

Your 2019 Prescription Drug List

Traditional Three-Tier



Effective Jan. 1, 2019

This Prescription Drug List (PDL) is accurate as of Jan.1, 2019 and is subject to change after this date. The next anticipated update will be July 1, 2019. This PDL applies to members of our UnitedHealthcare, River Valley and Oxford medical plans with a pharmacy benefit subject to the Traditional Three-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.



Table of Contents

| | | |
|--|----|--|
| Understanding your Prescription | | |
| Drug List | 3 | |
| Medication tips | 5 | |
| Reading your PDL | 6 | |
| Questions | 8 | |
| Drugs by category | 9 | |
| Anti-Infectives | | |
| Antibiotics | 9 | |
| Antifungals | 9 | |
| Antivirals | 9 | |
| Cancer | 9 | |
| Cardiovascular/Heart Disease | | |
| Coagulation Therapy | 10 | |
| High Blood Pressure | 10 | |
| High Cholesterol | 11 | |
| Other | 11 | |
| Central Nervous System | | |
| Attention Deficit Disorder | 11 | |
| Depression | 12 | |
| Migraine | 12 | |
| Multiple Sclerosis | 12 | |
| Other | 12 | |
| Sedatives/Hypnotics | 13 | |
| Seizure Disorders | 13 | |
| Dermatology | 13 | |
| Diabetes | | |
| Blood Glucose Monitoring | 14 | |
| Insulin | 14 | |
| Non-Insulin | 15 | |
| Endocrine | | |
| Growth Hormone | 15 | |
| Other | 16 | |
| Thyroid Hormone Replacement | 16 | |
| Eye Conditions | | |
| Allergies | 16 | |
| Antibiotics | 16 | |
| Dry Eye Disease | 16 | |
| Glaucoma | 16 | |
| Gastrointestinal | | |
| Acid Suppression | 16 | |
| Nausea/Vomiting | 16 | |
| Other | 16 | |
| Gout | 17 | |
| Hepatitis C | 17 | |
| HIV/AIDS | 17 | |
| Infertility | 18 | |
| Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis | 18 | |
| Medications for Sexual Dysfunction | 18 | |
| Men's Health | | |
| Prostate | 18 | |
| Testosterone Therapy | 18 | |
| Miscellaneous | 19 | |
| Musculoskeletal | | |
| Muscle Spasms | 19 | |
| Osteoporosis | 19 | |
| Pain Relief | 19 | |
| Overactive Bladder | 20 | |
| Respiratory | | |
| Allergies | 20 | |
| Asthma/COPD | 20 | |
| Pulmonary Arterial Hypertension | 21 | |
| Smoking Cessation | 21 | |
| Transplant | 21 | |
| Vitamins/Electrolytes | 21 | |
| Women's Health | | |
| Contraceptives | 21 | |
| Hormone Replacement | 24 | |
| Miscellaneous | 24 | |
| Prenatal Vitamins | 24 | |
| Index | 25 | |

Understanding your 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.

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for additional information.

When does the PDL change?

PDL changes typically occur twice per year. However, changes that have a positive impact for you — such as coverage for 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.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

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)¹ 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 medications²). 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.

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.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey 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 for 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?

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could 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.

What if I am taking a specialty medication?

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

Over-the-counter (OTC) medications

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your PDL

The PDL gives you choices so you and your doctor can determine your best course of treatment. In this PDL, brand-name medications are shown in bold type and generic medications in plain type.

Tier information.

Using lower-tier medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

| Drug Tier | Includes | Helpful Tips |
|---------------|---|---|
| Tier 1 | \$ Lower-cost 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. |
| Tier 2 | \$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs. | Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs. |
| Tier 3 | \$\$\$ Highest-cost Medications that provide the lowest overall value. | Ask your doctor if a Tier 1 or Tier 2 option could work for you. |

Reading your PDL (continued)

Drug list information.

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

E **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)**
Lower-cost options are available and covered.

H **Health Care Reform Preventive**
This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

H-PA **Health Care Reform Preventive with Prior Authorization**
May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

PA **Prior Authorization (sometimes referred to as Precertification)³**
Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

RS **Refill and Save Program⁴**
Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.

SP **Specialty Medication**
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.

ST **Step Therapy (referred to as First Start in New Jersey)**
Requires you to try one or more other medications before the medication you are requesting may be covered.

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

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

4. Not applicable to Oxford plans.

For the most current list of covered medications or if you have questions:



Call the toll-free member phone number on your health plan ID card.



Visit your plan's member website listed on your health plan ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Anti-Infectives: Antibiotics | | |
| Amoxicillin Capsule, Chewable Tablet | 1 | |
| Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet | 1 | |
| Azithromycin Tablet | 1 | |
| Cefadroxil Capsule, Tablet | 1 | |
| Cefdinir Capsule | 1 | |
| Cefixime Suspension | 1 | |
| Cefprozil Tablet | 1 | |
| Cefuroxime Tablet | 1 | |
| Cephalexin Capsule | 1 | |
| Ciprodex | 3 | |
| Ciprofloxacin Tablet | 1 | |
| Clarithromycin Tablet | 1 | |
| Clindamycin Capsule | 1 | |
| Dificid | 3 | SL |
| Doxycycline Capsule, Tablet | 1 | |
| Levofloxacin Tablet | 1 | |
| Minocycline Capsule | 1 | |
| Moxifloxacin Tablet | 1 | |
| Nitrofurantoin Capsule | 1 | |
| Nitrofurantoin Macrocrystal Capsule | 1 | |
| Ofloxacin Otic Solution | 1 | |
| Ofloxacin Tablet | 1 | |
| Penicillin V Potassium Tablet | 1 | |
| Sulfamethoxazole-Trimethoprim Tablet | 1 | |
| Suprax Capsule, Chewable Tablet, Tablet | 3 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| Spironolactone | 1 | |
| Telmisartan | 1 | |
| Telmisartan-Hydrochlorothiazide | 1 | |
| Terazosin | 1 | |
| Triamterene-Hydrochlorothiazide | 1 | |
| Valsartan | 1 | |
| Valsartan-Hydrochlorothiazide | 1 | |
| Verapamil | 1 | |
| Verapamil Sustained-Release | 1 | |

Cardiovascular/Heart Disease: High Cholesterol

| | | |
|---|---|----------------|
| Atorvastatin | 1 | H-PA, SL |
| Colesevelam Packet for Suspension, Tablet (generic Welchol) | 3 | E |
| Ezetimibe Tablet | 1 | SL |
| Ezetimibe/Simvastatin | 1 | SL |
| Fenofibrate 54, 160 mg Tablet | 1 | |
| Fluvastatin Extended-Release Tablet | 1 | SL, ST |
| Gemfibrozil | 1 | |
| Lovastatin | 1 | H |
| Niacin Extended-Release Tablet | 1 | |
| Niaspan | 3 | |
| Omega-3-Acid Ethyl Esters Capsule | 1 | PA |
| Praluent | 2 | PA, SL, SP, ST |
| Pravastatin | 1 | |
| Repatha | 3 | PA, SL, SP, ST |
| Rosuvastatin | 1 | SL |
| Simvastatin | 1 | H-PA |
| Vascepa | 3 | PA |
| Welchol Packet for Suspension, Tablet | 1 | |

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

Central Nervous System: Attention Deficit Disorder

| | | |
|--|---|-----------|
| Adderall XR | 1 | PA, SL |
| Amphetamine Salt Combo | 1 | PA |
| Atomoxetine | 1 | SL |
| Concerta | 1 | PA, SL |
| Dexmethylphenidate Immediate-Release Tablet | 1 | PA |
| Dextroamphetamine-Amphetamine Immediate-Release Tablet | 1 | PA |
| Dextroamphetamine Sulfate Immediate-Release Tablet | 1 | PA |
| Guanfacine Extended-Release | 1 | SL |
| Methylphenidate Chewable Tablet | 1 | PA |
| Methylphenidate Extended-Release Capsule (generic Metadate CD, Ritalin LA) | 1 | PA, SL |
| Methylphenidate Extended-Release Capsule (Metadate ER, generic Ritalin SR) | 1 | PA, SL |
| Methylphenidate Extended-Release Tablet (generic Concerta) | 3 | E, PA, SL |
| Methylphenidate Immediate-Release Tablet | 1 | PA |
| Vyvanse | 2 | PA, SL |

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SL = Supply limit

SP = Specialty medication

ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Central Nervous System: Depression | | |
| Amitriptyline Tablet | 1 | |
| Bupropion Extended-Release Tablet | 1 | |
| Bupropion Sustained-Release Tablet | 1 | |
| Bupropion Tablet | 1 | |
| Citalopram Tablet | 1 | |
| Desvenlafaxine Extended-Release Tablet (generic Pristiq) | 1 | SL |
| Doxepin | 1 | |
| Duloxetine Capsule | 1 | SL |
| Escitalopram Tablet | 1 | |
| Fetzima | 3 | SL, ST |
| Fluoxetine Capsule (generic Prozac) | 1 | |
| Fluvoxamine Tablet | 1 | |
| Mirtazapine Tablet | 1 | |
| Nortriptyline Capsule | 1 | |
| Paroxetine Tablet | 1 | |
| Sertraline Tablet | 1 | |
| Trazodone Tablet | 1 | |
| Trintellix | 3 | SL, ST |
| Venlafaxine Extended-Release Capsule | 1 | |
| Venlafaxine Tablet | 1 | |
| Viibryd | 3 | SL |
| Central Nervous System: Migraine | | |
| Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg | 1 | SL |
| Eletriptan | 1 | SL |
| Frovatriptan | 1 | SL |
| Naratriptan | 1 | SL |
| Rizatriptan ODT, Tablet | 1 | SL |
| Sumatriptan Nasal Spray | 1 | SL |
| Sumatriptan Succinate Tablet, Injection | 1 | SL |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Central Nervous System: Multiple Sclerosis | | |
| Ampyra | 2 | PA, SL, SP |
| Aubagio | 3 | PA, SL, SP |
| Avonex | 2 | PA, SL, SP |
| Betaseron | 2 | PA, SL, SP |
| Gilenya | 3 | PA, SL, SP |
| Glatiramer (generic Copaxone) [Mylan version only] | 1 | PA, SL, SP |
| Plegridy | 3 | PA, SL, SP |
| Rebif | 3 | PA, SL, SP, ST |
| Tecfidera | 2 | PA, SL, SP |
| Central Nervous System: Other | | |
| Alprazolam Extended-Release Tablet | 1 | |
| Alprazolam Tablet | 1 | |
| Aripiprazole Tablet | 1 | SL |
| Armodafinil | 1 | PA, SL |
| Austedo | 2 | PA, SL, SP |
| Buprenorphine Sublingual Tablet | 1 | |
| Buspirone Tablet | 1 | |
| Carbidopa-Levodopa | 1 | |
| Diazepam Tablet | 1 | |
| Donepezil ODT, 5, 10 mg Tablet | 1 | |
| Latuda | 3 | SL |
| Lithium Capsule | 1 | |
| Lorazepam Tablet | 1 | |
| Memantine Immediate-Release Tablet | 1 | |
| Modafinil | 1 | PA, SL |
| Naloxone Vial | 1 | |
| Narcan Nasal Spray | 2 | SL |
| Olanzapine Tablet | 1 | SL |
| Pramipexole Tablet | 1 | |
| Quetiapine Extended-Release Tablet | 1 | SL |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Quetiapine Immediate-Release Tablet | 1 | |
| Risperidone Tablet | 1 | |
| Ropinirole Tablet | 1 | |
| Suboxone Film | 3 | E, PA, SL |
| Tolcapone | 1 | |
| Xyrem | 3 | PA, SL |
| Zelapar | 3 | |
| Ziprasidone Capsule | 1 | SL |
| Zubsolv | 1 | SL |
| Central Nervous System: Sedatives/Hypnotics | | |
| Eszopiclone Tablet | 1 | SL |
| Temazepam Capsule | 1 | |
| Triazolam Tablet | 1 | |
| Zaleplon Capsule | 1 | SL |
| Zolpidem Immediate-Release Tablet | 1 | SL |
| Central Nervous System: Seizure Disorders | | |
| Carbamazepine Extended-Release Capsule, Tablet | 1 | |
| Carbamazepine Immediate-Release Tablet | 1 | |
| Clonazepam Tablet | 1 | |
| Diazepam Tablet | 1 | |
| Divalproex Delayed-Release Tablet | 1 | |
| Divalproex Extended-Release Tablet | 1 | |
| Gabapentin Capsule, Tablet | 1 | |
| Lamotrigine Immediate-Release Tablet | 1 | |
| Levetiracetam Extended-Release Tablet | 1 | |
| Levetiracetam Immediate-Release Tablet | 1 | |
| Lyrica | 3 | SL, ST |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Lyrica CR | 3 | E, SL, ST |
| Oxcarbazepine Tablet | 1 | |
| Phenytoin Capsule, Suspension | 1 | |
| Topiramate Immediate-Release Tablet | 1 | |
| Zonisamide Capsule | 1 | |
| Dermatology | | |
| Aczone | 1 | SL |
| Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment | 1 | |
| Betamethasone Dipropionate 0.05% Cream, Ointment | 1 | |
| Calcipotriene/Betamethasone Ointment | 1 | SL |
| Carac | 2 | |
| Ciclopirox Cream, Gel, Lotion, Solution | 1 | |
| Claravis | 1 | PA |
| Clindamycin 1.2%/Benzoyl Peroxide 5% Gel | 1 | SL |
| Clindamycin Gel | 1 | SL |
| Clindamycin Lotion, Swabs | 1 | |
| Clindamycin Solution | 1 | SL |
| Clobetasol Propionate Cream, Ointment, Solution | 1 | SL |
| Clotrimazole-Betamethasone Cream | 1 | SL |
| Clotrimazole-Betamethasone Lotion | 1 | |
| Dapsone 5% Gel | 3 | E, SL |
| Desonide 0.05% Cream, Lotion, Ointment | 1 | SL |
| Desoximetasone Cream, Gel, Ointment | 1 | SL |
| Diflorasone Diacetate 0.05% Cream, Ointment | 1 | SL |
| Dupixent | 3 | PA, SL, SP, ST |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Elidel | 3 | SL, ST |
| Enstilar Foam | 3 | SL |
| Eucrisa | 3 | SL, ST |
| Finacea | 3 | |
| Fluocinonide 0.05% Cream | 1 | |
| Fluocinolone Cream, Oil, Ointment, Solution | 1 | SL |
| Fluorouracil 0.5% Cream | 3 | SL |
| Halobetasol Ointment | 1 | SL |
| Hydrocortisone 2.5% Cream, Ointment | 1 | |
| Imiquimod 5% Cream | 1 | SL |
| Metronidazole 0.75% Topical Gel | 1 | |
| Minocycline Extended-Release (generic Solodyn) | 1 | E, PA |
| Mirvaso | 3 | SL |
| Mometasone Furoate Cream, Lotion, Ointment | 1 | |
| Mupirocin Ointment | 1 | SL |
| Oracea | 3 | |
| Oxsoralen-Ultra | 2 | |
| Picato | 3 | SL |
| Regranex | 2 | PA, SL |
| Rhofade | 3 | PA, SL |
| Taclonex Suspension | 3 | SL |
| Tacrolimus Ointment | 1 | SL, ST |
| Tazarotene 0.1% Cream (generic Tazorac) | 3 | E, PA, SL |
| Tazorac 0.1% Cream | 1 | PA, SL |
| Tazorac Gel, 0.05% Cream | 3 | PA, SL |
| Tretinoin Cream | 1 | PA, SL |
| Triamcinolone Acetonide Cream, Lotion, Ointment | 1 | |
| Vectical | 3 | SL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Diabetes: Blood Glucose Monitoring⁵ | | |
| Accu-Chek Test Strips | 3 | E, SL |
| Contour Next EZ Meter | 2 | |
| Contour Next Meter | 2 | |
| Contour Next One Meter | 2 | |
| Contour Next Test Strips | 2 | SL |
| Contour Test Strips | 3 | E, SL |
| FreeStyle Test Strips | 3 | E, SL |
| OneTouch Ultra 2 Meter | 1 | |
| OneTouch Ultra Test Strips | 1 | SL |
| OneTouch UltraMini Meter | 1 | |
| OneTouch Verio Flex Meter | 1 | |
| OneTouch Verio IQ Meter | 1 | |
| OneTouch Verio Meter | 1 | |
| OneTouch Verio Sync Meter | 1 | |
| OneTouch Verio Test Strips | 1 | SL |
| ⁵ 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. | | |
| Diabetes: Insulin⁵ | | |
| Admelog SoloStar, Vials | 3 | E, SL |
| Apidra SoloStar, Vials | 3 | E, SL |
| Basaglar | 1 | SL |
| Fiasp FlexTouch, Vials | 3 | E, SL |
| Humalog KwikPens (all formulations) | 2 | SL |
| Humalog Vials (all formulations) | 1 | SL |
| Humulin KwikPens (all formulations) | 2 | SL |
| Humulin Vials (all formulations) | 1 | SL |
| Lantus SoloStar | 3 | E, SL |
| Lantus Vials | 3 | E, SL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Levemir FlexTouch, Vials | 3 | SL |
| Novolin Vials (all formulations) | 3 | E, SL |
| Novolog FlexPen, Vials (all formulations) | 3 | E, SL |
| Tresiba FlexTouch | 2 | SL |

⁵Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

Diabetes: Non-Insulin⁵

| | | |
|--|---|-----------|
| Adlyxin | 3 | SL |
| Bydureon, Bydureon Bcise | 2 | SL |
| Byetta | 2 | SL |
| Farxiga | 3 | E, SL, ST |
| Glimepiride | 1 | |
| Glipizide | 1 | |
| Glipizide Extended-Release | 1 | |
| Glyburide | 1 | |
| Glyxambi | 2 | SL, ST |
| Invokamet, Invokamet XR | 2 | SL |
| Invokana | 2 | SL, ST |
| Janumet | 3 | SL, ST |
| Januvia | 3 | SL, ST |
| Jardiance | 2 | SL, ST |
| Jentaduetto, Jentaduetto XR | 2 | SL |
| Kazano | 2 | SL |
| Kombiglyze XR | 2 | SL |
| Metformin | 1 | |
| Metformin Extended-Release Tablet (generic Glucophage XR) | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------|-----------|-----------------------|
| Nesina | 2 | SL |
| Onglyza | 2 | SL |
| Oseni | 2 | SL |
| Ozempic | 3 | SL |
| Pioglitazone | 1 | SL |
| Qtern | 3 | E, SL, ST |
| Segluromet | 3 | E, SL, ST |
| Soliqua | 2 | PA, SL |
| Steglatro | 3 | E, SL, ST |
| Steglujan | 3 | E, SL, ST |
| Synjardy, Synjardy XR | 2 | SL |
| Tradjenta | 2 | SL |
| Trulicity | 3 | SL |
| Victoza 2-Pak | 2 | SL |
| Victoza 3-Pak | 3 | SL |
| Xigduo XR | 3 | E, SL, ST |

⁵Diabetic 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 Hormone⁶

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

⁶Coverage 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.

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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 |
|--|-----------|-----------------------|
| Endocrine: Other | | |
| Calcitriol Capsule | 1 | |
| Desmopressin Tablet | 1 | |
| Dexamethasone Tablet | 1 | |
| Methylprednisolone Tablet | 1 | |
| Prenisolone Oral Solution | 1 | |
| Prednisone Tablet | 1 | |
| Endocrine: Thyroid Hormone Replacement | | |
| Armour Thyroid | 3 | |
| Levothyroxine Sodium Tablet | 1 | |
| Liothyronine Sodium Tablet | 1 | |
| Methimazole Tablet | 1 | |
| NP Thyroid Tablet | 1 | |
| Synthroid | 2 | |
| Eye Conditions: Allergies | | |
| Azelastine 0.05% Ophthalmic Solution | 1 | |
| Lastacaft | 3 | SL |
| Olopatadine 0.1% Ophthalmic Solution | 1 | SL |
| Eye Conditions: Antibiotics | | |
| Erythromycin 0.5% Ophthalmic Ointment | 1 | |
| Gentamicin Ophthalmic Ointment, Solution | 1 | |
| Moxeza | 3 | |
| Moxifloxacin Ophthalmic Solution | 1 | |
| Ofloxacin 0.3% Ophthalmic Solution | 1 | |
| Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension | 1 | |
| Tobramycin Ophthalmic Solution | 1 | |
| Eye Conditions: Dry Eye Disease | | |
| Restasis Single Use Vial | 3 | PA, SL |
| Xiidra | 3 | PA, SL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Eye Conditions: Glaucoma | | |
| Alphagan P 0.1% | 2 | SL |
| Azopt | 2 | SL |
| Combigan | 2 | SL |
| Latanoprost 0.005% Ophthalmic Solution | 1 | |
| Lumigan | 2 | SL |
| Timolol 0.25%, 0.5% Ophthalmic Solution | 1 | |
| Travatan Z | 2 | SL |
| Gastrointestinal: Acid Suppression | | |
| Dexilant | 3 | SL |
| Omeclamox-Pak | 3 | SL |
| Omeprazole Capsule | 1 | |
| Pantoprazole Tablet | 1 | |
| Pylera | 3 | SL |
| Rabeprazole Tablet | 1 | SL |
| Ranitidine Syrup | 1 | |
| Sucralfate Tablet | 1 | |
| Gastrointestinal: Nausea/Vomiting | | |
| Akynzeo | 3 | SL |
| Aprepitant Capsule | 1 | SL |
| Emend Suspension | 2 | SL |
| Ondansetron | 1 | |
| Ondansetron ODT | 1 | |
| Scopolamine Transdermal Patch | 1 | |
| Varubi | 2 | SL |
| Gastrointestinal: Other | | |
| Amitiza | 3 | PA, SL, ST |
| Apriso | 2 | |
| Budesonide Extended-Release Tablet (generic Uceris) | 3 | E |
| Canasa | 2 | |
| Clenpiq | 3 | |
| Cortifoam | 2 | |
| Creon | 2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Diphenoxylate-Atropine Tablet | 1 | |
| Golytely | 2 | |
| Hyoscyamine Tablet | 1 | |
| Lialda | 1 | |
| Linzess | 2 | PA, SL |
| Mesalmine Delayed-Release Tablet (generic Lialda) | 3 | E |
| Metoclopramide Tablet | 1 | |
| Movantik | 3 | E, PA, SL |
| Moviprep | 3 | |
| Polyethylene Glycol 3350 | 1 | |
| Prepopik | 3 | |
| Sulfasalazine Tablet | 1 | |
| Suprep | 3 | |
| Symproic | 2 | PA, SL |
| Uceris Foam | 2 | |
| Uceris Tablet | 1 | |
| Viberzi | 3 | PA, SL |
| Zenpep | 2 | |
| Gout | | |
| Allopurinol Tablet | 1 | |
| Duzallo | 3 | PA, SL |
| Mitigare | 2 | |
| Uloric | 3 | SL, ST |
| Zurampic | 3 | PA, SL |
| Hepatitis C | | |
| Daklinza | 3 | PA, SL, SP, ST |
| Epclusa | 2 | PA, SL, SP |
| Harvoni | 2 | PA, SL, SP |
| Mavyret | 2 | PA, SL, SP |
| Ribavirin Tablet | 1 | SP |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------|-----------|-----------------------|
| Sovaldi | 3 | PA, SL, SP, ST |
| Technivie | 3 | PA, SL, SP, ST |
| Viekira Pak | 3 | PA, SL, SP, ST |
| Viekira XR | 3 | PA, SL, SP, ST |
| Vosevi | 2 | PA, SL, SP |
| Zepatier | 3 | PA, SL, SP, ST |
| HIV/AIDS | | |
| Abacavir-Lamivudine | 1 | SP |
| Atazanavir Capsule | 1 | SP |
| Atripla | 3 | E, SP |
| Cimduo | 2 | SP |
| Complera | 3 | SP |
| Descovy | 3 | SP |
| Efavirenz | 1 | SP |
| Evotaz | 2 | SP |
| Genvoya | 3 | SP |
| Intelence | 2 | SP |
| Isentress | 2 | SP |
| Juluca | 2 | SP |
| Kaletra Tablet | 2 | SP |
| Lamivudine-Zidovudine | 1 | SP |
| Lopinavir-Ritonavir Oral Solution | 1 | SP |
| Nevirapine | 1 | SP |
| Nevirapine Extended-Release | 1 | E, SP |
| Odefsey | 3 | SP |
| Prezcobix | 2 | SP |
| Prezista | 2 | SP |
| Ritonavir Tablet | 1 | SP |
| Selzentry | 2 | PA, SP |
| Stribild | 3 | SP |

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ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|------------------|-----------|-----------------------|
| Symfi | 2 | SP |
| Symfi Lo | 2 | SP |
| Tenofovir Tablet | 1 | SP |
| Tivicay | 3 | SP |
| Triumeq | 2 | SP |
| Truvada | 3 | SP |
| Tybost | 2 | SP |
| Vitekta | 2 | SP |

Infertility⁶

| | | |
|--------------------|---|--------|
| Cetrotide | 2 | PA, SP |
| Clomiphene | 1 | PA |
| Endometrin | 2 | PA |
| Gonal-F | 2 | PA, SP |
| Gonal-F RFF | 2 | PA, SP |
| Ovidrel | 3 | PA, SP |

⁶Coverage 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.

Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis

| | | |
|----------------------------|---|----------------|
| Actemra | 3 | PA, SL, SP, ST |
| Cimzia | 2 | PA, SL, SP |
| Cosentyx | 3 | PA, SL, SP, ST |
| Enbrel | 3 | PA, SL, SP, ST |
| Humira | 2 | PA, SL, SP |
| Hydroxychloroquine Sulfate | 1 | |
| Kevzara | 3 | PA, SL, SP, ST |
| Leflunomide | 1 | |
| Methotrexate Tablet | 1 | |
| Orencia | 3 | PA, SL, SP, ST |
| Otezla | 2 | PA, SL, SP |
| Rasuvo | 3 | SL, ST |
| Siliq | 3 | PA, SL, SP, ST |

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Simponi | 2 | PA, SL, SP |
| Stelara | 2 | PA, SL, SP |
| Taltz | 3 | PA, SL, SP, ST |
| Tremfya | 2 | PA, SL, SP |
| Xeljanz, Xeljanz XR | 3 | PA, SL, SP, ST |

Medications for Sexual Dysfunction⁶

| | | |
|--|---|--------|
| Addyi | 3 | PA, SL |
| Cialis | 3 | SL |
| Intrarosa | 3 | SL |
| Levitra | 3 | SL |
| Osphena | 3 | SL |
| Sildenafil Tablet (generic Viagra) | 1 | SL |
| Stendra | 3 | PA, SL |

⁶Coverage 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 | 1 | |
| Finasteride Tablet | 1 | |
| Rapaflo | 3 | |
| Tamsulosin Capsule | 1 | |
| Terazosin Capsule, Tablet | 1 | |

Men's Health: Testosterone Therapy

| | | |
|----------------------------------|---|-----------|
| Androderm | 2 | PA, SL |
| Androgel | 3 | E, PA, SL |
| Methyltestosterone Capsule | 1 | |
| Testim | 1 | PA, SL |
| Testosterone 1% Topical Gel | 1 | E, PA, SL |
| Testosterone Cypionate Injection | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Miscellaneous | | |
| Anastrozole Tablet | 1 | |
| Aranesp | 2 | SL, SP |
| Auryxia | 3 | |
| Bethkis | 1 | PA, SL, SP |
| Cayston | 2 | PA, SL, SP |
| Cerdelga | 2 | PA, SP |
| Chlorhexidine Gluconate | 1 | |
| Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution | 1 | PA, SL |
| Epinephrine (generic EpiPen/ EpiPen-Jr.) | 2 | SL |
| EpiPen/EpiPen Jr. | 3 | E, SL |
| Hydrocodone/Chlorpheniramine Suspension | 1 | PA, SL |
| Lanthanum Chewable Tablet | 1 | |
| Letrozole | 1 | |
| Lidocaine Transdermal Patch (generic Lidoderm) | 1 | PA, SL |
| Nityr | 2 | PA, SP |
| Nuedexta | 2 | PA |
| Obredon | 3 | PA, SL, ST |
| Pegasys | 2 | PA, SL, SP |
| Phenazopyridine | 1 | |
| Procrit | 2 | SL, SP |
| Promethazine/Codeine | 1 | PA, SL |
| Promethazine/Dextromethorphan | 1 | |
| Pulmozyme | 2 | PA, SL, SP |
| Rectiv | 3 | SL |
| Rezira | 3 | |
| Sevelamer | 1 | |
| Syprine | 1 | PA, SP |

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

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ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Hydromorphone Immediate-Release Tablet | 1 | |
| Ibuprofen Tablet | 1 | |
| Indomethacin Capsule | 1 | |
| Ketorolac Tablet | 1 | |
| Lazanda | 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 | |
| Nucynta | 3 | SL |
| Nucynta ER | 3 | PA, SL |
| Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet | 1 | SL |
| Oxycodone Tablet | 1 | |
| Oxycontin | 3 | E, PA, SL, ST |
| Sprix | 3 | |
| Tramadol-Acetaminophen | 1 | SL |
| Tramadol Immediate-Release Tablet | 1 | |
| Tramadol Sustained-Release Tablet | 1 | SL |
| Trezix | 1 | SL |
| Vicodin 5/300, 7.5/300, 10/300 mg Tablet | 1 | E, SL |
| Voltaren Gel | 2 | |
| Xtampza ER | 2 | PA, SL |
| Zohydro ER | 3 | PA, SL, ST |
| Overactive Bladder | | |
| Dicyclomine Tablet | 1 | |
| Oxybutynin Extended-Release Tablet | 1 | |
| Oxybutynin Tablet | 1 | |
| Toviaz | 3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Respiratory: Allergies | | |
| Azelastine 0.1% Nasal Spray | 1 | |
| Fluticasone Nasal Spray | 1 | SL |
| Zetonna | 3 | SL |
| Respiratory: Asthma/COPD | | |
| Advair Diskus/HFA | 3 | RS, SL |
| Albuterol Nebs | 1 | |
| Alvesco | 1 | SL |
| Anoro Ellipta | 3 | SL |
| Arnuity Ellipta | 3 | SL |
| Asmanex TwistHaler, HFA | 1 | SL |
| Bevespi Aerosphere | 2 | SL |
| Breo Ellipta | 3 | RS, SL |
| Budesonide Nebs | 1 | SL |
| Combivent Respimat | 3 | SL |
| Flovent Diskus/HFA | 3 | SL |
| Fluticasone/Salmeterol RespiClick (generic AirDuo RespiClick) | 1 | SL |
| Incruse Ellipta | 2 | SL |
| Ipratropium-Albuterol Nebs | 1 | |
| Ipratropium Nebs | 1 | |
| Montelukast | 1 | |
| Perforomist | 3 | SL |
| ProAir HFA/RespiClick | 3 | SL |
| Proventil HFA | 3 | SL |
| Pulmicort Flexhaler | 3 | SL, ST |
| QVAR Redihaler | 1 | SL |
| Seebri Neohaler | 3 | SL, ST |
| Serevent Diskus | 3 | SL |
| Spiriva Handihaler/Respimat | 2 | SL |
| Striverdi Respimat | 2 | SL |
| Symbicort | 3 | RS, SL |
| Trelegy Ellipta | 3 | RS, SL |
| Tudorza | 2 | SL |
| Ventolin HFA | 2 | SL |
| Xopenex HFA | 3 | SL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Respiratory: Pulmonary Arterial Hypertension | | |
| Adempas | 2 | PA, SL, SP |
| Letairis | 2 | PA, SL, SP |
| Opsumit | 2 | PA, SL, SP |
| Orenitram | 3 | PA, SL, SP |
| Sildenafil Tablet (generic Revatio) | 1 | PA, SL, SP |
| Tadalafil (generic Adcirca) | 1 | PA, SL, SP |
| Tracleer | 2 | PA, SL, SP |
| Tyvaso | 2 | PA, SP |
| Uptravi | 3 | PA, SL, SP |
| Smoking Cessation | | |
| Bupropion Sustained-Release Tablet | 1 | H-PA |
| Chantix Tablet | 3 | H-PA |
| Nicoderm CQ | 3 | H-PA |
| Nicorette Gum | 3 | H-PA |
| Nicorette Lozenge | 2 | H-PA |
| Nicorette Mini-Lozenge | 2 | H-PA |
| Nicotine Gum | 1 | H-PA |
| Nicotine Lozenge | 1 | H-PA |
| Nicotine Patch | 1 | H-PA |
| Nicotrol Inhaler | 3 | H-PA |
| Nicotrol Nasal Spray | 3 | H-PA |
| Transplant | | |
| Azathioprine Tablet | 1 | |
| Cyclosporine Modified Capsule | 1 | SP |
| Mycophenolate Capsule, Suspension | 1 | SP |
| Mycophenolic Acid Tablet | 1 | SP |
| Sirolimus Tablet | 1 | SP |
| Tacrolimus Capsule | 1 | SP |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| Vitamins/Electrolytes | | |
| Fluoride | 1 | |
| Folic Acid | 1 | |
| Klor-Con M10 | 1 | |
| Klor-Con M20 | 1 | |
| Potassium Chloride | 1 | |
| Potassium Citrate | 1 | |
| Women's Health: Contraceptives | | |
| Aftera | 1 | H |
| Altavera | 1 | H |
| Alyacen 7/7/7, 1/35 | 1 | H |
| Amethia | 1 | H |
| Amethia Lo | 1 | H |
| Amethyst | 1 | H |
| Apri | 1 | H |
| Aranelle | 1 | H |
| Ashlyna | 1 | H |
| Aubra | 1 | H |
| Aviane | 1 | H |
| Azurette | 1 | H |
| Balziva | 1 | H |
| Bekyree | 1 | H |
| Blisovi Fe | 1 | H |
| Blisovi 24 Fe | 1 | H |
| Briellyn | 1 | H |
| Camila | 1 | H |
| Camrese | 1 | H |
| Camrese Lo | 1 | H |
| Caziant | 1 | H |
| Chateal | 1 | H |

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| Drug Name | Drug Tier | Requirements & Limits | Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------|-----------|-----------------------|--|-----------|-----------------------|
| Cryselle | 1 | H | Kurvelo | 1 | H |
| Cyclafem 7/7/7, 1/35 | 1 | H | Larin | 1 | H |
| Cyred | 1 | H | Larin 24 Fe | 1 | H |
| Dasetta 7/7/7, 1/35 | 1 | H | Larin Fe | 1 | H |
| Daysee | 1 | H | Larissia | 1 | H |
| Deblitane | 1 | H | Leena | 1 | H |
| Delyla | 1 | H | Lessina | 1 | H |
| Desogestrel-Ethinyl Estradiol | 1 | H | Levonest | 1 | H |
| Drospirenone-Ethinyl Estradiol | 1 | H | Levonorgestrel 1.5 mg | 1 | H |
| Econtra EZ | 1 | H | Levonorgestrel-Ethinyl Estradiol | 1 | H |
| Elinest | 1 | H | Levora-28 | 1 | H |
| Ella | 1 | H, SL | Lillow | 1 | H |
| Emoquette | 1 | H | Lo Loestrin Fe | 3 | |
| Enpresse | 1 | H | LoMedia 24 Fe | 1 | H |
| Enskyce | 1 | H | Loryna | 1 | H |
| Errin | 1 | H | Low-Ogestrel | 1 | H |
| Estarylla | 1 | H | Lutera | 1 | H |
| Fallback | 1 | H | Lyza | 1 | H |
| Falmina | 1 | H | Marlissa | 1 | H |
| Gianvi | 1 | H | Medroxyprogesterone Acetate | 1 | H |
| Gildagia | 1 | H | Microgestin | 1 | H |
| Heather | 1 | H | Microgestin Fe | 1 | H |
| Introvale | 1 | H | Mono-Linyah | 1 | H |
| Isibloom | 1 | H | Mononessa | 1 | H |
| Jencycla | 1 | H | My Choice | 1 | H |
| Jolessa | 1 | H | My Way | 1 | H |
| Jolivette | 1 | H | Myzilra | 1 | H |
| Juleber | 1 | H | Natazia | 2 | |
| Junel | 1 | H | Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11 | 1 | H |
| Junel 24 Fe | 1 | H | Next Choice One Dose | 1 | H |
| Junel Fe | 1 | H | Nikki | 1 | H |
| Kariva | 1 | H | Nora BE | 1 | H |
| Kelnor 1/35 | 1 | H | Norethindrone 0.35 mg | 1 | H |
| Kimidess | 1 | H | | | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Norethindrone-Ethinyl Estradiol-Ferrous Fumarate | 1 | H |
| Norgestimate-Ethinyl Estradiol | 1 | H |
| Norlyda | 1 | H |
| Norlyroc | 1 | H |
| Nortrel 7/7/7, 0.5/35, 1/35 | 1 | H |
| Nuvaring | 2 | H |
| Ocella | 1 | H |
| Ogestrel | 1 | H |
| Opcicon One Step | 1 | H |
| Option 2 | 1 | H |
| Orsythia | 1 | H |
| Philith | 1 | H |
| Pimtrea | 1 | H |
| Pirmella 7/7/7, 1/35 | 1 | H |
| Plan B One Step | 1 | H |
| Portia | 1 | H |
| Previfem | 1 | H |
| Quasense | 1 | H |
| Reclipsen | 1 | H |
| Setlakin | 1 | H |
| Sharobel | 1 | H |
| Solia | 1 | H |
| Sprintec | 1 | H |
| Sronyx | 1 | H |
| Syeda | 1 | H |
| Take Action | 1 | H |
| Tarina Fe | 1 | H |
| Tilia Fe | 1 | H |
| Tri Femynor | 1 | H |
| Tri-Estarylla | 1 | H |

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

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

RS = May be eligible for the refill and save program

SL = Supply limit

SP = Specialty medication

ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Women's Health: Hormone Replacement | | |
| Climara Pro | 3 | SL |
| Divigel | 3 | |
| Duavee | 3 | SL |
| Estrace Cream | 1 | |
| Estradiol Cream (generic Estrace) | 3 | E |
| Estradiol/Norethindrone Acetate Tablet | 1 | |
| Estradiol Tablet | 1 | |
| Estradiol Twice-Weekly Transdermal Patch (generic Vivelle-Dot) | 3 | E, SL |
| Estradiol Weekly Transdermal Patch (generic Climara) | 1 | SL |
| Estring | 2 | SL |
| Estrogen/Methyltestosterone Tablet | 1 | |
| Evamist | 2 | |
| Medroxyprogesterone | 1 | |
| Minivelle | 3 | SL |
| Premarin | 3 | |
| Premphase | 3 | |
| Prempro | 3 | |
| Progesterone Micronized Capsule | 1 | |
| Vivelle-Dot | 1 | SL |
| Yuvaferm | 1 | |

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

Index

A

| | |
|---|----|
| Abacavir-Lamivudine..... | 17 |
| Accu-Chek Test Strips..... | 14 |
| Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg | 12 |
| Acetaminophen/Codeine Tablet | 19 |
| Actemra | 18 |
| Acyclovir Ointment | 9 |
| Acyclovir Tablet | 9 |
| Aczone | 13 |
| Adcirca | 21 |
| Adderall XR | 11 |
| Addyi..... | 18 |
| Adempas | 21 |
| Adlyxin..... | 15 |
| Admelog SoloStar, Vials..... | 14 |
| Advair Diskus/HFA | 20 |
| Aftera..... | 21 |
| AirDuo RespiClick | 20 |
| Akynzeo..... | 16 |
| Albuterol Nebs..... | 20 |
| Alendronate Sodium Tablet..... | 19 |
| Alfuzosin Tablet..... | 18 |
| Allopurinol Tablet..... | 17 |
| Alphagan P 0.1% | 16 |
| Alprazolam Extended-Release Tablet..... | 12 |
| Alprazolam Tablet..... | 12 |
| Altavera | 21 |
| Alunbrig | 9 |
| Alvesco..... | 20 |
| Alyacen 7/7/7, 1/35 | 21 |
| Amethia | 21 |
| Amethia Lo | 21 |
| Amethyst..... | 21 |
| Amiodarone | 11 |
| Amitiza..... | 16 |
| Amitriptyline Tablet..... | 12 |
| Amlodipine..... | 10 |
| Amlodipine-Benazepril | 10 |
| Amlodipine-Valsartan | 10 |
| Amoxicillin Capsule, Chewable Tablet..... | 9 |

| | |
|---|----|
| Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet..... | 9 |
| Amphetamine Salt Combo | 11 |
| Ampyra | 12 |
| Anastrozole Tablet..... | 19 |
| Androderm..... | 18 |
| Androgel..... | 18 |
| Anoro Ellipta | 20 |
| Apidra SoloStar, Vials | 14 |
| Aprepitant Capsule..... | 16 |
| Apri..... | 21 |
| Apriso | 16 |
| Aranella | 21 |
| Aranesp | 19 |
| Aripiprazole Tablet..... | 12 |
| Armodafinil | 12 |
| Armour Thyroid..... | 16 |
| Arnuity Ellipta | 20 |
| Ashlyna..... | 21 |
| Asmanex TwistHaler, HFA..... | 20 |
| Atazanavir Capsule | 17 |
| Atenolol | 10 |
| Atenolol-Chlorthalidone..... | 10 |
| Atomoxetine..... | 11 |
| Atorvastatin | 11 |
| Atripia | 17 |
| Aubagio | 12 |
| Aubra | 21 |
| Auryxia | 19 |
| Austedo | 12 |
| Aviane..... | 21 |
| Avonex..... | 12 |
| Azathioprine Tablet | 21 |
| Azelastine 0.05% Ophthalmic Solution | 16 |
| Azelastine 0.1% Nasal Spray | 20 |
| Azithromycin Tablet..... | 9 |
| Azopt | 16 |
| Azurette | 21 |

B

| | |
|----------------------|----|
| Baclofen Tablet..... | 19 |
| Balziva | 21 |
| Basaglar | 14 |

| | |
|--|--------|
| Bekyree | 21 |
| Belbuca | 19 |
| Benazepril | 10 |
| Benazepril-Hydrochlorothiazide | 10 |
| Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment..... | 13 |
| Betamethasone Dipropionate 0.05% Cream, Ointment..... | 13 |
| Betaseron | 12 |
| Bethkis..... | 19 |
| Bevespi Aerosphere | 20 |
| Bevyxxa..... | 10 |
| Bexarotene Capsule | 9 |
| Bicalutamide..... | 9 |
| Bidil..... | 10 |
| Bisoprolol..... | 10 |
| Bisoprolol-Hydrochlorothiazide | 10 |
| Blisovi 24 Fe | 21 |
| Blisovi Fe | 21 |
| Bosulif..... | 9 |
| Braftovi | 9 |
| Brand Prenatal Vitamins..... | 24 |
| Breo Ellipta | 20 |
| Briellyn..... | 21 |
| Brilinta | 10 |
| Budesonide Extended-Release Tablet..... | 16 |
| Budesonide Nebs..... | 20 |
| Buprenorphine Sublingual Tablet .. | 12 |
| Bupropion Extended-Release Tablet..... | 12 |
| Bupropion Sustained-Release Tablet..... | 12, 21 |
| Bupropion Tablet | 12 |
| Buspirone Tablet..... | 12 |
| Bydureon, Bydureon Bcise..... | 15 |
| Byetta | 15 |
| Bystolic | 10 |
| Byvalson..... | 10 |

C

| | |
|--|----|
| Calcipotriene/Betamethasone Ointment..... | 13 |
|--|----|

| | |
|---|--------|
| Calcitriol Capsule | 16 |
| Calquence | 9 |
| Camila | 21 |
| Camrese | 21 |
| Camrese Lo | 21 |
| Canasa | 16 |
| Carac | 13 |
| Carbamazepine Extended-Release Capsule, Tablet | 13 |
| Carbamazepine Immediate-Release Tablet | 13 |
| Carbidopa-Levodopa | 12 |
| Carisoprodol 350 mg Tablet | 19 |
| Cartia XT | 10 |
| Carvedilol Immediate-Release Tablet | 10 |
| Cayston | 19 |
| Caziant | 21 |
| Cefadroxil Capsule, Tablet | 9 |
| Cefdinir Capsule | 9 |
| Cefixime Suspension | 9 |
| Cefprozil Tablet | 9 |
| Cefuroxime Tablet | 9 |
| Celecoxib | 19 |
| Cephalexin Capsule | 9 |
| Cerdelga | 19 |
| Cetrotide | 18 |
| Chantix Tablet | 21 |
| Chateal | 21 |
| Chlorhexidine Gluconate | 19 |
| Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution | 19 |
| Chlorthalidone | 10 |
| Cialis | 18 |
| Ciclopirox Cream, Gel, Lotion, Solution | 13 |
| Cimduo | 17 |
| Cimzia | 18 |
| Ciprodex | 9 |
| Ciprofloxacin Tablet | 9 |
| Citalopram Tablet | 12 |
| Claravis | 13 |
| Clarithromycin Tablet | 9 |
| Clenpiq | 16 |
| Climara | 24 |
| Climara Pro | 24 |
| Clindamycin 1.2%/Benzoyl Peroxide 5% Gel | 13 |
| Clindamycin Capsule | 9 |
| Clindamycin Gel | 13 |
| Clindamycin Lotion, Swabs | 13 |
| Clindamycin Solution | 13 |
| Clobetasol Propionate Cream, Ointment, Solution | 13 |
| Clomiphene | 18 |
| Clonazepam Tablet | 13 |
| Clonidine Tablet | 10 |
| Clopidogrel | 10 |
| Clotrimazole-Betamethasone Cream | 13 |
| Clotrimazole-Betamethasone Lotion | 13 |
| Colesevelam Packet for Suspension, Tablet | 11 |
| Combigan | 16 |
| Combivent Respimat | 20 |
| Complera | 17 |
| Concerta | 11 |
| Contour Next EZ Meter | 14 |
| Contour Next Meter | 14 |
| Contour Next One Meter | 14 |
| Contour Next Test Strips | 14 |
| Contour Test Strips | 14 |
| Copaxone | 12 |
| Corlanor | 11 |
| Cortifoam | 16 |
| Cosentyx | 18 |
| Creon | 16 |
| Cresemba | 9 |
| Crysellle | 22 |
| Cyclafem 7/7/7, 1/35 | 22 |
| Cyclobenzaprine | 19 |
| Cyclophosphamide Capsule | 9 |
| Cyclosporine Modified Capsule | 21 |
| Cyred | 22 |
| D | |
| Daklinza | 17 |
| Dapsone 5% Gel | 13 |
| Dasetta 7/7/7, 1/35 | 22 |
| Daysee | 22 |
| Deblitane | 22 |
| Delyla | 22 |
| Descovy | 17 |
| Desmopressin Tablet | 16 |
| Desogestrel-Ethinyl Estradiol | 22 |
| Desonide 0.05% Cream, Lotion, Ointment | 13 |
| Desoximetasone Cream, Gel, Ointment | 13 |
| Desvenlafaxine Extended-Release Tablet | 12 |
| Dexamethasone Tablet | 16 |
| Dexilant | 16 |
| Dexmethylphenidate Immediate- Release Tablet | 11 |
| Dextroamphetamine Sulfate Immediate-Release Tablet | 11 |
| Dextroamphetamine-Amphetamine Immediate-Release Tablet | 11 |
| Diazepam Tablet | 12, 13 |
| Diclofenac Tablet | 19 |
| Dicyclomine Tablet | 20 |
| Difcid | 9 |
| Diflorasone Diacetate 0.05% Cream, Ointment | 13 |
| Digoxin | 11 |
| Diltiazem 24 Hour CD | 10 |
| Diltiazem Sustained-Release Capsule | 10 |
| Diltiazem Sustained-Release Tablet | 10 |
| Diphenoxylate-Atropine Tablet | 17 |
| Divalproex Delayed-Release Tablet | 13 |
| Divalproex Extended-Release Tablet | 13 |
| Divigel | 24 |
| Donepezil ODT, 5, 10 mg Tablet | 12 |
| Doxazosin | 10, 18 |
| Doxazosin Tablet | 18 |
| Doxepin | 12 |
| Doxycycline Capsule, Tablet | 9 |
| Drospirenone-Ethinyl Estradiol | 22 |
| Duavee | 24 |
| Duloxetine Capsule | 12 |
| Dupixent | 13 |
| Dutasteride Capsule | 18 |
| Duzallo | 17 |

E

| | |
|---|----|
| Econazole Cream | 9 |
| Econtra EZ | 22 |
| Edarbi | 10 |
| Edarbyclor | 10 |
| Efavirenz | 17 |
| Eletriptan | 12 |
| Elidel | 14 |
| Elinest | 22 |
| Eliquis | 10 |
| Ella | 22 |
| Emend Suspension | 16 |
| Emoquette | 22 |
| Enalapril | 10 |
| Enbrel | 18 |
| Endometrin | 18 |
| Enoxaparin Sodium | 10 |
| Enpresse | 22 |
| Enskyce | 22 |
| Enstilar Foam | 14 |
| Entresto | 11 |
| Epclusa | 17 |
| Epinephrine | 19 |
| EpiPen/EpiPen Jr. | 19 |
| EpiPen/EpiPen-Jr. | 19 |
| Erleada | 9 |
| Errin | 22 |
| Erythromycin 0.5% Ophthalmic Ointment | 16 |
| Escitalopram Tablet | 12 |
| Estartylla | 22 |
| Estrace | 24 |
| Estrace Cream | 24 |
| Estradiol Cream | 24 |
| Estradiol Tablet | 24 |
| Estradiol Twice-Weekly Transdermal Patch | 24 |
| Estradiol Weekly Transdermal Patch | 24 |
| Estradiol/Norethindrone Acetate Tablet | 24 |
| Estring | 24 |
| Estrogen/Methyltestosterone Tablet | 24 |
| Eszopiclone Tablet | 13 |
| Etodolac Capsule | 19 |
| Eucrisa | 14 |

| | |
|-----------------------|----|
| Evamist | 24 |
| Evotaz | 17 |
| Ezetimibe Tablet | 11 |
| Ezetimibe/Simvastatin | 11 |

F

| | |
|--|----|
| Fallback | 22 |
| Falmina | 22 |
| Famciclovir Tablet | 9 |
| Farxiga | 15 |
| Fenofibrate 54, 160 mg Tablet | 11 |
| Fentanyl 12, 25, 50, 75, 100 mcg Patch | 19 |
| Fentanyl Citrate Lozenge | 19 |
| Fetzima | 12 |
| Fiasp FlexTouch, Vials | 14 |
| Finacea | 14 |
| Finasteride Tablet | 18 |
| Flecainide | 11 |
| Flovent Diskus/HFA | 20 |
| Fluconazole Tablet | 9 |
| Fluocinolone Cream, Oil, Ointment, Solution | 14 |
| Fluocinonide 0.05% Cream | 14 |
| Fluoride | 21 |
| Fluorouracil 0.5% Cream | 14 |
| Fluoxetine Capsule | 12 |
| Fluticasone Nasal Spray | 20 |
| Fluticasone/Salmeterol RespiClick | 20 |
| Fluvastatin Extended-Release Tablet | 11 |
| Fluvoxamine Tablet | 12 |
| Folic Acid | 21 |
| Forteo | 19 |
| FreeStyle Test Strips | 14 |
| Frovatriptan | 12 |
| Furosemide | 10 |

G

| | |
|---|----|
| Gabapentin Capsule, Tablet | 13 |
| Gemfibrozil | 11 |
| Gentamicin Ophthalmic Ointment, Solution | 16 |
| Genvoya | 17 |
| Gianvi | 22 |

| | |
|-----------------------------|--------|
| Gildagia | 22 |
| Gilenya | 12 |
| Glatiramer | 12 |
| Glimepiride | 15 |
| Glipizide | 15 |
| Glipizide Extended-Release | 15 |
| Glucophage XR | 15 |
| Glyburide | 15 |
| Glyxambi | 15 |
| Golytely | 17 |
| Gonal-F | 18 |
| Gonal-F RFF | 18 |
| Guanfacine | 10, 11 |
| Guanfacine Extended-Release | 11 |

H

| | |
|--|----|
| Halobetasol Ointment | 14 |
| Harvoni | 17 |
| Heather | 22 |
| Humalog KwikPens | 14 |
| Humalog Vials | 14 |
| Humira | 18 |
| Humulin KwikPens | 14 |
| Humulin Vials | 14 |
| Hydralazine | 10 |
| Hydrochlorothiazide | 10 |
| Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet | 19 |
| Hydrocodone/Chlorpheniramine Suspension | 19 |
| Hydrocodone/Ibuprofen Tablet | 19 |
| Hydrocortisone 2.5% Cream, Ointment | 14 |
| Hydromorphone Immediate-Release Tablet | 20 |
| Hydroxychloroquine Sulfate | 18 |
| Hyoscyamine Tablet | 17 |

I

| | |
|--------------------|--------|
| Ibandronate Tablet | 19 |
| Ibrance | 9 |
| Ibuprofen Tablet | 19, 20 |
| Idhifa | 9 |
| Imantinib Tablet | 9 |
| Imbruvica | 9 |

| | |
|---|--------|
| Imiquimod 5% Cream..... | 14 |
| Incruse Eliipta..... | 20 |
| Indomethacin Capsule..... | 20 |
| Intelence..... | 17 |
| Intrasa..... | 18 |
| Introvale..... | 22 |
| Invokamet, Invokamet XR..... | 15 |
| Invokana..... | 15 |
| Ipratropium Nebs..... | 20 |
| Ipratropium-Albuterol Nebs..... | 20 |
| Irbesartan..... | 10 |
| Isentress..... | 17 |
| Isibloom..... | 22 |
| Isosorbide Mononitrate ER..... | 11 |
| Itraconazole Capsule..... | 9 |
| J | |
| Janumet..... | 15 |
| Januvia..... | 15 |
| Jardiance..... | 15 |
| Jencycla..... | 22 |
| Jentadueto, Jentadueto XR..... | 15 |
| Jolessa..... | 22 |
| Jolivette..... | 22 |
| Juleber..... | 22 |
| Juluca..... | 17 |
| Junel..... | 22 |
| Junel 24 Fe..... | 22 |
| Junel Fe..... | 22 |
| K | |
| Kaletra Tablet..... | 17 |
| Kariva..... | 22 |
| Kazano..... | 15 |
| Kelnor 1/35..... | 22 |
| Ketoconazole Cream..... | 9 |
| Ketorolac Tablet..... | 20 |
| Kevzara..... | 18 |
| Kimidess..... | 22 |
| Klor-Con M10..... | 21 |
| Klor-Con M20..... | 21 |
| Kombiglyze XR..... | 15 |
| Kurvelo..... | 22 |
| L | |
| Labetalol..... | 10 |
| Lamivudine-Zidovudine..... | 17 |
| Lamotrigine Immediate-Release Tablet..... | 13 |
| Lanthanum Chewable Tablet..... | 19 |
| Lantus SoloStar..... | 14 |
| Lantus Vials..... | 14 |
| Larin..... | 22 |
| Larin 24 Fe..... | 22 |
| Larin Fe..... | 22 |
| Larissia..... | 22 |
| Lastacaft..... | 16 |
| Latanoprost 0.005% Ophthalmic Solution..... | 16 |
| Latuda..... | 12 |
| Lazanda..... | 20 |
| Leena..... | 22 |
| Leflunomide..... | 18 |
| Lessina..... | 22 |
| Letairis..... | 21 |
| Letrozole..... | 19 |
| Leucovorin Calcium Tablet..... | 10 |
| Levemir FlexTouch, Vials..... | 15 |
| Levetiracetam Extended-Release Tablet..... | 13 |
| Levetiracetam Immediate-Release Tablet..... | 13 |
| Levitra..... | 18 |
| Levofloxacin Tablet..... | 9 |
| Levonest..... | 22 |
| Levonorgestrel 1.5 mg..... | 22 |
| Levonorgestrel-Ethinyl Estradiol ... | 22 |
| Levora-28..... | 22 |
| Levothyroxine Sodium Tablet..... | 16 |
| Lialda..... | 17 |
| Lidocaine Transdermal Patch..... | 19 |
| Lidoderm..... | 19 |
| Lillow..... | 22 |
| Linzess..... | 17 |
| Liothyronine Sodium Tablet..... | 16 |
| Lisinopril..... | 10 |
| Lisinopril-Hydrochlorothiazide..... | 10 |
| Lithium Capsule..... | 12 |
| Lo Loestrin Fe..... | 22 |
| LoMedia 24 Fe..... | 22 |
| Lopinavir-Ritonavir Oral Solution... | 17 |
| Lorazepam Tablet..... | 12 |
| Loryna..... | 22 |
| Losartan..... | 10 |
| Losartan-Hydrochlorothiazide..... | 10 |
| Lovastatin..... | 11 |
| Low-Ogestrel..... | 22 |
| Lumigan..... | 16 |
| Lutera..... | 22 |
| Lyrica..... | 13 |
| Lyrica CR..... | 13 |
| Lyza..... | 22 |
| M | |
| Marlissa..... | 22 |
| Mavyret..... | 17 |
| Medroxyprogesterone..... | 22, 24 |
| Medroxyprogesterone Acetate..... | 22 |
| Mektovi..... | 10 |
| Meloxicam Tablet..... | 20 |
| Memantine Immediate-Release Tablet..... | 12 |
| Mercaptopurine Tablet..... | 10 |
| Mesalmine Delayed-Release Tablet..... | 17 |
| Metadate CD..... | 11 |
| Metadate ER..... | 11 |
| Metaxalone Tablet..... | 19 |
| Metformin..... | 15 |
| Metformin Extended-Release Tablet..... | 15 |
| Methadone Tablet, Oral Solution, Concentrate Solution..... | 20 |
| Methimazole Tablet..... | 16 |
| Methocarbamol Tablet..... | 19 |
| Methotrexate Tablet..... | 18 |
| Methylphenidate Chewable Tablet..... | 11 |
| Methylphenidate Extended-Release Capsule..... | 11 |
| Methylphenidate Extended-Release Tablet..... | 11 |
| Methylphenidate Immediate-Release Tablet..... | 11 |
| Methylprednisolone Tablet..... | 16 |
| Methyltestosterone Capsule..... | 18 |
| Metoclopramide Tablet..... | 17 |
| Metoprolol Succinate Extended- Release..... | 10 |
| Metoprolol Tartrate 25, 50, 100 mg..... | 10 |

| | | | | | |
|-------------------------------------|----|--------------------------------------|----|-------------------------------------|----|
| Metronidazole 0.75% Topical Gel.. | 14 | Niacin Extended-Release Tablet.... | 11 | Olanzapine Tablet | 12 |
| Microgestin | 22 | Niaspan | 11 | Olmesartan..... | 10 |
| Microgestin Fe | 22 | Nicoderm CQ..... | 21 | Olmesartan-Hydrochlorothiazide .. | 10 |
| Minivelle..... | 24 | Nicorette Gum | 21 | Olopatadine 0.1% Ophthalmic | |
| Minocycline Capsule | 9 | Nicorette Lozenge | 21 | Solution | 16 |
| Minocycline Extended-Release..... | 14 | Nicorette Mini-Lozenge | 21 | Omeclamox-Pak..... | 16 |
| Mirtazapine Tablet | 12 | Nicotine Gum..... | 21 | Omega-3-Acid Ethyl Esters | |
| Mirvaso..... | 14 | Nicotine Lozenge..... | 21 | Capsule | 11 |
| Mitigare..... | 17 | Nicotine Patch | 21 | Omeprazole Capsule..... | 16 |
| Modafinil | 12 | Nicotrol Inhaler | 21 | Ondansetron..... | 16 |
| Mometasone Furoate Cream, | | Nicotrol Nasal Spray..... | 21 | Ondansetron ODT | 16 |
| Lotion, Ointment..... | 14 | Nifedipine Extended-Release | 10 | OneTouch Ultra 2 Meter | 14 |
| Mono-Linyah | 22 | Nikki..... | 22 | OneTouch Ultra Test Strips..... | 14 |
| Mononessa..... | 22 | Nitrofurantoin Capsule..... | 9 | OneTouch UltraMini Meter..... | 14 |
| Montelukast | 20 | Nitrofurantoin Macrocrystal | | OneTouch Verio Flex Meter | 14 |
| Morphine Sulfate | | Capsule | 9 | OneTouch Verio IQ Meter..... | 14 |
| Extended-Release Tablet..... | 20 | Nitroglycerin Sublingual Tablet..... | 11 | OneTouch Verio Meter..... | 14 |
| Morphine Sulfate Oral Solution | 20 | Nityr | 19 | OneTouch Verio Sync Meter..... | 14 |
| Movantik | 17 | Nora BE..... | 22 | OneTouch Verio Test Strips..... | 14 |
| Moviprep..... | 17 | Norethindrone 0.35 mg..... | 22 | Onglyza | 15 |
| Moxeza | 16 | Norethindrone-Ethinyl Estradiol- | | Opcicon One Step..... | 23 |
| Moxifloxacin Ophthalmic Solution . | 16 | Ferrous Fumarate..... | 23 | Opsumit | 21 |
| Moxifloxacin Tablet..... | 9 | Norgestimate-Ethinyl Estradiol..... | 23 | Option 2 | 23 |
| Multaq..... | 11 | Norlyda | 23 | Oracea..... | 14 |
| Mupirocin Ointment | 14 | Norlyroc | 23 | Orencia..... | 18 |
| My Choice | 22 | Nortrel 7/7/7, 0.5/35, 1/35 | 23 | Orenitram | 21 |
| My Way..... | 22 | Nortriptyline Capsule..... | 12 | Orsythia | 23 |
| Mycophenolate Capsule, | | Novolin Vials..... | 15 | Oseltamivir Capsule, Suspension ... | 9 |
| Suspension | 21 | Novolog FlexPen, Vials | 15 | Oseni | 15 |
| Mycophenolic Acid Tablet..... | 21 | Noxafil Tablet, Suspension..... | 9 | Osphena..... | 18 |
| Myzilra | 22 | NP Thyroid Tablet..... | 16 | Otezla | 18 |
| N | | Nucynta | 20 | Ovidrel | 18 |
| Nabumetone Tablet | 20 | Nucynta ER | 20 | Oxcarbazepine Tablet | 13 |
| Nadolol | 10 | Nuedexta..... | 19 | Oxsoralen-Ultra | 14 |
| Naloxone Vial | 12 | Nutropin, Nutropin AQ | 15 | Oxybutynin Extended-Release | |
| Naproxen Tablet | 20 | Nuvaring | 23 | Tablet..... | 20 |
| Naratriptan..... | 12 | Nystatin Cream, Ointment | 9 | Oxybutynin Tablet..... | 20 |
| Narcan Nasal Spray | 12 | O | | Oxycodone Tablet | 20 |
| Natazia | 22 | Obredon | 19 | Oxycodone/Acetaminophen 5/325, | |
| Necon 7/7/7, 0.5/35, 1/35, | | Ocella | 23 | 7.5/325, 10/325 mg Tablet..... | 20 |
| 1/50, 10/11..... | 22 | Odefsey | 17 | Oxycontin | 20 |
| Nerlynx | 10 | Ofloxacin 0.3% Ophthalmic | | Ozempic | 15 |
| Nesina | 15 | Solution | 16 | P | |
| Nevirapine | 17 | Ofloxacin Otic Solution..... | 9 | Pantoprazole Tablet..... | 16 |
| Nevirapine Extended-Release | 17 | Ofloxacin Tablet..... | 9 | Paroxetine Tablet..... | 12 |
| Next Choice One Dose | 22 | Ogestrel..... | 23 | Pegasys..... | 19 |

| | |
|---|----|
| Penicillin V Potassium Tablet | 9 |
| Perforomist..... | 20 |
| Phenazopyridine..... | 19 |
| Phenytoin Capsule, Suspension ... | 13 |
| Philith..... | 23 |
| Picato | 14 |
| Pimtrex | 23 |
| Pioglitazone..... | 15 |
| Pirmella 7/7/7, 1/35 | 23 |
| Plan B One Step..... | 23 |
| Plegridy | 12 |
| Polyethylene Glycol 3350..... | 17 |
| Portia | 23 |
| Potassium Chloride | 21 |
| Potassium Citrate | 21 |
| Pradaxa | 10 |
| Praluent | 11 |
| Pramipexole Tablet..... | 12 |
| Prasugrel | 10 |
| Pravastatin..... | 11 |
| Prednisone Tablet..... | 16 |
| Premarin..... | 24 |
| Premphase | 24 |
| Prempro..... | 24 |
| Prenisolone Oral Solution | 16 |
| Prepopik | 17 |
| Previfem | 23 |
| Prezcobix..... | 17 |
| Prezista..... | 17 |
| Pristiq | 12 |
| ProAir HFA/RespiClick | 20 |
| Procrit..... | 19 |
| Progesterone Micronized Capsule | 24 |
| Promethazine/Codeine..... | 19 |
| Promethazine/Dextromethorphan .. | 19 |
| Propranolol Extended-Release Capsule | 10 |
| Propranolol Tablet | 10 |
| Proventil HFA..... | 20 |
| Prozac | 12 |
| Pulmicort Flexhaler..... | 20 |
| Pulmozyme..... | 19 |
| Pylera | 16 |

Q

| | |
|-------------|----|
| Qtern | 15 |
|-------------|----|

| | |
|---|----|
| Quasense | 23 |
| Quetiapine Extended-Release Tablet..... | 12 |
| Quetiapine Immediate-Release Tablet..... | 13 |
| Quinapril..... | 10 |
| QVAR Redihaler | 20 |

R

| | |
|--------------------------------|--------|
| Rabeprazole Tablet | 16 |
| Raloxifene..... | 19, 24 |
| Raloxifene Tablet..... | 19 |
| Ramipril | 10 |
| Ranexa | 11 |
| Ranitidine Syrup..... | 16 |
| Rapaflo | 18 |
| Rasuvo | 18 |
| Rebif | 12 |
| Reclipsen..... | 23 |
| Rectiv | 19 |
| Regranex..... | 14 |
| Repatha | 11 |
| Restasis Single Use Vial | 16 |
| Revatio | 21 |
| Revimid..... | 10 |
| Rezira | 19 |
| Rhofade..... | 14 |
| Ribavirin Tablet..... | 17 |
| Risedronate Sodium Tablet..... | 19 |
| Risperidone Tablet | 13 |
| Ritalin LA..... | 11 |
| Ritalin SR | 11 |
| Ritonavir Tablet..... | 17 |
| Rizatriptan ODT, Tablet..... | 12 |
| Ropinirole Tablet..... | 13 |
| Rosuvastatin..... | 11 |
| Rydapt | 10 |

S

| | |
|----------------------------------|----|
| Savaysa..... | 10 |
| Scopolamine Transdermal Patch .. | 16 |
| Seebri Neohaler | 20 |
| Segluromet..... | 15 |
| Selzentry | 17 |
| Serevent Diskus | 20 |
| Sertraline Tablet | 12 |

| | |
|---|--------|
| Setlakin..... | 23 |
| Sevelamer | 19 |
| Sharobel..... | 23 |
| Sildenafil Tablet | 18, 21 |
| Siliq..... | 18 |
| Simponi | 18 |
| Simvastatin | 11 |
| Sirolimus Tablet..... | 21 |
| Solia | 23 |
| Soliqua | 15 |
| Solodyn | 14 |
| Sotalol | 11 |
| Sovaldi..... | 17 |
| Spiriva Handihaler/Respimat..... | 20 |
| Spironolactone | 11 |
| Sprintec | 23 |
| Sprix | 20 |
| Sronyx | 23 |
| Steglatro | 15 |
| Steglujan | 15 |
| Stelara | 18 |
| Stendra | 18 |
| Stribild | 17 |
| Striverdi Respimat | 20 |
| Suboxone Film..... | 13 |
| Sucalfate Tablet..... | 16 |
| Sulfamethoxazole-Trimethoprim Tablet..... | 9 |
| Sulfasalazine Tablet | 17 |
| Sumatriptan Nasal Spray | 12 |
| Sumatriptan Succinate Tablet, Injection..... | 12 |
| Suprax Capsule, Chewable Tablet, Tablet..... | 9 |
| Suprep..... | 17 |
| Sutent | 10 |
| Syeda | 23 |
| Symbicort | 20 |
| Symfi | 18 |
| Symfi Lo | 18 |
| Symproic | 17 |
| Synjardy, Synjardy XR..... | 15 |
| Synthroid | 16 |
| Syprine | 19 |

T

| | |
|---------------------------|----|
| Taclonex Suspension | 14 |
|---------------------------|----|

| | |
|--|--------|
| Tacrolimus Capsule | 21 |
| Tacrolimus Ointment | 14 |
| Tadalafil | 21 |
| Take Action | 23 |
| Taltz | 18 |
| Tamoxifen | 24 |
| Tamsulosin Capsule | 18 |
| Targretin Capsule | 10 |
| Targretin Gel | 10 |
| Tarina Fe | 23 |
| Tasigna | 10 |
| Tazarotene 0.1% Cream | 14 |
| Tazorac | 14 |
| Tazorac 0.1% Cream | 14 |
| Tazorac Gel, 0.05% Cream | 14 |
| Tecfidera | 12 |
| Technivie | 17 |
| Telmisartan | 11 |
| Telmisartan-Hydrochlorothiazide ... | 11 |
| Temazepam Capsule | 13 |
| Tenofovir Tablet | 18 |
| Terazosin | 11, 18 |
| Terazosin Capsule, Tablet | 18 |
| Terbinafine Tablet | 9 |
| Testim | 18 |
| Testosterone 1% Topical Gel | 18 |
| Testosterone Cypionate Injection .. | 18 |
| Tilia Fe | 23 |
| Timolol 0.25%, 0.5% Ophthalmic Solution | 16 |
| Tivicay | 18 |
| Tizanidine Tablet | 19 |
| Tobi Podhaler | 19 |
| Tobramycin Ophthalmic Solution .. | 16 |
| Tobramycin/Dexamethasone 0.3%- 0.1% Ophthalmic Suspension ... | 16 |
| Tolcapone | 13 |
| Topiramate Immediate-Release Tablet | 13 |
| Toviaz | 20 |
| Tracleer | 21 |
| Tradjenta | 15 |
| Tramadol Immediate-Release Tablet | 20 |
| Tramadol Sustained-Release Tablet | 20 |
| Tramadol-Acetaminophen | 20 |
| Travatan Z | 16 |
| Trazodone Tablet | 12 |
| Trelegy Ellipta | 20 |
| Tremfya | 18 |
| Tresiba FlexTouch | 15 |
| Tretinoin Cream | 14 |
| Trezix | 20 |
| Tri Femynor | 23 |
| Tri-Estarylla | 23 |
| Tri-Legest Fe | 23 |
| Tri-Linyah | 23 |
| Tri-Lo-Estarylla | 23 |
| Tri-Lo-Marzia | 23 |
| Tri-Lo-Sprintec | 23 |
| Tri-Previfem | 23 |
| Tri-Sprintec | 23 |
| Tri-Vylibra | 23 |
| Triamcinolone Acetonide Cream, Lotion, Ointment | 14 |
| Triamterene-Hydrochlorothiazide .. | 11 |
| Triazolam Tablet | 13 |
| Trientine | 19 |
| Trinessa | 23 |
| Trinessa Lo | 23 |
| Trintellix | 12 |
| Triumeq | 18 |
| Trivora-28 | 23 |
| Trulicity | 15 |
| Truvada | 18 |
| Tudorza | 20 |
| Tybost | 18 |
| Tymlos | 19 |
| Tyvaso | 21 |
| Valsartan-Hydrochlorothiazide | 11 |
| Varubi | 16 |
| Vascepa | 11 |
| Vectical | 14 |
| Velivet | 23 |
| Velphoro | 19 |
| Veltassa | 19 |
| Venlafaxine Extended-Release Capsule | 12 |
| Venlafaxine Tablet | 12 |
| Ventolin HFA | 20 |
| Verapamil | 11 |
| Verapamil Sustained-Release | 11 |
| Verzenio | 10 |
| Vestura | 23 |
| Viagra | 18 |
| Viberzi | 17 |
| Vicodin 5/300, 7.5/300, 10/300 mg Tablet | 20 |
| Victoza 2-Pak | 15 |
| Victoza 3-Pak | 15 |
| Viekira Pak | 17 |
| Viekira XR | 17 |
| Vienna | 23 |
| Viibryd | 12 |
| Viorele | 23 |
| Vitekta | 18 |
| Vivelle-Dot | 24 |
| Voltaren Gel | 20 |
| Vosevi | 17 |
| Vyfemla | 23 |
| Vylibra | 23 |
| Vyvance | 11 |
| U | |
| Uceris | 16, 17 |
| Uceris Foam | 17 |
| Uceris Tablet | 17 |
| Uloric | 17 |
| Uptravi | 21 |
| V | |
| Valacyclovir Tablet | 9 |
| Valganciclovir | 9 |
| Valsartan | 11 |
| W | |
| Warfarin Sodium | 10 |
| Welchol | 11 |
| Welchol Packet for Suspension, Tablet | 11 |
| Wera | 23 |
| Wymza Fe | 23 |
| X | |
| Xarelto | 10 |
| Xeljanz, Xeljanz XR | 18 |
| Xeloda | 10 |

| | |
|-------------------|----|
| Xigduo XR | 15 |
| Xiidra | 16 |
| Xopenex HFA | 20 |
| Xtampza ER | 20 |
| Xulane | 23 |
| Xyrem | 13 |

Y

| | |
|----------------|----|
| Yasmin 28..... | 23 |
| Yaz..... | 23 |
| Yuvaferm..... | 24 |

Z

| | |
|---|----|
| Zaleplon Capsule | 13 |
| Zarah | 23 |
| Zarxio | 19 |
| Zelapar | 13 |
| Zenchent | 23 |
| Zenchent Fe | 23 |
| Zenpep | 17 |
| Zepatier | 17 |
| Zetonna | 20 |
| Ziprasidone Capsule | 13 |
| Zohydro ER | 20 |
| Zolpidem Immediate-Release Tablet..... | 13 |
| Zonisamide Capsule..... | 13 |
| Zovia 1/35E, 1/50E | 23 |
| Zubsolv..... | 13 |
| Zurampic | 17 |
| Zykadia..... | 10 |
| Zytiga..... | 10 |

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