

# Your 2019 Prescription Drug List

## Access Four-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 Four-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.



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# 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)<sup>1</sup> if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications<sup>2</sup>). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

### 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<sup>®</sup> 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<sup>®</sup> 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
<b>Tier 1</b>	\$ <b>Lower-cost</b> 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.
<b>Tiers 2 and 3</b>	\$\$ <b>Mid-range cost</b> Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
<b>Tier 4</b>	\$\$\$ <b>Highest-cost</b> Medications that provide the lowest overall value.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they 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)<sup>3</sup>**

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 Program<sup>4</sup>**

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
<b>Anti-Infectives: Antibiotics</b>		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	1	
Cefixime Suspension	1	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
<b>Ciprodex</b>	3	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
<b>Dificid</b>	3	SL
Doxycycline 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	
<b>Suprax Capsule, Chewable Tablet, Tablet</b>	4	

Drug Name	Drug Tier	Requirements & Limits
<b>Anti-Infectives: Antifungals</b>		
<b>Cresemba</b>	3	SL
Econazole Cream	1	
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
<b>Noxafil Tablet, Suspension</b>	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
<b>Anti-Infectives: Antivirals</b>		
Acyclovir Ointment	1	
Acyclovir Tablet	1	
Famciclovir Tablet	1	
Oseltamivir Capsule, Suspension	1	SL
Valacyclovir Tablet	1	
Valganciclovir	1	SL
<b>Cancer</b>		
<b>Alunbrig</b>	2	PA, SL, SP
Bexarotene Capsule	4	E, SP
Bicalutamide	1	
<b>Bosulif</b>	2	PA, SL, SP, ST
<b>Braftovi</b>	4	PA, SP
<b>Calquence</b>	2	PA, SL, SP
Cyclophosphamide Capsule	1	
<b>Erleada</b>	3	PA, SL, SP
Hydroxyurea Capsule	1	
<b>Ibrance</b>	2	PA, SP
<b>Idhifa</b>	2	PA, SL, SP
Imantinib Tablet	1	PA, SL, SP
<b>Imbruvica</b>	2	PA, SL, SP

**Bold type = Brand-name drug**

[Plain type = Generic drug]

**E** = May be excluded from coverage

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

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

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

**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		Bisoprolol	1	
<b>Mektovi</b>	4	PA, SP	Bisoprolol-Hydrochlorothiazide	1	
Mercaptopurine Tablet	1		<b>Bystolic</b>	2	
<b>Nerlynx</b>	2	PA, SL, SP	<b>Byvalson</b>	2	SL
<b>Revlimid</b>	2	PA, SP	Cartia XT	1	
<b>Rydapt</b>	2	PA, SP	Carvedilol Tablet	1	
<b>Sutent</b>	2	PA, SL, SP	Chlorthalidone	1	
<b>Targretin Capsule</b>	1	SP	Clonidine Tablet	1	
<b>Targretin Gel</b>	3		Diltiazem 24 Hour CD	1	
<b>Tasigna</b>	2	PA, SL, SP, ST	Diltiazem Sustained-Release Capsule	1	
<b>Verzenio</b>	2	PA, SL, SP	Diltiazem Sustained-Release Tablet	1	
<b>Xeloda</b>	1	SP	Doxazosin	1	
<b>Zykadia</b>	2	PA, SP	<b>Edarbi</b>	2	SL
<b>Zytiga</b>	2	PA, SL, SP	<b>Edarbyclor</b>	2	SL
<b>Cardiovascular/Heart Disease: Coagulation Therapy</b>			Enalapril	1	
<b>Bevyxxa</b>	3	SL	Furosemide	1	
<b>Brilinta</b>	2	SL	Guanfacine	1	
Clopidogrel	1		Hydralazine	1	
<b>Eliquis</b>	4	SL	Hydrochlorothiazide	1	
Enoxaparin Sodium	1		Irbesartan	1	
<b>Pradaxa</b>	2	SL	Labetalol	1	
Prasugrel	1	SL	Lisinopril	1	
<b>Savaysa</b>	4	SL	Lisinopril-Hydrochlorothiazide	1	
Warfarin Sodium	1		Losartan	1	
<b>Xarelto</b>	2	SL	Losartan-Hydrochlorothiazide	1	
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>			Metoprolol Succinate Extended-Release	1	
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				
<b>Bidil</b>	2				

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Drug Name	Drug Tier	Requirements & Limits
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spirolactone	1	
Telmisartan	1	
Telmisartan-Hydrochlorothiazide	1	
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	1	
Valsartan-Hydrochlorothiazide	1	
Verapamil	1	
Verapamil Sustained-Release	1	
<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Atorvastatin	1	H-PA, SL
Colesevelam Packet for Suspension, Tablet (generic <b>Welchol</b> )	4	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	
<b>Niaspan</b>	3	
Omega-3-Acid Ethyl Esters Capsule	1	PA
<b>Praluent</b>	2	PA, SL, SP, ST
Pravastatin	1	
<b>Repatha</b>	4	PA, SL, SP, ST
Rosuvastatin	1	SL

Drug Name	Drug Tier	Requirements & Limits
Simvastatin	1	H-PA
<b>Vascepa</b>	2	PA
<b>Welchol Packet for Suspension, Tablet</b>	1	
<b>Cardiovascular/Heart Disease: Other</b>		
Amiodarone	1	
<b>Corlanor</b>	3	PA, SL
Digoxin	1	
<b>Entresto</b>	4	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
<b>Multaq</b>	4	PA
Nitroglycerin Sublingual Tablet	1	
<b>Ranexa</b>	2	
Sotalol	1	
<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Adderall XR</b>	1	PA, SL
Amphetamine Salt Combo	1	PA
Atomoxetine	1	SL
<b>Concerta</b>	1	PA, SL
Dexmethylphenidate Immediate-Release Tablet	1	PA
Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	1	PA
Guanfacine Extended-Release	1	SL
Methylphenidate Chewable Tablet	1	PA
Methylphenidate Extended-Release Capsule (generic <b>Metadate CD, Ritalin LA</b> )	1	PA, SL

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Drug Name	Drug Tier	Requirements & Limits
Methylphenidate Extended-Release Tablet (Metadate ER, generic <b>Ritalin SR</b> )	1	PA, SL
Methylphenidate Extended-Release Tablet (generic <b>Concerta</b> )	4	E, PA, SL
Methylphenidate Immediate-Release Tablet	1	PA
<b>Mydayis</b>	2	PA, SL
<b>Vyvanse</b>	2	PA, SL
<b>Central Nervous System: Depression</b>		
Amitriptyline Tablet	1	
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Desvenlafaxine Extended-Release Tablet (generic <b>Pristiq</b> )	1	SL
Doxepin	1	
Duloxetine Capsule	1	SL
Escitalopram Tablet	1	
<b>Fetzima</b>	4	SL, ST
Fluoxetine Capsule	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Sertraline Tablet	1	
Trazodone Tablet	1	
<b>Trintellix</b>	4	SL, ST
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
<b>Viibryd</b>	2	SL

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Migraine</b>		
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	
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	2	PA, SL, SP
<b>Aubagio</b>	3	PA, SL, SP
<b>Avonex</b>	2	PA, SL, SP
<b>Betaseron</b>	2	PA, SL, SP
<b>Gilenya</b>	3	PA, SL, SP
Glatiramer (generic <b>Copaxone</b> ) [Mylan version only]	1	PA, SL, SP
<b>Plegridy</b>	3	PA, SL, SP
<b>Rebif</b>	4	PA, SL, SP, ST
<b>Tecfidera</b>	2	PA, SL, SP
<b>Central Nervous System: Other</b>		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	1	SL
Armodafinil	1	PA, SL
<b>Austedo</b>	2	PA, SL, SP
Buprenorphine Sublingual Tablet	1	
Bupirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil ODT, 5, 10 mg Tablet	1	
<b>Latuda</b>	2	SL
Lithium Capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
Lorazepam Tablet	1	
Memantine Immediate-Release Tablet	1	
Modafinil Tablet	1	PA, SL
Naloxone Vial	1	
<b>Narcan Nasal Spray</b>	2	
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Extended-Release Tablet	1	SL
Quetiapine Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
<b>Suboxone Film</b>	4	E, PA, SL
Tolcapone	1	
<b>Xyrem</b>	4	PA, SL, SP
<b>Zelapar</b>	3	
Ziprasidone Capsule	1	SL
<b>Zubsolv</b>	1	SL
<b>Central Nervous System: Sedatives/Hypnotics</b>		
Eszopiclone Tablet	1	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Tablet	1	SL
<b>Central Nervous System: Seizure Disorders</b>		
Carbamazepine Extended-Release Capsule, Tablet	1	
Carbamazepine Immediate-Release Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Immediate-Release Tablet	1	
Levetiracetam Extended-Release Tablet	1	
Levetiracetam Immediate-Release Tablet	1	
<b>Lyrica</b>	4	SL
<b>Lyrica CR</b>	2	SL
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Immediate-Release Tablet	1	
Zonisamide Capsule	1	
<b>Dermatology</b>		
<b>Aczone</b>	1	
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Calcipotriene/Betamethasone Ointment	1	
<b>Carac</b>	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	

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Drug Name	Drug Tier	Requirements & Limits
Clotrimazole-Betamethasone Cream	1	
Clotrimazole-Betamethasone Lotion	1	
Dapsone 5% Gel	4	E
Desonide 0.05% Cream, Lotion, Ointment	1	
Desoximetasone Cream, Gel, Ointment	1	
Diflorasone Diacetate 0.05% Cream, Ointment	1	
<b>Dupixent</b>	4	SL, SP, ST
<b>Elidel</b>	3	
<b>Enstilar Foam</b>	4	
<b>Eucrisa</b>	3	ST
<b>Finacea</b>	2	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	1	
<b>Fluorouracil 0.5% Cream</b>	3	
Halobetasol Ointment	1	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	
<b>Impoiz</b>	4	
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release (generic <b>Solodyn</b> )	1	
<b>Mirvaso</b>	4	
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	
<b>Oracea</b>	4	
<b>Oxsoralen-Ultra</b>	2	
<b>Picato</b>	3	
<b>Regranex</b>	2	PA
<b>Rhofade</b>	4	
<b>Taclonex Suspension</b>	4	
Tacrolimus Ointment	1	ST
Tazarotene 0.1% Cream (generic <b>Tazorac</b> )	4	E, PA

Drug Name	Drug Tier	Requirements & Limits
<b>Tazorac 0.1% Cream</b>	1	PA
<b>Tazorac Gel, 0.05% Cream</b>	2	PA
Tretinoin Cream	1	PA
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
<b>Vectical</b>	3	
<b>Ximino</b>	4	

#### Diabetes: Blood Glucose Monitoring<sup>5</sup>

<b>Accu-Chek Test Strips</b>	4	E, SL
<b>Contour Next EZ Meter</b>	2	
<b>Contour Next Meter</b>	2	
<b>Contour Next One Meter</b>	2	
<b>Contour Next Test Strips</b>	2	SL
<b>Contour Test Strips</b>	4	E, SL
<b>FreeStyle Test Strips</b>	4	E, SL
<b>OneTouch Ultra 2 Meter</b>	1	
<b>OneTouch Ultra Test Strips</b>	1	SL
<b>OneTouch UltraMini Meter</b>	1	
<b>OneTouch Verio Flex Meter</b>	1	
<b>OneTouch Verio IQ Meter</b>	1	
<b>OneTouch Verio Meter</b>	1	
<b>OneTouch Verio Sync Meter</b>	1	
<b>OneTouch Verio Test Strips</b>	1	SL

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

#### Diabetes: Insulin<sup>5</sup>

<b>Admelog SoloStar, Vials</b>	4	E
<b>Apidra SoloStar, Vials</b>	4	E
<b>Basaglar</b>	1	
<b>Fiasp FlexTouch, Vials</b>	4	E
<b>Humalog KwikPens</b> (all formulations)	2	
<b>Humalog Vials</b> (all formulations)	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Humulin KwikPens</b> (all formulations)	2	
<b>Humulin Vials</b> (all formulations)	1	
<b>Lantus SoloStar</b>	4	E
<b>Lantus Vials</b>	4	E
<b>Levemir FlexTouch, Vials</b>	3	
<b>Novolin Vials</b> (all formulations)	4	E
<b>Novolog FlexPen, Vials</b> (all formulations)	4	E
<b>Toujeo SoloStar</b>	4	E
<b>Tresiba FlexTouch</b>	2	
<p><sup>5</sup>Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.</p>		
<b>Diabetes: Non-Insulin<sup>5</sup></b>		
<b>Adlyxin</b>	4	SL
<b>Bydureon, Bydureon Bcise</b>	2	SL
<b>Byetta</b>	2	SL
<b>Farxiga</b>	4	E, SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
<b>Glyxambi</b>	2	SL, ST
<b>Invokamet, Invokamet XR</b>	2	SL
<b>Invokana</b>	2	SL, ST
<b>Janumet</b>	4	SL, ST
<b>Januvia</b>	4	SL, ST
<b>Jardiance</b>	2	SL, ST

Drug Name	Drug Tier	Requirements & Limits
<b>Jentadueto, Jentadueto XR</b>	2	SL
<b>Kazano</b>	2	SL
<b>Kombiglyze XR</b>	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic <b>Glucophage XR</b> )	1	
<b>Nesina</b>	2	SL
<b>Onglyza</b>	2	SL
<b>Oseni</b>	2	SL
<b>Ozempic</b>	3	SL
Pioglitazone	1	SL
<b>Qtern</b>	4	E, SL, ST
<b>Segluromet</b>	4	E, SL, ST
<b>Soliqua</b>	2	PA, SL
<b>Steglatro</b>	4	E, SL, ST
<b>Steglujan</b>	4	E, SL, ST
<b>Synjardy, Synjardy XR</b>	2	SL
<b>Tradjenta</b>	2	SL
<b>Trulicity</b>	3	SL
<b>Victoza 2-Pak</b>	2	SL
<b>Victoza 3-Pak</b>	3	SL
<b>Xigduo XR</b>	4	E, SL, ST
<p><sup>5</sup>Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.</p>		

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Drug Name	Drug Tier	Requirements & Limits
<b>Endocrine: Growth Hormone<sup>6</sup></b>		
<b>Nutropin, Nutropin AQ</b>	2	PA, SL, SP
<sup>6</sup> Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.		
<b>Endocrine: Other</b>		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
<b>Endocrine: Thyroid Hormone Replacement</b>		
<b>Armour Thyroid</b>	2	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
<b>Synthroid</b>	2	
<b>Eye Conditions: Allergies</b>		
Azelastine 0.05% Ophthalmic Solution	1	
<b>Lastacaft</b>	3	
Olopatadine Ophthalmic Solution	1	
<b>Eye Conditions: Antibiotics</b>		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
<b>Moxeza</b>	4	
Moxifloxacin Ophthalmic Solution	1	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Tobramycin Ophthalmic Solution	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Eye Conditions: Dry Eye Disease</b>		
<b>Restasis MultiDose</b>	4	PA, SL
<b>Restasis Single Use Vials</b>	2	PA, SL
<b>Xiidra</b>	2	SL
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P 0.1%</b>	2	
<b>Azopt</b>	2	
<b>Combigan</b>	2	
Latanoprost 0.005% Ophthalmic Solution	1	
<b>Lumigan</b>	2	
Timolol 0.25%, 0.5% Ophthalmic Solution	1	
<b>Travatan Z</b>	2	
<b>Vyzulta</b>	4	
<b>Gastrointestinal: Acid Suppression</b>		
<b>Dexilant</b>	2	SL
<b>Omeclamox-Pak</b>	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
<b>Pylera</b>	3	SL
Rabeprazole Tablet	1	SL
Ranitidine Syrup	1	
Sucralfate Tablet	1	
<b>Gastrointestinal: Nausea/Vomiting</b>		
<b>Akynzeo</b>	4	
Aprepitant Capsule	1	
<b>Bonjesta</b>	2	PA
<b>Diclegis</b>	2	
<b>Emend Suspension</b>	2	
Ondansetron	1	
Ondansetron ODT	1	
Scopolamine Transdermal Patch	1	
<b>Varubi</b>	2	

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Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	4	PA, SL, ST
<b>Apriso</b>	2	
<b>Asacol HD Tablet</b>	4	E
Budesonide Extended-Release Tablet (generic <b>Uceris</b> )	4	E
<b>Canasa</b>	2	
<b>Clenpiq</b>	2	
<b>Cortifoam</b>	2	
<b>Creon</b>	2	
Diphenoxylate-Atropine Tablet	1	
<b>Golytely</b>	2	
Hyoscyamine Tablet	1	
<b>Lialda</b>	1	
<b>Linzess</b>	2	PA, SL
Mesalamine Delayed-Release Tablet (generic <b>Lialda</b> )	4	E
Metoclopramide Tablet	1	
<b>Movantik</b>	4	E, PA, SL
<b>Moviprep</b>	2	
Polyethylene Glycol 3350	1	
<b>Prepopik</b>	2	
Sulfasalazine Tablet	1	
<b>Suprep</b>	2	
<b>Symproic</b>	2	PA, SL
<b>Uceris Foam</b>	2	
<b>Uceris Tablet</b>	1	
<b>Viberzi</b>	4	SL
<b>Zenpep</b>	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Gout</b>		
Allopurinol Tablet	1	
<b>Colcrys</b>	4	E
<b>Duzallo</b>	4	PA, SL
<b>Mitigare</b>	2	
<b>Uloric</b>	4	SL
<b>Zurampic</b>	4	PA, SL
<b>Hepatitis C</b>		
<b>Daklinza</b>	4	PA, SL, SP, ST
<b>Epclusa</b>	2	PA, SL, SP
<b>Harvoni</b>	2	PA, SL, SP
<b>Mavyret</b>	2	PA, SL, SP
Ribavirin Tablet	1	SP
<b>Sovaldi</b>	4	PA, SL, SP, ST
<b>Technivie</b>	4	PA, SL, SP, ST
<b>Viekira Pak</b>	4	PA, SL, SP, ST
<b>Viekira XR</b>	4	PA, SL, SP, ST
<b>Vosevi</b>	2	PA, SL, SP
<b>Zepatier</b>	4	PA, SL, SP, ST
<b>HIV/AIDS</b>		
Abacavir-Lamivudine	1	SP
Atazanavir Capsule	1	SP
<b>Atripla</b>	4	E, SP
<b>Cimduo</b>	2	SP
<b>Complera</b>	4	SP
<b>Descovy</b>	4	SP
Efavirenz	1	SP
<b>Evotaz</b>	2	SP
<b>Genvoya</b>	4	SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Intelence</b>	2	SP
<b>Isentress</b>	2	SP
<b>Juluca</b>	2	SP
<b>Kaletra Tablet</b>	2	SP
Lamivudine-Zidovudine	1	SP
Lopinavir-Ritonavir Oral Solution	1	SP
Nevirapine	1	SP
Nevirapine Extended-Release	1	SP
<b>Odefsey</b>	4	SP
<b>Prezcobix</b>	2	SP
<b>Prezista</b>	2	SP
Ritonavir Tablet	1	SP
<b>Selzentry</b>	2	PA, SP
<b>Stribild</b>	4	SP
<b>Symfi</b>	2	SP
<b>Symfi Lo</b>	2	SP
Tenofovir Tablet	1	SP
<b>Tivicay</b>	3	SP
<b>Triumeq</b>	2	SP
<b>Truvada</b>	4	SP
<b>Tybost</b>	2	SP
<b>Vitekta</b>	2	SP

#### Infertility<sup>6, 7</sup>

<b>Cetrotide</b>	2	PA, SP
Clomiphene	1	PA
<b>Endometrin</b>	2	PA
<b>Gonal-F</b>	2	PA, SP
<b>Gonal-F RFF</b>	2	PA, SP
<b>Ovidrel</b>	3	PA, SP

<sup>6</sup>Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

<sup>7</sup>This is not a covered benefit for Neighborhood Health Plan.

Drug Name	Drug Tier	Requirements & Limits
<b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b>		
<b>Actemra</b>	3	PA, SL, SP, ST
<b>Cimzia</b>	2	PA, SL, SP
<b>Cosentyx</b>	3	PA, SL, SP, ST
<b>Enbrel</b>	4	PA, SL, SP, ST
<b>Humira</b>	2	PA, SL, SP
Hydroxychloroquine Sulfate	1	
<b>Kevzara</b>	4	PA, SL, SP, ST
Leflunomide	1	
Methotrexate Tablet	1	
<b>Orencia</b>	4	PA, SL, SP, ST
<b>Otezla</b>	2	PA, SL, SP
<b>Rasuvo</b>	4	SL
<b>Siliq</b>	4	PA, SL, SP, ST
<b>Simponi</b>	2	PA, SL, SP
<b>Stelara</b>	2	PA, SL, SP
<b>Taltz</b>	4	PA, SL, SP, ST
<b>Tremfya</b>	2	PA, SL, SP
<b>Xeljanz, Xeljanz XR</b>	3	PA, SL, SP, ST

#### Medications for Sexual Dysfunction<sup>6</sup>

<b>Addyi</b>	4	SL
<b>Cialis</b>	2	SL
<b>Intrarosa</b>	2	SL
<b>Levitra</b>	2	SL
<b>Osphena</b>	2	SL
Sildenafil Tablet (generic <b>Viagra</b> )	1	SL
<b>Stendra</b>	2	SL

<sup>6</sup>Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

Drug Name	Drug Tier	Requirements & Limits
<b>Men's Health: Prostate</b>		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Dutasteride Capsule	1	
Finasteride Tablet	1	
<b>Rapaflo</b>	2	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	2	SL
<b>Androgel</b>	4	E, SL
Methyltestosterone Capsule	1	
<b>Testim</b>	1	SL
Testosterone 1% Topical Gel	1	E, SL
Testosterone Cypionate Injection	1	
<b>Miscellaneous</b>		
Anastrozole Tablet	1	
<b>Aranesp</b>	2	SL, SP
<b>Auryxia</b>	3	
<b>Bethkis</b>	1	PA, SL, SP
<b>Cayston</b>	2	PA, SL, SP
<b>Cerdelga</b>	2	PA, SP
Chlorhexidine Gluconate	1	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	1	PA
Epinephrine (generic <b>EpiPen/ EpiPen-Jr.</b> )	2	
<b>EpiPen/EpiPen Jr.</b>	4	E
Hydrocodone/Chlorpheniramine Suspension	1	PA
Lanthanum Chewable Tablet	1	
Letrozole	1	

Drug Name	Drug Tier	Requirements & Limits
Lidocaine Transdermal Patch (generic <b>Lidoderm</b> )	1	PA, SL
<b>Nityr</b>	2	PA, SP
<b>Nuedexta</b>	2	PA
<b>Obredon</b>	4	PA
<b>Pegasys</b>	2	PA, SL, SP
Phenazopyridine	1	
<b>Procrit</b>	2	SL, SP
Promethazine/Codeine	1	PA
Promethazine/Dextromethorphan	1	
<b>Pulmozyme</b>	2	PA, SL, SP
<b>Rectiv</b>	3	SL
<b>Rezira</b>	3	
Sevelamer	1	
<b>Syprine</b>	1	PA, SP
<b>Tobi Podhaler</b>	3	PA, S, SP
<b>Velphoro</b>	2	
<b>Veltassa</b>	3	SL
<b>Zarxio</b>	2	SP
<b>Musculoskeletal: Muscle Spasms</b>		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	1	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
<b>Musculoskeletal: Osteoporosis</b>		
Alendronate Sodium Tablet	1	
<b>Forteo</b>	3	PA, SP
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate Sodium Tablet	1	SL
<b>Tymlos</b>	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen/Codeine Tablet	1	SL
<b>Arymo ER</b>	4	E, PA, SL, ST
<b>Belbuca</b>	4	PA, SL
Celecoxib	1	SL
Diclofenac Tablet	1	
<b>Embeda</b>	4	E, PA, SL, ST
Etodolac Capsule	1	
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	
<b>Hysingla</b>	4	E, PA, SL
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
<b>Lazanda</b>	4	PA, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	PA, SL
Morphine Sulfate Extended-Release Tablet	1	PA, SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
<b>Nucynta</b>	2	SL
<b>Nucynta ER</b>	3	PA, SL
<b>Opana ER</b>	4	E, PA, SL
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
<b>Oxycontin</b>	4	E, PA, SL
<b>Sprix</b>	3	

Drug Name	Drug Tier	Requirements & Limits
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
<b>Voltaren Gel</b>	2	
<b>Xtampza ER</b>	2	PA, SL
<b>Zohydro ER</b>	4	PA, SL, ST
<b>Overactive Bladder</b>		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	1	
Oxybutynin Tablet	1	
<b>Toviaz</b>	2	
<b>Respiratory: Allergies</b>		
Azelastine 0.1% Nasal Spray	1	
Fluticasone Nasal Spray	1	
<b>Zetonna</b>	3	
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus/HFA</b>	2	RS, SL
<b>AirDuo RespiClick</b>	4	E, SL
Albuterol Nebs	1	
<b>Alvesco</b>	1	SL
<b>Anoro Ellipta</b>	3	SL
<b>Arnuity Ellipta</b>	3	SL
<b>Asmanex TwistHaler/HFA</b>	1	SL
<b>Bevespi Aerosphere</b>	2	SL
<b>Breo Ellipta</b>	2	RS, SL
Budesonide Nebs	1	SL
<b>Combivent Respimat</b>	2	SL
<b>Dulera</b>	4	SL, ST
<b>Flovent Diskus/HFA</b>	2	SL

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Drug Name	Drug Tier	Requirements & Limits
Fluticasone/Salmeterol RespiClick (generic <b>AirDuo RespiClick</b> )	1	SL
<b>Incruse Ellipta</b>	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Montelukast	1	
<b>Perforomist</b>	3	SL
<b>ProAir HFA</b>	3	
<b>Proventil HFA/RespiClick</b>	3	
<b>Pulmicort Flexhaler</b>	4	SL, ST
<b>QVAR Redihaler</b>	1	SL
<b>Seebri Neohaler</b>	4	SL, ST
<b>Serevent Diskus</b>	3	SL
<b>Spiriva Handihaler/ Respimat</b>	2	SL
<b>Stiolto Respimat</b>	4	E, SL
<b>Striverdi Respimat</b>	2	SL
<b>Symbicort</b>	2	RS, SL
<b>Trelegy Ellipta</b>	3	RS, SL
<b>Tudorza</b>	2	SL
<b>Ventolin HFA</b>	2	
<b>Xopenex HFA</b>	3	
<b>Respiratory: Pulmonary Arterial Hypertension</b>		
<b>Adempas</b>	2	PA, SL, SP
<b>Letairis</b>	2	PA, SL, SP
<b>Opsumit</b>	2	PA, SL, SP
<b>Orenitram</b>	4	PA, SL, SP
Sildenafil Tablet (generic <b>Revatio</b> )	1	PA, SL, SP
Tadalafil (generic <b>Adcirca</b> )	1	PA, SL, SP
<b>Tracleer</b>	2	PA, SL, SP
<b>Tyvaso</b>	2	PA, SP
<b>Uptravi</b>	4	PA, SL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Smoking Cessation</b>		
Bupropion Sustained-Release Tablet	1	H-PA
<b>Chantix Tablet</b>	2	H-PA
<b>Nicoderm CQ</b>	4	H-PA
<b>Nicorette Gum</b>	4	H-PA
<b>Nicorette Lozenge</b>	2	H-PA
<b>Nicorette Mini-Lozenge</b>	2	H-PA
Nicotine Gum	1	H-PA
Nicotine Lozenge	1	H-PA
Nicotine Patch	1	H-PA
<b>Nicotrol Inhaler</b>	4	H-PA
<b>Nicotrol Nasal Spray</b>	4	H-PA
Thrive Gum	1	H-PA
<b>Transplant</b>		
Azathioprine Tablet	1	
Cyclosporine Modified Capsule	1	SP
Mycophenolate Capsule, Suspension	1	SP
Mycophenolic Acid Tablet	1	SP
Sirolimus Tablet	1	SP
Tacrolimus Capsule	1	SP
<b>Vitamins/Electrolytes</b>		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	

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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	Drug Name	Drug Tier	Requirements & Limits
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Aftera	1	H	Enskyce	1	H
Altavera	1	H	Errin	1	H
Alyacen 7/7/7, 1/35	1	H	Estarylla	1	H
Amethia	1	H	Fallback	1	H
Amethia Lo	1	H	Falmina	1	H
Amethyst	1	H	Fayosim	1	
Apri	1	H	Gianvi	1	H
Aranelle	1	H	Gildagia	1	H
Ashlyna	1	H	Heather	1	H
Aubra	1	H	Introvale	1	H
Aviane	1	H	Isibloom	1	H
Azurette	1	H	Jencycla	1	H
Balziva	1	H	Jolessa	1	H
Bekyree	1	H	Jolivette	1	H
Blisovi Fe	1	H	Juleber	1	H
Blisovi 24 Fe	1	H	Junel	1	H
Briellyn	1	H	Junel 24 Fe	1	H
Camila	1	H	Junel Fe	1	H
Camrese	1	H	Kariva	1	H
Camrese Lo	1	H	Kelnor 1/35	1	H
Caziant	1	H	Kimidess	1	H
Chateal	1	H	Kurvelo	1	H
Cryselle	1	H	Larin	1	H
Cyclafem 7/7/7, 1/35	1	H	Larin 24 Fe	1	H
Cyred	1	H	Larin Fe	1	H
Dasetta 7/7/7, 1/35	1	H	Larissia	1	H
Daysee	1	H	Leena	1	H
Deblitane	1	H	Lessina	1	H
Delyla	1	H	Levonest	1	H
Desogestrel-Ethinyl Estradiol	1	H	Levonorgestrel 1.5 mg	1	H
Drospirenone/Ethinyl Estradiol	1	H	Levonorgestrel-Ethinyl Estradiol	1	H
Econtra EZ	1	H	Levora-28	1	H
Elinest	1	H	Lillow	1	H
<b>Ella</b>	1	H, SL	<b>Lo Loestrin Fe</b>	2	
Emoquette	1	H	LoMedia 24 Fe	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Loryna	1	H	Pirmella 7/7/7, 1/35	1	H
Low-Ogestrel	1	H	<b>Plan B One Step</b>	1	H
Lutera	1	H	Portia	1	H
Lyza	1	H	Previfem	1	H
Marlissa	1	H	Quasense	1	H
Medroxyprogesterone Acetate	1	H	Reclipsen	1	H
Microgestin	1	H	Setlakin	1	
Microgestin Fe	1	H	Sharobel	1	H
Mono-Linyah	1	H	Solia	1	H
Mononessa	1	H	Sprintec	1	H
My Choice	1	H	Sronyx	1	H
My Way	1	H	Syeda	1	H
Myzilra	1	H	Take Action	1	H
<b>Natazia</b>	2		Tarina Fe	1	H
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H	Tilia Fe	1	H
Next Choice One Dose	1	H	Tri Femynor	1	H
Nikki	1	H	Tri-Estarylla	1	H
Nora BE	1	H	Tri-Legest Fe	1	H
Norethindrone 0.35 mg	1	H	Tri-Linyah	1	H
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H	Tri-Lo-Estarylla	1	H
Norgestimate-Ethinyl Estradiol	1	H	Tri-Lo-Marzia	1	H
Norlyda	1	H	Tri-Lo-Sprintec	1	H
Norlyroc	1	H	Tri-Previfem	1	H
Nortrel 7/7/7, 0.5/35, 1/35	1	H	Tri-Sprintec	1	H
<b>Nuvaring</b>	2	H	Tri-Vylibra	1	H
Ocella	1	H	Trinessa	1	H
Ogestrel	1	H	Trinessa Lo	1	H
Opcicon One Step	1	H	Trivora-28	1	H
Option 2	1	H	Velivet	1	H
Orsythia	1	H	Vestura	1	H
Philith	1	H	Vienva	1	H
Pimtrea	1	H	Viorele	1	H

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Drug Name	Drug Tier	Requirements & Limits
Vyfemla	1	H
Vylibra	1	H
Wera	1	H
Wymza Fe	1	H
Xulane	1	H
<b>Yasmin 28</b>	3	
<b>Yaz</b>	3	
Zarah	1	H
Zenchent	1	H
Zenchent Fe	1	H
Zovia 1/35E, 1/50E	1	H
<b>Women's Health: Hormone Replacement</b>		
<b>Climara Pro</b>	2	SL
<b>Divigel</b>	2	
<b>Duavee</b>	3	SL
<b>Estrace Cream</b>	1	
Estradiol Cream (generic <b>Estrace</b> )	4	E
Estradiol/Norethindrone Acetate Tablet	1	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch (generic <b>Vivelle-Dot</b> )	4	E, SL
Estradiol Weekly Transdermal Patch (generic <b>Climara</b> )	1	SL
<b>Estring</b>	2	SL
Estrogen/Methyltestosterone Tablet	1	
<b>Evamist</b>	2	
Medroxyprogesterone	1	
<b>Minivelle</b>	2	SL
<b>Premarin</b>	2	
<b>Premphase</b>	3	
<b>Prempro</b>	2	
Progesterone Micronized Capsule	1	
<b>Vivelle-Dot</b>	1	SL
Yuvaferm	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Women's Health: Miscellaneous</b>		
Raloxifene	1	H-PA
Tamoxifen	1	H-PA
<b>Women's Health: Prenatal Vitamins</b>		
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Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



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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, नि: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: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សំដៅនូវភាសាដើមរបស់អ្នកនិយាយគឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមាននូវលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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**DÍI BAA'AKONÍNÍZIN:** **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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