

# Your 2019 Formulary

SignatureValue Three-Tier



Effective Jan. 1, 2019

This formulary 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 formulary applies to members of our UnitedHealthcare West HMO medical plans with a pharmacy benefit. 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 formulary

### What is a formulary?

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 formulary?

You and your doctor can consult the formulary 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 formulary change?

Formulary changes including tier status changes resulting in higher copayments of maintenance medications occur twice per contract or plan year. Tier changes that result in a lower copayment 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 formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This formulary is not a complete list of medications. 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 formulary (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) 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). 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 Prescription Drug List 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.

### **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 formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, 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>Formulary Generic</b>	\$ <b>Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Formulary Generic drugs for the lowest out-of-pocket costs.
<b>Formulary Brand</b>	\$\$ <b>Mid-range cost</b> Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Formulary Brand drugs, instead of Non-formulary drugs, to help reduce your out-of-pocket costs.
<b>Non-formulary</b>	\$\$\$ <b>Highest-cost</b> Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Formulary Generic or Formulary Brand option could work for you.

## Reading your formulary (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.

<b>AE</b>	<b>Age edit</b> This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval.
<b>E</b>	<b>Exceptions required for select markets in California and Oklahoma</b> Your doctor is required to provide additional information to UnitedHealthcare to verify medical necessity of certain medications.
<b>FB</b>	<b>Formulary Brand</b>
<b>FG</b>	<b>Formulary Generic</b>
<b>H</b>	<b>Health care reform preventive</b> This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health care reform preventive with prior authorization</b> May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>M</b>	<b>Medical</b> The medication may be covered under medical with prior authorization.
<b>NF</b>	<b>Non-formulary</b> Non-formulary drugs are available on your highest cost tier.
<b>PA</b>	<b>Prior authorization</b> Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity limits</b> Amount of medication covered per copayment or in a specific time period.
<b>ST</b>	<b>Step therapy</b> Requires you to try one or more other medications before the medication you are requesting may be covered.

### 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	FG	
Amoxicillin/Potassium Clavulanate	FG	
Antipyrine/Benzocaine Otic	FG	
Azithromycin	FG	
<b>Bethkis</b>	FB	
Cefaclor Suspension	FB	
Cefaclor Tablet	FG	
Cefadroxil	FG	QL
Cefdinir	FG	
Cefpodoxime	FG	
Cefprozil	FG	
Cefuroxime	FG	
Cephalexin	FG	
Chloroxylenol/Hydrocortisone/ Pramoxine Otic	FG	
Ciprofloxacin	FG	
Clarithromycin IR/ER	FG	
<b>Cleocin Vaginal Suppository</b>	FB	
Clindamycin Capsule	FG	
Clindamycin Vaginal Cream	FG	
<b>Clindesse</b>	NF	
Dapsone Tablet	FG	
Demeclocycline	FG	
Dicloxacillin	FG	
Doxycycline Hyclate	FG	
Doxycycline Monohydrate Tablet	FG	QL
Erythromycin	FG	
Erythromycin/Sulfisoxazole	FG	
Ethambutol	FG	
<b>Firvanq</b>	FG	
Isoniazid	FG	

Drug Name	Drug Tier	Requirements & Limits
Levofloxacin	FG	
Linezolid Tablet	FG	QL
Methenamine	FG	
Metronidazole Tablet	FG	
Minocycline Capsule	FG	
<b>Mycobutin</b>	FB	
<b>NebuPent Nebs</b>	FB	QL
Neomycin	FG	
Neomycin/Polymixin/ Hydrocortisone Otic	FG	
Nitrofurantoin	FG	
Nitrofurantoin Macrocrystal	FG	
Ofloxacin Otic	FG	
<b>Oracea</b>	NF	
Paromomycin	FG	
Penicillin VK	FG	
Pramoxine-HC Otic	FG	
Pyrazinamide	FG	
Rifampin	FG	
Sulfadiazine	FG	
Sulfamethoxazole/Trimethoprim, Sulfamethoxazole/Trimethoprim DS	FG	
Tetracycline	FG	
<b>Tobi Podhaler</b>	NF	QL
Trimethoprim	FG	
<b>Zmax</b>	FB	
<b>Anti-Infectives: Antifungals</b>		
Clotrimazole Troche	FG	
<b>Cresemba</b>	NF	
Fluconazole	FG	
Griseofulvin	FG	
Itraconazole	FG	PA

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[Plain type = Generic drug]

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

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

**M** = Medical

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
<b>Jublia</b>	NF	PA	<b>Cancer</b>		
<b>Kerydin</b>	NF	PA	<b>Alunbrig</b>	FB	PA, QL
Ketoconazole Cream	FG	QL	Bicalutamide	FG	
Ketoconazole Shampoo	FG		<b>Bosulif</b>	FB	PA, QL
Metronidazole Vaginal Gel	FG		<b>Cabometyx</b>	FB	PA
Nystatin	FG		<b>Calquence</b>	FB	PA, QL
Terbinafine	FG	QL	Capecitabine	FG	
Terconazole	FG		<b>Caprelsa</b>	FB	PA, QL
Vandazole Gel	FG		<b>Cometriq</b>	FB	PA
<b>Anti-Infectives: Antivirals</b>			<b>Cotellic</b>	FB	PA, QL
Acyclovir	FG		Cyclophosphamide	NF	
Adefovir	FG		<b>Emcyt</b>	FB	
Amantadine Capsule, Syrup	FG		Etoposide	FG	
<b>Baraclude</b>	NF	E, QL	<b>Erivedge</b>	FB	PA, QL
<b>Daklinza</b>	NF	PA, QL	Exemestane	FG	
Entecavir	FG	QL	<b>Fareston</b>	FB	
<b>Epclusa</b>	FB	PA, QL	<b>Farydak</b>	FB	PA, QL
<b>Epivir HBV Solution</b>	FB		Flutamide	FG	
Famciclovir	FG		<b>Hexalen</b>	FB	
<b>Harvoni</b>	FB	PA, QL	Hydroxyurea	FG	
Lamivudine	FG		<b>Ibrance</b>	FB	PA, QL
<b>Mavyret</b>	FB	PA, QL	<b>Idhifa</b>	FB	QL
<b>Pegasys</b>	M		Imatinib	FG	PA, QL
<b>Prevmis Tablet</b>	FB	PA	<b>Imbruvica Capsule</b>	FB	PA, QL
Ribavirin Tablet	FG	PA	<b>Imbruvica Tablet</b>	FB	PA
Rimantidine	FG		Letrozole	FG	PA
<b>Sovaldi</b>	NF	PA, QL	Leucovorin Calcium	FG	
<b>Technivie</b>	NF	PA, QL	<b>Leukeran</b>	FB	
Valacyclovir	FG	QL	Lomustine	FG	
Valganciclovir Solution	FG		<b>Lysodren</b>	FB	
Valganciclovir Tablet	FG	QL	<b>Lonsurf</b>	FB	PA, QL
<b>Viekira Pak, Viekira XR</b>	NF	PA, QL	<b>Matulane</b>	FB	
<b>Vosevi</b>	FB	PA, QL	Melphalan	FG	
<b>Zepatier</b>	NF	PA, QL	Mercaptopurine	FG	
<b>Zovirax Cream</b>	FB	E	<b>Myleran</b>	FB	
<b>Zovirax Ointment</b>	NF	E	<b>Nerlynx</b>	FB	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Nexavar</b>	FB	PA
<b>Nilandrone</b>	FB	
<b>Ninlaro</b>	FB	PA, QL
<b>Odomzo</b>	FB	PA, QL
<b>Rydapt</b>	FB	PA, QL
<b>Sprycel</b>	NF	PA, QL
<b>Stivarga</b>	FB	PA
<b>Sutent</b>	FB	PA
<b>Tabloid</b>	FB	
<b>Targretin Capsule</b>	FB	
<b>Tasigna</b>	FB	PA, QL
Temozolomide	FG	PA
Tretinoin Capsule	FG	
<b>Tykerb</b>	FB	PA
<b>Verzenio</b>	FB	PA, QL
<b>Xeloda</b>	NF	E
<b>Xtandi</b>	NF	PA, QL
<b>Zykadia</b>	FB	PA, QL
<b>Zytiga</b>	FB	PA

#### Cardiovascular/Heart Disease: Coagulation Therapy

<b>Aggrenox</b>	NF	
<b>Brilinta</b>	FB	
Clopidogrel	FG	
Disopyramide	FG	
<b>Eliquis</b>	NF	QL
Jantoven	FG	
<b>Pradaxa</b>	FB	QL
Prasugrel	FG	QL
<b>Savaysa</b>	NF	QL
Ticlopidine	FG	QL
Warfarin	FG	
<b>Xarelto</b>	FB	QL
<b>Zontivity</b>	NF	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Cardiovascular/Heart Disease: High Blood Pressure</b>		
Acebutolol	FG	
Acetazolamide	FG	
Acetazolamide ER	FG	
Afeditab CR	FG	
<b>Aldactazide 25/25 mg</b>	FB	
Amiloride	FG	
Amiloride/Hydrochlorothiazide	FG	
Amlodipine	FG	
Amlodipine/Benazepril	FG	QL
Atenolol	FG	
Atenolol/Chlorthalidone	FG	
Benazepril	FG	
Benazepril/Hydrochlorothiazide	FG	
Betaxolol	FG	
Bisoprolol	FG	
Bisoprolol/Hydrochlorothiazide	FG	
Bumetanide	FG	
<b>Bystolic</b>	FB	
<b>Byvalson</b>	FB	
Captopril	FG	
Captopril/Hydrochlorothiazide	FG	
Cartia XT	FG	
Carvedilol	FG	
Chlorothiazide	FG	
Chlorthalidone	FG	
Clonidine Tablet	FG	
Diltiazem Sustained-Release Capsule	FG	
Diltiazem Tablet	FG	
Doxazosin	FG	
<b>Edarbi</b>	NF	E, QL
<b>Edarbyclor</b>	NF	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Enalapril	FG		Olmesartan/Hydrochlorothiazide	FG	QL
Enalapril/Hydrochlorothiazide	FG		Perindopril	FG	
Eprosartan	FG	QL	Phenoxybenzamine	FG	
Ezide	FG		Pindolol	FG	
Felodipine	FG		Prazosin	FG	
Fosinopril	FG		Propranolol/Hydrochlorothiazide	FG	
Fosinopril/Hydrochlorothiazide	FG		Propranolol IR/ER	FG	
Furosemide	FG		Quinapril	FG	
Guanfacine	FG		Ramipril	FG	
Hydralazine	FG		Reserpine	FG	
Hydrochlorothiazide	FG		Sotalol	FG	
Indapamide	FG		Sotalol AF	FG	
Irbesartan	FG	QL	Spironolactone	FG	
Irbesartan/Hydrochlorothiazide	FG	QL	Spironolactone/ Hydrochlorothiazide	FG	
Isradipine	FG		Taztia XT	FG	
Labetalol	FG		Telmisartan	FB	QL
Lisinopril	FG		Telmisartan/Hydrochlorothiazide	FG	QL
Lisinopril/Hydrochlorothiazide	FG		Terazosin	FG	QL
Losartan	FG		Timolol	FG	
Losartan/Hydrochlorothiazide	FG		Torsemide	FG	
Methazolamide	FG		Trandolapril/Verapamil CR	FG	
Methyclothia	FG		Triamterene/Hydrochlorothiazide	FG	
Methyldopa	FG		Valsartan	FG	QL
Methyldopa/Hydrochlorothiazide	FG		Valsartan/Hydrochlorothiazide	FG	QL
Metolazone	FG		Verapamil Sustained-Release Capsule	FG	QL
Metoprolol Succinate ER	FG		Verapamil Sustained-Release Tablet	FG	
Metoprolol Tartrate	FG		Verapamil Tablet	FG	
Minoxidil	FG		<b>Cardiovascular/Heart Disease: High Cholesterol</b>		
Moexipril	FG		<b>Antara</b>	NF	QL
Moexipril/Hydrochlorothiazide	FG		Atorvastatin	FG	H-PA, QL
Nadolol	FG		Cholestyramine	FG	
Nicardipine	FG		Choline Fenofibrate Capsule	FG	E
Nifediac CC	FG		Colestipol	FG	
Nifedical XL	FG		Ezetimibe	NF	QL
Nifedipine IR/ER	FG				
Olmesartan	FG	QL			

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Ezetimibe/Simvastatin	NF	QL	Isosorbide Mononitrate IR/ER	FG	
Fenofibrate 48, 145 mg Tablet	FG	E	Isoxsuprine	FG	
Fenofibrate 54, 160 mg Tablet	FG		Mexiletine	FG	
Fenofibrate Capsule	FG		Midodrine	FG	
Fenofibrate Micronized	FG		<b>Multaq</b>	NF	PA
Gemfibrozil	FG		<b>NitroBid</b>	FB	
<b>Lipofen</b>	NF	E	Nitroglycerin ER	FG	
<b>Livalo</b>	NF	E, QL	Nitroglycerin Tablet	FG	
Lovastatin	FG	H	Nitrolingual Pump Spray	FG	
Niacin ER	FG	QL	NitroTime	FG	
<b>Niaspan</b>	NF		<b>Norpace CR</b>	FB	
Omega-3-Acid Ethyl Esters Capsule	FG	PA, QL	<b>Pacerone</b>	NF	
<b>Praluent</b>	M	QL	Pentoxifylline	FG	
Pravastatin	FG		Propafenone	FG	
Prevalite	FG		Quinidine IR/ER	FG	
Rosuvastatin	FG	QL	<b>Ranexa</b>	FB	QL
Simvastatin	FG	H-PA	Sotalol	FG	
<b>Vascepa</b>	FB		<b>Central Nervous System: Attention Deficit Disorder</b>		
<b>Welchol</b>	FB		<b>Adderall XR</b>	FB	AE, QL
<b>Cardiovascular/Heart Disease: Other</b>			Atomoxetine	NF	QL
Amiodarone	FG		Dextroamphetamine/ Amphetamine	FG	AE, QL
Anagrelide	FG		Dextroamphetamine/ Amphetamine Extended-Release	NF	AE, E, QL
Cilostazol	FG		Dextroamphetamine Sulfate Extended-Release	FG	AE, QL
<b>Corlanor</b>	NF	PA, QL	Dextroamphetamine Sulfate Tablet	FG	AE, QL
Digoxin	FG		Guanfacine ER	FG	AE, QL
<b>Dilatrate SR</b>	FB		<b>Intuniv</b>	NF	AE, E, QL
Disopyramide	FG		Methylphenidate Controlled- Release Capsule	FG	AE, QL
Flecainide	FG		Methylphenidate Tablet	FG	AE, QL
Isochron	FG		<b>Vyvanse</b>	FB	AE, QL
Isoditrate ER	FG				
<b>Isordil</b>	FB				
Isosorbide Dinitrate IR/ER	FG				

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Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Depression</b>		
Amitriptyline	FG	
Amoxapine	FG	
Bupropion	FG	
Bupropion SR	FG	H
Bupropion XL	FG	QL
Citalopram	FG	
Clomipramine	NF	
<b>Cymbalta</b>	NF	E, QL
Desipramine	FG	
Desvenlafaxine Succinate ER	FG	QL
Doxepin	FG	
Duloxetine 20, 30, 60 mg	FG	QL
Escitalopram	FG	
Fluoxetine Capsule (generic <b>Prozac</b> )	FG	
Fluvoxamine	FG	
<b>Forfivo XL</b>	FB	QL
Imipramine	FG	
Maprotiline	FG	
Mirtazapine, Mirtazapine ODT	FG	
Nefazodone	FG	
Nortriptyline	FG	
Paroxetine ER	FG	QL
Paroxetine Tablet (generic <b>Paxil</b> )	FG	
<b>Paxil Suspension</b>	FB	
Phenelzine	FG	
Protriptyline	FG	
Sertraline	FG	
Tranylcypromine	FG	
Trazodone	FG	
<b>Trintellix</b>	NF	QL, ST
Venlafaxine	FG	
Venlafaxine Extended-Release Capsule	FG	
Venlafaxine Extended-Release Tablet	FG	QL
<b>Viibryd</b>	NF	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System: Migraine</b>		
Acetaminophen/Butalbital/Caffeine	FG	QL
Isometheptene/Acetaminophen/Dichloralphenazone	FG	
Migragesic	FG	
<b>Migranal</b>	NF	E, PA, QL
Nodolor	FG	
<b>Phrenilin Forte</b>	NF	QL
Rizatriptan	FG	QL
Sumatriptan Nasal Spray, Tablet	FG	QL
<b>Sumavel DosePro</b>	M	
<b>Zecuity</b>	NF	E, QL
Zolmitriptan	FG	QL
<b>Zomig Spray</b>	NF	E, QL
<b>Central Nervous System: Multiple Sclerosis</b>		
<b>Ampyra</b>	FB	PA, QL
<b>Avonex</b>	M	QL
<b>Betaseron</b>	M	QL
<b>Gilenya</b>	NF	PA, QL
Glatiramer	M	QL
Glatopa	M	QL
<b>Tecfidera</b>	FB	PA, QL
<b>Central Nervous System: Other</b>		
Alprazolam IR/ER	FG	QL
Aripiprazole ODT	FG	QL
Aripiprazole Solution, Tablet	FG	QL
<b>Aristada</b>	M	
Benzotropine	FG	
Bromocriptine	FG	
Buspirone	FG	
Carbidopa/Levodopa IR/ER	FG	
Chlordiazepoxide	FG	QL
Chlordiazepoxide/Amitriptyline	FG	
Chlorpromazine	FG	
Clorazepate	FG	QL
Clozapine	FG	QL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Compro Suppository	FG		Thiothixene	FG	
Diazepam	FG		Trifluoperazine	FG	
Donepezil, Donepezil ODT	FG		Trihexyphenidyl	FG	
Entaone	FG		<b>Vraylar</b>	NF	QL, ST
Ergoloid Mesylate	FG		<b>Xyrem</b>	NF	PA, QL
Fluphenazine	FG		<b>Zelapar</b>	NF	QL
Galantamine IR/ER	FG		Ziprasidone	FG	QL
Galantamine Solution	FG	QL	<b>Zubsolv</b>	FB	QL
Haloperidol	FG		<b>Central Nervous System: Sedatives/Hypnotics</b>		
Hydroxyzine	FG		Eszopiclone	FG	QL
<b>Invega Sustenna, Invega Trinza</b>	M		Flurazepam	FG	PA, QL
<b>Latuda</b>	NF	QL, ST	<b>Silenor</b>	NF	QL
Lithium IR/ER	FG		Temazepam	FG	QL
Lorazepam	FG	QL	Triazolam	FG	QL
Loxapine	FG		Zaleplon	FG	QL
Memantine Solution, Tablet	FG		Zolpidem	FG	QL
Meprobamate	FG		<b>Central Nervous System: Seizure Disorders</b>		
<b>Namzaric</b>	FB	QL	Carbamazepine ER Capsules	FG	
Olanzapine, Olanzapine ODT	FG	QL	Carbamazepine IR	FG	
Oxazepam	FG	QL	Clonazepam, Clonazepam ODT	FG	QL
Perphenazine/Amitriptyline	FG		Diazepam Gel	FG	QL
Pramipexole	FG		Divalproex DR	FG	
Prochlorperazine	FG		Epitol	FG	
Quetiapine	FG	QL	Ethosuximide	FG	
<b>Rexulti</b>	NF	PA, QL	Gabapentin	FG	
Risperidone, Risperidone ODT	FG	QL	Lamotrigine Chewable, Tablet	FG	
Rivastigmine	FG		Lamotrigine ER	FG	
Ropinirole	FG		Lamotrigine ODT	NF	
<b>Saphris</b>	FB	PA, QL	Levetiracetam ER	NF	
<b>Suboxone Film</b>	FB	QL	Levetiracetam IR	FG	
Thioridazine	FG		<b>Lyrica Capsule</b>	FB	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
<b>Lyrica Solution</b>	NF	QL	<b>Cloderm Pump</b>	NF	
Oxcarbazepine	FG		Cormax	FG	
Phenobarbital	FG		Dermazene	FG	
Phenytoin	FG		Desonide	FG	
Topiragen	FG		Desoximetasone	FG	
Topiramate	FG		<b>DrithoScalp</b>	FB	
Valproic Acid	FG		<b>Dupixent</b>	M	QL
<b>Vimpat Injection</b>	M		Econazole	NF	
<b>Vimpat Tablet, Solution</b>	NF	PA	<b>Elidel</b>	FB	QL, ST
Zonisamide	FG		<b>Enstilar</b>	NF	QL
<b>Dermatology</b>			Ery Pad	FG	
<b>Absorica</b>	NF	PA	Erythromycin	FG	
<b>Acanya</b>	NF	E, QL	Erythromycin/Benzoyl Peroxide	FG	
Acitretin	FG		Ethyl Chloride	FG	
Acyclovir	FG		<b>Eurax</b>	FB	
<b>Aczone Gel</b>	NF		Exoderm	FG	
Ala Quin	FG		<b>Finacea</b>	NF	ST
Alclometasone	FG		Fluocinolone	FG	
Alphatrex	FG		Fluocinonide, Fluocinonide E	FG	
Amnesteem	FG	PA, QL	<b>Fluoroplex</b>	NF	
<b>Benzaclin</b>	NF	E, QL	Fluorouracil Solution, 5% Cream	FG	
Betamethasone	FG		Fluticasone	FG	
Calcipotriene-Betamethasone	FB	QL	Gentamicin	FG	
Calcipotriene Ointment	FG	QL	Hydrocortisone	FG	
Calcitriol Ointment	FG		Hypercare	FG	
Cerovel	FG		Imiquimod	FG	QL
Ciclodan	FG		Laclotion	FG	
Ciclopirox Cream, Gel, Lotion, Solution	FG		Lidocaine	FG	
Claravis	FG	E, PA	Lidocaine/Prilocaine	FG	
Clindamycin Gel, Lotion, Swabs	FG		Lindane	FG	
Clindamycin Solution	FG	QL	Lokara	FG	
Clobetasol, Clobetasol E	FG		<b>Metrogel 1%</b>	NF	E
<b>Clobex Lotion, Shampoo</b>	NF	E	Metronidazole 0.75% Cream, Lotion	FG	
<b>Clobex Spray</b>	NF	E, QL	<b>Mirvaso</b>	FB	QL
<b>Cloderm</b>	NF		Mometasone Furoate	FG	



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Mupirocin Calcium Cream	FG	QL	Triderm	FG	
Mupirocin Ointment	FG		Urea 40% Lotion	FG	
Myorisan	FG	PA	<b>Vectical</b>	NF	E
Nystatin	FG		Vitazol	FG	
Nystop	FG		Zenatane	FG	E, PA
<b>Onexton</b>	NF	E, QL	<b>Zyclara Cream, Pump</b>	NF	QL
<b>Otezla</b>	FB	PA, QL	<b>Diabetes: Blood Glucose Monitoring</b>		
Permethrin	FG		<b>Accu-Chek Test Strips</b>	NF	PA, QL
<b>Picato</b>	NF		<b>Bayer Contour Next Test Strips</b>	FB	QL
Podofilox	FG		<b>Bayer Contour Test Strips</b>	NF	PA, QL
Pramcort	FG		<b>FreeStyle Test Strips</b>	NF	PA, QL
<b>Pramosone Cream, Ointment</b>	NF		<b>Novofine Autocover Pen Needles</b>	FB	
<b>Pramosone E Cream</b>	NF		<b>Novofine Pen Needles</b>	FB	
<b>Pramosone Lotion</b>	NF		<b>Novofine Plus Pen Needles</b>	FB	
<b>Protopic</b>	NF	AE, QL, ST	<b>Novotwist Pen Needles</b>	FB	
<b>Rhofade</b>	NF	PA, QL	<b>OneTouch Lancets</b>	FG	QL
Rosadan Cream	FG		<b>OneTouch Test Strips</b>	FB	QL
Selenium Sulfide	FG		<b>OneTouch Ultra Blue Test Strips</b>	FB	QL
Silver Nitrate	FG		<b>Diabetes: Insulin</b>		
Silver Sulfadiazine	FG		<b>Apidra Solostar, Vials</b>	NF	E, QL, ST
<b>Soolantra</b>	FB		<b>Basaglar</b>	FG	
Sulfacetamide Sodium	FG		<b>Humalog KwikPen</b>	FB	
Sulfacetamide Sodium-Sulfur	FG		<b>Humalog Mix 50-50 KwikPen</b>	FB	
<b>Taclonex Ointment</b>	NF	E, QL	<b>Humalog Mix 50-50 Vial</b>	FB	
<b>Taclonex Scalp</b>	NF	QL	<b>Humalog Mix 75-25 KwikPen</b>	FB	
<b>Taclonex Suspension</b>	NF	QL	<b>Humalog Mix 75-25 Vial</b>	FB	
Tacrolimus Ointment	FG	AE, QL	<b>Humalog U-200 KwikPen</b>	FB	
<b>Tazorac</b>	NF	AE, QL	<b>Humalog Vial</b>	FB	
Tretinoin Cream	NF	AE	<b>Humulin 70-30 KwikPen</b>	FB	
Triamcinolone Acetonide	FG	QL	<b>Humulin 70-30 Vial</b>	FB	
<b>Trianex</b>	FB				

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Drug Name	Drug Tier	Requirements & Limits
Humulin KwikPen	FB	
Humulin N KwikPen	FB	
Humulin N Vial	FB	
Humulin R U-500 KwikPen	FB	
Humulin R U-500 Vial	FB	
Humulin R Vial	FB	
Levemir FlexTouch, Vials	NF	QL
Novolin Vials (all formulations)	FB	E
Novolog FlexPen, Vials (all formulations)	FB	E
Soliqua	FB	PA, QL
Tresiba	FB	QL
<b>Diabetes: Non-Insulin</b>		
Acarbose	FG	
Adlyxin	NF	QL, ST
Bydureon, Bydureon Bcise	FB	QL, ST
Byetta	FB	QL, ST
Chlorpropamide	FG	
Farxiga	NF	E, QL, ST
Glimepiride	FG	
Glipizide IR/XL	FG	
Glipizide/Metformin	FG	
Glucagen	FB	
Glucagon	FB	QL
Glumetza	NF	PA
Glyburide	FG	
Glyburide/Metformin	FG	
Glyxambi	FB	QL, ST
Invokamet, Invokamet XR	FB	QL, ST
Invokana	FB	QL, ST
Janumet	FB	QL
Janumet XR	FB	QL
Januvia	FB	QL
Jardiance	FB	QL, ST
Jentadueto	FB	QL
Jentadueto XR	FB	QL
Juvisync	FB	QL, ST

Drug Name	Drug Tier	Requirements & Limits
Metformin	FG	
Metformin Extended-Release	FG	
Nateglinide	FG	QL
<b>Ozempic</b>	FB	QL, ST
Pioglitazone	FG	QL, ST
Pioglitazone/Glimepiride	FG	QL, ST
Pioglitazone/Metformin	FG	QL, ST
Repaglinide	FG	QL, ST
<b>Symlin</b>	NF	PA
<b>Synjardy</b>	FB	QL, ST
<b>Synjardy XR</b>	FB	QL, ST
Tolazamide	FG	ST
Tolbutamide	FG	ST
<b>Tradjenta</b>	FB	QL
<b>Trulicity</b>	FB	QL, ST
<b>Victoza</b>	FB	QL, ST
<b>Endocrine: Growth Hormone</b>		
<b>Lupron Depot</b>	M	
<b>Nutropin AQ, Nutropin AQ NuSpin</b>	M	
<b>Endocrine: Other</b>		
<b>Asmalpred, Asmalpred Plus</b>	FB	
Calcitriol	FG	
Cortisone	FG	
Desmopressin	FG	
Dexamethasone	FG	
Fludrocortisone	FG	
Hydrocortisone Tablet	FG	
<b>Medrol 2 mg</b>	FB	
Methylergonovine	FG	
Methylprednisolone	FG	
Millipred Tablet	FG	
Paricalcitol	FG	
Prednisolone Solution, Tablet	FG	
Prednisone	FG	
<b>Zemplar</b>	FB	

Drug Name	Drug Tier	Requirements & Limits
<b>Endocrine: Thyroid Hormone Replacement</b>		
Levothyroxine Sodium	FG	
Levoxyl	FG	
Liothyronine Sodium	FG	
Methimazole	FG	
Propylthiouracil	FG	
<b>Tirosint</b>	NF	
Unithroid	FG	
<b>Eye Conditions: Allergies</b>		
Azelastine 0.05% Solution	FG	
Cromolyn	FG	
Epinastine	FG	E
<b>Lastacaft</b>	NF	QL
Naphazoline 0.1%	FG	
Olopatadine 0.1%	FG	QL
<b>Pataday</b>	NF	E
Phenylephrine	FG	
<b>Eye Conditions: Antibiotics</b>		
<b>Azasite</b>	NF	
Bacitracin	FG	
Bacitracin/Polymyxin	FG	
<b>Besivance</b>	NF	
<b>Ciprodex</b>	NF	
Ciprofloxacin	FG	
Erythromycin	FG	
Gentamicin	FG	
Ilotycin	FG	
<b>Moxeza</b>	FB	
Moxifloxacin	FG	
<b>Natacyn</b>	FB	
Neomycin/Bacitracin/Polymyxin	FG	

Drug Name	Drug Tier	Requirements & Limits
Neomycin/Polymixin/Gramicidin	FG	
Ofloxacin	FG	
Polymyxin B/Trimethoprim	FG	
Sulfacetamide Sodium	FG	
<b>Tobradex Ointment</b>	NF	
Tobramycin/Dexamethasone	FG	
Tobramycin Ophth Solution	FG	E
<b>Tobrex</b>	NF	E
Trifluridine	FG	
<b>Eye Conditions: Glaucoma</b>		
<b>Alphagan P</b>	FB	QL
<b>Azopt</b>	FB	QL
Betaxolol	FG	
<b>Betimol</b>	NF	QL
<b>Betoptic-S</b>	NF	
Carteolol	FG	
<b>Combigan</b>	FB	QL
<b>Cosopt, Cosopt PF</b>	NF	
Dorzolamide	FG	QL
Dorzolamide/Timolol	FG	
Latanoprost	FG	QL
Levobunolol	FG	
<b>Lumigan</b>	FB	QL
Metipranolol	FG	
<b>Simbrinza</b>	FB	QL
Timolol Maleate	FG	
<b>Timoptic Ocudose</b>	FB	
<b>Travatan Z</b>	FB	QL
<b>Zioptan</b>	NF	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Eye Conditions: Other</b>		
Atropine	FG	
<b>Blephamide SOP</b>	NF	
Brimonidine	FG	
Cyclopentolate	FG	
Dexamethasone	FG	
Diclofenac	FG	QL
Fluorometholone	FG	
Flurbiprofen	FG	
<b>FML Forte</b>	FB	
Homatropine	FG	
<b>Iso Carbachol</b>	FB	
<b>Iso Homatropine</b>	FB	
Ketorolac	FG	
Neomycin/Bacitracin/Polymyxin/ Hydrocortisone	FG	
Neomycin/Polymixin/ Dexamethasone	FG	
<b>Phospholine</b>	FB	
<b>Pred Mild</b>	FB	
Prednisolone Solution, Tablet	FG	
Proparacaine	FG	
<b>Restasis</b>	FB	PA
Sulfacetamide Sodium/ Prednisolone	FG	
Tetracaine	FG	
Tropicamide	FG	
<b>Xiidra</b>	FB	PA
<b>Gastrointestinal: Acid Suppression</b>		
Cimetidine	FG	
<b>Dexilant</b>	FB	QL
Misoprostol	FG	
Nizatidine	FG	
<b>Omeclamox-Pak</b>	FB	QL
Omeprazole	FG	QL
Pantoprazole	FG	QL
<b>Pylera</b>	FB	QL
Sucralfate Tablet	FG	

Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal: Nausea/Vomiting</b>		
<b>Akynzeo</b>	NF	
<b>Antivert 50 mg</b>	FB	
Dronabinol	FG	
Ondansetron	FG	QL
Ondansetron ODT	FG	
Promethazine	FG	
Trimethobenzamide	FG	
<b>Varubi</b>	NF	QL
<b>Gastrointestinal: Other</b>		
<b>Amitiza</b>	NF	PA, QL
<b>Analpram Advanced</b>	NF	
<b>Analpram-HC Cream</b>	NF	
<b>Analpram-HC Lotion</b>	NF	
<b>Analpram-HC Shingles</b>	NF	
<b>Apriso</b>	FB	
<b>Auryxia</b>	NF	
B-donna	FG	
Belladonna Alkaloids/ Phenobarbital	FG	
Budesonide	FG	
Calcium Acetate	FG	
<b>Canasa</b>	FB	
<b>Cortifoam</b>	NF	
<b>Creon</b>	FB	
<b>Delzicol</b>	NF	E, ST
Dicyclomine	FG	
<b>Dificid</b>	NF	
<b>Digex NF</b>	FB	
<b>Dipentum</b>	NF	
Diphenoxylate/Atropine	FG	
Gavilyte	FG	H, QL
<b>Halflytely</b>	NF	
Hyoscyamine	FG	
Lactulose	FG	
<b>Lialda</b>	FB	
<b>Linzess</b>	FB	PA, QL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Mesalamine Enema	FG		<b>Edurant</b>	FB	
Metoclopramide Solution, Tablet	FG		Efavirenz	FG	
<b>Movantik</b>	NF	E, PA, QL	<b>Emtriva</b>	FB	
<b>Moviprep</b>	NF	QL	<b>Epivir Solution</b>	FB	
Pancrelipase	FG		<b>Evotaz</b>	FB	
Paregoric Tincture	FG		Fosamprenavir	FG	
<b>Pentasa</b>	NF	E	<b>Fuzeon</b>	FB	QL
Polyethylene Glycol 3350	FG	H, QL	<b>Genvoya</b>	NF	
<b>Prepopik</b>	NF		<b>Intelence</b>	FB	
Propantheline	FG		<b>Invirase</b>	FB	
Sevelamer	FG		<b>Isentress</b>	FB	
Sulfasalazine	FG		<b>Juluca</b>	FB	
<b>Suprep</b>	NF		<b>Kaletra Tablet</b>	FB	
<b>Symproic</b>	FB	PA, QL	Lamivudine	FG	
Trilyte	FG	QL	Lamivudine/Zidovudine	FG	
<b>Uceris Foam</b>	FB		Lopinavir-Ritonavir Solution	FG	
<b>Uceris Tablet</b>	NF		Nevirapine	FG	
Ursodiol	FG		<b>Norvir Capsule, Powder Packet, Solution</b>	FB	
<b>Viberzi</b>	NF	PA, QL	<b>Odefsey</b>	NF	
<b>Zenpep</b>	FB		<b>Prezcobix</b>	FB	
<b>HIV/AIDS</b>					
Abacavir	FG		<b>Prezista</b>	FB	
Abacavir/Lamivudine	FG		<b>Rescriptor</b>	FB	
<b>Aptivus</b>	FB		<b>Retrovir</b>	FB	
Atazanavir Capsule	FG		<b>Reyataz Powder Packet</b>	FB	
<b>Atripla</b>	NF		Ritonavir Tablet	FG	
<b>Cimduo</b>	FB		<b>Selzentry</b>	FB	PA
<b>Complera</b>	FB		Stavudine Capsule	FG	
<b>Crixivan</b>	FB		<b>Stribild</b>	NF	
<b>Descovy</b>	NF		<b>Symfi</b>	FB	
Didanosine	FG		<b>Symfi Lo</b>	FB	

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Drug Name	Drug Tier	Requirements & Limits
Tenofovir Tablet	FG	
<b>Tivicay</b>	NF	
<b>Triumeq</b>	FB	
<b>Trizivir</b>	NF	
<b>Truvada</b>	NF	
<b>Videx Solution</b>	FB	
<b>Viracept</b>	FB	
<b>Viread Oral Powder</b>	FB	
<b>Vitekta</b>	FB	
<b>Zerit Solution</b>	FB	
Zidovudine	FG	
<b>Infertility<sup>1</sup></b>		
<b>Cetrotide</b>	M	
Clomiphene	FG	
<b>Endometrin</b>	FB	PA
<b>Gonal-F</b>	M	
<b>Gonal-F Rff</b>	M	
<b>Ovidrel</b>	M	
<sup>1</sup> Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.		
<b>Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis</b>		
<b>Cimzia</b>	M	QL
<b>Cosentyx</b>	M	
<b>Cuprimine</b>	NF	PA
<b>Depen</b>	FB	
<b>Humira</b>	M	
Hydroxychloroquine Sulfate	FG	
<b>Kevzara</b>	M	
Leflunomide	FG	QL
Methotrexate	FG	
<b>Orencia</b>	M	
<b>Otrexup</b>	M	
<b>Rasuvo</b>	M	
<b>Remicade</b>	M	
<b>Rheumatrex</b>	NF	

Drug Name	Drug Tier	Requirements & Limits
<b>Simponi</b>	M	QL
<b>Stelara</b>	M	QL
<b>Trexall</b>	NF	
<b>Xeljanz, Xeljanz XR</b>	NF	PA, QL
<b>Medications for Sexual Dysfunction<sup>1</sup></b>		
<b>Cialis</b>	NF	PA, QL
<b>Levitra</b>	NF	PA, QL
Sildenafil Tablet (generic <b>Viagra</b> )	NF	PA, QL
<sup>1</sup> Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.		
<b>Men's Health: Prostate</b>		
Alfuzosin	FG	
<b>Cialis 2.5, 5 mg</b>	NF	PA, QL
Doxazosin	FG	
Dutasteride	FG	
Dutasteride/Tamsulosin	FG	
Finasteride	FG	
<b>Rapaflo</b>	FB	
Tamsulosin	FG	
Terazosin	FG	
<b>Men's Health: Testosterone Therapy</b>		
<b>Androderm</b>	FB	PA, QL
<b>Androgel 1%</b>	NF	PA, QL
<b>Androgel 1.62%</b>	FB	PA, QL
Androxy	FG	
<b>Fortesta</b>	NF	PA, QL
<b>Testim</b>	NF	PA, QL
Testosterone 1% Gel Pump	FG	PA, QL
<b>Testred</b>	NF	
<b>Miscellaneous</b>		
Acetic Acid Otic	FG	
Acetylcysteine	FG	
<b>Aerochamber</b>	FB	QL
<b>Albenza</b>	NF	PA, QL
<b>Alinia</b>	FB	QL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Anastrozole	FG		Hydrocortisone/Acetic Acid Otic	FG	
Antipyrine/Benzocaine	FG		Hydrocortisone Pramoxine	FG	
Anucort-HC	FG		Hydrocortisone Suppository	FG	
<b>Aranesp</b>	M		<b>Hypersal Nebs</b>	FB	
<b>Austedo</b>	FB	PA, QL	<b>Impavido</b>	FB	PA
Benznidazole	FB	PA, QL	<b>Inspirease</b>	FB	
Benzocaine Otic	FG		<b>Kuvan</b>	FB	PA, QL
Benzonatate	FG		Letrozole	FG	
<b>Bunavail</b>	NF	PA, QL	Lidocaine Viscous	FG	
<b>Cerdelga</b>	NF	PA	Mebendazole	FG	
<b>Cetylev</b>	NF		Mefloquine	FG	
Chloroquine	FG		Megestrol AC	FG	
Citric Acid/Sodium Citrate	FG		<b>Mestinon Syrup</b>	FB	
<b>Cystagon</b>	FB		Methylergonovine	FG	
Danazol	FG		<b>Multigen Folic</b>	FB	
<b>Daraprim</b>	NF	PA	<b>Multigen Plus</b>	FB	
Difil-G Forte Liquid	FG		Naltrexone	FG	
Disulfiram	FG		<b>Narcan Nasal Spray</b>	FB	
<b>Easivent</b>	FB	QL	<b>Nessi Spacer</b>	FB	QL
<b>Elmiron</b>	FB		<b>Nuwiq</b>	M	
<b>Emverm</b>	NF	PA, QL	<b>Nityr</b>	FB	PA
Epinephrine Auto-injector (generic <b>Epipen, Epipen Jr</b> )	FB	QL	<b>Optihaler</b>	FB	QL
Ergocalciferol 50,000 Unit Capsule	FG		<b>Orkambi</b>	FB	PA, QL
<b>Euflexxa</b>	M		Phenazopyridine	FG	
Exemestane	FG		Phytonadione	3	QL
<b>EZ Spacer</b>	FB	QL	Pilocarpine	FG	
<b>Fosrenol</b>	NF	E	Praziquantel	FG	
<b>Granix</b>	M		Primaquine	FG	
Guaifenesin/Codeine	FG		<b>Procrit</b>	M	
<b>Guanidine</b>	FB		Proctocream HC	FG	
Hydrocodone/Homatropine	FG	AE, QL	<b>Proctofoam HC</b>	FB	
			Proctosol HC	FG	

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Proctozone HC	FG	
<b>Proglycem</b>	FB	
Promethazine/Codeine	FG	AE, QL
Promethazine/Dextromethorphan	FG	
Promethazine Suppository	FG	
Promethazine VC/Codeine	FG	AE, QL
Pyridostigmine	FG	
<b>Rezira</b>	NF	
Sevelamer	FG	
Sodium Polystyrene Sulfonate Powder	FG	
<b>SSKI</b>	FB	
<b>Strensiq</b>	M	
<b>Symdeko</b>	FB	PA, QL
<b>Synarel</b>	FB	
<b>Synvisc</b>	M	
<b>Synvisc One</b>	M	
Triamcinolone/Orabase	FG	
<b>Tuzistra XR</b>	NF	AE, E, QL
<b>Velphoro</b>	NF	
<b>Veltassa</b>	NF	
<b>Vistogard</b>	FB	
Vitamin D 50,000 Unit	FG	
<b>Vortex</b>	FB	QL
<b>WatchHaler</b>	FB	QL
<b>Xuriden</b>	FB	PA, QL
<b>Yodoxin</b>	FB	
<b>Zarxio</b>	M	
<b>Zemplar</b>	FB	
<b>Zutripro</b>	NF	AE, E, QL
<b>Musculoskeletal: Osteoporosis</b>		
<b>Actonel</b>	NF	E
Alendronate Oral Solution	FG	QL
Alendronate Tablet	FG	QL
<b>Binosto</b>	NF	QL
Calcitonin Spray	FG	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Forteo</b>	M	
<b>Fortical</b>	NF	QL
Ibandronate	FG	QL
<b>Musculoskeletal: Other</b>		
Allopurinol	FG	
Baclofen	FG	
Carisoprodol	FG	
<b>Colcrys</b>	FB	
Cyclobenzaprine	FG	
Dantrolene	FG	
<b>Duzallo</b>	NF	QL, ST
<b>Lorzone</b>	NF	
Methocarbamol	FG	
Orphenadrine/Aspirin/Caffeine	FG	
Orphenadrine ER	FG	
Probenecid	FG	
Tizanidine Tablet	FG	
<b>Uloric</b>	FB	QL, ST
<b>Zurampic</b>	NF	PA
<b>Musculoskeletal: Pain Relief</b>		
Acetaminophen/Codeine	FG	QL
Acetaminophen/Oxycodone	FG	QL
Ascomp/Codeine	FG	
<b>Belbuca</b>	NF	PA, QL
Butalbital/Acetaminophen	FG	
Butalbital/Acetaminophen/Caffeine	FG	QL
Butalbital/Acetaminophen/Caffeine/Codeine	FG	QL
Butalbital/Aspirin/Caffeine Capsule	FG	
Butalbital/Aspirin/Caffeine/Codeine	FG	
Celecoxib	NF	QL
Choline Magnesium Trisalicylate	FG	
Codeine	FG	
Diclofenac Sodium	FG	
Diflunisal	FG	



Drug Name	Drug Tier	Requirements & Limits
Duraxin	FG	
Etodolac IR/ER	FG	
Fenoprofen	NF	E, ST
Fentanyl Patch 12, 25, 50, 75, 100 mcg	FG	PA, QL
<b>Flector Patch</b>	NF	E, QL
Flurbiprofen	FG	
Fortigan	FG	
<b>Gralise</b>	NF	QL, ST
Hydrocodone/Acetaminophen	FG	QL
Hydrocodone/Ibuprofen	FG	
Hydromorphone IR	FG	QL
Ibuprofen	FG	
<b>Indocin Suppository</b>	FB	QL
Indomethacin IR/ER	FG	
Ketoprofen ER	NF	
Ketoprofen IR	FG	
Ketorolac	FG	QL
Levorphanol	NF	
Meclofenamate	FG	
Meloxicam	FG	
Meperidine	FG	
Methadone Tablet, Oral Solution	FG	PA, QL
Morphine Sulfate Controlled-Release Tablet	FG	PA, QL
Morphine Sulfate Immediate-Release Tablet, Solution	FG	
Nabumetone	FG	
Naproxen	FG	
<b>Nucynta</b>	NF	QL
<b>Nucynta ER</b>	NF	PA, QL
Oxaprozin	FG	
Oxycodone IR	FG	

Drug Name	Drug Tier	Requirements & Limits
Oxycodone/Acetaminophen	FG	QL
Oxymorphone	FG	QL
Pentazocine/Naloxone	FG	
Piroxicam	FG	
Salsalate	FG	
Sulindac	FG	
<b>Tivorbex</b>	NF	E
Tolmetin	FG	
Tramadol	FG	
<b>Trezix</b>	NF	E, QL
<b>Vivlodex</b>	NF	E, QL
<b>Voltaren Gel</b>	FB	QL
<b>Xtampza ER</b>	FB	PA, QL
<b>Zohydro ER</b>	NF	PA, QL
<b>Zorvolex</b>	NF	E
<b>Overactive Bladder</b>		
Bethanechol	FG	
<b>Myrbetriq</b>	NF	ST
Oxybutynin	FG	
Oxybutynin Extended-Release	FG	
<b>Toviaz</b>	NF	
<b>Vesicare</b>	NF	E
<b>Respiratory: Asthma/COPD</b>		
<b>Advair Diskus</b>	FB	QL
<b>Advair HFA</b>	FB	QL
<b>Aerospan</b>	NF	QL
Albuterol Sulfate	FG	
Aminophylline	FG	
<b>Arcapta</b>	NF	QL, ST
<b>Arnuity Ellipta</b>	FB	QL
<b>Asmanex</b>	NF	QL, ST
<b>Atrovent HFA</b>	NF	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Bevespi Aerosphere</b>	FB	QL
<b>Breo Ellipta</b>	FB	QL
Budesonide Nebs	FG	QL
<b>Combivent Respimat</b>	FB	QL
Cromolyn Nebs	FG	
<b>Flovent Diskus</b>	FB	QL
<b>Flovent HFA</b>	FB	QL
Fluticasone/Salmeterol Powder Inhaler	FG	QL
<b>Foradil</b>	FB	QL
<b>Incruse Ellipta</b>	FB	QL
Ipratropium	FG	
Ipratropium/Albuterol Nebs	FG	
Montelukast	FG	QL
<b>Perforomist</b>	NF	QL
<b>Proair HFA</b>	FB	QL
<b>Proair RespiClick</b>	FB	QL
<b>Pulmicort Flexhaler</b>	FB	QL
<b>Pulmicort Respules</b>	NF	QL
<b>QVAR</b>	FB	QL
<b>QVAR RediHaler</b>	FB	QL
<b>Serevent</b>	FB	QL
<b>Spiriva HandiHaler, Respimat</b>	FB	QL
<b>Striverdi Respimat</b>	NF	QL, ST
<b>Symbicort</b>	FB	QL
Terbutaline	FG	
Theophylline SR	FG	
<b>Trelegy Ellipta</b>	FB	QL
<b>Tudorza</b>	NF	QL, ST
<b>Ventolin HFA</b>	FB	QL
<b>Xopenex HFA</b>	NF	QL, ST
<b>Respiratory: Nasal Allergies</b>		
Azelastine 0.1% Solution	FG	QL
<b>Dymista Spray</b>	FB	E, QL
Flunisolide	FG	QL
Fluticasone Propionate	FG	QL

Drug Name	Drug Tier	Requirements & Limits
Ipratropium	FG	
<b>Omnaris</b>	NF	E, QL
<b>QNasi</b>	NF	QL
<b>Veramyst</b>	NF	E, QL
<b>Zetonna</b>	NF	E, QL
<b>Respiratory: Oral Allergies</b>		
Carbinoxamine Solution, 4 mg Tablet	FG	
Clemastine	FG	
Cyproheptadine	FG	
Dexchlorpheniramine	FG	
Hydroxyzine	FG	
Promethazine	FG	
<b>Respiratory: Pulmonary Arterial Hypertension</b>		
<b>Adcirca</b>	NF	PA, QL
<b>Adempas</b>	FB	PA, QL
<b>Letairis</b>	FB	PA, QL
<b>Opsumit</b>	FB	PA, QL
<b>Orenitram</b>	NF	PA, QL
Sildenafil Tablet 20 mg (generic <b>Revatio</b> )	FG	PA, QL
<b>Tracleer</b>	FB	PA, QL
<b>Smoking Cessation</b>		
Bupropion Sustained-Release Tablet	FG	H
<b>Chantix Tablet</b>	NF	H-PA
<b>Nicoderm CQ</b>	NF	H
<b>Nicorette Gum</b>	NF	H
<b>Nicorette Lozenge</b>	NF	H
<b>Nicorette Mini-Lozenge</b>	NF	H
Nicotine Gum	FG	H
Nicotine Lozenge	FG	H
Nicotine Patch	FG	H
<b>Nicotrol Inhaler</b>	NF	H-PA
<b>Nicotrol Nasal Spray</b>	NF	H-PA
Thrive Gum	FG	H

Drug Name	Drug Tier	Requirements & Limits
<b>Transplant</b>		
Azathioprine	FG	
Cyclosporine, Cyclosporine Modified	FG	
Gengraf	FG	
Tacrolimus	FG	
<b>Vitamins/Electrolytes</b>		
Fluoride Chewable Tablet, Drops	FG	H
Folic Acid 1 mg	FG	
Klor-Con 10	FG	
Klor-Con M10	FG	
Klor-Con M20	FG	
Potassium Chloride	FG	
Potassium Citrate	FG	
<b>Women's Health: Contraceptives</b>		
Aftera	FG	H
Altavera	FG	H
Alyacen	FG	H
Apri	FG	H
Aranelle	FG	H
Aubra	FG	H
Aviane	FG	H
Azurette	FG	H
<b>Balcoltra</b>	NF	H
Balziva	FG	H
Bekyree	FG	H
Blisovi FE	FG	H
Briellyn	FG	H
Camila	FG	H
Caziant	FG	H
Chateal	FG	H
Cryselle	FG	H
Cyclafem	FG	H

Drug Name	Drug Tier	Requirements & Limits
Cyred	FG	H
Dasetta	FG	H
Deblitane	FG	H
Delyla	FG	H
Desogestrel/Ethinyl Estradiol	FG	H
Drospirenone/Ethinyl Estradiol	FG	H
Drospirenone/Ethinyl Estradiol/Levomefolate	NF	H
EContra EZ	FG	H
EContra One-Step	FG	H
Elinest	FG	H
Ella	FG	H, QL
Emoquette	FG	H
Enpresse	FG	H
Enskyce	FG	H
Errin	FG	H
Estarylla	FG	H
Ethinodiol Diacetate/Ethinyl Estradiol	FG	H
Falmina	FG	H
Fallback Solo	FG	H
Femynor	FG	H
Gianvi	FG	H
Gildagia	FG	H
Heather	FG	H
Implanon	FG	H
Introvale	FG	H
Isibloom	FG	H
Jencycla	FG	H
Jolessa	FG	H
Jolivette	FG	H
Juleber	FG	H
Junel	FG	H

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Drug Name	Drug Tier	Requirements & Limits
Junel Fe	FG	H
Kariva	FG	H
Kelnor 1/35, 1/50	FG	H
Kimidess	FG	H
Kurvelo	FG	H
Larin, Larin FE	FG	H
Larissia	FG	H
Leena	FG	H
Lessina	FG	H
Levonest	FG	H
Levonorgestrel	FG	H, QL
Levonorgestrel/Ethinyl Estradiol	FG	H
Levonorgestrel/Ethinyl Estradiol (generic <b>Quartette</b> )	NF	H
Levora-28	FG	H
Lillow	FG	H
<b>Lo Loestrin</b>	NF	H
Loryna	FG	H
Low-Ogestrel	FG	H
Lutera	FG	H
Lyza	FG	H
Marlissa	FG	H
Medroxyprogesterone Acetate Injection	FG	H, PA
Melodetta 24 FE	NF	H
Mibelas 24 FE	NF	H
Microgestin	FG	H
Microgestin FE	FG	H
Mono-Linyah	FG	H
MonoNessa	FG	H
My Choice	FG	H
My Way	FG	H
Myzilra	FG	H
<b>Natazia</b>	FB	H
Necon 0.5/35, 1/50, 10/11	FG	H
Next Choice One Dose	FG	H
Nikki	FG	H
Nora-BE	FG	H

Drug Name	Drug Tier	Requirements & Limits
Norethindrone	FG	H
Norethindrone/Ethinyl Estradiol	FG	H
Norgestimate/Ethinyl Estradiol	FG	H
Norethindrone/Ethinyl Estradiol/ Ferrous Fumarate	FG	H
Norgestrel/Ethinyl Estradiol	FG	H
Norlyda	FG	H
Norlyroc	FG	H
Nortrel	FG	H
<b>Nuvaring</b>	FB	H
Ocella	FG	H
Ogestrel	FG	H
Opcicon One-Step	FG	H
Option 2	FG	H
Orsythia	FG	H
<b>Ortho Coil</b>	FG	H
<b>Ortho Flat</b>	FG	H
<b>Ortho Flex</b>	FG	H
Philith	FG	H
Pimtrea	FG	H
<b>Plan B One Step</b>	FG	H
Portia	FG	H
Previfem	FG	H
Primella	FG	H
Quasense	FG	H
React	FG	H
Reclipsen	FG	H
Setlakin	FG	H
Sharobel	FG	H
Sprintec	FG	H
Sronyx	FG	H
Syeda	FG	H
Take Action	FG	H
Tarina FE	FG	H
<b>Taytulla</b>	NF	H
Tri Femynor	FG	H
Tri-Estarylla	FG	H

Drug Name	Drug Tier	Requirements & Limits
Tri-Linyah	FG	H
Tri-Previfem	FG	H
Tri-Sprintec	FG	H
Tri-Vylibra	FG	H
Trinessa	FG	H
Trinessa Lo	NF	H
Trivora-28	FG	H
Tydemy	NF	H
Velivet	FG	H
Vestura	FG	H
Vienva	FG	H
Viorele	FG	H
Vyfemla	FG	H
Vylibra	FG	H
Wera	FG	H
<b>Wide-Seal</b>	FG	H
Xulane	FG	H
<b>Yasmin 28</b>	NF	E, H
<b>Yaz</b>	NF	E, H
Zarah	FG	H
Zenchent	FG	H
Zovia	FG	H
<b>Women's Health: Hormone Replacement</b>		
Amabelz	FG	
<b>Cenestin</b>	NF	QL
<b>Climara Pro</b>	FB	QL
Covaryx, Covaryx HS	FG	QL
<b>Divigel</b>	NF	
<b>Duavee</b>	FB	QL
<b>Elestrin</b>	NF	
<b>Enjuvia</b>	NF	
Estradiol Tablet	FG	

Drug Name	Drug Tier	Requirements & Limits
Estradiol Twice Weekly Patch	FG	QL
Estradiol Weekly Patch	FG	QL
Estrogen/Methyltestosterone, Estrogen/Methyltestosterone HS	FG	QL
Estropipate	FG	
<b>Evamist</b>	NF	
Fyavolv	FG	
<b>Intrarosa</b>	NF	
Jinteli	FG	
Lopreeza	FG	
<b>Makena</b>	M	
Medroxyprogesterone	FG	
<b>Menest</b>	FB	
Mimvey	FG	
<b>Minivelle</b>	NF	QL
Norethindrone	FG	
Norethindrone/Ethinyl Estradiol	FG	
<b>Osphena</b>	NF	QL
<b>Premarin</b>	FB	
<b>Premarin Vaginal Cream</b>	FB	
<b>Premphase</b>	FB	
<b>Prempro</b>	FB	
<b>Vivelle-Dot</b>	NF	E, QL
Yuvafem	FG	

<b>Women's Health: Miscellaneous</b>		
Raloxifene	FG	H-PA, QL
Tamoxifen	FG	H-PA

<b>Women's Health: Prenatal Vitamins</b>		
<b>Brand Prenatal Vitamins/Folic Acid 1 mg</b>	FB	
Generic Prenatal Vitamins/Folic Acid 1 mg	FG	

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**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.

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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

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

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

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

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

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

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**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.

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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**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានសេវាជំនួយភាសាដទៃយុត្តិធម៌សេរីសេរី។

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

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



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