Your 2018 Prescription Drug List

Advantage Three-Tier

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

Effective Jan. 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*	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.

*Some 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 what 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)[+] 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.

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

[**] This 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 what 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 at no additional cost to you if prior authorization criteria is met.

Prior Authorization (sometimes referred to as precertification)[1] (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 Program[2] (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.

[1]Depending on your benefit, you may have notification or medical necessity requirements for select medications.
[2]Not 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 **UHCSpecialtyRx.com** or call the toll-free phone number on your health plan 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
Anti-Infectives: Antibiotics		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	1	
Cefixime Suspension	3	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprodex	3	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	2	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	3	E
Moxifloxacin Tablet	3	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Otic Solution	2	
Ofloxacin Tablet	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	3	

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Cresemba	3	SL
Econazole Cream	3	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	
Noxafil Tablet, Suspension	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	3	PA, SL, ST
Acyclovir Tablet	1	
Famciclovir Tablet	2	
Oseltamivir Capsule	2	SL
Valacyclovir Tablet	1	SL
Valganciclovir	1	SL
Zovirax Cream	3	E, SL
Cancer		
Bexarotene Capsule	3	E, PA, SL, SP
Bicalutamide	1	
Bosulif	2	PA, SL, SP, ST
Cyclophosphamide Capsule	2	
Hydroxyurea Capsule	1	
Imatinib Tablet	1	PA, SL, SP
Imbruvica	2	PA, SL, SP
Leucovorin Calcium Tablet	1	
Mercaptopurine Tablet	1	
Revlimid	2	PA, SL, SP
Sutent	2	PA, SL, SP
Targretin Capsule	2	SP

Bold type = Brand-name drug
[Plain type = Generic drug]

E = May be excluded from coverage
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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
Targretin Gel	3	SL
Tasigna	2	PA, SL, SP, ST
Xeloda	1	SL, SP
Zytiga	2	PA, SL, SP
Cardiovascular/Heart Disease: Coagulation Therapy		
Brilinta	3	SL
Clopidogrel	1	
Effient	3	SL
Eliquis	3	SL
Enoxaparin Sodium	2	SL
Pradaxa	2	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine-Benazepril	1	
Amlodipine-Valsartan	2	
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	
Bystolic	2	
Byvalson	2	SL
Cartia XT	2	
Carvedilol	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	2	
Diltiazem Sustained-Release Capsule	2	
Diltiazem Sustained-Release Tablet	2	
Doxazosin	1	

Drug Name	Drug Tier	Requirements & Limits
Dutoprol	3	E, SL
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate Extended-Release 50, 100, 200 mg	2	
Metoprolol Tartrate 25, 50, 100 mg	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Olmesartan	2	SL
Olmesartan-Hydrochlorothiazide	2	SL
Propranolol Extended-Release Capsule	2	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	
Spironolactone	1	
Telmisartan	2	
Telmisartan-Hydrochlorothiazide	2	
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	2	
Valsartan-Hydrochlorothiazide	1	
Verapamil	1	
Verapamil Sustained-Release	3	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	H-PA, SL
Choline Fenofibrate	3	E
Ezetimibe Tablet	3	SL
Ezetimibe/Simvastatin	3	SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	3	E
Fenofibrate 40, 48, 120, 145 mg Tablet	3	E
Fenofibrate 54, 160 mg Tablet	2	
Fluvastatin Extended-Release Tablet	3	SL, ST
Gemfibrozil	1	
Lipofen	3	E
Livalo	3	E, SL, ST
Lovastatin	1	H
Niacin Extended-Release Tablet	3	
Niaspan	2	
Omega-3-Acid Ethyl Esters Capsule	3	PA
Praluent	2	PA, SL, SP, ST
Pravastatin	1	
Repatha 140 mg	3	PA, SL, SP, ST
Rosuvastatin	2	SL
Simvastatin	1	H-PA
Vascepa	3	PA
Welchol	2	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	3	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	PA
Nitroglycerin Sublingual Tablet	1	
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	2	PA, SL
Amphetamine Salt Combo	1	PA
Atomoxetine	3	SL
Concerta	2	PA, SL
Daytrana	3	E, PA, SL
Dexmethylphenidate Extended-Release Capsule	3	E, PA, SL
Dexmethylphenidate Immediate-Release Tablet	1	PA
Dextroamphetamine-Amphetamine Extended-Release Capsule	3	E, PA, SL
Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	3	PA
Focalin XR	3	E, PA, SL
Guanfacine Extended-Release	2	SL
Methylphenidate Chewable Tablet	3	PA
Methylphenidate Extended-Release Capsule (generic **Metadate CD, Ritalin LA**)	2	PA, SL
Methylphenidate Extended-Release Tablet (generic **Concerta**)	3	E, PA, SL
Methylphenidate Extended-Release Tablet (Metadate ER, generic **Ritalin SR**)	3	PA, SL
Methylphenidate Immediate-Release Tablet	1	PA
Vyvanse	2	PA, SL

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Depression		
Amitriptyline Tablet	1	
Bupropion Extended-Release Tablet	1	
Bupropion Sustained-Release Tablet	1	
Bupropion Tablet	1	
Citalopram Tablet	1	
Desvenlafaxine Extended-Release Tablet (generic **Pristiq**)	3	SL
Doxepin	1	
Duloxetine Capsule	3	SL
Escitalopram Tablet	1	
Fetzima	3	SL, ST
Fluoxetine Capsule (generic **Prozac**)	1	
Fluvoxamine Tablet	1	
Mirtazapine Tablet	1	
Nortriptyline Capsule	1	
Paroxetine Tablet	1	
Sertraline Tablet	1	
Trazodone Tablet	1	
Trintellix	3	E, SL, ST
Venlafaxine Extended-Release Capsule	1	
Venlafaxine Tablet	1	
Viibryd	3	SL
Central Nervous System: Migraine		
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	1	SL
Eletriptan	2	SL
Frovatriptan	3	SL
Naratriptan	1	SL
Rizatriptan ODT, Tablet	1	SL
Sumatriptan Nasal Spray	2	SL
Sumatriptan Succinate Tablet, Injection	1	SL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, SL, SP
Aubagio	3	PA, SL, SP
Avonex	2	PA, SL, SP
Betaseron	2	PA, SL, SP
Copaxone	2	PA, SL, SP
Gilenya	3	PA, SL, SP
Glatopa	3	E, PA, SL, SP, ST
Plegridy	3	PA, SL, SP
Rebif	3	PA, SL, SP, ST
Tecfidera	2	PA, SL, SP
Zinbryta	3	PA, SL, SP
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	2	SL
Armodafinil	3	PA, SL
Buprenorphine/Naloxone Tablet (generic **Suboxone**)	3	E, PA, SL
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil 5, 10 mg ODT, Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine Tablet	2	
Modafinil Tablet	3	PA, SL
Naloxone Vials	1	
Narcan Nasal Spray	2	SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Extended-Release Tablet	3	SL

Drug Name	Drug Tier	Requirements & Limits
Quetiapine Immediate-Release Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Suboxone Film	3	E, PA, SL
Tolcapone	2	
Xyrem	3	PA, SL
Zelapar	3	
Ziprasidone Capsule	2	SL
Zubsolv	2	SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	2	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Extended-Release Tablet	3	E, SL
Zolpidem Immediate-Release Tablet	1	SL
Central Nervous System: Seizure Disorders		
Carbamazepine Extended-Release Capsule	2	
Carbamazepine Extended-Release Tablet	3	
Carbamazepine Immediate-Release Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	2	
Gabapentin Capsule, Tablet	1	
Lamotrigine Immediate-Release Tablet	1	
Levetiracetam Extended-Release Tablet	2	
Levetiracetam Immediate-Release Tablet	1	
Lyrica	3	SL, ST

Drug Name	Drug Tier	Requirements & Limits
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Immediate-Release Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Aczone	3	SL
Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel	3	E, SL
Adapalene Cream, Gel, Lotion	3	E, PA, SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	3	
Betamethasone Dipropionate 0.05% Cream, Ointment	2	
Calcipotriene/Betamethasone Ointment	3	SL
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	2	PA
Clindamycin 1%/Benzoyl Peroxide 5% Gel	3	E, SL
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	3	SL
Clindamycin Gel	3	SL
Clindamycin Lotion	3	
Clindamycin Solution, Swabs	1	
Clobetasol Propionate Cream, Ointment	2	SL
Clobetasol Propionate Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Desonide 0.05% Cream, Lotion, Ointment	3	SL
Desoximetasone Gel, Ointment	3	SL
Diflorasone Diacetate 0.05% Cream, Ointment	3	SL
Dupixent	3	PA, SL, SP, ST

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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
Elidel	3	SL, ST
Enstilar Foam	3	SL
Epiduo Forte	3	E, SL
Eucrisa	3	SL, ST
Finacea	3	
Fluocinolone Cream, Oil, Solution	3	SL
Fluocinolone Ointment	2	SL
Fluocinonide 0.05% Cream	1	
Halobetasol Ointment	2	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release Capsule	3	E
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Nystatin-Triamcinolone Acetonide Cream, Ointment	3	E
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

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring*		
Accu-Chek Test Strips	3	E, SL
Contour Test Strips	3	E, SL
Dexcom Continuous Glucose Monitoring System	3	PA, SL
Dexcom Sensor	3	PA, SL
Dexcom Transmitter	3	PA, 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
Diabetes: Insulin*		
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

* 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.

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin*		
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
Jentadueto	2	SL
Jentadueto XR	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic **Glucophage XR**)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Soliqua	2	PA, SL
Synjardy	2	SL
Synjardy XR	2	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	3	E, SL, ST
Xultophy	3	E, SL
Endocrine: Growth Hormone**		
Nutropin, Nutropin AQ	2	PA, SL, SP
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Rayaldee	3	E
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	2	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	
Lastacaft	3	SL

* 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.

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Drug Name	Drug Tier	Requirements & Limits
Olopatadine 0.1% Ophthalmic Solution	3	SL
Olopatadine 0.2% Ophthalmic Solution	3	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Moxifloxacin Ophthalmic Solution	3	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	2	
Tobramycin Ophthalmic Solution	1	
Eye Conditions: Dry Eye Disease		
Restasis MultiDose	3	E, PA, SL
Restasis Single Use Vials	3	PA, SL
Xiidra	3	PA, SL
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	3	E, SL
Lansoprazole Capsule	3	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Ranitadine Syrup	1	
Rabeprazole Tablet	3	SL
Sucralfate Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Aprepitant Capsule	2	SL
Emend Suspension	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Scopolamine Transdermal Patch	3	
Varubi	2	SL
Gastrointestinal: Other		
Amitiza	3	PA, SL, ST
Apriso	2	
Asacol HD Tablet	3	E
Canasa	2	
Cortifoam	2	
Creon	2	
Delzicol	3	E
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	2	
Linzess	2	PA, SL
Mesalmine Delayed-Release Tablet (generic **Lialda**)	3	E
Metoclopramide Tablet	1	
Movantik	2	PA, SL
Moviprep	3	
Polyethylene Glycol 3350	2	
Prepopik	3	
Suclear	3	
Sulfasalazine Tablet	1	
Suprep	3	
Uceris Foam	2	
Uceris Tablet	3	
Viberzi	3	PA, SL
Zenpep	2	

Drug Name	Drug Tier	Requirements & Limits
Gout		
Allopurinol Tablet	1	
Colcrys	3	E
Mitigare	2	
Uloric	3	SL, ST
Zurampic	3	PA, SL
Hepatitis C		
Daklinza	3	PA, SL, SP, ST
Epclusa	2	PA, SL, SP
Harvoni	2	PA, SL, SP
Mavyret	2	PA, SL, SP
Ribavirin Tablet	1	SP
Sovaldi	3	PA, SL, SP, ST
Technivie	3	PA, SL, SP, ST
Viekira Pak	3	PA, SL, SP, ST
Viekira XR	3	PA, SL, SP, ST
Vosevi	2	PA, SL, SP
Zepatier	3	PA, SL, SP, ST
HIV/AIDS		
Abacavir-Lamivudine	2	SP
Atripla	2	SP
Complera	3	SP
Descovy	3	SP
Epzicom	3	E, SP
Evotaz	2	SP
Genvoya	3	SP, ST
Intelence	2	SP
Isentress	2	SP
Kaletra Tablet	2	SP
Lamivudine-Zidovudine	1	SP
Lopinavir-Ritonavir Oral Solution	2	SP
Nevirapine	1	SP
Nevirapine Extended-Release	3	E, SP
Norvir	2	SP
Odefsey	3	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	2	SP
Selzentry	2	PA, SP
Stribild	3	SP, ST
Sustiva	2	SP
Tivicay	3	SP
Triumeq	2	SP
Truvada	3	SP
Tybost	2	SP
Viread	2	SP
Vitekta	2	SP
Infertility**		
Cetrotide	2	SP
Clomiphene	1	SP
Gonal-F	2	SP
Gonal-F RFF	2	SP
Ovidrel	3	SP

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Drug Name	Drug Tier	Requirements & Limits
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	PA, SL, SP, ST
Cimzia	2	PA, SL, SP
Cosentyx	3	PA, SL, SP, ST
Enbrel	3	PA, SL, SP, ST
Humira	2	PA, SP, SL
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	PA, SL, SP, ST
Otezla	2	PA, SL, SP
Otrexup	3	E, SL, ST
Rasuvo	3	SL, ST
Simponi	2	PA, SL, SP
Stelara	2	PA, SL, SP
Taltz	3	PA, SL, SP, ST
Xeljanz	3	PA, SL, SP, ST
Xeljanz XR	3	PA, SL, SP, ST
Medications for Sexual Dysfunction**		
Addyi	3	PA, SL
Cialis	3	SL
Levitra	3	SL
Osphena	3	
Stendra	3	PA, SL
Viagra	3	SL
Men's Health: Prostate		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Dutasteride Capsule	3	
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Androgel	3	E, PA, SL
Methyltestosterone Capsule	2	
Testim	2	PA, SL
Testosterone 1% Topical Gel	3	E, PA, SL
Testosterone Cypionate Injection	1	
Miscellaneous		
Anastrozole Tablet	1	
Aranesp	2	SL, SP
Auryxia	3	
Auvi-Q	3	E, SL
Benzonatate Capsule	1	
Bethkis	2	PA, SL, SP
Cayston	2	PA, SL
Cerdelga	2	PA, SP
Chlorhexidine Gluconate	1	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	2	SL
Epinephrine (generic **EpiPen/ EpiPen-Jr.**)	2	SL
EpiPen/EpiPen-Jr.	3	E, SL
Fosrenol	3	
Hydrocodone/Chlorpheniramine Suspension	3	SL
Letrozole Tablet	1	
Lidocaine Transdermal Patch (generic **Lidoderm**)	3	PA, SL
Nuedexta	2	
Obredon	3	SL, ST
Pegasys	2	PA, SP, SL
Phenazopyridine	1	
Procrit	2	SL, SP
Promethazine/Codeine	1	
Promethazine/Dextromethorphan	1	

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Drug Name	Drug Tier	Requirements & Limits
Pulmozyme	2	PA, SL, SP
Rectiv	3	SL
Rezira	3	
Sevelamer	2	
Tobi Podhaler	3	PA, SL, SP
Tobramycin Nebulized Solution	3	E, PA, SL, SP
Velphoro	2	
Veltassa	3	PA, SL
Zarxio	2	SP
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	3	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	
Forteo	3	PA, SP
Ibandronate Tablet	2	SL
Raloxifene Tablet	2	
Risedronate Sodium Tablet	3	SL
Tymlos	3	PA, SP
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine Tablet	1	SL
Arymo ER	3	E, PA, SL, ST
Belbuca	3	PA, SL, ST
Butrans	3	E, PA, SL, ST
Celecoxib	2	SL
Diclofenac Tablet	1	
Embeda	3	E, PA, SL, ST

Drug Name	Drug Tier	Requirements & Limits
Etodolac Capsule	1	
Fentanyl 12, 25, 50, 75, 100 mcg Patch	2	SL
Fentanyl Citrate Lozenge	2	PA, SL
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Immediate-Release Tablet	1	
Hysingla	3	E, PA, SL, ST
Ibuprofen Tablet	1	
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	PA, SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	SL
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	PA, SL
Opana ER	3	E, PA, SL
Oxycodone Tablet	1	
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycontin	3	E, PA, SL, ST
Sprix	3	
Subsys	3	E, PA, SL
Tramadol-Acetaminophen	1	
Tramadol Immediate-Release Tablet	1	
Tramadol Sustained-Release Tablet	2	SL
Trezix	3	SL

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Drug Name	Drug Tier	Requirements & Limits
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	3	E, SL
Voltaren Gel	2	
Xtampza ER	2	PA, SL
Zohydro ER	3	PA, SL, ST
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	2	
Oxybutynin Tablet	1	
Tolterodine Extended-Release Tablet	3	E
Tolterodine Tablet	3	E
Toviaz	3	
Vesicare	3	E
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	3	
Clarinex	3	E
Clarinex-D	3	E
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
Aerospan	3	SL
AirDuo RespiClick	3	E, SL
Albuterol Nebs	1	
Alvesco	1	SL
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex TwistHaler, HFA	1	SL
Bevespi Aerosphere	2	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	2	SL

Drug Name	Drug Tier	Requirements & Limits
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	1	
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 MDI	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	3	SL
Stiolto Respimat	3	E, SL
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	1	PA, SL, SP
Tracleer	2	PA, SL, SP
Tyvaso	2	PA, SP
Uptravi	3	PA, SL, SP

Drug Name	Drug Tier	Requirements & Limits
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	3	H-PA
Nicorette Mini-Lozenge	3	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
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Aftera	1	H
Altavera	1	H
Alyacen 7/7/7, 1/35	1	H

Drug Name	Drug Tier	Requirements & Limits
Apri	1	H
Aranelle	1	H
Aubra	1	H
Aviane	1	H
Azurette	2	
Blisovi Fe	1	H
Camila	1	H
Caziant	1	H
Cesia	1	H
Chateal	1	H
Cryselle	1	H
Cyclafem 7/7/7, 1/35	1	H
Cyred	1	H
Dasetta 7/7/7, 1/35	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel-Ethinyl Estradiol (generic **Ortho-Cept**)	1	H
Drospirenone-Ethinyl Estradiol-Levomefolate Calcium	3	E
Econtra EZ	1	H
Elinest	1	H
Ella	1	H, SL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estarylla	1	H
Fallback	1	H
Falmina	1	H
Fayosim	3	E
Gildess	2	

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Drug Name	Drug Tier	Requirements & Limits
Gildess Fe	1	H
Heather	1	H
Introvale	2	H
Jencycla	1	H
Jolessa	2	H
Jolivette	1	H
Juleber	1	H
Junel	2	
Junel Fe	1	H
Kurvelo	1	H
Kelnor 1/35	1	H
Larin Fe	1	H
Larissia	1	H
Leena	1	H
Lessina	1	H
Levonest	1	H
Levonorgestrel 1.5 mg	1	H
Levonorgestrel-Ethinyl Estradiol (generic **Alesse, Nordette, Triphasil**)	1	H
Levonorgestrel-Ethinyl Estradiol (generic **Seasonale**)	2	H
Levora-28	1	H
Lo Loestrin Fe	3	
Loryna	3	
Low-Ogestrel	1	H
Lutera	1	H
Lyza	1	H
Marlissa	1	H
Medroxyprogesterone Acetate	1	H
Mibelas 24 Fe Chewable Tablet	3	E
Microgestin	2	
Microgestin Fe	1	H
Mono-Linyah	1	H
MonoNessa	1	H
My Way	1	H

Drug Name	Drug Tier	Requirements & Limits
Myzilra	1	H
Natazia	2	
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice	1	H
Nora BE	1	H
Norethindrone 0.35 mg	1	H
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H
Norgestimate-Ethinyl Estradiol (generic **Ortho-Cyclen, Ortho Tri-Cyclen**)	1	H
Norgestimate-Ethinyl Estradiol Lo (generic **Ortho Tri-Cyclen Lo**)	2	
Norlyroc	1	H
Nortrel 7/7/7, 0.5/35, 1/35	1	H
Nuvaring	2	H
Opcicon	1	H
Orsythia	1	H
Ortho Tri-Cyclen Lo	3	E
Pirmella 7/7/7, 1/35	1	H
Plan B One Step	1	H
Portia	1	H
Previfem	1	H
Quasense	2	H
Rajani	3	E
React	1	H
Reclipsen	1	H
Rivelsa	3	E
Setlakin	2	H
Sharobel	1	H
Solia	1	H
Sprintec	1	H
Sronyx	1	H
Take Action	1	H
Tarina Fe	1	H
Taytulla	3	E

Drug Name	Drug Tier	Requirements & Limits
Tri-Estarylla	1	H
Tri-Linyah	1	H
Tri-Lo-Estarylla	2	
Tri-Lo-Marzia	2	
Tri-Lo-Sprintec	2	
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	2	
Trivora-28	1	H
Velivet	1	H
Vestura	3	
Vienva	1	H
Viorele	2	
Wera	1	H
Xulane	3	H
Yasmin 28	2	
Yaz	2	
Zovia 1/35E, 1/50E	1	H
Women's Health: Hormone Replacement		
Climara	2	SL
Climara Pro	3	SL
Divigel	3	
Duavee	3	
Estrace Cream	3	
Estradiol/Norethindrone Acetate Tablet	2	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch	3	E, SL
Estring	2	SL
Estrogen/Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	2	
Vivelle-Dot	2	SL
Yuvafem	2	
Women's Health: Miscellaneous		
Raloxifene	2	H-PA
Tamoxifen	1	H-PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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Nondiscrimination notice and access to communication services

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P.O. Box 30608
Salt Lake City, UT 84130

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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

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