         | SL                    |
| Desoximetasone Gel, Ointment               | 3         | SL                    |
| Diflorasone Diacetate 0.05% Cream          | 3         | SL                    |
| Diflorasone Diacetate 0.05% Ointment       | 3         |                       |
| <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         |                       |
| Fluocinolone Cream, Oil, Solution          | 3         | SL                    |
| Fluocinolone Ointment                      | 2         | SL                    |
| Fluocinonide 0.05% Cream                   | 1         |                       |
| <b>Fluorouracil 0.5% Cream</b>             | 3         | SL                    |
| Halobetasol Ointment                       | 2         | SL                    |
| Hydrocortisone 2.5% Cream, Ointment        | 1         |                       |
| Imiquimod 5% Cream                         | 1         | SL                    |
| Metronidazole 0.75% Topical Gel            | 1         |                       |
| Minocycline Extended-Release               | 3         | E, PA                 |
| <b>Mirvaso</b>                             | 3         | SL                    |
| Mometasone Furoate Cream, Lotion, Ointment | 1         |                       |
| Mupirocin Ointment                         | 1         | SL                    |

**Bold type = Brand-name drug**

[Plain type = Generic drug]

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**PA** = Prior authorization required

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**SL** = Supply limit

**SP** = Specialty medication

**ST** = Step therapy

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| <b>Oracea</b>   | 3         |                       |
| <b>Oxsoralen-Ultra</b>  | 2         |                       |
| <b>Picato</b>   | 3         | SL                    |
| <b>Regranex</b>   | 2         | PA, SL                |
| <b>Rhofade</b>  | 3         | PA, SL                |
| <b>Solodyn</b>  | 3         | E, PA                 |
| <b>Taclonex Suspension</b>  | 3         | SL                    |
| Tacrolimus Ointment   | 2         | SL, ST                |
| Tazarotene 0.1% Cream (generic <b>Tazorac</b> )   | 3         | E, PA, SL             |
| <b>Tazorac</b>  | 3         | PA, SL                |
| Tretinoin Cream   | 3         | PA, SL                |
| Tretinoin Gel   | 3         | E, PA, SL             |
| Tretinoin Microspheres  | 3         | E, PA, SL             |
| Triamcinolone Acetonide Cream, Lotion, Ointment   | 1         |                       |
| <b>Vectical</b>   | 3         | SL                    |
| <b>Diabetes: Blood Glucose Monitoring<sup>6</sup></b>   |           |                       |
| <b>Accu-Chek Test Strips</b>  | 3         | E, SL                 |
| <b>Contour Next</b>   | 2         |                       |
| <b>Contour Next EZ</b>  | 2         |                       |
| <b>Contour Next One</b>   | 2         |                       |
| <b>Contour Next Test Strips</b>   | 2         | SL                    |
| <b>Contour Test Strips</b>  | 3         | E, SL                 |
| <b>FreeStyle Test Strips</b>  | 3         | E, SL                 |
| <b>OneTouch Test Strips</b>   | 1         | SL                    |
| <b>OneTouch Ultra Meter</b>   | 1         |                       |
| <b>OneTouch Ultra Mini</b>  | 1         |                       |
| <b>OneTouch Ultra Test Strips</b>   | 1         | SL                    |
| <b>OneTouch Verio</b>   | 1         |                       |
| <b>OneTouch Verio Flex</b>  | 1         |                       |
| <b>OneTouch Verio IQ</b>  | 1         |                       |
| <b>OneTouch Verio Sync</b>  | 1         |                       |
| <b>OneTouch Verio Test Strips</b>   | 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>  |           |                       |
| <b>Afrezza</b>  | 3         | E, PA, SL             |
| <b>Basaglar</b>   | 1         | SL                    |
| <b>Humalog KwikPens</b> (all formulations)  | 2         | SL                    |
| <b>Humalog Vials</b> (all formulations)   | 1         | SL                    |
| <b>Humulin KwikPens</b> (all formulations)  | 2         | SL                    |
| <b>Humulin Vials</b> (all formulations)   | 1         | SL                    |
| <b>Lantus Solostar</b>  | 3         | E, SL                 |
| <b>Lantus Vials</b>   | 3         | E, SL                 |
| <b>Levemir FlexTouch</b>  | 2         | SL                    |
| <b>Levemir Vials</b>  | 2         | SL                    |
| <b>Novolin Vials</b> (all formulations)   | 3         | SL, ST                |
| <b>Novolog FlexPen</b> (all formulations)   | 3         | SL, ST                |
| <b>Novolog Vials</b> (all formulations)   | 3         | SL, ST                |
| <b>Toujeo SoloStar</b>  | 3         | E, SL                 |
| <b>Tresiba FlexTouch</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. |           |                       |
| <b>Diabetes: Non-Insulin<sup>6</sup></b>  |           |                       |
| <b>Adlyxin</b>  | 3         | SL                    |
| <b>Bydureon</b>   | 2         | SL                    |
| <b>Byetta</b>   | 2         | SL                    |
| <b>Farxiga</b>  | 3         | SL, ST                |
| Glimepiride   | 1         |                       |
| Glipizide   | 1         |                       |
| Glipizide Extended-Release  | 1         |                       |
| Glyburide   | 1         |                       |
| <b>Glyxambi</b>   | 3         | E, SL, ST             |
| <b>Invokamet</b>  | 2         | SL                    |
| <b>Invokamet XR</b>   | 2         | SL                    |
| <b>Invokana</b>   | 2         | SL, ST                |
| <b>Janumet</b>  | 3         | SL, ST                |
| <b>Januvia</b>  | 3         | SL, ST                |
| <b>Jardiance</b>  | 2         | SL, ST                |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| <b>Jentaduetto</b>  | 2         | SL                    |
| <b>Jentaduetto 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 |
|------------------------------|---|------------|

<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.

| 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                               | 2         |                       |
| Methimazole Tablet                                       | 1         |                       |
| NP Thyroid Tablet  | 1         |                       |
| <b>Synthroid</b>   | 2         |                       |
| <b>Eye Conditions: Allergies</b>                         |           |                       |
| Azelastine 0.05% Ophthalmic Solution                     | 1         |                       |
| <b>Lastacaft</b>   | 3         | SL                    |
| Olopatadine 0.1% Ophthalmic Solution                     | 3         | SL                    |
| <b>Eye Conditions: Antibiotics</b>                       |           |                       |
| Erythromycin 0.5% Ophthalmic Ointment                    | 1         |                       |
| Gentamicin Ophthalmic Ointment, Solution                 | 1         |                       |
| <b>Moxeza</b>  | 3         |                       |
| Moxifloxacin Ophthalmic Solution                         | 3         |                       |
| Ofloxacin 0.3% Ophthalmic Solution                       | 1         |                       |
| Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension | 2         |                       |
| Tobramycin Ophthalmic Solution                           | 1         |                       |

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**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 |
|--|-----------|-----------------------|
| <b>Eye Conditions: Dry Eye Disease</b>                             |           |                       |
| <b>Restasis Single Use Vials</b>                                   | 3         | PA, SL                |
| <b>Xiidra</b>  | 3         | PA, SL                |
| <b>Eye Conditions: Glaucoma</b>                                    |           |                       |
| <b>Alphagan P 0.1%</b>   | 2         | SL                    |
| <b>Azopt</b>   | 2         | SL                    |
| <b>Combigan</b>  | 2         | SL                    |
| Latanoprost 0.005% Ophthalmic Solution                             | 1         |                       |
| <b>Lumigan</b>   | 2         | SL                    |
| Timolol 0.25%, 0.5% Ophthalmic Solution (generic <b>Timoptic</b> ) | 1         |                       |
| <b>Travatan Z</b>  | 2         | SL                    |
| <b>Gastrointestinal: Acid Suppression</b>                          |           |                       |
| <b>Dexilant</b>  | 3         | SL                    |
| <b>Omeclamox-Pak</b>   | 3         | SL                    |
| Omeprazole Capsule   | 1         |                       |
| Pantoprazole Tablet  | 1         |                       |
| <b>Pylera</b>  | 3         | SL                    |
| Ranitidine Syrup   | 1         |                       |
| Rabeprazole Tablet   | 3         | SL                    |
| Sucralfate Tablet  | 1         |                       |
| <b>Gastrointestinal: Nausea/Vomiting</b>                           |           |                       |
| <b>Akynzeo</b>   | 3         | SL                    |
| Aprepitant Capsule   | 2         | SL                    |
| <b>Emend Suspension</b>  | 2         | SL                    |
| Ondansetron  | 1         |                       |
| Ondansetron ODT  | 1         |                       |
| Scopolamine Transdermal Patch                                      | 3         |                       |
| <b>Varubi</b>  | 2         | SL                    |

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

| Drug Name                         | Drug Tier | Requirements & Limits |
|-----------------------------------|-----------|-----------------------|
| <b>Hepatitis C</b>                |           |                       |
| <b>Daklinza</b>                   | 3         | PA, SL, SP, ST        |
| <b>Epclusa</b>                    | 2         | PA, SL, SP            |
| <b>Harvoni</b>                    | 2         | PA, SL, SP            |
| <b>Mavyret</b>                    | 2         | PA, SL, SP            |
| Ribavirin Tablet                  | 1         | SP                    |
| <b>Sovaldi</b>                    | 3         | PA, SL, SP, ST        |
| <b>Technivie</b>                  | 3         | PA, SL, SP, ST        |
| <b>Viekira Pak</b>                | 3         | PA, SL, SP, ST        |
| <b>Viekira XR</b>                 | 3         | PA, SL, SP, ST        |
| <b>Vosevi</b>                     | 2         | PA, SL, SP            |
| <b>Zepatier</b>                   | 3         | PA, SL, SP, ST        |
| <b>HIV/AIDS</b>                   |           |                       |
| Abacavir-Lamivudine               | 2         | SP                    |
| Atazanavir Capsule                | 2         | SP                    |
| <b>Atripla</b>                    | 2         | SP                    |
| <b>Complera</b>                   | 3         | SP                    |
| <b>Descovy</b>                    | 3         | SP                    |
| Efavirenz                         | 2         | 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 | 2         | SP                    |
| Nevirapine                        | 1         | SP                    |
| Nevirapine Extended-Release       | 3         | E, SP                 |
| <b>Norvir</b>                     | 2         | SP                    |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| <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   | 2         | 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                    |
| <b>Infertility<sup>7, 8</sup></b>  |           |                       |
| <b>Cetrotide</b>   | 2         | SP                    |
| Clomiphene   | 1         | SP                    |
| <b>Crinone</b>   | 3         | 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. |           |                       |
| <sup>8</sup> This is not a covered benefit for Neighborhood Health Plan.   |           |                       |
| <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, SP, SL            |
| Hydroxychloroquine Sulfate   | 1         |                       |

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**PA** = Prior authorization required

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| Drug Name           | Drug Tier | Requirements & Limits |
|---------------------|-----------|-----------------------|
| <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        |

#### Medications for Sexual Dysfunction<sup>7</sup>

|  |   |        |
|--|---|--------|
| <b>Addyi</b>                               | 3 | PA, SL |
| <b>Cialis</b>                              | 3 | SL     |
| <b>Intrinsa</b>                            | 3 | SL     |
| <b>Levitra</b>                             | 3 | SL     |
| <b>Osphena</b>                             | 3 | SL     |
| Sildenafil Tablet (generic <b>Viagra</b> ) | 3 | SL     |
| <b>Stendra</b>                             | 3 | PA, SL |

<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.

#### Men's Health: Prostate

|                           |   |  |
|---------------------------|---|--|
| Alfuzosin Tablet          | 1 |  |
| Doxazosin Tablet          | 1 |  |
| Dutasteride Capsule       | 3 |  |
| Finasteride Tablet        | 1 |  |
| <b>Rapaflo</b>            | 3 |  |
| Tamsulosin Capsule        | 1 |  |
| Terazosin Capsule, Tablet | 1 |  |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| <b>Men's Health: Testosterone Therapy</b>              |           |                       |
| <b>Androderm</b>                                       | 2         | PA, SL                |
| <b>Androgel</b>  | 3         | E, PA, SL             |
| Methyltestosterone Capsule                             | 2         |                       |
| <b>Testim</b>  | 2         | PA, SL                |
| Testosterone 1% Topical Gel                            | 3         | E, PA, SL             |
| Testosterone Cypionate Injection                       | 1         |                       |
| <b>Miscellaneous</b>                                   |           |                       |
| Anastrozole Tablet                                     | 1         |                       |
| <b>Aranesp</b>   | 2         | SL, SP                |
| <b>Auryxia</b>   | 3         |                       |
| <b>Bethkis</b>   | 2         | PA, SL, SP            |
| <b>Cayston</b>   | 2         | PA, SL, SP            |
| <b>Cerdelga</b>  | 2         | PA, SP                |
| Chlorhexidine Gluconate                                | 1         |                       |
| Chlorpheniramine/Hydrocodone/Pseudoephedrine Solution  | 2         | PA, SL                |
| Epinephrine (generic <b>EpiPen/EpiPen-Jr.</b> )        | 2         | SL                    |
| <b>EpiPen/EpiPen-Jr.</b>                               | 3         | E, SL                 |
| Hydrocodone/Chlorpheniramine Suspension                | 3         | PA, SL                |
| Lanthanum Chewable Tablet                              | 3         |                       |
| Letrozole Tablet                                       | 1         |                       |
| Lidocaine Transdermal Patch (generic <b>Lidoderm</b> ) | 3         | PA, SL                |
| <b>Nityr</b>   | 2         | PA, SP                |
| <b>Nuedexta</b>  | 2         | PA                    |
| <b>Obredon</b>   | 3         | PA, SL, ST            |
| <b>Pegasys</b>   | 2         | PA, SP, SL            |
| Phenazopyridine  | 1         |                       |
| <b>Procrit</b>   | 2         | SL, SP                |
| Promethazine/Codeine                                   | 1         | PA                    |
| Promethazine/Dextromethorphan                          | 1         |                       |
| <b>Pulmozyme</b>                                       | 2         | PA, SL, SP            |
| <b>Rectiv</b>  | 3         | SL                    |
| <b>Rezira</b>  | 3         |                       |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Sevelamer  | 2         |                       |
| <b>Syprine</b>   | 3         | PA, SP                |
| <b>Tobi Podhaler</b>                                       | 3         | PA, SL, SP            |
| <b>Velphoro</b>  | 2         |                       |
| <b>Veltassa</b>  | 3         | PA, SL                |
| <b>Zarxio</b>  | 2         | SP                    |
| <b>Musculoskeletal: Muscle Spasms</b>                      |           |                       |
| Baclofen Tablet  | 1         |                       |
| Carisoprodol 350 mg Tablet                                 | 1         |                       |
| Cyclobenzaprine  | 1         |                       |
| Metaxalone Tablet  | 3         |                       |
| Methocarbamol Tablet                                       | 1         |                       |
| Tizanidine Tablet  | 1         |                       |
| <b>Musculoskeletal: Osteoporosis</b>                       |           |                       |
| Alendronate Sodium Tablet                                  | 1         |                       |
| <b>Forteo</b>  | 3         | PA, SP                |
| Ibandronate Tablet   | 2         | SL                    |
| Raloxifene Tablet  | 2         |                       |
| Risedronate Sodium Tablet                                  | 3         | SL                    |
| <b>Tymlos</b>  | 3         | PA, SP                |
| <b>Musculoskeletal: Pain Relief</b>                        |           |                       |
| Acetaminophen/Codeine Tablet                               | 1         | SL                    |
| <b>Belbuca</b>   | 3         | PA, SL                |
| Celecoxib  | 2         | SL                    |
| Diclofenac Tablet  | 1         |                       |
| Etodolac Capsule   | 1         |                       |
| Fentanyl 12, 25, 50, 75, 100 mcg Patch                     | 2         | PA, SL                |
| Fentanyl Citrate Lozenge                                   | 2         | PA, SL                |
| Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet | 1         | SL                    |
| Hydrocodone/Ibuprofen Tablet                               | 1         |                       |
| Hydromorphone Immediate-Release Tablet                     | 1         |                       |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Ibuprofen Tablet   | 1         |                       |
| Indomethacin Capsule                                     | 1         |                       |
| Ketorolac Tablet   | 1         |                       |
| <b>Lazanda</b>   | 3         | PA, SL                |
| Meloxicam Tablet   | 1         |                       |
| Methadone Tablet, Oral Solution, Concentrate Solution    | 1         | PA, SL                |
| Morphine Sulfate Extended-Release Tablet                 | 1         | PA, SL                |
| Morphine Sulfate Oral Solution                           | 1         |                       |
| Nabumetone Tablet  | 1         |                       |
| Naproxen Tablet  | 1         |                       |
| <b>Nucynta</b>   | 3         | SL                    |
| <b>Nucynta ER</b>  | 3         | PA, SL                |
| Oxycodone Tablet   | 1         |                       |
| Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet | 1         | SL                    |
| <b>Oxycontin</b>   | 3         | E, PA, SL, ST         |
| <b>Sprinx</b>  | 3         |                       |
| Tramadol-Acetaminophen                                   | 1         |                       |
| Tramadol Immediate-Release Tablet                        | 1         |                       |
| Tramadol Sustained-Release Tablet                        | 2         | SL                    |
| Trezip   | 3         | SL                    |
| Vicodin 5/300, 7.5/300, 10/300 mg Tablet                 | 3         | E, SL                 |
| <b>Voltaren Gel</b>                                      | 2         |                       |
| <b>Xtampza ER</b>  | 2         | PA, SL                |
| <b>Zohydro ER</b>  | 3         | PA, SL, ST            |
| <b>Overactive Bladder</b>                                |           |                       |
| Dicyclomine Tablet                                       | 1         |                       |
| Oxybutynin Extended-Release Tablet                       | 2         |                       |
| Oxybutynin Tablet  | 1         |                       |
| <b>Toviaz</b>  | 3         |                       |

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| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| <b>Respiratory: Allergies</b>   |           |                       |
| Azelastine 0.1% Nasal Spray   | 3         |                       |
| Cyproheptadine Tablet   | 1         |                       |
| Fluticasone Nasal Spray   | 2         | SL                    |
| Hydroxyzine Capsule, Tablet   | 1         |                       |
| Levocetirizine Tablet   | 1         |                       |
| Promethazine Tablet   | 1         |                       |
| <b>Zetonna</b>  | 3         | SL                    |
| <b>Respiratory: Asthma/COPD</b>                                       |           |                       |
| <b>Advair Diskus/HFA</b>  | 3         | RS, SL                |
| Albuterol Nebs  | 1         |                       |
| <b>Alvesco</b>  | 1         | SL                    |
| <b>Anoro Ellipta</b>  | 3         | SL                    |
| <b>Arnuity Ellipta</b>  | 3         | SL                    |
| <b>Asmanex TwistHaler, HFA</b>  | 1         | SL                    |
| <b>Bevespi Aerosphere</b>   | 2         | SL                    |
| <b>Breo Ellipta</b>   | 3         | RS, SL                |
| Budesonide Nebs   | 2         | SL                    |
| <b>Combivent Respimat</b>   | 3         | SL                    |
| <b>Dulera</b>   | 3         | E, SL, ST             |
| <b>Flovent Diskus/HFA</b>   | 3         | SL                    |
| Fluticasone/Salmeterol RespiClick (generic <b>AirDuo RespiClick</b> ) | 2         | SL                    |
| <b>Incruse Ellipta</b>  | 2         | SL                    |
| Ipratropium-Albuterol Nebs  | 2         |                       |
| Ipratropium Nebs  | 1         |                       |
| Levalbuterol Nebs   | 3         | E, SL                 |
| Montelukast Chewable Tablet, Tablet                                   | 1         |                       |
| Montelukast Granules  | 2         |                       |
| <b>Perforomist</b>  | 3         | SL                    |
| <b>ProAir HFA/RespiClick</b>  | 3         | SL                    |
| <b>Proventil HFA</b>  | 3         | SL                    |
| <b>Pulmicort Flexhaler</b>  | 3         | SL, ST                |
| <b>QVAR Redihaler</b>   | 1         | SL                    |
| <b>Serevent Diskus</b>  | 3         | SL                    |
| <b>Spiriva Handihaler/Respimat</b>                                    | 3         | SL                    |

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

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| <b>Vitamins/Electrolytes</b>                               |           |                       |
| Fluoride   | 1         |                       |
| Folic Acid   | 1         |                       |
| Klor-Con M10   | 1         |                       |
| Klor-Con M20   | 1         |                       |
| Potassium Chloride   | 1         |                       |
| Potassium Citrate  | 1         |                       |
| <b>Women's Health: Contraceptives</b>                      |           |                       |
| 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                     |
| Cyred  | 1         | H                     |
| Dasetta 7/7/7, 1/35  | 1         | H                     |
| Deblitane  | 1         | H                     |
| Delyla   | 1         | H                     |
| Desogestrel-Ethinyl Estradiol (generic <b>Ortho-Cept</b> ) | 1         | H                     |
| Drospirenone-Ethinyl Estradiol-Levomefolate Calcium        | 3         | E                     |
| Econtra EZ   | 1         | H                     |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Elinest  | 1         | H                     |
| <b>Ella</b>  | 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  | 3         | 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                     |
| Larin Fe   | 1         | H                     |
| Larissia   | 1         | H                     |
| Leena  | 1         | H                     |
| Lessina  | 1         | H                     |
| Levonest   | 1         | H                     |
| Levonorgestrel 1.5 mg  | 1         | H                     |
| Levonorgestrel-Ethinyl Estradiol (generic <b>Alesse, Nordette, Triphasil</b> ) | 1         | H                     |

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| Drug Name   | Drug Tier | Requirements & Limits | Drug Name          | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|--------------------|-----------|-----------------------|
| Levonorgestrel-Ethinyl Estradiol (generic <b>Seasonale</b> )                    | 2         | H                     | Portia             | 1         | H                     |
| Levora-28   | 1         | H                     | Previfem           | 1         | H                     |
| <b>Lo Loestrin Fe</b>   | 3         |                       | Quasense           | 2         | H                     |
| Loryna  | 3         |                       | Rajani             | 3         | E                     |
| Low-Ogestrel  | 1         | H                     | React              | 1         | H                     |
| Lutera  | 1         | H                     | Reclipsen          | 1         | H                     |
| Lyza  | 1         | H                     | Rivelsa            | 3         | E                     |
| Marlissa  | 1         | H                     | Setlakin           | 2         | H                     |
| Medroxyprogesterone Acetate   | 1         | H                     | Sharobel           | 1         | H                     |
| Mibelas 24 Fe Chewable Tablet   | 3         | E                     | Solia              | 1         | H                     |
| Microgestin   | 2         |                       | Sprintec           | 1         | H                     |
| Microgestin Fe  | 1         | H                     | Sronyx             | 1         | H                     |
| Mono-Linyah   | 1         | H                     | Take Action        | 1         | H                     |
| MonoNessa   | 1         | H                     | Tarina Fe          | 1         | H                     |
| My Way  | 1         | H                     | Tri-Estarylla      | 1         | H                     |
| Myzilra   | 1         | H                     | Tri-Linyah         | 1         | H                     |
| <b>Natazia</b>  | 2         |                       | Tri-Lo-Estarylla   | 2         |                       |
| Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11  | 1         | H                     | Tri-Lo-Marzia      | 2         |                       |
| Next Choice   | 1         | H                     | Tri-Lo-Sprintec    | 2         |                       |
| Nora BE   | 1         | H                     | Tri-Previfem       | 1         | H                     |
| Norethindrone 0.35 mg   | 1         | H                     | Tri-Sprintec       | 1         | H                     |
| Norethindrone-Ethinyl Estradiol-Ferrous Fumarate                                | 1         | H                     | Trinessa           | 1         | H                     |
| Norgestimate-Ethinyl Estradiol (generic <b>Ortho-Cyclen, Ortho Tri-Cyclen</b> ) | 1         | H                     | Trinessa Lo        | 2         |                       |
| Norgestimate-Ethinyl Estradiol Lo (generic <b>Ortho Tri-Cyclen Lo</b> )         | 2         |                       | Trivora-28         | 1         | H                     |
| Norlyroc  | 1         | H                     | Velivet            | 1         | H                     |
| Nortrel 7/7/7, 0.5/35, 1/35   | 1         | H                     | Vestura            | 3         |                       |
| <b>Nuvaring</b>   | 2         | H                     | Vienna             | 1         | H                     |
| Opcicon   | 1         | H                     | Viorele            | 2         |                       |
| Orsythia  | 1         | H                     | Wera               | 1         | H                     |
| Pirmella 7/7/7, 1/35  | 1         | H                     | Xulane             | 3         | H                     |
| <b>Plan B One Step</b>  | 1         | H                     | <b>Yasmin 28</b>   | 2         |                       |
|   |           |                       | <b>Yaz</b>         | 2         |                       |
|   |           |                       | Zovia 1/35E, 1/50E | 1         | H                     |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| <b>Women's Health: Hormone Replacement</b>                             |           |                       |
| <b>Climara Pro</b>   | 3         | SL                    |
| <b>Divigel</b>   | 3         |                       |
| <b>Duavee</b>  | 3         | SL                    |
| <b>Estrace Cream</b>   | 3         |                       |
| Estradiol Cream (generic <b>Estrace</b> )                              | 3         | E                     |
| Estradiol/Norethindrone Acetate Tablet                                 | 2         |                       |
| 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  | 2         |                       |
| <b>Vivelle-Dot</b>   | 2         | SL                    |
| Yuvafem  | 2         |                       |

| Drug Name                                | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| <b>Women's Health: Miscellaneous</b>     |           |                       |
| Raloxifene                               | 2         | H-PA                  |
| Tamoxifen                                | 1         | H-PA                  |
| <b>Women's Health: Prenatal Vitamins</b> |           |                       |
| <b>Brand Prenatal Vitamins</b>           | 3         |                       |

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# Index

## A

|  |    |
|--|----|
| Abacavir-Lamivudine .....  | 16 |
| Accu-Chek Test Strips.....   | 13 |
| Acetaminophen/Butalbital/Caffeine<br>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<br>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.....  | 20 |
| Alfuzosin Tablet.....  | 17 |
| Allopurinol Tablet.....  | 15 |
| Alphagan P 0.1%.....   | 15 |
| Alprazolam Extended-Release<br>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<br>Tablet .....                      | 8  |
| Amoxicillin/Potassium Clavulanate<br>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 |
| 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<br>Solution ..... | 14 |
| Azelastine 0.1% Nasal Spray.....              | 19 |
| Azithromycin Tablet.....                      | 8  |
| Azopt.....                                    | 15 |
| Azurette.....                                 | 20 |

## B

|  |    |
|--|----|
| Baclofen Tablet .....  | 18 |
| Basaglar .....   | 13 |
| Belbuca.....   | 18 |
| Benazepril .....   | 9  |
| Benazepril-Hydrochlorothiazide .....                                 | 9  |
| Betamethasone Dipropionate 0.05%<br>Augmented Lotion, Ointment ..... | 12 |
| Betamethasone Dipropionate 0.05%<br>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 Fe.....                             | 20     |
| Bosulif.....                                | 8      |
| Brand Prenatal Vitamins.....                | 22     |
| Breo Ellipta .....                          | 19     |
| Brilinta.....                               | 9      |
| Budesonide Nebs.....                        | 19     |
| Bupropion Extended-Release<br>Tablet .....  | 10     |
| Bupropion Sustained-Release<br>Tablet ..... | 10, 19 |
| Bupropion Tablet.....                       | 10     |
| Buspirone Tablet.....                       | 11     |
| Bydureon .....                              | 13     |
| Byetta .....                                | 13     |
| Bystolic.....                               | 9      |
| Byvalson .....                              | 9      |

## C

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



|  |    |
|--|----|
| Estrace Cream.....                               | 22 |
| Estradiol Cream .....                            | 22 |
| Estradiol Tablet.....                            | 22 |
| Estradiol Twice-Weekly Transdermal<br>Patch..... | 22 |
| Estradiol Weekly Transdermal<br>Patch.....       | 22 |
| Estradiol/Norethindrone Acetate<br>Tablet .....  | 22 |
| Estring .....                                    | 22 |
| Estrogen/Methyltestosterone<br>Tablet .....      | 22 |
| Eszopiclone Tablet .....                         | 11 |
| Etodolac Capsule .....                           | 18 |
| Eucrisa.....                                     | 12 |
| Evamist.....                                     | 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<br>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<br>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,<br>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,<br>7.5/325, 10/325 mg Tablet ..... | 18 |
| Hydrocodone/Chlorpheniramine<br>Suspension .....                    | 17 |
| Hydrocodone/Ibuprofen Tablet .....                                  | 18 |
| Hydrocortisone 2.5% Cream,<br>Ointment .....                        | 12 |
| Hydromorphone Immediate-Release<br>Tablet.....                      | 18 |
| Hydroxychloroquine Sulfate.....                                     | 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.....     | 13 |
| Jencycla .....     | 20 |
| Jentadueto .....   | 14 |
| Jentadueto XR..... | 14 |
| Jolessa .....      | 20 |
| Jolivetite .....   | 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 .....            | 17 |
| Klor-Con M10 .....       | 20 |
| Klor-Con M20.....        | 20 |
| Kombiglyze XR.....       | 14 |
| Kurvelo .....            | 20 |

## L

|                 |   |
|-----------------|---|
| Labetalol ..... | 9 |
|-----------------|---|

|   |        |  |        |   |                  |    |
|---|--------|--|--------|---|------------------|----|
| Lamivudine-Zidovudine .....                     | 16     | Low-Ogestrel .....   | 21     | Mirtazapine Tablet.....                             | 11               |    |
| Lamotrigine Immediate-Release<br>Tablet .....   | 12     | Lumigan .....  | 15     | Mirvaso.....  | 12               |    |
| Lanthanum Chewable Tablet .....                 | 17     | Lutera.....  | 21     | Mitigare .....                                      | 15               |    |
| Lantus Solostar .....                           | 13     | Lyrica .....   | 12     | Modafinil Tablet.....                               | 11               |    |
| Lantus Vials.....                               | 13     | Lyza.....  | 21     | Mometasone Furoate Cream, Lotion,<br>Ointment ..... | 12               |    |
| Larin Fe .....                                  | 20     | <b>M</b>   |        |   | Mono-Linyah..... | 21 |
| Larissia .....                                  | 20     | Marlissa.....  | 21     | MonoNessa.....                                      | 21               |    |
| Lastacaft.....                                  | 14     | Mavyret.....   | 16     | Montelukast Chewable Tablet,<br>Tablet .....        | 19               |    |
| Latanoprost 0.005% Ophthalmic<br>Solution ..... | 15     | Medroxyprogesterone.....   | 21, 22 | Montelukast Granules .....                          | 19               |    |
| Latuda .....                                    | 11     | Medroxyprogesterone Acetate .....                                | 21     | Morphine Sulfate Extended-Release<br>Tablet .....   | 18               |    |
| Lazanda .....                                   | 18     | Meloxicam Tablet.....  | 18     | Morphine Sulfate Oral Solution.....                 | 18               |    |
| Leena.....                                      | 20     | Memantine Immediate-Release<br>Tablet.....                       | 11     | Movantik .....                                      | 15               |    |
| Leflunomide .....                               | 17     | Mercaptopurine Tablet.....                                       | 8      | Moviprep.....                                       | 15               |    |
| Lessina .....                                   | 20     | Mesalmine Delayed-Release Tablet...                              | 15     | Moxeza .....  | 14               |    |
| Letairis .....                                  | 19     | Metadate CD.....   | 10     | Moxifloxacin Ophthalmic Solution.....               | 14               |    |
| Letrozole Tablet.....                           | 17     | Metadate ER .....  | 10     | Moxifloxacin Tablet.....                            | 8                |    |
| Leucovorin Calcium Tablet.....                  | 8      | Metaxalone Tablet.....   | 18     | Multaq.....   | 10               |    |
| Levalbuterol Nebs .....                         | 19     | Metformin .....  | 14     | Mupirocin Ointment .....                            | 12               |    |
| Levemir FlexTouch.....                          | 13     | Metformin Extended-Release<br>Tablet.....                        | 14     | My Way.....   | 21               |    |
| Levemir Vials.....                              | 13     | Methadone Tablet, Oral Solution,<br>Concentrate Solution.....    | 18     | Mycophenolate Capsule,<br>Suspension .....          | 19               |    |
| Levetiracetam Extended-Release<br>Tablet .....  | 12     | Methimazole Tablet.....  | 14     | Mycophenolic Acid Tablet.....                       | 19               |    |
| Levetiracetam Immediate-Release<br>Tablet ..... | 12     | Methocarbamol Tablet.....  | 18     | Myzila .....  | 21               |    |
| Levitra.....                                    | 17     | Methotrexate Tablet .....  | 17     | <b>N</b>  |                  |    |
| Levocetirizine Tablet .....                     | 19     | Methoxyphenol Tablet.....  | 17     | Nabumetone Tablet .....                             | 18               |    |
| Levofloxacin Tablet.....                        | 8      | Methylphenidate Chewable Tablet....                              | 10     | Nadolol.....  | 9                |    |
| Levonest .....                                  | 20     | Methylphenidate Extended-Release<br>Capsule .....                | 10     | Naloxone Vials.....                                 | 11               |    |
| Levonorgestrel 1.5 mg .....                     | 20     | Methylphenidate Extended-Release<br>Tablet.....                  | 10     | Naproxen Tablet.....                                | 18               |    |
| Levonorgestrel-Ethinyl Estradiol ..             | 20, 21 | Methylphenidate Immediate-Release<br>Tablet.....                 | 10     | Naratriptan .....                                   | 11               |    |
| Levora-28.....                                  | 21     | Methylprednisolone Tablet.....                                   | 14     | Narcan Nasal Spray .....                            | 11               |    |
| Levothyroxine Sodium Tablet .....               | 14     | Methyltestosterone Capsule .....                                 | 17     | Natazia .....                                       | 21               |    |
| Lialda .....                                    | 15     | Metoclopramide Tablet .....                                      | 15     | Necon 7/7/7, 0.5/35, 1/35,<br>1/50, 10/11.....      | 21               |    |
| Lidocaine Transdermal Patch.....                | 17     | Metoprolol Succinate<br>Extended-Release<br>50, 100, 200 mg..... | 9      | Nesina .....  | 14               |    |
| Lidoderm .....                                  | 17     | Metoprolol Tartrate 25, 50, 100 mg....                           | 9      | Nevirapine .....                                    | 16               |    |
| Linzess .....                                   | 15     | Metronidazole 0.75% Topical Gel.....                             | 12     | Nevirapine Extended-Release.....                    | 16               |    |
| Liothyronine Sodium Tablet .....                | 14     | Metronidazole Tablet .....                                       | 8      | Next Choice .....                                   | 21               |    |
| Lisinopril.....                                 | 9      | Mibelas 24 Fe Chewable Tablet.....                               | 21     | Niacin Extended-Release Tablet .....                | 10               |    |
| Lisinopril-Hydrochlorothiazide .....            | 9      | Microgestin .....  | 21     | Niaspan .....                                       | 10               |    |
| Lithium Capsule.....                            | 11     | Microgestin Fe.....  | 21     | Nicoderm CQ .....                                   | 19               |    |
| Livalo.....                                     | 10     | Minivelle .....  | 22     | Nicorette Gum .....                                 | 19               |    |
| Lo Loestrin Fe.....                             | 21     | Minocycline Capsule .....  | 8      | Nicorette Lozenge.....                              | 19               |    |
| Lopinavir-Ritonavir Oral Solution .....         | 16     | Minocycline Extended-Release .....                               | 12     | Nicorette Mini-Lozenge.....                         | 19               |    |
| Lorazepam Tablet.....                           | 11     | Minocycline Tablet.....  | 8      | Nicotine Gum.....                                   | 19               |    |
| Loryna .....                                    | 21     |  |        | Nicotine Lozenge.....                               | 19               |    |
| Losartan.....                                   | 9      |  |        | Nicotine Patch .....                                | 19               |    |
| Losartan-Hydrochlorothiazide.....               | 9      |  |        |   |                  |    |
| Lovastatin .....                                | 10     |  |        |   |                  |    |

|  |    |   |    |  |        |   |    |
|--|----|---|----|--|--------|---|----|
| Nicotrol Inhaler .....                                   | 19 | OneTouch Ultra Mini .....   | 13 | Potassium Citrate .....                      | 20     |   |    |
| Nicotrol Nasal Spray .....                               | 19 | OneTouch Ultra Test Strips .....                                  | 13 | Pradaxa .....                                | 9      |   |    |
| Nifedipine Extended-Release.....                         | 9  | OneTouch Verio.....   | 13 | Praluent .....                               | 10     |   |    |
| Nitrofurantoin Capsule .....                             | 8  | OneTouch Verio Flex.....  | 13 | Pramipexole Tablet.....                      | 11     |   |    |
| 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 .....   | 20 | Opcicon .....   | 21 | Premphase.....                               | 22     |   |    |
| Norethindrone 0.35 mg .....                              | 21 | Opsumit .....   | 19 | Prempro .....                                | 22     |   |    |
| Norethindrone-Ethinyl<br>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<br>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<br>Tablet.....                        | 18 | Pulmicort Flexhaler .....                    | 19     |   |    |
| Nystatin Cream, Ointment.....                            | 8  | Oxybutynin Tablet .....   | 18 | Pulmozyme .....                              | 17     |   |    |
| <b>O</b>   |    |   |    |  |        |   |    |
| Obredon.....   | 17 | Oxycodone Tablet .....  | 18 | Pylera.....                                  | 15     |   |    |
| Odefsey.....   | 16 | Oxycodone/Acetaminophen 5/325,<br>7.5/325, 10/325 mg Tablet ..... | 18 | <b>Q</b>                                     |        |   |    |
| Ofloxacin 0.3% Ophthalmic<br>Solution .....              | 14 | Oxycontin .....   | 18 | Quasense .....                               | 21     |   |    |
| Ofloxacin Otic Solution.....                             | 8  | <b>P</b>  |    |  |        | Quetiapine Extended-Release<br>Tablet ..... | 11 |
| Ofloxacin Tablet .....                                   | 8  | Pantoprazole Tablet .....   | 15 | Quetiapine Immediate-Release<br>Tablet ..... | 11     |   |    |
| Olanzapine Tablet.....                                   | 11 | Paroxetine Tablet .....   | 11 | Quinapril .....                              | 9      |   |    |
| Olmesartan .....   | 9  | Pegasys.....  | 17 | QVAR Redihaler .....                         | 19     |   |    |
| Olmesartan-Hydrochlorothiazide .....                     | 9  | Penicillin V Potassium Tablet.....                                | 8  | <b>R</b>                                     |        |   |    |
| Olopatadine 0.1% Ophthalmic<br>Solution .....            | 14 | Perforomist.....  | 19 | Rabeprazole Tablet .....                     | 15     |   |    |
| Omeclamox-Pak .....                                      | 15 | Phenazopyridine.....  | 17 | Rajani.....                                  | 21     |   |    |
| Omega-3-Acid Ethyl Esters<br>Capsule .....               | 10 | Phenytoin Capsule, Suspension.....                                | 12 | Raloxifene.....                              | 18, 22 |   |    |
| Omeprazole Capsule.....                                  | 15 | Picato.....   | 13 | Raloxifene Tablet .....                      | 18     |   |    |
| Ondansetron.....   | 15 | Pioglitazone .....  | 14 | Ramipril .....                               | 9      |   |    |
| Ondansetron ODT .....                                    | 15 | Pirmella 7/7/7, 1/35 .....  | 21 | Ranexa .....                                 | 10     |   |    |
| OneTouch Test Strips .....                               | 13 | Plan B One Step .....   | 21 | Ranitidine Syrup .....                       | 15     |   |    |
| OneTouch Ultra Meter .....                               | 13 | Plegridy .....  | 11 | Rapaflo .....                                | 17     |   |    |
|  |    | Polyethylene Glycol 3350.....                                     | 15 | Rasuvo .....                                 | 17     |   |    |
|  |    | Portia .....  | 21 | React.....                                   | 21     |   |    |
|  |    | Potassium Chloride.....   | 20 |  |        |   |    |



|                    |    |
|--------------------|----|
| 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.....                                     | 21 |
| Velphoro.....                                    | 18 |
| Veltassa.....                                    | 18 |
| Venlafaxine Extended-Release<br>Capsule.....     | 11 |
| Venlafaxine Tablet.....                          | 11 |
| Ventolin HFA.....                                | 19 |
| Verapamil.....                                   | 9  |
| Verapamil Sustained-Release.....                 | 9  |
| Vestura.....                                     | 21 |
| Viagra.....                                      | 17 |
| Viberzi.....                                     | 15 |
| Vicodin 5/300, 7.5/300, 10/300 mg<br>Tablet..... | 18 |
| Victoza 2-Pak.....                               | 14 |
| Victoza 3-Pak.....                               | 14 |
| Viekira Pak.....                                 | 16 |
| Viekira XR.....                                  | 16 |
| Vienna.....                                      | 21 |
| Viiibryd.....                                    | 11 |
| Viorele.....                                     | 21 |
| Vitekta.....                                     | 16 |
| Vivelle-Dot.....                                 | 22 |
| Voltaren Gel.....                                | 18 |
| Vosevi.....                                      | 16 |
| Vyvanse.....                                     | 10 |

## W

|                      |    |
|----------------------|----|
| Warfarin Sodium..... | 9  |
| Welchol.....         | 10 |
| Wera.....            | 21 |

## X

|                  |    |
|------------------|----|
| Xarelto.....     | 9  |
| Xeljanz.....     | 17 |
| Xeljanz XR.....  | 17 |
| Xeloda.....      | 9  |
| Xigduo XR.....   | 14 |
| Xiidra.....      | 15 |
| Xopenex HFA..... | 19 |

|                 |    |
|-----------------|----|
| Xtampza ER..... | 18 |
| Xulane.....     | 21 |
| Xultophy.....   | 14 |
| Xyrem.....      | 11 |

## Y

|                |    |
|----------------|----|
| Yasmin 28..... | 21 |
| Yaz.....       | 21 |
| 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.....            | 21 |
| Zovirax Cream.....                 | 8  |
| Zubsolv.....                       | 11 |
| Zurampic.....                      | 15 |
| Zykadia.....                       | 9  |
| Zytiga.....                        | 9  |

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Washington, D.C. 20201

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