



Your 2018 Prescription Drug List

Advantage Three-Tier

This Prescription Drug List (PDL) is accurate as of July 2018 and is subject to change after this date. The next anticipated update will be January 2019. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Advantage Three-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Effective July 1, 2018

 **UnitedHealthcare®**

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We want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the 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. Bring this list with you when you see your doctor. It makes it easier for you and your doctor to make informed decisions about your medications and may help you save money.

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

What is a tier?

Tiers indicate the amount you pay for your prescription, which is determined by your employer or benefit plan. Tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Choosing medications in lower tiers may save you money. Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Your Cost	Drug Tier ¹	What's Covered	Helpful Hints
\$ Lowest	1	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$ Mid-range	2	Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
\$\$\$ Higher	3	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

¹Some plans may have different tiers. If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

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.

How is the overall value of a medication determined?

Many sources and factors are considered, including:

- **Clinical Value:** How safe and effective a medication is compared to other medications used to treat the same or similar medical conditions.
- **Cost:** How much a medication costs compared to other medications used to treat similar medical conditions.
- **Outcomes Data:** Studies that show how a medication may affect total health care costs.

Why are certain medications excluded?

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)² 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 medications³). 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.

²Depending on your benefit, you may have notification or medical necessity requirements for select medications.

³This is not applicable for plans written in New Jersey. For New York 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 of 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?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might 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.

How often are PDLs updated?

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

Can a medication change tiers?

Yes. Tier changes may generally occur two times per year. When a medication changes tiers, you may pay more or less for that medication, depending on the tier change. If one of your medications changes tiers, speak with your doctor to determine if a lower-cost option may be available for you.

Are there other restrictions on which medications are covered?

Yes. Some medications may have additional requirements or limits depending on your benefit plan. You should review your benefit plan documents to confirm if any of these programs apply to your plan. The medications that have programs that apply are noted with letters next to them. Examples include:

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. (E)

Lower-cost options are available and covered.

Health Care Reform Preventive (H)

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.

Health Care Reform Preventive with prior authorization (H-PA)

May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.

Prior Authorization (sometimes referred to as precertification)⁴ (PA)

Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.

Refill and Save Program⁵ (RS)

Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.

Specialty Medication (SP)

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.

Step Therapy (referred to as First Start in New Jersey) (ST)

Requires you to try one or more other medications before the medication you are requesting may be covered.

Supply Limits (SL)

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

⁴Depending on your benefit, you may have notification or medical necessity requirements for select medications.

⁵Not applicable to Neighborhood Health Plan and Oxford plans.

I'm taking a specialty medication. Who can I contact for more information?

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

Who can I contact if I have questions about my PDL?

Online

Log in to the member website listed on your health plan ID card. Once online, you'll have access to the following information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by ZIP code
- Your prescription history

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

Check your PDL often for updates.

By phone

Call the toll-free phone number on your health plan ID card to speak with a customer service representative. We can answer any questions you have about your pharmacy benefit plan, including lower-cost options.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
Anti-Infectives: Antibiotics								
Amoxicillin Capsule, Chewable Tablet	1		Cresembia	3	SL			
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1		Econazole Cream	3	SL			
Azithromycin Tablet	1		Fluconazole Tablet	1				
Cefadroxil Capsule, Tablet	1		Itraconazole Capsule	1	SL			
Cefdinir Capsule	1		Ketoconazole Cream	1	SL			
Cefixime Suspension	3		Noxafil Tablet, Suspension	2				
Cefprozil Tablet	1		Nystatin Cream, Ointment	1				
Cefuroxime Tablet	1		Terbinafine Tablet	1	SL			
Cephalexin Capsule	1		Anti-Infectives: Antivirals					
Ciprodex	3		Acyclovir Ointment	3	PA, SL, ST			
Ciprofloxacin Tablet	1		Acyclovir Tablet	1				
Clarithromycin Tablet	1		Famciclovir Tablet	2				
Clindamycin Capsule	1		Oseltamivir Capsule, Suspension	2	SL			
Difidic	3	SL	Valacyclovir Tablet	1	SL			
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	2		Valganciclovir	1	SL			
Doxycycline Monohydrate 50, 100 mg Capsule	1		Zovirax Cream	3	E, SL			
Levofloxacin Tablet	1		Cancer					
Metronidazole Tablet	1		Alunbrig	2	PA, SL, SP			
Minocycline Capsule	1		Bexarotene Capsule	3	E, PA, SL, SP			
Minocycline Tablet	3	E	Bicalutamide	1				
Moxifloxacin Tablet	3		Bosulif	2	PA, SL, SP, ST			
Nitrofurantoin Capsule	1		Cyclophosphamide Capsule	2				
Nitrofurantoin Macrocrystal Capsule	1		Hydroxyurea Capsule	1				
Ofloxacin Otic Solution	2		Idhifa	2	PA, SL, SP			
Ofloxacin Tablet	1		Imatinib Tablet	1	PA, SL, SP			
Penicillin V Potassium Tablet	1		Imbruvica	2	PA, SL, SP			
Sulfamethoxazole-Trimethoprim Tablet	1		Leucovorin Calcium Tablet	1				
Suprax Capsule, Chewable Tablet, Tablet	3		Mercaptopurine Tablet	1				
			Revlimid	2	PA, SL, SP			
			Rydapt	2	PA, SL, SP			
			Sutent	2	PA, SL, SP			

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

RS = May be eligible for the refill and save program

SL = Supply limit

SP = Specialty medication

ST = Step therapy

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Targretin Capsule	2	SP	Diltiazem Sustained-Release Tablet	2	
Targretin Gel	3	SL	Doxazosin	1	
Tasigna	2	PA, SL, SP, ST	Edarbi	3	SL
Xeloda	1	SL, SP	Edarbyclor	3	SL
Zykadia	2	PA, SL, SP	Enalapril	1	
Zytiga	2	PA, SL, SP	Furosemide	1	
Cardiovascular/Heart Disease: Coagulation Therapy					
Bevyxxa	3	SL	Guanfacine	1	
Brilinta	3	SL	Hydralazine	1	
Clopidogrel	1		Hydrochlorothiazide	1	
Eliquis	3	SL	Irbesartan	1	
Enoxaparin Sodium	2	SL	Labetalol	1	
Pradaxa	2	SL	Lisinopril	1	
Prasugrel	3	SL	Lisinopril-Hydrochlorothiazide	1	
Savaysa	3	SL	Losartan	1	
Warfarin Sodium	1		Losartan-Hydrochlorothiazide	1	
Xarelto	2	SL	Metoprolol Succinate Extended-Release 50, 100, 200 mg	2	
Cardiovascular/Heart Disease: High Blood Pressure					
Amlodipine	1		Metoprolol Tartrate 25, 50, 100 mg	1	
Amlodipine-Benazepril	1		Nadolol	1	
Amlodipine-Valsartan	2		Nifedipine Extended-Release	1	
Atenolol	1		Olmesartan	2	SL
Atenolol-Chlorthalidone	1		Olmesartan-Hydrochlorothiazide	2	SL
Benazepril	1		Propranolol Extended-Release Capsule	2	
Benazepril-Hydrochlorothiazide	1		Propranolol Tablet	1	
Bidil	2		Quinapril	1	
Bisoprolol	1		Ramipril	1	
Bisoprolol-Hydrochlorothiazide	1		Spironolactone	1	
Bystolic	2		Telmisartan	2	
Byvalson	2	SL	Telmisartan-Hydrochlorothiazide	2	
Cartia XT	2		Terazosin	1	
Carvedilol Immediate-Release Tablet	1		Triamterene-Hydrochlorothiazide	1	
Chlorthalidone	1		Valsartan	2	
Clonidine Tablet	1		Valsartan-Hydrochlorothiazide	1	
Diltiazem 24 Hour CD	2		Verapamil	1	
Diltiazem Sustained-Release Capsule	2		Verapamil Sustained-Release	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol					
Atorvastatin	1	H-PA, SL	Adderall XR	2	PA, SL
Choline Fenofibrate	3	E	Amphetamine Salt Combo	1	PA
Ezetimibe Tablet	3	SL	Atomoxetine	3	SL
Ezetimibe/Simvastatin	3	SL	Concerta	2	PA, SL
Fenofibrate 54, 160 mg Tablet	2		Dexmethylphenidate Immediate-Release Tablet	1	PA
Fluvastatin Extended-Release Tablet	3	SL, ST	Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Gemfibrozil	1		Dextroamphetamine Sulfate Immediate-Release Tablet	3	PA
Livalo	3	E, SL, ST	Guanfacine Extended-Release	2	SL
Lovastatin	1	H	Methylphenidate Chewable Tablet	3	PA
Niacin Extended-Release Tablet	3		Methylphenidate Extended-Release Capsule (generic Metadate CD, Ritalin LA)	2	PA, SL
Niaspan	2		Methylphenidate Extended-Release Tablet (generic Concerta)	3	E, PA, SL
Omega-3-Acid Ethyl Esters Capsule	3	PA	Methylphenidate Extended-Release Tablet (Metadate ER, generic Ritalin SR)	3	PA, SL
Praluent	2	PA, SL, SP, ST	Methylphenidate Immediate-Release Tablet	1	PA
Pravastatin	1		Vyvanse	2	PA, SL
Repatha	3	PA, SL, SP, ST	Amitriptyline Tablet	1	
Rosuvastatin	2	SL	Bupropion Extended-Release Tablet	1	
Simvastatin	1	H-PA	Bupropion Sustained-Release Tablet	1	
Vascepa	3	PA	Bupropion Tablet	1	
Welchol	2		Citalopram Tablet	1	
Cardiovascular/Heart Disease: Other					
Amiodarone	1		Desvenlafaxine Extended-Release Tablet (generic Pristiq)	2	SL
Corlanor	3	PA, SL	Doxepin	1	
Digoxin	1		Duloxetine Capsule	3	SL
Entresto	3	PA, SL	Escitalopram Tablet	1	
Flecainide	1		Fetzima	3	SL, ST
Isosorbide Mononitrate ER	1		Fluoxetine Capsule (generic Prozac)	1	
Multaq	3	PA			
Nitroglycerin Sublingual Tablet	1				
Ranexa	2				
Sotalol	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
Fluvoxamine Tablet	1		Aripiprazole Tablet	2	SL			
Mirtazapine Tablet	1		Armodafinil	3	PA, SL			
Nortriptyline Capsule	1		Austedo	2	PA, SL, SP			
Paroxetine Tablet	1		Buspirone Tablet	1				
Sertraline Tablet	1		Carbidopa-Levodopa	1				
Trazodone Tablet	1		Diazepam Tablet	1				
Trintellix	3	SL, ST	Donepezil 5, 10 mg ODT, Tablet	1				
Venlafaxine Extended-Release Capsule	1		Ingrezza	3	PA, SL, SP			
Venlafaxine Tablet	1		Latuda	3	SL			
Viibryd	3	SL	Lithium Capsule	1				
Central Nervous System: Migraine								
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL	Lorazepam Tablet	1				
Eletriptan	2	SL	Memantine Immediate-Release Tablet	2				
Frovatriptan	3	SL	Modafinil Tablet	3	PA, SL			
Naratriptan	1	SL	Naloxone Vials	1				
Rizatriptan ODT, Tablet	1	SL	Narcan Nasal Spray	2	SL			
Sumatriptan Nasal Spray	2	SL	Olanzapine Tablet	1	SL			
Sumatriptan Succinate Tablet, Injection	1	SL	Pramipexole Tablet	1				
Central Nervous System: Multiple Sclerosis								
Ampyra	2	PA, SL, SP	Quetiapine Extended-Release Tablet	3	SL			
Aubagio	3	PA, SL, SP	Quetiapine Immediate-Release Tablet	1				
Avonex	2	PA, SL, SP	Risperidone Tablet	1				
Betaseron	2	PA, SL, SP	Ropinirole Tablet	1				
Copaxone	2	PA, SL, SP	Suboxone Film	3	E, PA, SL			
Gilenya	3	PA, SL, SP	Tolcapone	2				
Glatiramer (generic Copaxone)	3	E, PA, SL, SP, ST	Xyrem	3	PA, SL, SP			
Plegridy	3	PA, SL, SP	Zelapar	3				
Rebif	3	PA, SL, SP, ST	Ziprasidone Capsule	2	SL			
Tecfidera	2	PA, SL, SP	Zubsolv	2	SL			
Zinbryta	3	PA, SL, SP	Central Nervous System: Sedatives/Hypnotics					
Central Nervous System: Other								
Alprazolam Extended-Release Tablet	1		Eszopiclone Tablet	2	SL			
Alprazolam Tablet	1		Temazepam Capsule	1				

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Seizure Disorders					
Carbamazepine Extended-Release Capsule	2		Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	3	SL
Carbamazepine Extended-Release Tablet	3		Clindamycin Gel	3	SL
Carbamazepine Immediate-Release Tablet	1		Clindamycin Lotion	3	
Clonazepam Tablet	1		Clindamycin Solution, Swabs	1	
Diazepam Tablet	1		Clobetasol Propionate Cream, Ointment	2	SL
Divalproex Delayed-Release Tablet	1		Clobetasol Propionate Solution	1	SL
Divalproex Extended-Release Tablet	2		Clotrimazole-Betamethasone Cream	1	SL
Gabapentin Capsule, Tablet	1		Clotrimazole-Betamethasone Lotion	1	
Lamotrigine Immediate-Release Tablet	1		Dapsone 5% Gel	3	E, SL
Levetiracetam Extended-Release Tablet	2		Desonide 0.05% Cream, Lotion, Ointment	3	SL
Levetiracetam Immediate-Release Tablet	1		Desoximetasone Gel, Ointment	3	SL
Lyrica	3	SL, ST	Diflorasone Diacetate 0.05% Cream	3	SL
Oxcarbazepine Tablet	1		Diflorasone Diacetate 0.05% Ointment	3	
Phenytoin Capsule, Suspension	1		Dupixent	3	PA, SL, SP, ST
Topiramate Immediate-Release Tablet	1		Elidel	3	SL, ST
Zonisamide Capsule	1		Enstilar Foam	3	SL
Dermatology					
Aczone	3	SL	Eucrisa	3	SL, ST
Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel	3	E, SL	Finacea	3	
Adapalene Cream, Gel, Lotion	3	E, PA, SL	Fluocinolone Cream, Oil, Solution	3	SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3		Fluocinolone Ointment	2	SL
Betamethasone Dipropionate 0.05% Cream, Ointment	2		Fluocinonide 0.05% Cream	1	
Calcipotriene/Betamethasone Ointment	3	SL	Fluorouracil 0.5% Cream	3	SL
Carac	2		Halobetasol Ointment	2	SL
Ciclopirox Cream, Gel, Lotion, Solution	1		Hydrocortisone 2.5% Cream, Ointment	1	
Claravis	2	PA	Imiquimod 5% Cream	1	SL
			Metronidazole 0.75% Topical Gel	1	
			Minocycline Extended-Release	3	E, PA
			Mirvaso	3	SL
			Mometasone Furoate Cream, Lotion, Ointment	1	
			Mupirocin Ointment	1	SL

Bold type = Brand-name drug

[Plain type = Generic drug]

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ST = Step therapy

Drug Name	Drug Tier	Requirements & Limits
Oracea	3	
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	PA, SL
Rhofade	3	PA, SL
Solodyn	3	E, PA
Taclonex Suspension	3	SL
Tacrolimus Ointment	2	SL, ST
Tazarotene 0.1% Cream (generic Tazorac)	3	E, PA, SL
Tazorac	3	PA, SL
Tretinoin Cream	3	PA, SL
Tretinoin Gel	3	E, PA, SL
Tretinoin Microspheres	3	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Diabetes: Blood Glucose Monitoring ⁶		
Accu-Chek Test Strips	3	E, SL
Contour Next	2	
Contour Next EZ	2	
Contour Next One	2	
Contour Next Test Strips	2	SL
Contour Test Strips	3	E, SL
FreeStyle Test Strips	3	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Meter	1	
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio Flex	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL

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.

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Insulin⁶		
Afrezza	3	E, PA, SL
Basaglar	1	SL
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL
Lantus Solostar	3	E, SL
Lantus Vials	3	E, SL
Levemir FlexTouch	2	SL
Levemir Vials	2	SL
Novolin Vials (all formulations)	3	SL, ST
Novolog FlexPen (all formulations)	3	SL, ST
Novolog Vials (all formulations)	3	SL, ST
Toujeo SoloStar	3	E, SL
Tresiba FlexTouch	3	E, SL

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Diabetes: Non-Insulin ⁶		
Adlyxin	3	SL
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	3	E, SL, ST
Invokamet	2	SL
Invokamet XR	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Jentadueto	2	SL	Endocrine: Other		
Jentadueto XR	2	SL	Calcitriol Capsule	1	
Kazano	2	SL	Desmopressin Tablet	1	
Kombiglyze XR	2	SL	Dexamethasone Tablet	1	
Metformin	1		Methylprednisolone Tablet	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1		Prenisolone Oral Solution	1	
Nesina	2	SL	Prednisone Tablet	1	
Onglyza	2	SL	Endocrine: Thyroid Hormone Replacement		
Oseni	2	SL	Armour Thyroid	3	
Pioglitazone	1	SL	Levothyroxine Sodium Tablet	1	
Soliqua	2	PA, SL	Liothyronine Sodium Tablet	2	
Synjardy	2	SL	Methimazole Tablet	1	
Synjardy XR	2	SL	NP Thyroid Tablet	1	
Tradjenta	2	SL	Synthroid	2	
Trulicity	3	SL	Eye Conditions: Allergies		
Victoza 2-Pak	2	SL	Azelastine 0.05% Ophthalmic Solution	1	
Victoza 3-Pak	3	SL	Lastacift	3	SL
Xigduo XR	3	E, SL, ST	Olopatadine 0.1% Ophthalmic Solution	3	SL
Xultophy	3	E, SL	Eye Conditions: Antibiotics		
*Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.					
Endocrine: Growth Hormone ⁷					
Nutropin, Nutropin AQ	2	PA, SL, SP	Erythromycin 0.5% Ophthalmic Ointment	1	
*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.					
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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Dry Eye Disease					
Restasis Single Use Vials	3	PA, SL	Amitiza	3	PA, SL, ST
Xiidra	3	PA, SL	Apriso	2	
Eye Conditions: Glaucoma					
Alphagan P 0.1%	2	SL	Canasa	2	
Azopt	2	SL	Cortifoam	2	
Combigan	2	SL	Creon	2	
Latanoprost 0.005% Ophthalmic Solution	1		Diphenoxylate-Atropine Tablet	1	
Lumigan	2	SL	Golytely	2	
Timolol 0.25%, 0.5% Ophthalmic Solution (generic Timoptic)	1		Hyoscyamine Tablet	1	
Travatan Z	2	SL	Lialda	2	
Gastrointestinal: Acid Suppression					
Dexilant	3	SL	Linzess	2	PA, SL
Omeclamox-Pak	3	SL	Mesalamine Delayed-Release Tablet (generic Lialda)	3	E
Omeprazole Capsule	1		Metoclopramide Tablet	1	
Pantoprazole Tablet	1		Movantik	2	PA, SL
Pylera	3	SL	Moviprep	3	
Ranitadine Syrup	1		Polyethylene Glycol 3350	2	
Rabeprazole Tablet	3	SL	Prepopik	3	
Sucralfate Tablet	1		Sulfasalazine Tablet	1	
Gastrointestinal: Nausea/Vomiting					
Akynzeo	3	SL	Suprep	3	
Aprepitant Capsule	2	SL	Uceris Foam	2	
Emend Suspension	2	SL	Uceris Tablet	3	
Ondansetron	1		Viberzi	3	PA, SL
Ondansetron ODT	1		Zenpep	2	
Scopolamine Transdermal Patch	3		Gout		
Varubi	2	SL	Allopurinol Tablet	1	
			Mitigare	2	
			Uloric	3	SL, ST
			Zurampic	3	PA, SL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Hepatitis C					
Daklinza	3	PA, SL, SP, ST	Odefsey	3	SP
Epclusa	2	PA, SL, SP	Prezcobix	2	SP
Harvoni	2	PA, SL, SP	Prezista	2	SP
Mavyret	2	PA, SL, SP	Selzentry	2	PA, SP
Ribavirin Tablet	1	SP	Stribild	3	SP, ST
Sovaldi	3	PA, SL, SP, ST	Tenofovir Tablet	2	SP
Technivie	3	PA, SL, SP, ST	Tivicay	3	SP
Viekira Pak	3	PA, SL, SP, ST	Triumeq	2	SP
Viekira XR	3	PA, SL, SP, ST	Truvada	3	SP
Vosevi	2	PA, SL, SP	Tybost	2	SP
Zepatier	3	PA, SL, SP, ST	Vitekta	2	SP
HIV/AIDS					
Abacavir-Lamivudine	2	SP	Infertility ^{7,8}		
Atazanavir Capsule	2	SP	Cetrotide	2	SP
Atripla	2	SP	Clomiphene	1	SP
Complera	3	SP	Crinone	3	PA, ST
Descovy	3	SP	Endometrin	2	PA
Efavirenz	2	SP	Gonal-F	2	SP
Epzicom	3	E, SP	Gonal-F RFF	2	SP
Evotaz	2	SP	Ovidrel	3	SP
Genvoya	3	SP, ST	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.		
Intelence	2	SP	8 This is not a covered benefit for Neighborhood Health Plan.		
Isentress	2	SP	Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Kaletra Tablet	2	SP	Actemra	3	PA, SL, SP, ST
Lamivudine-Zidovudine	1	SP	Cimzia	2	PA, SL, SP
Lopinavir-Ritonavir Oral Solution	2	SP	Cosentyx	3	PA, SL, SP, ST
Nevirapine	1	SP	Enbrel	3	PA, SL, SP, ST
Nevirapine Extended-Release	3	E, SP	Humira	2	PA, SP, SL
Norvir	2	SP	Hydroxychloroquine Sulfate	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Kevzara	3	PA, SL, SP, ST	Men's Health: Testosterone Therapy		
Leflunomide	1		Androderm	2	PA, SL
Methotrexate Tablet	1		Androgel	3	E, PA, SL
Orencia	3	PA, SL, SP, ST	Methyltestosterone Capsule	2	
Otezla	2	PA, SL, SP	Testim	2	PA, SL
Otrexup	3	E, SL, ST	Testosterone 1% Topical Gel	3	E, PA, SL
Rasuvo	3	SL, ST	Testosterone Cypionate Injection	1	
Siliq	3	PA, SL, SP, ST	Miscellaneous		
Simponi	2	PA, SL, SP	Anastrozole Tablet	1	
Stelara	2	PA, SL, SP	Aranesp	2	SL, SP
Taltz	3	PA, SL, SP, ST	Auryxia	3	
Tremfya	2	PA, SL, SP	Bethkis	2	PA, SL, SP
Xeljanz	3	PA, SL, SP, ST	Cayston	2	PA, SL, SP
Xeljanz XR	3	PA, SL, SP, ST	Cerdelga	2	PA, SP
Medications for Sexual Dysfunction⁷			Chlorhexidine Gluconate	1	
Addyi	3	PA, SL	Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	2	PA, SL
Cialis	3	SL	Epinephrine (generic EpiPen/ EpiPen-Jr.)	2	SL
Intrarosa	3	SL	EpiPen/EpiPen-Jr.	3	E, SL
Levitra	3	SL	Hydrocodone/Chlorpheniramine Suspension	3	PA, SL
Osphena	3	SL	Lanthanum Chewable Tablet	3	
Sildenafil Tablet (generic Viagra)	3	SL	Letrozole Tablet	1	
Stendra	3	PA, SL	Lidocaine Transdermal Patch (generic Lidoderm)	3	PA, SL
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.			Nityr	2	PA, SP
Men's Health: Prostate			Nuedexta	2	PA
Alfuzosin Tablet	1		Obredon	3	PA, SL, ST
Doxazosin Tablet	1		Pegasys	2	PA, SP, SL
Dutasteride Capsule	3		Phenazopyridine	1	
Finasteride Tablet	1		Procrit	2	SL, SP
Rapaflo	3		Promethazine/Codeine	1	PA
Tamsulosin Capsule	1		Promethazine/Dextromethorphan	1	
Terazosin Capsule, Tablet	1		Pulmozyme	2	PA, SL, SP
			Rectiv	3	SL
			Rezira	3	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits			
Sevelamer	2		Ibuprofen Tablet	1				
Syprine	3	PA, SP	Indomethacin Capsule	1				
Tobi Podhaler	3	PA, SL, SP	Ketorolac Tablet	1				
Velphoro	2		Lazanda	3	PA, SL			
Veltassa	3	PA, SL	Meloxicam Tablet	1				
Zarxio	2	SP	Methadone Tablet, Oral Solution, Concentrate Solution	1	PA, SL			
Musculoskeletal: Muscle Spasms								
Baclofen Tablet	1		Morphine Sulfate Extended-Release Tablet	1	PA, SL			
Carisoprodol 350 mg Tablet	1		Morphine Sulfate Oral Solution	1				
Cyclobenzaprine	1		Nabumetone Tablet	1				
Metaxalone Tablet	3		Naproxen Tablet	1				
Methocarbamol Tablet	1		Nucynta	3	SL			
Tizanidine Tablet	1		Nucynta ER	3	PA, SL			
Musculoskeletal: Osteoporosis								
Alendronate Sodium Tablet	1		Oxycodone Tablet	1				
Forteo	3	PA, SP	Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL			
Ibandronate Tablet	2	SL	Oxycontin	3	E, PA, SL, ST			
Raloxifene Tablet	2		Sprix	3				
Risedronate Sodium Tablet	3	SL	Tramadol-Acetaminophen	1				
Tymlos	3	PA, SP	Tramadol Immediate-Release Tablet	1				
Musculoskeletal: Pain Relief								
Acetaminophen/Codeine Tablet	1	SL	Tramadol Sustained-Release Tablet	2	SL			
Belbuca	3	PA, SL	Trexix	3	SL			
Celecoxib	2	SL	Vicodin 5/300, 7.5/300, 10/300 mg Tablet	3	E, SL			
Diclofenac Tablet	1		Voltaren Gel	2				
Etodolac Capsule	1		Xtampza ER	2	PA, SL			
Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	PA, SL	Zohydro ER	3	PA, SL, ST			
Fentanyl Citrate Lozenge	2	PA, SL	Overactive Bladder					
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL	Dicyclomine Tablet	1				
Hydrocodone/Ibuprofen Tablet	1		Oxybutynin Extended-Release Tablet	2				
Hydromorphone Immediate-Release Tablet	1		Oxybutynin Tablet	1				

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Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	2	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	
Promethazine Tablet	1	
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Albuterol Nebs	1	
Alvesco	1	SL
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex TwistHaler, HFA	1	SL
Bevespi Aerosphere	2	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL
Combivent Respimat	3	SL
Dulera	3	E, SL, ST
Flovent Diskus/HFA	3	SL
Fluticasone/Salmeterol RespiClick (generic AirDuo RespiClick)	2	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	2	
Ipratropium Nebs	1	
Levalbuterol Nebs	3	E, SL
Montelukast Chewable Tablet, Tablet	1	
Montelukast Granules	2	
Perforomist	3	SL
ProAir HFA/RespiClick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SL, ST
QVAR Redihaler	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	3	SL

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

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Vitamins/Electrolytes					
Fluoride	1		Elinest	1	H
Folic Acid	1		Ella	1	H, SL
Klor-Con M10	1		Emoquette	1	H
Klor-Con M20	1		Enpresse	1	H
Potassium Chloride	1		Enskyce	1	H
Potassium Citrate	1		Errin	1	H
Women's Health: Contraceptives					
Aftera	1	H	Estarrylla	1	H
Altavera	1	H	Fallback	1	H
Alyacen 7/7/7, 1/35	1	H	Falmina	1	H
Apri	1	H	Fayosim	3	E
Aranelle	1	H	Gildess	2	
Aubra	1	H	Gildess Fe	1	H
Aviane	1	H	Heather	1	H
Azurette	2		Introvale	2	H
Blisovi Fe	1	H	Jencycla	1	H
Camila	1	H	Jolessa	2	H
Caziant	1	H	Jolivette	1	H
Cesia	1	H	Juleber	1	H
Chateal	1	H	Junel	2	
Cryselle	1	H	Junel Fe	1	H
Cyclafem 7/7/7, 1/35	1	H	Kurvelo	1	H
Cyred	1	H	Kelnor 1/35	1	H
Dasetta 7/7/7, 1/35	1	H	Larin Fe	1	H
Deblitane	1	H	Larissia	1	H
Delyla	1	H	Leena	1	H
Desogestrel-Ethinyl Estradiol (generic Ortho-Cept)	1	H	Lessina	1	H
Drosipренон-Ethinyl Estradiol- Levomefолate Calcium	3	E	Levonest	1	H
Econtra EZ	1	H	Levonorgestrel 1.5 mg	1	H
			Levonorgestrel-Ethinyl Estradiol (generic Alesse, Nordette, Triphasil)	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Levonorgestrel-Ethinyl Estradiol (generic Seasonale)	2	H	Portia	1	H
Levora-28	1	H	Previfem	1	H
Lo Loestrin Fe	3		Quasense	2	H
Loryna	3		Rajani	3	E
Low-Ogestrel	1	H	React	1	H
Lutera	1	H	Reclipsen	1	H
Lyza	1	H	Rivelsa	3	E
Marlissa	1	H	Setlakin	2	H
Medroxyprogesterone Acetate	1	H	Sharobel	1	H
Mibelas 24 Fe Chewable Tablet	3	E	Solia	1	H
Microgestin	2		Sprintec	1	H
Microgestin Fe	1	H	Sronyx	1	H
Mono-Linyah	1	H	Take Action	1	H
MonoNessa	1	H	Tarina Fe	1	H
My Way	1	H	Tri-Estarrylla	1	H
Myzilra	1	H	Tri-Linyah	1	H
Natazia	2		Tri-Lo-Estarrylla	2	
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H	Tri-Lo-Marzia	2	
Next Choice	1	H	Tri-Lo-Sprintec	2	
Nora BE	1	H	Tri-Previfem	1	H
Norethindrone 0.35 mg	1	H	Tri-Sprintec	1	H
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H	Trinessa	1	H
Norgestimate-Ethinyl Estradiol (generic Ortho-Cyclen, Ortho Tri-Cyclen)	1	H	Trinessa Lo	2	
Norgestimate-Ethinyl Estradiol Lo (generic Ortho Tri-Cyclen Lo)	2		Trivora-28	1	H
Norlyroc	1	H	Velivet	1	H
Nortrel 7/7/7, 0.5/35, 1/35	1	H	Vestura	3	
Nuvaring	2	H	Vienva	1	H
Opcicon	1	H	Viorele	2	
Orsythia	1	H	Wera	1	H
Pirmella 7/7/7, 1/35	1	H	Xulane	3	H
Plan B One Step	1	H	Yasmin 28	2	
			Yaz	2	
			Zovia 1/35E, 1/50E	1	H

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

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200 Independence Avenue
SW Room 509F, HHH Building
Washington, D.C. 20201

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

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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. لطفاً شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بکیرید.

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

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

ចំណាត់មករណ៍: បើសិនអភិវឌ្ឍយាយភាគខ្មែរ (Khmer) សេវាជំនួយភាសាអង់គ្លេស តាតិតាន្តី ពីមានសំរាប់អ្នក។ សូមទូរស័ព្ទថ្មីដោយតែតិចឡើង។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i. Táá shqodí ninaaltsoos nit'lizí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'i 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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