Your 2019 Prescription Drug List

Advantage 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, Golden Rule, UnitedHealthOne, Oxford, All Savers, Neighborhood Health Plan and River Valley medical plans with a pharmacy benefit subject to the Advantage 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.
Table of Contents

Understanding your Prescription
Drug List ..................................... 3
Medication tips ............................. 5
Reading your PDL .......................... 6
Questions .................................... 8
Drugs by category .......................... 9

Anti-Infectives
Antibiotics ................................. 9
Antifungals ................................. 9
Antivirals ................................. 9

Cancer ...................................... 9

Cardiovascular/Heart Disease
Coagulation Therapy ....................... 10
High Blood Pressure ....................... 10
High Cholesterol .......................... 11
Other ........................................ 11

Central Nervous System
Attention Deficit Disorder ............... 11
Depression ................................ 12
Migraine ................................... 12
Multiple Sclerosis ........................ 12
Other ........................................ 12
Sedatives/Hypnotics ...................... 13
Seizure Disorders ......................... 13

Dermatology ............................... 13

Diabetes
Blood Glucose Monitoring ............... 14
Insulin .................................... 14
Non-Insulin ................................ 15

Endocrine
Growth Hormone .......................... 15
Other ....................................... 16
Thyroid Hormone Replacement .......... 16

Eye Conditions
Allergies ................................. 16
Antibiotics ............................... 16
Dry Eye Disease .......................... 16
Glaucoma ................................ 16

Gastrointestinal
Acid Suppression ........................... 16
Nausea/Vomiting .......................... 16
Other ....................................... 16

Gout .......................................... 17
Hepatitis C ................................ 17
HIV/AIDS .................................. 17

Infertility .................................. 18

Inflammatory Conditions: Rheumatoid
Arthritis, Crohn’s Disease, Psoriasis,
Ulcerative Colitis ......................... 18

Medications for Sexual Dysfunction .... 18

Men’s Health
Prostate .................................... 18
Testosterone Therapy ..................... 18

Miscellaneous ............................. 19

Musculoskeletal
Muscle Spasms ............................. 19
Osteoporosis ............................... 19
Pain Relief ................................ 19

Overactive Bladder ......................... 20

Respiratory
Allergies ................................. 20
Asthma/COPD .............................. 20
Pulmonary Arterial Hypertension ........ 21

Smoking Cessation ......................... 21

Transplant ................................ 21

Vitamins/Electrolytes ..................... 21

Women’s Health
Contraceptives ............................. 21
Hormone Replacement .................... 23
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.
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® 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.
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.

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Includes</th>
<th>Helpful Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$ Lower-cost</td>
<td>Use Tier 1 drugs for the lowest out-of-pocket costs.</td>
</tr>
<tr>
<td></td>
<td>Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.</td>
<td></td>
</tr>
<tr>
<td>Tiers 2 and 3</td>
<td>$$ Mid-range cost</td>
<td>Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.</td>
</tr>
<tr>
<td></td>
<td>Medications that provide good overall value. A mix of brand-name and generic drugs.</td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>$$$ Highest-cost</td>
<td>Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.</td>
</tr>
<tr>
<td></td>
<td>Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.</td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E</strong></td>
<td>May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). (Referred to as First Start in New Jersey) Lower-cost options are available and covered.</td>
</tr>
</tbody>
</table>
| **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 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, Golden Rule, Oxford and UnitedHealthOne.
Questions

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
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-Infectives: Antibiotics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amoxicillin Capsule, Chewable Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Azithromycin Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cefadroxil Capsule, Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cefdinir Capsule</td>
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<td></td>
</tr>
<tr>
<td>Cefixime Suspension</td>
<td>3</td>
<td></td>
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<tr>
<td>Cefprozil Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cefuroxime Tablet</td>
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<td></td>
</tr>
<tr>
<td>Cephalexin Capsule</td>
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<td></td>
</tr>
<tr>
<td><strong>Ciproflex</strong></td>
<td>3</td>
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<tr>
<td>Ciprofloxacin Tablet</td>
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<tr>
<td>Clarithromycin Tablet</td>
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<tr>
<td>Clindamycin Capsule</td>
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<tr>
<td><strong>Dificid</strong></td>
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<td>SL</td>
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<tr>
<td>Doxycycline Hyclate 50, 100 mg Capsule, Tablet</td>
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<tr>
<td>Doxycycline Monohydrate 50, 100 mg Capsule</td>
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<tr>
<td>Levofloxacin Tablet</td>
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<tr>
<td>Metronidazole Tablet</td>
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<tr>
<td>Minocycline Capsule</td>
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</tr>
<tr>
<td>Moxifloxacin Tablet</td>
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<td>Nitrofurantoin Capsule</td>
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</tr>
<tr>
<td>Nitrofurantoin Macrocystal Capsule</td>
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<td>Ofloxacin Otic Solution</td>
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<tr>
<td>Ofloxacin Tablets</td>
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<td></td>
</tr>
<tr>
<td>Penicillin V Potassium Tablet</td>
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<td></td>
</tr>
<tr>
<td>Sulfamethoxazole-Trimethoprim Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Suprax Capsule, Chewable Tablet, Tablet</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Anti-Infectives: Antifungals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cressemba</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Econazole Cream</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Fluconazole Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Itraconazole Capsule</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td>Ketoconazole Cream</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td><strong>Noxaflil Tablet, Suspension</strong></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nystatin Cream, Ointment</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Terbinafine Tablet</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td><strong>Anti-Infectives: Antivirals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acyclovir Ointment</td>
<td>4</td>
<td>PA, SL, ST</td>
</tr>
<tr>
<td>Acyclovir Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Famciclovir</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Oseltamivir Capsule, Suspension</td>
<td>2</td>
<td>SL</td>
</tr>
<tr>
<td>Valacyclovir Tablet</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td>Valganciclovir</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alunbrig</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Bexarotene Capsule</td>
<td>4</td>
<td>E, SP</td>
</tr>
<tr>
<td>Bicalutamide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bosulf</td>
<td>2</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Braftovi</td>
<td>4</td>
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</tr>
<tr>
<td>Calquence</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Cyclophosphamide Capsule</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Erleada</td>
<td>3</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Hydroxyurea Capsule</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ibrance</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Idhifa</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Imatinib Tablet</td>
<td>1</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td><strong>Imbruvica</strong></td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Leucovorin Calcium Tablet</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mektovi</td>
<td>4</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Mercaptopurine Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nerlynx</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Revlimid</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Rydapt</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Sutent</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Targretin Capsule</td>
<td>2</td>
<td>SP</td>
</tr>
<tr>
<td>Targretin Gel</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Tasigna</td>
<td>2</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Verzenio</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Xeloda</td>
<td>1</td>
<td>SL, SP</td>
</tr>
<tr>
<td>Zykadia</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Zytiga</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
</tbody>
</table>

### Cardiovascular/Heart Disease: Coagulation Therapy

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bevyxxa</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Brilinta</td>
<td>4</td>
<td>SL</td>
</tr>
<tr>
<td>Clopidogrel</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Eliquis</td>
<td>4</td>
<td>SL</td>
</tr>
<tr>
<td>Enoxaparin Sodium</td>
<td>2</td>
<td>SL</td>
</tr>
<tr>
<td>Pradaxa</td>
<td>2</td>
<td>SL</td>
</tr>
<tr>
<td>Prasugrel</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Savaysa</td>
<td>4</td>
<td>SL</td>
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<tr>
<td>Warfarin Sodium</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Xarelto</td>
<td>2</td>
<td>SL</td>
</tr>
</tbody>
</table>

### Cardiovascular/Heart Disease: High Blood Pressure

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amlodipine</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Amlodipine-Benazepril</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Amlodipine-Valsartan</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Atenolol</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Atenolol-Chlorthalidone</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Benazepril</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Benazepril-Hydrochlorothiazide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bidil</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bisoprolol</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisoprolol-Hydrochlorothiazide</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bystolic</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Byvalson</td>
<td>2</td>
<td>SL</td>
</tr>
<tr>
<td>Cartia XT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Carvedilol Immediate-Release Tablet</td>
<td>1</td>
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</tr>
<tr>
<td>Chlorthalidone</td>
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<td></td>
</tr>
<tr>
<td>Clonidine Tablet</td>
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<td></td>
</tr>
<tr>
<td>Diltiazem 24 Hour CD</td>
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</tr>
<tr>
<td>Diltiazem Sustained-Release Capsule</td>
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<tr>
<td>Diltiazem Sustained-Release Tablet</td>
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<td>Doxazosin</td>
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<td>Guanfacine</td>
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<td>Niacin Extended-Release Tablet</td>
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<td><strong>Central Nervous System: Attention Deficit Disorder</strong></td>
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<td>Adderall XR</td>
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<td>Amphetamine Salt Combo</td>
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<td>Dextroamphetamine-Amphetamine Immediate-Release Tablet</td>
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<td>Dextroamphetamine Sulfate Immediate-Release Tablet</td>
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<td>Guanfacine Extended-Release</td>
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<td>Methylphenidate Chewable Tablet</td>
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<tr>
<td>Methylphenidate Extended-Release Capsule (generic Metadate CD, Ritalin LA)</td>
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<tr>
<td>Methylphenidate Extended-Release Tablet (generic Concerta)</td>
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**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
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements &amp; Limits</th>
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<tbody>
<tr>
<td>Methylphenidate Extended-Release Tablet (Metadate ER, generic Ritalin SR)</td>
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**Central Nervous System: Depression**

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<td>Bupropion Extended-Release Tablet</td>
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<td>Bupropion Sustained-Release Tablet</td>
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<td>Bupropion Tablet</td>
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<tr>
<td>Citalopram Tablet</td>
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<td>Desvenlafaxine Extended-Release Tablet (generic Pristiq)</td>
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<td>Doxepin Capsule</td>
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<tr>
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<tr>
<td>Fluoxetine Capsule (generic Prozac)</td>
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<td>Fluvoxamine Tablet</td>
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<td>Mirtazapine Tablet</td>
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<td>Paroxetine Tablet</td>
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<td>Trintellix</td>
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**Central Nervous System: Migraine**

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<td>Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg</td>
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<td>Eiletriptan</td>
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<td>Frovatriptan</td>
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**Central Nervous System: Multiple Sclerosis**

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<td>Ampyra</td>
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<td>Avonax</td>
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<td>Betaseron</td>
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<td>Gilenya</td>
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<td>Glatiramer (generic Copaxone) [Mylan version only]</td>
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<td>Plegridy</td>
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<td>Rebif</td>
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<td>Tecfidera</td>
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**Central Nervous System: Other**

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<td>Aripiprazole Tablet</td>
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<td>Armodafinil</td>
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<td>Buprenorphine Sublingual Tablet</td>
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<td>Buspirone Tablet</td>
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<td>Carbipod-Levodopa</td>
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*Coverage is determined by the consumer’s prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.*

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<td>Calcipotriene/Betamethasone Ointment</td>
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<td>Clindamycin 1.2%/Benzoyl Peroxide 5% Gel</td>
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<td>Clindamycin Swabs</td>
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<tr>
<td>Clotrimazole-Betamethasone Cream</td>
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<tr>
<td><strong>PA</strong> = Prior authorization required</td>
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<tr>
<td><strong>RS</strong> = May be eligible for the refill and save program</td>
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<tr>
<td><strong>SL</strong> = Supply limit</td>
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<tr>
<td><strong>SP</strong> = Specialty medication</td>
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<td><strong>ST</strong> = Step therapy</td>
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<td>Drug Tier</td>
<td>Requirements &amp; Limits</td>
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<td>Contour Next Meter</td>
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<td>Contour Next One Meter</td>
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<td>OneTouch Verio IQ Meter</td>
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<td>OneTouch Verio Meter</td>
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<td>OneTouch Verio Sync Meter</td>
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⁶Diabetic 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.

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<td>Apidra SoloStar, Vials</td>
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<td>Basaglar</td>
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<tr>
<td>Fiasp FlexTouch, Vials</td>
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<td>Humalog KwikPens (all formulations)</td>
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<tr>
<td>Humalog Vials (all formulations)</td>
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</tr>
<tr>
<td>Humulin KwikPens (all formulations)</td>
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<td>Humulin Vials</td>
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<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements &amp; Limits</td>
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<td>Lantus SoloStar</td>
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<td>Lantus Vials</td>
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<td>Levemir FlexTouch, Vials</td>
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<td>Novolin Vials (all formulations)</td>
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<td>Novolog FlexPen, Vials (all formulations)</td>
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<td>Tresiba FlexTouch</td>
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6Diabetic 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-Insulin

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<th>Drug Name</th>
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<td>Adlyxin</td>
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<td>Byetta</td>
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<tr>
<td>Farxiga</td>
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<td>E, SL, ST</td>
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<td>Glimepiride</td>
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<td>Glipizide</td>
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<td>Glipizide Extended-Release</td>
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<td>Glyburide</td>
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<td>Glyxambi</td>
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<td>Invokamet, Invokamet XR</td>
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<td>Invokana</td>
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<td>Janumet</td>
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<td>Januvia</td>
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<td>Jardiance</td>
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## Endocrine: Growth Hormone

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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
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<tbody>
<tr>
<td>Nutropin, Nutropin AQ</td>
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7Coverage 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.
<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Requirements &amp; Limits</th>
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<tbody>
<tr>
<td><strong>Endocrine: Other</strong></td>
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<tr>
<td>Calcitriol Capsule</td>
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<tr>
<td>Desmopressin Tablet</td>
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<tr>
<td>Dexamethasone Tablet</td>
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<tr>
<td>Methylprednisolone Tablet</td>
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<td>Prenisolone Oral Solution</td>
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<td>Prednisone Tablet</td>
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<td><strong>Endocrine: Thyroid Hormone Replacement</strong></td>
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<td>Armour Thyroid</td>
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<td>Levothyroxine Sodium Tablet</td>
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**Hepatitis C**

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<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daklina</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Epclusa</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Harvoni</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Mavyret</td>
<td>2</td>
<td>PA, SL, SP</td>
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</tbody>
</table>

**HIV/AIDS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ribavirin Tablet</td>
<td>1</td>
<td>SP</td>
</tr>
<tr>
<td>Sovaldi</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Technivie</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Viekira Pak</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Viekira XR</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Vosevi</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Zepatier</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
</tbody>
</table>

**Bold type = Brand-name drug**

- **Plain type = Generic drug**

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

- **PA** = Prior authorization required
- **RS** = May be eligible for the refill and save program
- **SL** = Supply limit
- **SP** = Specialty medication
- **ST** = Step therapy
## Drug Name | Drug Tier | Requirements & Limits
--- | --- | ---
Stribild | 4 | SP
Symfi | 2 | SP
Symfi Lo | 2 | SP
Tenofovir Tablet | 2 | SP
Tivicay | 3 | SP
Triumeq | 2 | SP
Truvada | 4 | SP
Tybost | 2 | SP
Vitekta | 2 | SP

**Infertility**[^7,^8]

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
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</thead>
<tbody>
<tr>
<td>Cetrotide</td>
<td>2</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Clomiphene</td>
<td>1</td>
<td>PA</td>
</tr>
<tr>
<td>Endometrin</td>
<td>2</td>
<td>PA</td>
</tr>
<tr>
<td>Gonal-F</td>
<td>2</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Gonal-F RFF</td>
<td>2</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Ovidrel</td>
<td>3</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

[^7]: 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.

[^8]: This is not a covered benefit for Neighborhood Health Plan.

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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
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</thead>
<tbody>
<tr>
<td>Actemra</td>
<td>3</td>
<td>PA, SL, SP, ST</td>
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<td>Cimzia</td>
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<td>PA, SL, SP</td>
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<tr>
<td>Cosentyx</td>
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<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Enbrel</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Humira</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Hydroxychloroquine Sulfate Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Kevzara</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Leflunomide Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Methotrexate Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Orencia</td>
<td>4</td>
<td>PA, SL, SP, ST</td>
</tr>
<tr>
<td>Otezla</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Rasuvo</td>
<td>4</td>
<td>SL, ST</td>
</tr>
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</table>

## Medications for Sexual Dysfunction[^7]

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
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</thead>
<tbody>
<tr>
<td>Addyi</td>
<td>4</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Cialis</td>
<td>4</td>
<td>SL</td>
</tr>
<tr>
<td>Intrarosa</td>
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<td>SL</td>
</tr>
<tr>
<td>Levitra</td>
<td>4</td>
<td>SL</td>
</tr>
<tr>
<td>Osphena</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Sildenafil Tablet (generic Viagra)</td>
<td>4</td>
<td>SL</td>
</tr>
<tr>
<td>Stendra</td>
<td>4</td>
<td>PA, SL</td>
</tr>
</tbody>
</table>

[^7]: 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

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfuzosin Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Doxazosin Tablet</td>
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<td></td>
</tr>
<tr>
<td>Dutasteride Capsule</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Finasteride Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rapaflo</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Tamsulosin Capsule</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Terazosin Capsule, Tablet</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

## Men’s Health: Testosterone Therapy

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androderm</td>
<td>2</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Androgel</td>
<td>4</td>
<td>E, PA, SL</td>
</tr>
<tr>
<td>Methyltestosterone Capsule</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Testim</td>
<td>2</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Testosterone 1% Topical Gel</td>
<td>4</td>
<td>E, PA, SL</td>
</tr>
<tr>
<td>Testosterone Cypionate Injection</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug Name</td>
<td>Drug Tier</td>
<td>Requirements &amp; Limits</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anastrozole Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Aranesp</td>
<td>2</td>
<td>SL, SP</td>
</tr>
<tr>
<td>Auryxia</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Bethkis</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Cayston</td>
<td>2</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Cerdelga</td>
<td>2</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Chlorpheniramine/Hydrocodone/Pseudoephedrine Solution</td>
<td>2</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Epinephrine (generic EpiPen/EpiPen-Jr.)</td>
<td>2</td>
<td>SL</td>
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<tr>
<td>EpiPen/EpiPen Jr.</td>
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<td>E, SL</td>
</tr>
<tr>
<td>Hydrocodone/Chlorpheniramine Suspension</td>
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<td>PA, SL</td>
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<tr>
<td>Lanthanum Chewable Tablet</td>
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<tr>
<td>Letrozole Tablet</td>
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</tr>
<tr>
<td>Lidocaine Transdermal Patch (generic Lidoderm)</td>
<td>3</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Nityr</td>
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<td>PA, SP</td>
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<tr>
<td>Nuedexta</td>
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<td>PA</td>
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<tr>
<td>Obredon</td>
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<tr>
<td>Pegasys</td>
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<td>Phenazopyridine</td>
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<tr>
<td>Procrit</td>
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<td>SL, SP</td>
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<tr>
<td>Promethazine/Codeine</td>
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<td>PA, SL</td>
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<tr>
<td>Promethazine/Dextromethoran</td>
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<tr>
<td>Pulmozyme</td>
<td>2</td>
<td>PA, SL, SP</td>
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<tr>
<td>Rectiv</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Rezira</td>
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<tr>
<td>Sevelamer</td>
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<tr>
<td>Syprine</td>
<td>3</td>
<td>PA, SP</td>
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<tr>
<td>Tobi Podhaler</td>
<td>3</td>
<td>PA, SL, SP</td>
</tr>
<tr>
<td>Trientine (generic Syprine)</td>
<td>4</td>
<td>E, PA, SP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Velphto</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Veltassa</td>
<td>3</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Zarfexio</td>
<td>2</td>
<td>SP</td>
</tr>
</tbody>
</table>

**Musculoskeletal: Muscle Spasms**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baclofen Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Carisoprodol 350 mg Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cyclobenzaprine Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Metaxalone Tablet</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Methocarbamol Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tizanidine Tablet</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Musculoskeletal: Osteoporosis**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alendronate Sodium Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Forteo</td>
<td>3</td>
<td>PA, SP</td>
</tr>
<tr>
<td>Ibandronate Tablet</td>
<td>2</td>
<td>SL</td>
</tr>
<tr>
<td>Raloxifene Tablet</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Risedronate Sodium Tablet</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Tymlos</td>
<td>3</td>
<td>PA, SP</td>
</tr>
</tbody>
</table>

**Musculoskeletal: Pain Relief**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen/Codeine Tablet</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td>Belbuca</td>
<td>3</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>2</td>
<td>SL</td>
</tr>
<tr>
<td>Diclofenac Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Etodolac Capsule</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fentanyl 12, 25, 50, 75, 100 mcg Patch</td>
<td>2</td>
<td>PA, SL, ST</td>
</tr>
<tr>
<td>Fentanyl Citrate Lozenge</td>
<td>2</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td>Hydrocodone/Ibuprofen Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hydromorphone Immediate-Release Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen Tablet</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**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**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
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<td>Indomethacin Capsule</td>
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<td>Ketorolac Tablet</td>
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</tr>
<tr>
<td><strong>Lazanda</strong></td>
<td>4</td>
<td>PA, SL</td>
</tr>
<tr>
<td>Meloxicam Tablet</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Methadone Tablet, Oral Solution, Concentrate Solution</td>
<td>1</td>
<td>PA, SL</td>
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<tr>
<td>Morphine Sulfate Extended-Release Tablet</td>
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<td>PA, SL</td>
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<tr>
<td>Morphine Sulfate Oral Solution</td>
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<td>Nabumetone Tablet</td>
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<td>Naproxen Tablet</td>
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<tr>
<td><strong>Nucynta</strong></td>
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<td><strong>Nucynta ER</strong></td>
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<tr>
<td>Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet</td>
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<td>SL</td>
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<tr>
<td>Oxycodone Tablet</td>
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<tr>
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<td>Sprix</td>
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<tr>
<td>Tramadol-Acetaminophen</td>
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<td>SL</td>
</tr>
<tr>
<td>Tramadol Immediate-Release Tablet</td>
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<td></td>
</tr>
<tr>
<td>Tramadol Sustained-Release Tablet</td>
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<td>SL</td>
</tr>
<tr>
<td>Trezix</td>
<td>4</td>
<td>SL</td>
</tr>
<tr>
<td>Vicodin 5/300, 7.5/300, 10/300 mg Tablet</td>
<td>4</td>
<td>E, SL</td>
</tr>
<tr>
<td><strong>Voltaren Gel</strong></td>
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<td><strong>Xtampza ER</strong></td>
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<td>PA, SL</td>
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<tr>
<td><strong>Zohydro ER</strong></td>
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<td>PA, SL, ST</td>
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<td><strong>Overactive Bladder</strong></td>
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<tr>
<td>Dicyclomine Tablet</td>
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<tr>
<td>Oxybutynin Extended-Release Tablet</td>
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<tr>
<td>Oxybutynin Tablet</td>
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<td></td>
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<tr>
<td>Toviaz</td>
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</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory: Allergies</strong></td>
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</tr>
<tr>
<td>Azelastine 0.1% Nasal Spray</td>
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<tr>
<td>Fluticasone Nasal Spray</td>
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<td>SL</td>
</tr>
<tr>
<td>Zetonna</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td><strong>Respiratory: Asthma/COPD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advair Diskus/HFA</td>
<td>3</td>
<td>RS, SL</td>
</tr>
<tr>
<td>Albuterol Nebs</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Alvesco</td>
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<td>SL</td>
</tr>
<tr>
<td>Anoro Ellipta</td>
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<td>SL</td>
</tr>
<tr>
<td>Arnuity Ellipta</td>
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<td>SL</td>
</tr>
<tr>
<td>Asmanex TwistHaler, HFA</td>
<td>1</td>
<td>SL</td>
</tr>
<tr>
<td>Bevespi Aerosphere</td>
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<td>SL</td>
</tr>
<tr>
<td>Breo Ellipta</td>
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<td>RS, SL</td>
</tr>
<tr>
<td>Budesonide Nebs</td>
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<td>SL</td>
</tr>
<tr>
<td>Combivent Respimat</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Flovent Diskus/HFA</td>
<td>3</td>
<td>SL</td>
</tr>
<tr>
<td>Fluticasone/Salmeterol RespiClick (generic AirDuo RespiClick)</td>
<td>2</td>
<td>SL</td>
</tr>
<tr>
<td>Incruse Ellipta</td>
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<td>SL</td>
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<tr>
<td>Ipratropium-Albuterol Nebs</td>
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**Respiratory: Pulmonary Arterial Hypertension**

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**Smoking Cessation**

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**Transplant**

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**Vitamins/Electrolytes**

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**Women’s Health: Contraceptives**

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**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**
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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Requirements &amp; Limits</th>
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<tbody>
<tr>
<td><strong>Women’s Health: Miscellaneous</strong></td>
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<th>Drug Name</th>
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<th>Requirements &amp; Limits</th>
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<tbody>
<tr>
<td><strong>Women’s Health: Prenatal Vitamins</strong></td>
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<tr>
<td><strong>A</strong></td>
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<tr>
<td>Abacavir-Lamivudine .......... 17</td>
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</tr>
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<td>Accu-Chek Test Strips .......... 14</td>
<td></td>
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<td>Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg .......... 12</td>
<td></td>
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</tr>
<tr>
<td>Acetaminophen/Codeine Tablet .......... 19</td>
<td></td>
<td></td>
</tr>
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<td>Actemra .......... 18</td>
<td></td>
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</tr>
<tr>
<td>Acyclovir Ointment .......... 9</td>
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<td>Acyclovir Tablet .......... 9</td>
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<td></td>
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<tr>
<td>Aczone .......... 13</td>
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</tr>
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<td></td>
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<td>Adderall XR .......... 11</td>
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<td></td>
</tr>
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<td></td>
<td></td>
</tr>
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<td>Adempas .......... 21</td>
<td></td>
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<tr>
<td>Adlyxin .......... 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admelog SoloStar, Vials .......... 14</td>
<td></td>
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<tr>
<td>Advair Diskus/HFA .......... 20</td>
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<td></td>
</tr>
<tr>
<td>Aftera .......... 21</td>
<td></td>
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</tr>
<tr>
<td>AirDuo RespiClick .......... 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Akynzeo .......... 16</td>
<td></td>
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</tr>
<tr>
<td>Albuterol Nebs .......... 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alendronate Sodium Tablet .......... 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alesse .......... 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alfuzosin Tablet .......... 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allopurinol Tablet .......... 17</td>
<td></td>
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</tr>
<tr>
<td>Alphagan P 0.1% .......... 16</td>
<td></td>
<td></td>
</tr>
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<td>Alprazolam Extended-Release Tablet .......... 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alprazolam Tablet .......... 12</td>
<td></td>
<td></td>
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<td>Altavera .......... 21</td>
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<td></td>
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<tr>
<td>Alunbrig .......... 9</td>
<td></td>
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</tr>
<tr>
<td>Alvesco .......... 20</td>
<td></td>
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<tr>
<td>Alyacen 7/7/7, 1/35 .......... 21</td>
<td></td>
<td></td>
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<td>Amiodarone .......... 11</td>
<td></td>
<td></td>
</tr>
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<td>Amitiza .......... 16</td>
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<td>Amitriptyline Tablet .......... 12</td>
<td></td>
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<td>Amodipine .......... 10</td>
<td></td>
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<td>Amlodipine-Benazepril .......... 10</td>
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<td>Amlodipine-Valsartan .......... 10</td>
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<td>Amoxicillin Capsule, Chewable Tablet .......... 9</td>
<td></td>
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<tr>
<td>Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet .......... 9</td>
<td></td>
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</tr>
<tr>
<td>Amphetamine Salt Combo .......... 11</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Baclofen Tablet .......... 19</td>
<td></td>
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<tr>
<td>Basaglar .......... 14</td>
<td></td>
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</tr>
<tr>
<td>Belbuca .......... 19</td>
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</tr>
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<td>Betamethasone Dipropionate 0.05% Cream, Ointment .......... 13</td>
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<td>Bepanthenum/Polysporin Ointment .......... 13</td>
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<td>Bexarotene Capsule .......... 9</td>
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<td>Bicalutamide .......... 9</td>
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<td></td>
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<td>Brand Prenatal Vitamins .......... 24</td>
<td></td>
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<td></td>
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<td>Budesonide Nebs .......... 20</td>
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</tr>
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<td>Buprenorphine Sublingual Tablet .......... 12</td>
<td></td>
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<td>Bupropion Extended-Release Tablet .......... 12</td>
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<td>Bupropion Sustained-Release Tablet .......... 12</td>
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<td>Buspirone Tablet .......... 12</td>
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<td>Calcitriol Capsule .......... 16</td>
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</tr>
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</tr>
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<td>Carbamazepine Extended-Release Capsule .......... 13</td>
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<td>Page</td>
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<tr>
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<td>Eszopiclone Tablet</td>
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<td>Estrogen/Methyltestosterone Tablet</td>
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<td>23</td>
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<td>Estradiol Tablet</td>
<td>23</td>
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<tr>
<td>Estradiol Two-Weekly Transdermal Patch</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Estradiol Weekly Transdermal Patch</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Estradiol/Norethindrone Acetate Tablet</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Estring</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Estrogen/Methyltestosterone Tablet</td>
<td>23</td>
<td></td>
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<tr>
<td>Eszopiclone Tablet</td>
<td>13</td>
<td></td>
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<tr>
<td>Etodolac Capsule</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Eucrisa</td>
<td>14</td>
<td></td>
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<td>Evamist</td>
<td>24</td>
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<tr>
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<td>17</td>
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<td>Ezetimibe Tablet</td>
<td>11</td>
<td></td>
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<td>Ezetimibe/Simvastatin</td>
<td>11</td>
<td></td>
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<td>Fallback</td>
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<td></td>
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<td>Farxiga</td>
<td>15</td>
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<td>Fenofibrate 54, 160 mg Tablet</td>
<td>11</td>
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<td>Fentanyl 12, 25, 50, 75, 100 mcg Patch</td>
<td>19</td>
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</tr>
<tr>
<td>Fentanyl Citrate Lozenge</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Fetzima</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Fiasp FlexTouch, Vials</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Finacea</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Finasteride Tablet</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Flecainide</td>
<td>11</td>
<td></td>
</tr>
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<td>Flovent Diskus/HFA</td>
<td>20</td>
<td></td>
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<tr>
<td>Fluconazole Table</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Fluocinolone Cream, Oil, Solution</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Fluocinolone Ointment</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Fluocinonide 0.05% Cream</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Fluoride</td>
<td>21</td>
<td></td>
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<tr>
<td>Flurouracil 0.5% Cream</td>
<td>14</td>
<td></td>
</tr>
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<td>Fluoxetine Capsule</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Fluticasone Nasal Spray</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Fluticasone/Salmeter</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Furosemide</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Gabapentin Capsule, Tablet</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Gemfibrotil</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Gentamicin Ophthalmic Ointment, Solution</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Genvoya</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Gilenia</td>
<td>12</td>
<td></td>
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<tr>
<td>Glatiramer</td>
<td>12</td>
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<td>15</td>
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<tr>
<td>Glipizide</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Glipizide Extended-Release</td>
<td>15</td>
<td></td>
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<tr>
<td>Glucophage XR</td>
<td>15</td>
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<tr>
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<td>15</td>
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<td>Glyxambi</td>
<td>15</td>
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<tr>
<td>Golytely</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Gonal-F RFF</td>
<td>18</td>
<td></td>
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<td>Halobetasol Ointment</td>
<td>14</td>
<td></td>
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<td>Harvoni</td>
<td>17</td>
<td></td>
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<tr>
<td>Heather</td>
<td>17</td>
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<td>14</td>
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<tr>
<td>Humalog Vials</td>
<td>14</td>
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<td>18</td>
<td></td>
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<td>Humulin KwikPens</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Humulin Vials</td>
<td>14</td>
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<td>10</td>
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</tr>
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<td>Hydrochlorothiazide</td>
<td>10</td>
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</tr>
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<td>Hydrocortisone 2.5% Cream, Ointment</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Hydromorphone Immediate-Release Table</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Hydroxychloroquine Sulfate Table</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Hydroxyurea Capsule</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Hyoscycamine Tablet</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Ibandronate Table</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Ibrance</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen Tablet</td>
<td>19</td>
<td></td>
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<td>Idhifa</td>
<td>9</td>
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<td>Imatnib Tablet</td>
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<td>Imbruvica</td>
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<td></td>
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<td>22</td>
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<td>15</td>
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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.

**Online:**  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf  
Complaint forms are available at  

**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.
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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.

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알림: 한글(한국어)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.

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

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.

ANTANSYON: 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 identifikasyon yon.

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 gebührenfreien Rufnummern auf der Rückseite Ihres Mitgliedsausweises an.

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OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaaad heli kartaa. Fadlan wac lambarka telefonka khadad bilaashka ee ku yaalla kaarkaaga aqoonsiga.
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2019 Prescription Drug List — Advantage Four-Tier 100-18272 8/18