

Your 2019 Prescription Drug List

Access 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, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 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	19	
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 in Connecticut, New Jersey and New York. (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 prior authorization and may require 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 Neighborhood Health Plan and 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	
Minocycline Tablet	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	
Econazole Cream	1	
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Noxafil Tablet, Suspension	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	1	
Acyclovir Tablet	1	
Famciclovir Tablet	1	
Oseltamivir Capsule, Suspension	1	SL
Valacyclovir Tablet	1	
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, SP
Calquence	2	PA, SL, SP
Cyclophosphamide Capsule	1	
Erleada	3	PA, SL, SP
Hydroxyurea Capsule	1	
Ibrance	2	PA, SP
Idhifa	2	PA, SL, SP
Imantinib 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

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Leucovorin Calcium Tablet	1		Bystolic	2	
Mektovi	3	PA, SP	Byvalson	2	SL
Mercaptopurine Tablet	1		Cartia XT	1	
Nerlynx	2	PA, SL, SP	Carvedilol Tablet	1	
Revlimid	2	PA, SP	Chlorthalidone	1	
Rydapt	2	PA, 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		Diltiazem Sustained-Release Tablet	1	
Tasigna	2	PA, SL, SP, ST	Doxazosin	1	
Verzenio	2	PA, SL, SP	Edarbi	2	SL
Xeloda	1	SP	Edarbyclor	2	SL
Zykadia	2	PA, SP	Enalapril	1	
Zytiga	2	PA, SL, SP	Furosemide	1	
Cardiovascular/Heart Disease: Coagulation Therapy			Guanfacine	1	
Bevyxxa	3	SL	Hydralazine	1	
Brilinta	2	SL	Hydrochlorothiazide	1	
Clopidogrel	1		Irbesartan	1	
Eliquis	3	SL	Labetalol	1	
Enoxaparin Sodium	1		Lisinopril	1	
Pradaxa	2	SL	Lisinopril-Hydrochlorothiazide	1	
Prasugrel	1	SL	Losartan	1	
Savaysa	3	SL	Losartan-Hydrochlorothiazide	1	
Warfarin Sodium	1		Metoprolol Succinate Extended-Release	1	
Xarelto	2	SL	Metoprolol Tartrate 25, 50, 100 mg	1	
Cardiovascular/Heart Disease: High Blood Pressure			Nadolol	1	
Amlodipine	1		Nifedipine Extended-Release	1	
Amlodipine-Benazepril	1		Olmesartan	1	SL
Amlodipine-Valsartan	1		Olmesartan-Hydrochlorothiazide	1	SL
Atenolol	1		Propranolol Extended-Release Capsule	1	
Atenolol-Chlorthalidone	1		Propranolol Tablet	1	
Benazepril	1		Quinapril	1	
Benazepril-Hydrochlorothiazide	1		Ramipril	1	
Bidil	2				
Bisoprolol	1				
Bisoprolol-Hydrochlorothiazide	1				

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

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
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	2	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 Tablet (Metadate ER, generic Ritalin SR)	1	PA, SL
Methylphenidate Extended-Release Tablet (generic Concerta)	3	E, PA, SL
Methylphenidate Immediate-Release Tablet	1	PA
Mydayis	2	PA, SL
Vyvanse	2	PA, SL

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

RS = May be eligible for the refill and save program

SL = Supply limit

SP = Specialty medication

ST = Step therapy

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

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	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	2	SL
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Eletriptan	1	
Frovatriptan	1	
Naratriptan	1	
Rizatriptan ODT, Tablet	1	
Sumatriptan Nasal Spray	1	
Sumatriptan Succinate Tablet, Injection	1	

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	
Buspiron Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil ODT, 5, 10 mg Tablet	1	
Latuda	2	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine Immediate-Release Tablet	1	
Modafinil Tablet	1	PA, SL
Naloxone Vial	1	
Narcan Nasal Spray	2	
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Extended-Release Tablet	1	SL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Quetiapine Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Suboxone Film	3	E, PA, SL
Tolcapone	1	
Xyrem	3	PA, SL, SP
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 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
Lyrica CR	2	SL

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

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

RS = May be eligible for the refill and save program

SL = Supply limit

SP = Specialty medication

ST = Step therapy

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

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

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
Apidra SoloStar, Vials	3	E
Basaglar	1	
Fiasp FlexTouch, Vials	3	E
Humalog KwikPens (all formulations)	2	
Humalog Vials (all formulations)	1	
Humulin KwikPens (all formulations)	2	
Humulin Vials (all formulations)	1	
Lantus SoloStar	3	E
Lantus Vials	3	E

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Levemir FlexTouch, Vials	3	
Novolin Vials (all formulations)	3	E
Novolog FlexPen, Vials (all formulations)	3	E
Toujeo SoloStar	3	E
Tresiba FlexTouch	2	
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: 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
Jentadueto, Jentadueto 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
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.		
Endocrine: Growth Hormone⁶		
Nutropin, Nutropin AQ	2	PA, SL, SP
⁶ 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.		

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

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

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	2	
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	
Olopatadine Ophthalmic Solution	1	
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 MultiDose	3	PA, SL
Restasis Single Use Vials	2	PA, SL
Xiidra	2	SL

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

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Clenpiq	2	
Cortifoam	2	
Creon	2	
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	1	
Linzees	2	PA, SL
Mesalamine Delayed-Release Tablet (generic Lialda)	3	E
Metoclopramide Tablet	1	
Movantik	3	E, PA, SL
Moviprep	2	
Polyethylene Glycol 3350	1	
Prepopik	2	
Sulfasalazine Tablet	1	
Suprep	2	
Symproic	2	PA, SL
Uceris Foam	2	
Uceris Tablet	1	
Viberzi	3	SL
Zenpep	2	
Gout		
Allopurinol Tablet	1	
Colcrys	3	E
Duzallo	3	PA, SL
Mitigare	2	
Uloric	3	SL
Zurampic	3	PA, SL

Drug Name	Drug Tier	Requirements & Limits
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
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	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

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Odefsey	3	SP
Prezcobix	2	SP
Prezista	2	SP
Ritonavir Tablet	1	SP
Selzentry	2	PA, SP
Stribild	3	SP
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
Infertility^{6, 7}		
Cetrotide	2	PA, SP
Clomiphene	1	SP
Endometrin	2	PA
Gonal-F	2	PA, SP
Gonal-F RFF	2	PA, SP
Ovidrel	3	PA, SP
⁶ 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. ⁷ This is not a covered benefit for Neighborhood Health Plan.		
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	

Drug Name	Drug Tier	Requirements & Limits
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
Siliq	3	PA, SL, SP, ST
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	SL
Cialis	2	SL
Intrarosa	2	SL
Levitra	2	SL
Ospheña	2	SL
Sildenafil Tablet (generic Viagra)	1	SL
Stendra	2	SL
⁶ 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	1	
Finasteride Tablet	1	
Rapaflo	2	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Testosterone Therapy		
Androderm	2	SL
Androgel	3	E, SL
Methyltestosterone Capsule	1	
Testim	1	SL
Testosterone 1% Topical Gel	1	E, SL
Testosterone Cypionate Injection	1	
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
Epinephrine (generic EpiPen/ EpiPen-Jr.)	2	
EpiPen/EpiPen Jr.	3	E
Hydrocodone/Chlorpheniramine Suspension	1	PA
Lanthanum Chewable Tablet	1	
Letrozole	1	
Lidocaine Transdermal Patch (generic Lidoderm)	1	PA, SL
Nityr	2	PA, SP
Nuedexta	2	PA
Obredon	3	PA
Pegasys	2	PA, SL, SP
Phenazopyridine	1	
Procrit	2	SL, SP
Promethazine/Codeine	1	PA
Promethazine/Dextromethorphan	1	

Drug Name	Drug Tier	Requirements & Limits
Pulmozyme	2	PA, SL, SP
Rectiv	3	SL
Rezira	3	
Sevelamer	1	
Syprine	1	PA, SP
Tobi Podhaler	3	PA, SL, SP
Velphoro	2	
Veltassa	3	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
Arymo ER	3	E, PA, SL, ST
Belbuca	3	PA, SL
Celecoxib	1	SL
Diclofenac Tablet	1	
Embeda	3	E, PA, SL, ST
Etodolac Capsule	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

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Fentanyl Citrate Lozenge	1	PA, SL
Fentanyl Patch	1	PA, SL
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Immediate-Release Tablet	1	
Hysingla	3	E, PA, SL
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	2	SL
Nucynta ER	3	PA, SL
Opana ER	3	E, PA, SL
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
Oxycontin	3	E, PA, SL
Sprix	3	
Tramadol-Acetaminophen	1	
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	SL
Voltaren Gel	2	
Xtampza ER	2	PA, SL
Zohydro ER	3	PA, SL, ST

Drug Name	Drug Tier	Requirements & Limits
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	1	
Oxybutynin Tablet	1	
Toviaz	2	
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	1	
Fluticasone Nasal Spray	1	
Zetonna	3	
Respiratory: Asthma/COPD		
Advair Diskus/HFA	2	RS, SL
AirDuo RespiClick	3	E, 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	2	RS, SL
Budesonide Nebs	1	SL
Combivent Respimat	2	SL
Dulera	3	SL, ST
Flovent Diskus/HFA	2	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	
Proventil HFA	3	
Pulmicort Flexhaler	3	SL, ST
QVAR Redihaler	1	SL
Seebri Neohaler	3	SL, ST

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	2	SL
Stiolto Respimat	3	E, SL
Striverdi Respimat	2	SL
Symbicort	2	RS, SL
Trelegy Ellipta	3	RS, SL
Tudorza	2	SL
Ventolin HFA	2	
Xopenex HFA	3	
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	2	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

Drug Name	Drug Tier	Requirements & Limits
Nicotrol Inhaler	3	H-PA
Nicotrol Nasal Spray	3	H-PA
Thrive Gum	1	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
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

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

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Azurette	1	H	Jolessa	1	H
Balziva	1	H	Jolivette	1	H
Bekyree	1	H	Juleber	1	H
Blisovi Fe	1	H	Junel	1	H
Blisovi 24 Fe	1	H	Junel 24 Fe	1	H
Briellyn	1	H	Junel Fe	1	H
Camila	1	H	Kariva	1	H
Camrese	1	H	Kelnor 1/35	1	H
Camrese Lo	1	H	Kimidess	1	H
Caziant	1	H	Kurvelo	1	H
Chateal	1	H	Larin	1	H
Cryselle	1	H	Larin 24 Fe	1	H
Cyclafem 7/7/7, 1/35	1	H	Larin Fe	1	H
Cyred	1	H	Larissia	1	H
Dasetta 7/7/7, 1/35	1	H	Leena	1	H
Daysee	1	H	Lessina	1	H
Deblitane	1	H	Levonest	1	H
Delyla	1	H	Levonorgestrel 1.5 mg	1	H
Desogestrel-Ethinyl Estradiol	1	H	Levonorgestrel-Ethinyl Estradiol	1	H
Drospirenone/Ethinyl Estradiol	1	H	Levora-28	1	H
Econtra EZ	1	H	Lillow	1	H
Elinest	1	H	Lo Loestrin Fe	2	
Ella	1	H, SL	LoMedia 24 Fe	1	H
Emoquette	1	H	Loryna	1	H
Enpresse	1	H	Low-Ogestrel	1	H
Enskyce	1	H	Lutera	1	H
Errin	1	H	Lyza	1	H
Estarylla	1	H	Marlissa	1	H
Fallback	1	H	Medroxyprogesterone Acetate	1	H
Falmina	1	H	Microgestin	1	H
Gianvi	1	H	Microgestin Fe	1	H
Gildagia	1	H	Mono-Linyah	1	H
Heather	1	H	Mononessa	1	H
Introvale	1	H	My Choice	1	H
Isibloom	1	H	My Way	1	H
Jencycla	1	H	Myzilra	1	H

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Natazia	2	
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice One Dose	1	H
Nikki	1	H
Nora BE	1	H
Norethindrone 0.35 mg	1	H
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	
Sharobel	1	H
Solia	1	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H

Drug Name	Drug Tier	Requirements & Limits
Take Action	1	H
Tarina Fe	1	H
Tilia Fe	1	H
Tri Femynor	1	H
Tri-Estarylla	1	H
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

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Climara Pro	2	SL
Divigel	2	
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	2	SL
Premarin	2	
Premphase	3	
Prempro	2	
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.....	19
Androgel.....	19
Anoro Ellipta.....	20
Apidra SoloStar, Vials.....	14
Aprepitant Capsule.....	16
Apri.....	21
Apriso.....	16
Aranelle.....	21
Aranesp.....	19
Aripiprazole Tablet.....	12
Armodafinil.....	12
Armour Thyroid.....	16
Arnuity Ellipta.....	20
Arymo ER.....	19
Asacol HD Tablet.....	16
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.....	22

B

Baclofen Tablet.....	19
----------------------	----

Balziva.....	22
Basaglar.....	14
Bekyree.....	22
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.....	22
Blisovi Fe.....	22
Bonjesta.....	16
Bosulif.....	9
Braftovi.....	9
Brand Prenatal Vitamins.....	24
Breo Ellipta.....	20
Briellyn.....	22
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 22

Camrese 22

Camrese Lo 22

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 Tablet..... 10

Cayston 19

Caziant 22

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 22

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 17

Climara 24

Climara Pro 24

Clindamycin 1.2%/Benzoyl
Peroxide 5% Gel 13

Clindamycin Capsule..... 9

Clindamycin Gel 13

Clindamycin Lotion, Solution,
Swabs 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

Colcrys 17

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..... 17

Cosentyx 18

Creon..... 17

Cresemba 9

Cryselle 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

Diclegis..... 16

Diclofenac Tablet..... 19

Dicyclomine Tablet 20

Dificid..... 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

Dulera 20

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	13
Elinest	22
Eliquis	10
Ella	22
Embeda	19
Emend Suspension	16
Emoquette	22
Enalapril	10
Enbrel	18
Endometrin	18
Enoxaparin Sodium	10
Enpresse	22
Enskyce	22
Enstilar Foam	13
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
Estarylla	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 Citrate Lozenge	20
Fentanyl Patch	20
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 ResipClick	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	20
Hydrocodone/Chlorpheniramine Suspension	19
Hydrocodone/Ibuprofen Tablet	20
Hydrocortisone 2.5% Cream, Ointment	14
Hydromorphone Immediate-Release Tablet	20
Hydroxychloroquine Sulfate	18
Hydroxyurea Capsule	9
Hyoscyamine Tablet	17
Hysingla	20

I	
Ibandronate Tablet.....	19
Ibrance	9
Ibuprofen Tablet.....	20
Idhifa.....	9
Imantinib Tablet	9
Imbruvica.....	9
Imiquimod 5% Cream.....	14
Impoyz.....	14
Incruse Ellipta.....	20
Indomethacin Capsule.....	20
Intelence.....	17
Intrarosa	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
Mesalamine 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

Oxybutynin Extended-Release Tablet.....	20
Oxybutynin Tablet.....	20
Oxycodone Tablet.....	20
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet.....	20
Oxycontin.....	20
Ozempic.....	15

P

Pantoprazole Tablet.....	16
Paroxetine Tablet.....	12
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
Prezobix.....	18
Prezista.....	18
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
Pulmicort Flexhaler.....	20
Pulmozyme.....	19
Pylera.....	16

Q

Qtern.....	15
Quasense.....	23
Quetiapine Extended-Release Tablet.....	12
Quetiapine 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 MultiDose.....	16
Restasis Single Use Vials.....	16
Revatio.....	21
Revlimid.....	10
Rezira.....	19
Rhofade.....	14
Ribavirin Tablet.....	17
Risedronate Sodium Tablet.....	19
Risperidone Tablet.....	13
Ritalin LA.....	11
Ritalin SR.....	11
Ritonavir Tablet.....	18
Rizatriptan ODT, Tablet.....	12

Ropinirole Tablet.....	13
Rosuvastatin.....	11
Rydapt.....	10

S

Savaysa.....	10
Scopolamine Transdermal Patch ..	16
Seebri Neohaler.....	20
Segluromet.....	15
Selzentry.....	18
Serevent Diskus.....	21
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.....	21
Spirolactone.....	11
Sprintec.....	23
Sprix.....	20
Sronyx.....	23
Steglatro.....	15
Steglujan.....	15
Stelara.....	18
Stendra.....	18
Stiolto Respimat.....	21
Stribild.....	18
Striverdi Respimat.....	21
Suboxone Film.....	13
Sucralfate 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.....	21
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.....	19
Testosterone 1% Topical Gel.....	19
Testosterone Cypionate Injection.....	19
Thrive Gum.....	21
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
Toujeo SoloStar.....	15
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.....	21
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
Trinessa.....	23
Trinessa Lo.....	23
Trintellix.....	12
Triumeq.....	18
Trivora-28.....	23
Trulicity.....	15
Truvada.....	18
Tudorza.....	21

Tybost.....	18
Tymlos.....	19
Tyvaso.....	21

U

Uceris.....	16, 17
Uceris Foam.....	17
Uceris Tablet.....	17
Uloric.....	17
Uptravi.....	21

V

Valacyclovir Tablet.....	9
Valganciclovir.....	9
Valsartan.....	11
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.....	21
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
Vyvanse.....	11
Vyzulta.....	16

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
Ximino	14
Xopenex HFA	21
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
Zenchant	23
Zenchant Fe	23
Zenpep	17
Zepatier	17
Zetonna	20
Ziprasidone Capsule	13
Zohydro ER	20
Zolpidem Tablet.....	13
Zonisamide Capsule.....	13
Zovia 1/35E, 1/50E.....	23
Zubsolv	13
Zurampic	17
Zykadia	10
Zytiga.....	10

Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានសេវាឥតគិតថ្លៃសម្រាប់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániit'go, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'i. T'áá shòqdí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déę> t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodílnih.

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



This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.