



Welcome. We're glad you're here.

Getting the most out of your plan begins with understanding what it can do for you. That's why we've put together this guide to help you get started. It includes the top things you can do to maximize your benefits.

A friendly reminder: Remember to carry your health plan ID card with you wherever you go to make your health care experience easier.

Start with these 3 easy steps:

1

Sign up for
myallsaversconnect.com

2

Know your
medical benefits

3

Understand your
pharmacy benefits

- 1 Sign up for myallsaversconnect.com
- 2 Know your medical benefits
- 3 Understand your pharmacy benefits



Sign up for myallsaversconnect.com.



24/7 access to your health plan.

Sign up for myallsaversconnect.com, a personalized website that helps you easily access and manage your health plan. Here are some of the ways myallsaversconnect.com can help you:

- Find network doctors, hospitals and facilities.
- Check your coverage.
- Check your claims status.
- Get a list of covered prescription drugs.



Need help?

Don't have access to a computer, need language assistance or want to talk to us?

Call our Customer Care Advocates at **1-800-291-2634**.



Know your medical benefits.

Get the most out of your health plan.

Our goal is to provide information and support to help you find care at a price that works for you. It starts with understanding your health plan to help you avoid surprise expenses and manage costs. Visit myallsaversconnect.com to see the details of your health plan.



Find network doctors, hospitals, laboratories and more.

You usually pay less for care when you use network providers and facilities. You can search for network doctors, mental health professionals, pharmacies, hospitals and labs through the physician directory on myallsaversconnect.com. Or, call the toll-free number on your ID card.



See a doctor from anywhere.

A Virtual Visit through healthiestyou.com lets you have a phone or video visit with a doctor from your mobile device, hotline phone number or computer about minor medical concerns. The doctor can provide a diagnosis and, if appropriate, send a prescription to your local pharmacy, 24/7/365 for **FREE**. Log in to myallsaversconnect.com to get started.

The service offerings, programs and partners of All Savers Wellness are subject to change. The All Savers Wellness service offerings are not available in all states.



Take advantage of preventive care at no cost.

Preventive care—like regular checkups, recommended screenings and immunizations—is usually covered at no cost to you when you see network doctors. Preventive care can be important to your overall health since it may help identify issues and conditions earlier.

Choose a primary care physician (PCP).

Although your plan may not require you to choose a PCP, it's a good idea to have one main doctor with in-depth knowledge of your health to help guide you on the best path of care. Find one at myallsaversconnect.com or call the toll-free number on your ID card.

Schedule your preventive care screenings.

Most UnitedHealthcare plans pay 100 percent of the cost of certain preventive care services with a network provider. Check your health plan documents for details. Visit uhcpreventivecare.com to find preventive care recommendations for everyone covered under your plan.

Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible.

Know where to go.

With many options for getting care, how do you choose? This chart can help you understand where to go for what—and how you can save money.

Where to go	What it is	When to use it	Cost
Virtual Visits 	<p>A Virtual Visit through healthiestyou.com lets you see a doctor using the camera on your smartphone, tablet or computer. You can even get a prescription sent to your local pharmacy, all in 30 minutes or less.</p> <p>Services may not be available at all times or in all locations. The service offerings, programs and partners of All Savers Wellness are subject to change. The All Savers Wellness service offerings are not available in all states.</p>	<ul style="list-style-type: none"> • Allergies • Bladder infections • Bronchitis • Cough/colds • Diarrhea • Fever • Pinkeye • Rashes • Seasonal flu • Sinus problems • Sore throat • Stomachaches 	\$
Primary Care Physician 	<p>Go to a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist, if needed.</p>	<ul style="list-style-type: none"> • Checkups • Preventive services • Minor skin conditions • Vaccinations • General health management 	\$\$
Convenience Care Clinics 	<p>Visit a convenience care clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often in stores.</p>	<ul style="list-style-type: none"> • Common infections (e.g., strep throat) • Minor skin conditions (e.g., poison ivy) • Vaccinations • Pregnancy tests • Minor injuries • Earaches 	\$\$
Urgent Care 	<p>Urgent care is usually ideal when you need care quickly, but it's not an emergency (and your doctor isn't available). Urgent care centers treat issues that aren't life-threatening.</p>	<ul style="list-style-type: none"> • Sprains • Strains • Small cuts that may need a few stitches • Minor burns • Minor infections • Minor broken bones 	\$\$\$
Emergency Room 	<p>The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911, or your local emergency number.</p>	<ul style="list-style-type: none"> • Heavy bleeding • Large, open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injuries • Severe head injury • Breathing difficulty • Major broken bones 	\$\$\$\$

Know your medical benefits.



Find out what's covered.

All Savers plans offer coverage for checkups, flu shots and hospital stays. Knowing exactly what's covered by your health plan can be key to managing your health care costs and avoiding financial surprises.

For complete details about your health plan, including your out-of-pocket costs, coverage, requirements and more, visit myallsaversconnect.com.

For a free printed copy of these documents, call the toll-free number on your ID card.



Important, cost-related terms to know.

There are 4 main terms to know when it comes to understanding what your health plan covers and what you'll have to pay:

Copayment:

The set amount you pay for a covered health care service, usually paid at the time you get care.

Coinsurance:

Your share of the costs for a covered health care service like a lab test.

Deductible:

The amount you owe for covered services before your health plan begins to pay.

Out-of-pocket limit:

The highest amount you'll pay during this year (also known as your "policy period") before your health plan begins to pay 100 percent of the amount. It's important to note a few things:

- This limit doesn't include your premium or some other charges.
- Some health plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit.



Visit justplainclear.com, an online glossary of health and insurance terms, to get straightforward definitions of thousands of words (in both English and Spanish).

Understanding your Explanation of Benefits.

An Explanation of Benefits (EOB) is sent when you or one of your covered dependents use your benefit plan. The EOB gives you an easy-to-read record of how your claim was processed. At a glance, you'll see how much was covered by your plan and what your out-of-pocket costs are.

1. Patient.
The name of the person who received the medical care.

2. Claims Summary.
This section shows the “math” with details on how much your plan paid, plan discounts and how much you may owe the provider.

3. Service description.
Description of services provided.

4. Payment amount.
The amount of benefits paid to the customer or provider.

5. Customer responsibility.
This section shows your responsibility for the services provided.

6. YTD deductible and coinsurance remaining.
Shows the patient’s year-to-date deductible and coinsurance amounts remaining.

7. Remarks.
This section gives additional details about how the claim was paid or not paid.

How to submit a complaint:

A participant may contact Customer Service by calling the toll-free number on the ID card to try to resolve the complaint. If the issue can't be resolved over the phone, or the participant would rather send the complaint in writing, the request may be submitted to the address found on the back of the EOB or in the Policy.

Understand your pharmacy benefits.

Lowering your pharmacy costs.

Here are some tips on how to get medication at the lowest cost.



Know your plan.

Your plan may require 1 or more of the following before you can fill your prescription:

- **Prior authorization** – approval to get a medication.
- **Step therapy** – trying 1 medication before another.
- **Quantity limits** – getting a certain amount of each prescription.



Check your prescription drug list (PDL).

Your PDL is a list of covered medications. The list is broken into sections called tiers. Choosing medications in lower tiers may save you money. Check your PDL often.



Consider generic drugs.

Generic medications usually have a lower copay than brand-name medications. Ask your doctor if there's a generic option for you.



Using your benefits.

OptumRx® is your All Savers plan's pharmacy care services manager. We're committed to providing you with safe, easy and cost-effective ways to get the medication you need. Here's how to manage your pharmacy benefits online:

Log in to myallsaversconnect.com to access your pharmacy and prescription information.



Filling your prescriptions.

Delivered to your door.

Order up to a 3-month supply of the medication you take regularly for less with home delivery.

- Log in to myallsaversconnect.com to manage your pharmacy and prescription information.
- Call the number on your ID card.

There is no charge for standard shipping to U.S. addresses.

Pick up at the pharmacy.

- Show your ID card at any UnitedHealthcare network retail pharmacy.
- To see a list of network pharmacies, visit myallsaversconnect.com or call the number on your ID card.

Health Management
PCP \$0 kid copay



Save your employees money with \$0 Primary Care Physician Copays for Kids.

Family friendly. Family focused.

With the \$0 Primary Care Physician (PCP) Copays for Kids¹ program, your employees will discover how All Savers[®] Alternate Funding is working to help improve health and lower overall out-of-pocket medical costs. Designed for employees with unmarried dependents under the age of 19,² this benefit is available for enrollees in copay-based medical plan designs in the traditional EPO/PPO and PROformance plans.

Making health care and cost decisions easier for families.

Incentives to use PCPs should result in fewer emergency room visits, less need for specialty care and increased preventive health care. All of these help lower overall health care costs for everyone.



Contact your **UnitedHealthcare**
representative for additional information.

¹ Does not apply to Navigate/Charter or non-copay plan designs.

² See the Summary Plan Description for the full definition of a dependent child.

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All Savers[®]
Preventive care guidelines
for children and adults.





Keeping a focus on regular preventive care can help you—and your family—stay healthy.

Preventive care can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Under the Affordable Care Act (ACA),¹ you can get certain preventive health care services, covered at 100 percent, without any cost to you. Just obtain your preventive care from a health plan network provider. Diagnostic (non-preventive) services are also covered, but you may have to pay a copayment, coinsurance or deductible. Check your plan documents to make sure.

Preventive care guidelines for children.²

Recommended preventive care services for children will vary based on age and may include some of the following:

- Age-appropriate well-child examination.
- Measurement of your child's head size.
- Measurement of your child's length/height and weight.
- Metabolic screening panel for newborns.
- Screening blood tests, if appropriate.
- Age-appropriate immunizations.
- Vision screening, by primary care physician.
- Oral health risk assessment.
- Fluoride application and/or oral supplements, under certain circumstances.
- Hearing screening.
- Autism screening.
- Lead screening, for children under age 7.
- Counseling on the harmful effects of smoking and illicit use of drugs (children and adolescents).
- Counseling for children and their parents on promoting a healthy diet and exercise.
- Screening certain children at high risk for sexually transmitted diseases, lead, depression, tuberculosis and more.
- Evaluating the need for iron supplements.

Not all children require all of the services identified above. Your doctor should give you information about your child's growth, development and general health, and answer any questions you may have.



Help protect and maintain your child's health with regular preventive care visits with a network doctor.



Preventive care immunization guidelines for children and adolescents—18 years or younger.

Immunizations can help protect your child against many childhood diseases. The following immunization schedule provided by the Centers for Disease Control and Prevention (CDC) will provide you with the guideline recommendations for children 18 years or younger.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Hepatitis B (HepB)	1st dose	2nd dose		3rd dose														
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose														
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose						
Haemophilus influenzae type b (Hib)			1st dose	2nd dose		3rd or 4th dose												
Pneumococcal conjugate (PCV13)			1st dose	2nd dose	3rd dose	4th dose												
Inactivated poliovirus (IPV: <18 yrs)			1st dose	2nd dose	3rd dose						4th dose							
Influenza (IIV)	Annual vaccination (IIV) 1 or 2 doses													Annual vaccination (IIV) 1 dose only				
Measles, mumps, rubella (MMR)					1st dose								2nd dose					
Varicella (VAR)					1st dose								2nd dose					
Hepatitis A (HepA)					2-dose series													
Meningococcal (Hib-MenCY >6 weeks; MenACWY-D >9 mos; MenACWY-CRM ≥2 mos)														1st dose		2nd dose		
Tetanus, diphtheria, & acellular pertussis (Tdap: >7 yrs)													Tdap					
Human papillomavirus (HPV)																		
Meningococcal B																		
Pneumococcal polysaccharide (PPSV23)																		

- No recommendation.
- Range of recommended ages for all children.
- Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making.
- Range of recommended ages for catch-up immunization.
- School entry and adolescent vaccine age groups.
- Range of recommended ages for certain high-risk groups.

If your child has any medical conditions that put them at risk for infection or is traveling outside of the United States, talk to your child's doctor about additional vaccines that your child may need. **Note:** If your child misses a shot, talk with your child's doctor for their direction—and to answer any questions about vaccines.

For more information about vaccines, visit [cdc.gov/vaccines](https://www.cdc.gov/vaccines).

Preventive care screening guidelines and counseling services for adults.²

A preventive health visit can help you see how healthy you are now and help identify any health issues before they become more serious. You and your doctor can then work together to choose the care that may be right for you. Recommended preventive care services may include the following:

For adult men:

- **Wellness examinations.**
- **Abdominal Aortic Aneurysm Screening**—for age 65–75 who have ever smoked.
- **Alcohol Screening and Brief Counseling**—screening during wellness examinations. Brief counseling interventions for certain patients.
- **Blood Pressure Screening**—at each wellness examination. Certain patients may also require ambulatory blood pressure measurements outside of a clinical setting. Check with your doctor.
- **Cholesterol Screening**—for age 40–75.
- **Colorectal Cancer Screening**—for age 50–75. Ask your physician about screening methods and intervals for screening.
- **Depression Screening**—for all adults, in a primary care setting.
- **Diabetes Screening**—for age 40–70 who are overweight or obese.
- **Falls Prevention Counseling**—during wellness examination, for community-dwelling older adults.
- **Healthy Diet Behavioral Counseling**—for persons with cardiovascular disease risk factors, in a primary care setting.
- **Hepatitis B Virus Infection Screening**—for persons at high risk.
- **Hepatitis C Virus Infection Screening**—one-time screening for adults born between 1945–1965, or, persons at high risk.
- **Human Immunodeficiency Virus (HIV) Screening.**
- **Immunizations**—FDA approved and have explicit ACIP recommendations for routine use.
- **Latent Tuberculosis Infection Screening**—for persons at increased risk.
- **Lung Cancer Screening with Low-Dose CT Scan**—for age 55–80 with at least a 30 pack-year smoking history (requires prior authorization).
- **Obesity Screening and Counseling**—at each wellness examination. Certain patients may need medical nutrition therapy.
- **Sexually Transmitted Infections, Behavioral Counseling to Prevent**—behavioral counseling for adults who are at increased risk, in a primary care setting.
- **Skin Cancer, Behavioral Counseling to Prevent**—at each wellness examination, for young adults up to age 24.
- **Syphilis Screening**—for adults at increased risk.
- **Tobacco Cessation, Screening, Behavioral Counseling**—screening and behavioral counseling for adults who smoke, in a primary care setting (refer to pharmacy vendor for pharmacotherapy for tobacco cessation).



For adult women:

- **Wellness Examinations, Well-Woman Visits**—well-woman visits, including routine, low-risk prenatal visits.
- **Abdominal Aortic Aneurysm Screening**—for age 65–75 who have ever smoked.
- **Alcohol Screening and Brief Counseling**—screening during wellness examinations. Brief counseling interventions for certain patients.
- **Bacteriuria Screening**—during pregnancy.
- **Blood Pressure Screening**—at each wellness examination. Certain patients may also require ambulatory blood pressure measurements outside of a clinical setting. Check with your doctor.
- **Breastfeeding Primary Care Interventions, Counseling, Support and Supplies**—during pregnancy and after birth. Includes personal use electric breast pump.
- **Cervical Cancer Screening (Pap Smear)**—women age 21–65.
- **Chemoprevention of Breast Cancer, Counseling**—for women at high risk of breast cancer, but low risk for adverse effects.
- **Chlamydia and Gonorrhea Infection Screening**—for sexually active women age 24 and younger, and older women at increased risk.
- **Cholesterol Screening**—for age 40–75.
- **Colorectal Cancer Screening**—for age 50–75. Ask your physician about screening methods and intervals for screening.
- **Contraceptive Methods (Including Sterilizations)**—FDA-approved methods of contraception for women, including patient education and counseling.
- **Depression Screening**—for all adults, in a primary care setting.
- **Diabetes Screening**—for age 40–70 who are overweight or obese.
- **Falls Prevention Counseling**—during wellness examination, for community-dwelling older adults.
- **Genetic Counseling and Evaluation for BRCA Testing, and BRCA Lab Testing**—lab testing requires prior authorization.
- **Gestational Diabetes Mellitus Screening**—during pregnancy.
- **Healthy Diet Behavioral Counseling**—for persons with cardiovascular disease risk factors, in a primary care setting.
- **Hepatitis B Virus Infection Screening**—for persons at high risk.
- **Hepatitis C Virus Infection Screening**—one-time screening for adults born between 1945–1965, or, persons at high risk.
- **Human Immunodeficiency Virus (HIV) Screening**—for all adults.
- **Human Papillomavirus DNA Testing**—for women age 30–65.
- **Immunizations**—FDA approved and have explicit ACIP recommendations for routine use.
- **Intimate Partner Violence, Interpersonal and Domestic Violence, Counseling and Screening**—during wellness examination.
- **Latent Tuberculosis Infection Screening**—for persons at increased risk.
- **Lung Cancer Screening with Low-Dose CT Scan**—for age 55–80 with at least a 30 pack-year history (with prior authorization).
- **Mammography Screening.**
- **Obesity Screening and Counseling**—at each wellness examination. Certain patients may need medical nutrition therapy.
- **Osteoporosis Screening**—women age 65 and older, and younger women at increased risk.
- **Rh Incompatibility Screening**—during pregnancy.
- **Sexually Transmitted Infections, Behavioral Counseling to Prevent**—behavioral counseling for adults who are sexually active or otherwise at increased risk, in a primary care setting.
- **Skin Cancer, Behavioral Counseling to Prevent**—at each wellness examination, for young adults up to age 24.
- **Syphilis Screening**—for adults at increased risk.
- **Tobacco Cessation, Screening, Behavioral Counseling**—screening, and behavioral counseling for adults who smoke, in a primary care setting (refer to pharmacy vendor for pharmacotherapy for tobacco cessation).

Preventive care immunization guidelines for adults.

Immunizations may help protect against many illnesses and diseases. The following immunization schedule provided by the Centers for Disease Control and Prevention (CDC) will give you the recommendations for adults aged 19 years or older.

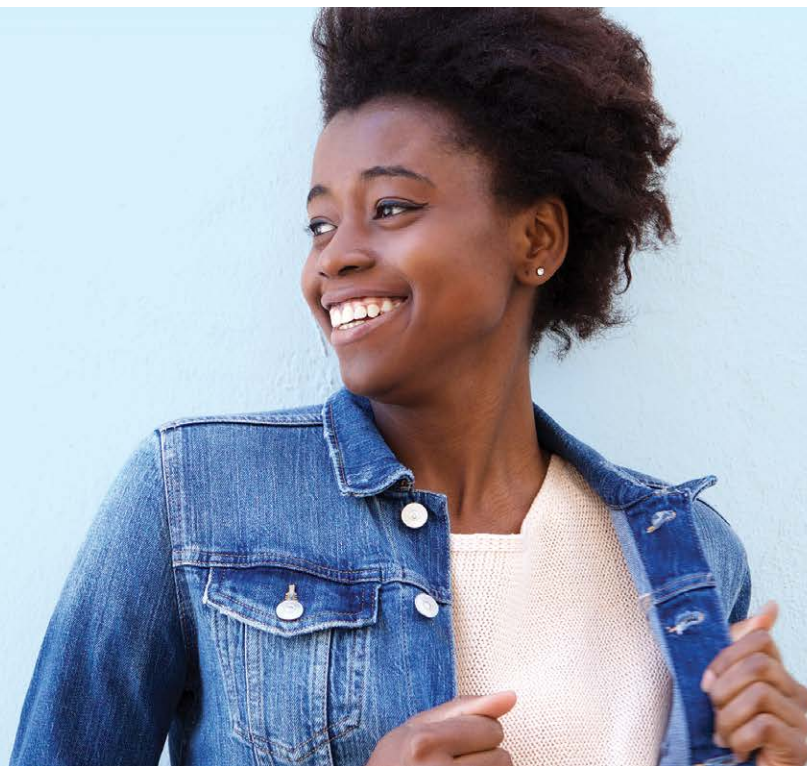
Vaccine	19–21 years	22–26 years	27–59 years	60–64 years	≥ 65 years
Influenza (flu shot)	1 dose annually				
Tetanus, Diphtheria, Pertussis Vaccine—Td/Tdap	Substitute Tdap for Td once, then Td booster every 10 yrs				
Measles, Mumps, Rubella—MMR	1 or 2 doses depending on indication				
Varicella (Chicken Pox)	2 doses				
Herpes Zoster Vaccine (Shingles)—Shingrix				2 doses, separated by 2–6 months	
Herpes Zoster Vaccine (Shingles)—Zostavax				1 dose	
Human Papilloma Virus (HPV)—Female	3 doses				
Human Papilloma Virus (HPV)—Male	3 doses				
Pneumococcal Conjugate Vaccine—PCV13					
Pneumococcal Polysaccharide Vaccine—PPSV23	1 or 2 doses depending on indication				1 dose
Hepatitis A—HepA	2 or 3 doses depending on vaccine				
Hepatitis B—HepB	3 doses				
Meningococcal Vaccine—MenACWY or MPSV4	1 or more doses depending on indication				
Meningitis B—MenB	2 or 3 doses depending on vaccine				
Haemophilus Influenzae Type B—Hib	1 or 3 doses depending on indication				

No recommendation.

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection.

Recommended for adults with additional medical conditions or other indications.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).





For more information about preventive guidelines for your age and gender, visit uhc.com/preventive.care.



¹ Under the Patient Protection and Affordable Care Act (PPACA), many plans are required to cover certain preventive services without cost share for members. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

² These guidelines are based, in part, on the requirements of the Patient Protection and Affordable Care Act, and recommendations of the U.S. Preventive Services Task Force (USPSTF), the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions that may not be covered as a preventive benefit. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

Source: www.archive.ahrq.gov/clinic/prevenix.htm

Source: www.allkids.com/customers/checkups.html

Source: Centers for Disease Control and Prevention, Recommended immunization schedules for children and adolescents aged 18 years or younger - United States, 2018, at: www.cdc.gov/vaccines/pubs/ACIP-list.htm

Development, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage.

Additional information about the vaccines in this schedule, extent of available data, including a full list of footnotes and contraindications for vaccination is also available at cdc.gov/vaccines or from the CDC-INFO Contact Center at 1-800-CDC-INFO (1-800-232-4636) in English and Spanish, 8 a.m.–8 p.m. Eastern Time, Monday–Friday, excluding holidays. For a complete list of footnote references, please visit: cdc.gov/vaccines/schedules/downloads/adult/adult-schedule.pdf.

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UnitedHealthcare Motion®

Walk to earn over \$1,000 a year.

What is it?

An innovative, web-based activity program that works with your activity tracker and an app. All Savers® Alternate Funding recognizes the value of your steps; you can wear your tracker to earn rewards that reimburse qualified out-of-pocket medical expenses. Walking is not only good for your physical health, it may be one of the best medicines for mental health, too.

How does it work?

After you set up the tracker and sync it with your computer or smartphone, wear it daily—and walk—paying attention to its helpful reminders. Log in to a personal dashboard for near real-time feedback on your progress and rewards earned. You can earn over \$1,000 to help reduce your annual health care costs. Your tracker measures how often you walk, how fast you walk and the number of steps you take. The research used to develop this program proved it's significantly more beneficial to your health to 1) get up and move multiple times a day, 2) include one moderately intense walk and 3) reach a step-count goal. It's called FIT because Frequency, Intensity and Tenacity matter.

How to sign up:

- 1 Log in to your account at myallsaversmember.com and click the UnitedHealthcare Motion link.
- 2 Create your UnitedHealthcare Motion account, and receive a \$55 credit just for registering.
- 3 Select an activity tracker of your choice using the \$55 registration credit to be shipped to your home. If you already have a FIT-compatible activity, you can save the registration credit for reimbursement of qualified out-of-pocket medical expenses.
- 4 Follow the instructions to set up your activity tracker and sync it with your computer or smartphone.



For the maximum benefit, meet these daily goals:

- Take six brief walks, at least one hour apart (each 500 steps taking less than 7 minutes).
- Take one brisk walk (3,000 steps within 30 minutes).
- Walk at least 10,000 steps total.



Questions? Call 1-855-256-8669 or email unitedhealthcaremotion@unitedhealthone.com.



UnitedHealthcare Motion is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker and/or certain credits may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations from receiving an activity tracker and/or certain credits under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. Contact us at 1-855-256-8669 or unitedhealthcaremotion@unitedhealthone.com and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law.

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Your 2019 Prescription Drug List

Advantage 4-Tier



Effective July 1, 2019

This Prescription Drug List (PDL) is accurate as of July 1, 2019 and is subject to change after this date. The next anticipated update will be Jan. 1, 2020. 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 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.



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Understanding your Prescription Drug List (PDL)

What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order.

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for additional information.

When does the PDL change?

PDL changes typically occur twice per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to the member website listed on your ID card at any time to check your medication coverage and lower-cost options.

About this PDL

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

Understanding your Prescription Drug List (continued)

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)¹ 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 medications²). 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 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 ID card or call the toll-free phone number on your ID card to learn more.

Please note, not all specialty medications are listed here. If you're taking a specialty medication that is on a higher tier, call the toll-free phone number on your ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

Over-the-counter (OTC) medications

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your PDL

The PDL gives you choices so you and your doctor can determine your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

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.

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost 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.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Reading your PDL (continued)

Drug list information.

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

E **May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)**

Lower-cost options are available and covered.

H **Health Care Reform Preventive**

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

H-PA **Health Care Reform Preventive with Prior Authorization**

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

PA **Prior Authorization (sometimes referred to as Precertification)³**

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

QL **Quantity Limits**

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

RS **Refill and Save Program⁴**

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

SP **Specialty Medication**

Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.

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

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

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.

Reading your PDL (continued)

Coverage details.

Some drug classes in this PDL have additional/important coverage details. Review this list to determine if drug classes that apply to you are noted.

Central Nervous System: Sedatives/Hypnotics

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Diabetes: Blood Glucose Monitoring; Insulin; Non-Insulin

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

Diabetes: Continuous Glucose Monitors, Sensors

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Endocrine: Growth Hormone

Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

Infertility

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.

This is not a covered benefit for Neighborhood Health Plan.

Medications for Sexual Dysfunction

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.

Questions

For the most current list of covered medications or if you have questions:



Call the toll-free member phone number on your ID card.



Visit your plan's member website listed on your ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
acetaminophen-codeine #2	1	QL
acetaminophen-codeine #3	1	QL
acetaminophen-codeine #4	1	QL
apap-caff-dihydrocodeine oral capsule	4	QL
apap-caff-dihydrocodeine oral tablet	E	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	4	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
DVORAH	E	QL
endocet	1	QL
ESGIC	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl er	4	PA, ST, QL
hydromorphone hcl oral	1	
HYSINGLA ER	E	PA, ST, QL
KADIAN	E	PA, ST, QL
lidocaine external ointment	2	QL
lidocaine external patch	3	PA, QL
lidocaine-prilocaine cream 2.5-2.5 % external	1	
LIDODERM	E	PA, QL
lorcet	1	QL
lorcet hd	1	QL
lorcet plus	1	QL
LORTAB	4	
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NORCO	4	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	QL
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	QL
phrenilin forte	3	QL
premium lidocaine	2	QL
PRIMLEV	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	
ROXICODONE ORAL TABLET 5 MG	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG	E	QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG	E	QL
SUBSYS	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl ir	1	
trezix	4	QL
TYLENOL WITH CODEINE #3	4	QL
TYLENOL WITH CODEINE #4	4	QL
ULTRAM	4	
VANATOL LQ	2	PA, QL
VANATOL S	2	PA, QL
verdrocet	1	
vicodin	E	QL
vicodin es	E	QL

Drug Name	Drug Tier	Requirements & Limits
vicodin hp	E	QL
XTAMPZA ER	2	PA, QL
zebutal	1	QL
ZOHYDRO ER	4	PA, ST, QL
ZTLIDO	E	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac sodium transdermal gel 1 %	E	
diclofenac sodium transdermal solution	E	
EC-NAPROSYN	3	
etodolac	1	
etodolac er	1	
hydromorphone hcl rectal	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
klofensaid ii	E	
LODINE	E	
meloxicam oral	1	
MOBIC	4	
MORPHINE SULFATE RECTAL SUPPOSITORY 10 MG	3	
morphine sulfate rectal suppository 20 mg, 30 mg, 5 mg	1	
nabumetone oral	1	
NAPRELAN	E	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
NAPROSYN ORAL SUSPENSION	4	
naproxen dr	1	
naproxen oral	1	
naproxen sodium er	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
SPRIX	3	
TIVORBEX	E	
VIVLODEX	E	QL
VOLTAREN	2	
ZIPSOR	E	

Anti-Addiction / Substance Abuse Treatment Agents

BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	E	PA, QL
CHANTIX	4	PA, H
CHANTIX CONTINUING MONTH PAK	4	PA, H
CHANTIX STARTING MONTH PAK	4	PA, H
EVZIO	E	PA, QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL

Antibacterials - Drugs for Infections

ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	

Drug Name	Drug Tier	Requirements & Limits
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
BACTROBAN	3	QL
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	4	
KEFLEX	4	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	
levofloxacin oral	1	
MACROBID	4	
MACRODANTIN	4	
METROGEL-VAGINAL	E	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 65 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 55 MG	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg, 50 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
okebo	E	

Drug Name	Drug Tier	Requirements & Limits
penicillin v potassium	1	
SOLODYN	E	PA
soloxide	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XIMINO	E	PA
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX ORAL TABLET 600 MG	3	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	4	QL
ELIQUIS STARTER PACK	4	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	4	QL
PRADAXA	2	QL
SAVAYSA	4	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL KIT	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL STARTER	4	PA, ST
LAMICTAL XR ORAL KIT	3	PA, ST
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	

Drug Name	Drug Tier	Requirements & Limits
levetiracetam er	2	
levetiracetam oral	1	
NEURONTIN	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
QUDEXY XR	E	PA, ST
roweepra	1	
roweepra xr	2	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
TROKENDI XR	E	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	2	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	3	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	4	

Drug Name	Drug Tier	Requirements & Limits
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	4	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
PRISTIQ	E	QL
PROZAC	E	
REMERON	4	
REMERON SOLTAB	4	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	4	QL
VIIBRYD STARTER PACK	4	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	4	QL
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
REGLAN	4	
TRANSDERM-SCOP (1.5 MG)	4	
VARUBI ORAL	2	QL
ZOFRAN	4	
ZUPLENZ	E	QL

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
CICLODAN SOLUTION	E	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	4	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	

Drug Name	Drug Tier	Requirements & Limits
DUZALLO	4	PA, QL
MITIGARE	2	
ULORIC	4	ST, QL
ZURAMPIC	4	PA, QL
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
AMERGE	4	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	E	PA, SP, QL
anastrozole oral	1	
bexarotene	E	SP
BOSULIF ORAL TABLET 100 MG, 500 MG	2	PA, ST, SP, QL
BOSULIF ORAL TABLET 400 MG	2	PA, ST, SP, QL
capecitabine	E	SP, QL

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Drug Name	Drug Tier	Requirements & Limits
ERLEADA	2	PA, SP, QL
FEMARA	E	
GLEEVEC	E	PA, SP, QL
IBRANCE	2	PA, SP, QL
IDHIFA	2	PA, SP, QL
imatinib mesylate	1	PA, SP, QL
letrozole oral	1	
mercaptopurine oral	1	SP
PURIXAN	4	PA, SP
raloxifene	2	H-PA
REVLIMID	2	PA, SP, QL
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	SP, QL
TARGRETIN ORAL	2	SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA, ST, SP, QL
TASIGNA ORAL CAPSULE 50 MG	2	PA, ST, SP, QL
VERZENIO	2	PA, SP, QL
XELODA	1	SP, QL
YONSA	E	PA, SP
ZYTIGA ORAL TABLET 250 MG	2	PA, SP, QL
ZYTIGA ORAL TABLET 500 MG	2	PA, SP, QL

Antiparasitics - Drugs for Parasitic Infections

atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
MALARONE	4	
permethrin external	1	
PLAQUENIL	4	

Drug Name	Drug Tier	Requirements & Limits
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
MIRAPEX	4	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP ORAL TABLET 4 MG, 5 MG	4	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	4	
SINEMET CR	4	
ZELAPAR	3	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	4	QL

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	QL
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
GEODON ORAL	E	QL
LATUDA	4	QL

Drug Name	Drug Tier	Requirements & Limits
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
risperidone m-tab	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, SP
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	SP
DESCOVY	4	SP
entecavir	1	SP
EPCLUSA	2	PA, SP, QL
GENVOYA	4	SP
HARVONI	2	PA, SP, QL
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
LEDIPASVIR-SOFOSBUVIR	2	PA, SP, QL
MAVYRET	2	PA, SP, QL
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	4	SP

Drug Name	Drug Tier	Requirements & Limits
oseltamivir phosphate oral	2	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	2	SP
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, SP, QL
STRIBILD	4	SP
SYMFI	2	SP
SYMFI LO	2	SP
TAMIFLU	E	QL
tenofovir disoproxil fumarate	2	SP
TIVICAY	3	SP
TRIUMEQ	2	SP
TRUVADA	4	SP
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA, SP, QL
ZEPATIER	2	PA, ST, SP, QL
ZOVIRAX ORAL	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral concentrate	1	

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Drug Name	Drug Tier	Requirements & Limits
diazepam oral solution 1 mg/ml	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	4	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	4	
ALDACTONE	4	
ALTACE	4	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA, QL

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	4	
AVAPRO	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	2	
BYVALSON	2	QL
CALAN	4	
CALAN SR	4	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
CATAPRES	4	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	4	
CORGARD	4	
CORLANOR	3	PA, QL
COZAAR	4	
CRESTOR	E	QL
DEMADEX	4	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl er	1		isosorbide mononitrate	1	
diltiazem hcl er coated beads	2		isosorbide mononitrate er	1	
diltiazem hcl oral	1		KAPSPARGO SPRINKLE	4	
dilt-xr	1		labetalol hcl oral	1	
DIOVAN	E		LASIX	4	
DIOVAN HCT	E		LIPITOR	E	QL
doxazosin mesylate oral	1		LIPOFEN	E	
DYAZIDE	4		lisinopril oral	1	
EDARBI	3		lisinopril-hydrochlorothiazide	1	
EDARBYCLOR	3		LOPID	4	
enalapril maleate oral	1		LOPRESSOR	4	
EPANED	4	PA	losartan potassium	1	
EXFORGE	E		losartan potassium-hctz	1	
ezetimibe	2	QL	LOTENSIN	4	
ezetimibe-simvastatin	3	QL	LOTENSIN HCT	4	
fenofibrate oral capsule 150 mg, 50 mg	E		LOTREL	4	
fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E		lovastatin	1	H-PA
fenofibrate oral tablet 160 mg, 54 mg	2		LOVAZA	E	PA
FENOGLIDE	E		matzim la	2	
flecainide acetate	1		MAXZIDE	4	
FLOLIPID	4	PA	MAXZIDE-25	4	
furosemide oral	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
gemfibrozil oral	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
GONITRO	E	QL	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
guanfacine hcl	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
HEMANGEOL	E		MICARDIS	E	
hydralazine hcl oral	1		MINIPRESS	4	
hydrochlorothiazide oral	1		minitran	1	
HYZAAR	4		MULTAQ	4	PA
INDERAL LA	E		nadolol oral	1	
irbesartan	1		niacin er (antihyperlipidemic)	4	
irbesartan-hydrochlorothiazide	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
niacor	2		RANEXA	2	
NIASPAN	2		REPATHA	2	PA, ST, SP, QL
nifedipine er	1		rosuvastatin calcium	2	QL
nifedipine er osmotic release	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nifedipine oral	1		simvastatin oral tablet 80 mg	1	
NITRO-BID	2		sotalol hcl oral	1	
NITRO-DUR	3		SOTYLIZE	4	PA
nitroglycerin er	1		spironolactone oral	1	
nitroglycerin sublingual	1		TEKTURNA	3	QL
nitroglycerin transdermal	1		TEKTURNA HCT	3	QL
nitroglycerin translingual	E	QL	telmisartan	2	
NITROLINGUAL	E	QL	TENORETIC 100	E	
NITROMIST	4	QL	TENORETIC 50	E	
NITROSTAT	4		TENORMIN	E	
nitro-time	1		TOPROL XL	4	
NORVASC	4		torseamide	1	
olmesartan medoxomil oral	2		triamterene-hctz	1	
olmesartan medoxomil-hctz	2		TRICOR	E	
omega-3-acid ethyl esters	3	PA	valsartan	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3		valsartan-hydrochlorothiazide	1	
pacerone oral tablet 200 mg	1		VASCEPA ORAL CAPSULE 0.5 GM	4	PA
PRALUENT	2	PA, ST, SP, QL	VASCEPA ORAL CAPSULE 1 GM	3	PA
PRAVACHOL	4		VASOTEC	E	
pravastatin sodium	1		verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
prazosin hcl oral	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
PRINIVIL	4		verapamil hcl er oral tablet extended release	3	
PROCARDIA	4		verapamil hcl oral	1	
PROCARDIA XL	4		VERELAN	4	
propranolol hcl er	2		VERELAN PM	4	
propranolol hcl oral	1		VYTORIN	E	QL
QBRELIS	4	PA			
quinapril hcl	1				
ramipril	1				

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Drug Name	Drug Tier	Requirements & Limits
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	QL
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	4	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	PA
ADDERALL XR	2	QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
DEXEDRINE	4	PA
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	4	PA
FOCALIN XR	E	PA, QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
metadate er	4	PA, QL
METHYLIN	4	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA, QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	4	PA
RITALIN LA	E	PA, QL
STRATTERA	E	QL
VYVANSE	2	PA, QL
ZENZEDI	E	PA

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, SP, QL
AUBAGIO	3	PA, SP, QL
AVONEX PEN	2	PA, SP, QL
AVONEX PREFILLED	2	PA, SP, QL
AVONEX VIAL INTRAMUSCULAR KIT	2	PA, SP, QL
BETASERON	2	PA, SP, QL
COPAXONE	E	PA, SP, QL
dalfampridine er	2	PA, SP, QL
EXTAVIA	E	PA, ST, SP, QL
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP, QL

Drug Name	Drug Tier	Requirements & Limits
GILENYA ORAL CAPSULE 0.5 MG	3	PA, SP, QL
glatiramer acetate	2	PA, SP, QL
glatopa	E	PA, SP, QL
PLEGRIDY	3	PA, SP, QL
PLEGRIDY STARTER PACK	3	PA, SP, QL
REBIF	4	PA, ST, SP, QL
REBIF REBIDOSE	4	PA, ST, SP, QL
REBIF REBIDOSE TITRATION PACK	4	PA, ST, SP, QL
REBIF TITRATION PACK	4	PA, ST, SP, QL
TECFIDERA	2	PA, SP, QL

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, SP, QL
LYRICA	4	ST, QL
NUEDEXTA	2	PA

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	4	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	

Drug Name	Drug Tier	Requirements & Limits
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
ACZONE	4	QL
ALA SCALP	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	E	QL
amnestem	2	
ATRALIN	E	PA, QL
AVAR	E	
avar cleanser	1	
AVAR LS	E	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	

Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T EXTERNAL GEL	4	QL
CLEOCIN-T EXTERNAL LOTION	4	
CLEOCIN-T EXTERNAL SOLUTION	4	QL
CLEOCIN-T EXTERNAL SWAB	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	3	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external	E	
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
DESONATE	3	ST, QL
desonide external	3	QL
DESOWEN EXTERNAL CREAM	3	QL
DESOWEN EXTERNAL LOTION	4	QL
DIPROLENE	4	
DIPROLENE AF	4	
DUAC	E	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA, ST, SP, QL
EFUDEX	4	
ELIDEL	4	ST, QL
ELOCON	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
EVOCLIN	4	
FINACEA	4	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	

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Drug Name	Drug Tier	Requirements & Limits
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone in absorbbase	1	
imiquimod external	1	QL
IMIQUIMOD PUMP	E	QL
IMPOYZ	E	QL
isotretinoin oral	2	
KENALOG EXTERNAL	E	QL
LIDOTREX	E	
LOTRISONE	4	QL
methoxsalen oral	1	
methoxsalen rapid	1	
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	4	QL
mometasone furoate external	1	
myorisan	2	PA

Drug Name	Drug Tier	Requirements & Limits
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
ORACEA	4	
OXSORALEN ULTRA	2	
PICATO	3	QL
pimecrolimus	3	ST, QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
rosanil cleanser	1	
SERNIVO	E	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	

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Drug Name	Drug Tier	Requirements & Limits
SUMAXIN	4	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external	E	PA, QL
TAZORAC	4	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
TOLAK	E	
tretinoin external cream	3	PA, QL
tretinoin external gel 0.01 %, 0.05 %	E	PA, QL
tretinoin gel 0.025 % external	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIANEX	E	
triderm	1	
tridesilon	3	QL
VANOS	E	QL
VECTICAL	4	QL
VERDESO	E	QL
zenatane	2	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
BAYER BREEZE 2 SYSTEM	E	
BAYER BREEZE 2 TEST	E	QL
BAYER CONTOUR LINK MONITOR	E	
BAYER CONTOUR MONITOR KIT	E	
BAYER CONTOUR NEXT MONITOR KIT W/DEVICE	2	
BAYER CONTOUR NEXT TEST IN VITRO STRIP	2	QL
BAYER CONTOUR TEST	E	QL
BD INSULIN PEN NEEDLES	2	
DEXCOM	3	PA, QL
FREESTYLE LIBRE	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONETOUCH VERIO	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO TEST STRIPS	1	QL
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PRECISION SOF-TACT TEST	E	QL	HUMULIN 70/30 VIAL	1	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL	HUMULIN N KWIKPEN	2	QL
PRECISION XTRA DEVICE	E		HUMULIN N VIAL	1	QL
PRECISION XTRA KIT	E		HUMULIN R U-500 KWIKPEN	2	QL
PRECISION XTRA MONITOR	E		HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL
RELION BLOOD GLUCOSE TEST	E	QL	HUMULIN R VIAL	1	QL
RELION ULTIMA TEST	3	QL	LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	E	QL
TRUE METRIX BLOOD GLUCOSE TEST	3	QL	LANTUS U-100 VIAL	E	QL
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	2		LEVEMIR U-100 FLEXTOUCH	3	QL
TRUETRACK TEST	3	QL	LEVEMIR U-100 VIAL	3	QL
Diabetes - Insulin			NOVOLIN 70/30 RELION	E	QL
ADMELOG	E	QL	NOVOLIN 70/30 VIAL	E	QL
ADMELOG SOLOSTAR	E	QL	NOVOLIN N RELION	E	QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL	NOVOLIN N VIAL	E	QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 4 (90) & 8 (90) UNIT, 8 (90) & 12 (90) UNIT, 8 UNIT	E	PA, QL	NOVOLIN R RELION	E	QL
BASAGLAR KWIKPEN	1	QL	NOVOLIN R VIAL	E	QL
FIASP	E	ST, QL	NOVOLOG FLEXPEN	E	QL
FIASP FLEXTOUCH	E	ST, QL	NOVOLOG PENFILL	E	QL
HUMALOG KWIKPEN	2	QL	NOVOLOG U-100 VIAL	E	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	TOUJEO MAX SOLOSTAR	E	QL
HUMALOG MIX 50/50 VIAL	1	QL	TOUJEO SOLOSTAR	E	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	TRESIBA	2	QL
HUMALOG MIX 75/25 VIAL	1	QL	TRESIBA FLEXTOUCH	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	Diabetes - Non-Insulin Agents		
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL	ACTOS	E	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL	ADLYXIN	4	QL
HUMULIN 70/30 KWIKPEN	2	QL	ADLYXIN STARTER PACK	4	QL
			ALOGLIPTIN BENZOATE	E	QL
			ALOGLIPTIN-METFORMIN HCL	E	QL
			ALOGLIPTIN-PIOGLITAZONE	E	QL
			AMARYL	4	
			BYDUREON	2	QL

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Drug Name	Drug Tier	Requirements & Limits
BYDUREON BCISE AUTOINJECTOR	2	QL
BYETTA 10 MCG PEN	2	QL
BYETTA 5 MCG PEN	2	QL
FARXIGA	E	ST, QL
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON	2	QL
GLUCOPHAGE	4	
GLUCOPHAGE XR	4	PA
GLUCOTROL	4	
GLUCOTROL XL	4	
GLUCOVANCE ORAL TABLET 5-500 MG	4	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST, QL
JANUVIA	4	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLQUA	2	PA, QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 2-PAK	2	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS 3-PAK	3	QL
Drugs for Blood Disorders		
AFSTYLA	4	PA, SP
ARANESP (ALBUMIN FREE)	2	SP, QL
ELOCTATE	4	PA, SP
EPOGEN	2	SP, QL
JIVI	4	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP, QL
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROCRIT	2	SP, QL
ZARXIO	2	SP

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Drug Name	Drug Tier	Requirements & Limits
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST, QL
IMVEXXY VAGINAL INSERT 10 MCG, 4 MCG	3	QL
INTRAROSA	3	QL
LEVITRA	E	QL
OSPHENA	3	QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	4	QL
STAXYN	E	QL
STENDRA	4	PA, QL
tadalafil oral tablet 10 mg, 20 mg	4	QL
tadalafil oral tablet 2.5 mg, 5 mg	4	ST, QL
vardeafil hcl oral tablet	3	QL
vardeafil hcl oral tablet dispersible	E	QL
VIAGRA	E	QL
Electrolytes / Vitamins		
DRISDOL	4	
ENDARI	4	PA, QL
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.5 mg, 1 mg	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL	3	
multivitamin/fluoride tablet chewable 0.25 mg oral	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
SYPRINE	3	PA, SP
trientine hcl	E	PA, SP
UROKIT-K 10	4	
UROKIT-K 15	4	
UROKIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	
VITAPEARL	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	4	
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	

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Drug Name	Drug Tier	Requirements & Limits
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	E	QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
rabeprazole sodium	3	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBIID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
LOMOTIL	4	
MOVANTIK	E	PA, QL
MOVIPREP	3	QL
NULEV	4	
OMECLAMOX-PAK	3	QL
oscimin	1	
oscimin sr	1	
peg 3350/electrolytes	1	H
peg-3350/electrolytes	1	H
PLENVU	3	
PREPOPIK	3	
PYLERA	3	QL
SUPREP BOWEL PREP KIT	3	
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	PA, QL
Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment		
CERDELGA	2	PA, SP
CREON	2	
NITYR	2	PA, SP
ORFADIN	E	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, SP, QL
VIOKACE	4	ST
ZENPEP	2	

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Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Condition		
AURYXIA	3	
CUPRIMINE	4	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	E	
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	E	
GELNIQUE PUMP	E	
lanthanum carbonate	3	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	4	
RAPAFLO	4	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	4	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aviane	1	H
AYGESTIN	4	
azurette	2	
balziva	2	
bekyree	2	
BEYAZ	E	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
daysee	3		estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
deblitane	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
delyla	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4		estradiol patch twice weekly 0.075 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4		estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
DEPO-SUBQ PROVERA 104	2		estradiol patch twice weekly 0.1 mg/24hr transdermal (generic Vivelle-Dot)	E	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2		estradiol transdermal patch weekly	1	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H	estradiol vaginal cream	E	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	3		estradiol vaginal tablet	2	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	E		ESTRING	2	QL
drospiren-eth estrad-levomefol	E		ESTROGEL	3	QL
drospirenone-ethinyl estradiol	3		EVAMIST	2	
DUAVEE	3	QL	falmina	1	H
ELESTRIN	3		fayosim	E	
elinest	1	H	femynor	1	H
emoquette	1	H	gianvi	3	
enskyce	1	H	hailey 24 fe	3	
errin	1	H	heather	1	H
estarylla	1	H	incassia	1	H
ESTRACE ORAL	4		introvale	2	H
ESTRACE VAGINAL	3		isibloom	1	H
estradiol oral	1		jencycla	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL	jolessa	2	H
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic Vivelle-Dot)	E	QL	jolivette	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL	juleber	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic Vivelle-Dot)	E	QL	junel 1.5/30	2	
			junel 1/20	2	
			junel fe 1.5/30	1	H
			junel fe 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
junel fe 24	3		MENOSTAR	3	QL
kariva	2		mibelas 24 fe	E	
kurvelo	1	H	microgestin 1.5/30	2	
larin 1.5/30	2		microgestin 1/20	2	
larin 1/20	2		microgestin fe 1.5/30	1	H
larin 24 fe	3		microgestin fe 1/20	1	H
larin fe 1.5/30	1	H	mili	1	H
larin fe 1/20	1	H	MINASTRIN 24 FE	E	
larissia	1	H	MINIVELLE	4	QL
lessina	1	H	MIRCETTE	4	
levonorgest-eth est & eth est	E		mono-linyah	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3		mononessa	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	NATAZIA	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	necon 0.5/35 (28)	1	H
levora 0.15/30 (28)	1	H	nikki	3	
lillow	1	H	nora-be	1	H
LO LOESTRIN FE	3		norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	H
LOESTRIN 1.5/30 (21)	4		norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3	
LOESTRIN 1/20 (21)	4		norethin ace-eth estrad-fe oral tablet chewable	E	
LOESTRIN FE 1.5/30	4		norethindrone acetate oral	1	
LOESTRIN FE 1/20	4		norethindrone acet-ethinyl est oral tablet	2	
loryna	3		norethindrone acet-ethinyl est oral tablet chewable	E	
LOSEASONIQUE	4		norethindrone oral	1	H
low-ogestrel	1	H	norgestimate-eth estradiol	1	H
lutera	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
lyza	1	H	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
marlissa	1	H	norlyda	1	H
medroxyprogesterone acetate intramuscular	1	H	norlyroc	1	H
medroxyprogesterone acetate oral	1		nortrel 0.5/35 (28)	1	H
melodetta 24 fe	E		nortrel 1/35 (21)	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nortrel 1/35 (28)	1	H	tarina fe 1/20 eq	1	H
NUVARING	2	H	TAYTULLA	E	
ocella	3		tri femynor	1	H
ogestrel	2		tri-estarylla	1	H
orsythia	1	H	tri-linyah	1	H
ORTHO MICRONOR	4		tri-lo-estarylla	2	
ORTHO TRI-CYCLEN (28)	4		tri-lo-marzia	2	
ORTHO TRI-CYCLEN LO	E		tri-lo-sprintec	2	
ORTHO-CYCLEN (28)	4		tri-mili	1	H
ORTHO-NOVUM 1/35 (28)	4		tri-previfem	1	H
philith	2		tri-sprintec	1	H
pimtrea	2		tri-vylibra	1	H
pirmella 1/35	1	H	tri-vylibra lo	2	
portia-28	1	H	tulana	1	H
PREMARIN ORAL	3		tydemy	E	
PREMARIN VAGINAL	3		VAGIFEM	E	
PREMPHASE	3		vienva	1	H
PREMPRO	3		viorele	2	
previfem	1	H	VIVELLE-DOT	2	QL
progesterone micronized oral	2		vyfemla	2	
PROMETRIUM	4		vylibra	1	H
PROVERA	4		wera	1	H
QUARTETTE	E		xulane	3	H
reclipsen	1	H	YASMIN 28	2	
rivelsa	E		YAZ	2	
SAFYRAL	E		yuvafem	2	
SEASONIQUE	4		zarah	3	
setlakin	2	H	Hormonal Agents - Oral Steroids		
sharobel	1	H	CORTEF	4	
sprintec 28	1	H	DECADRON	E	
sronyx	1	H	deltasone	1	
syeda	3		dexamethasone intensol	1	
tarina fe 1/20	1	H	dexamethasone oral elixir	1	

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Drug Name	Drug Tier	Requirements & Limits
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
MILLIPRED ORAL SOLUTION	3	
MILLIPRED ORAL TABLET	2	
ORAPRED ODT	4	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
VERIPRED 20	3	
Hormonal Agents - Other		
cabergoline	2	
CETROTIDE	E	SP
DDAVP INJECTION	4	
DDAVP ORAL	4	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, SP, QL
GENOTROPIN MINIQUICK	E	PA, SP, QL
HUMATROPE	E	PA, SP, QL
NOCDURNA	3	PA, QL
NOCTIVA	E	PA, QL

Drug Name	Drug Tier	Requirements & Limits
NORDITROPIN FLEXPPO	E	PA, SP, QL
NUTROPIN AQ NUSPIN 10	2	PA, SP, QL
NUTROPIN AQ NUSPIN 20	2	PA, SP, QL
NUTROPIN AQ NUSPIN 5	2	PA, SP, QL
OMNITROPE	E	PA, SP, QL
ORLISSA	4	PA, QL
STIMATE	3	
ZOMACTON	E	PA, SP, QL
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
METHITEST	2	
methyltestosterone oral	2	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular solution 100 mg/ml	1	
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	4	
testosterone cypionate solution 200 mg/ml intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid			cyclosporine modified	1	SP
ARMOUR THYROID	3		ENBREL	4	PA, ST, SP, QL
CYTOMEL	4		ENBREL MINI	4	PA, ST, SP, QL
euthyrox	1		ENBREL SURECLICK	4	PA, ST, SP, QL
levo-t	1		ENVARBUS XR	E	SP
levothyroxine sodium oral	1		FIRAZYR	4	PA, SP, QL
levothyroxine-liothyronine	1		gengraf	1	SP
levoxyl	2		HAEGARDA	2	PA, SP, QL
liothyronine sodium oral	2		HUMIRA PEDIATRIC CROHNS START	2	PA, SP, QL
methimazole oral	1		HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	2	PA, SP, QL
NATURE-THROID	3		HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
np thyroid	1		HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
SYNTHROID	2		HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	2	PA, SP, QL
TAPAZOLE	4		HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP, QL
TIROSINT	E		HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, SP, QL
unithroid	1		HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	2	PA, SP, QL
unithroid direct	1		HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2	PA, SP, QL
WESTHROID	3		IMURAN	E	
WP THYROID	3		methotrexate oral	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression			methotrexate sodium oral	1	
ACTEMRA ACTPEN	3	PA, ST, SP, QL	mycophenolate mofetil	1	SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP, QL			
ASTAGRAF XL	E	SP			
AZASAN	3				
azathioprine oral	1				
CELLCEPT	E	SP			
CIMZIA PREFILLED KIT	2	PA, SP, QL			
CIMZIA STARTER KIT	2	PA, SP, QL			
COSENTYX 150 MG/ML	3	PA, ST, SP, QL			
COSENTYX 300 DOSE	3	PA, ST, SP, QL			
COSENTYX SENSOREADY 300 DOSE	3	PA, ST, SP, QL			
COSENTYX SENSOREADY PEN	3	PA, ST, SP, QL			

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Drug Name	Drug Tier	Requirements & Limits
mycophenolate sodium	2	SP
MYFORTIC	E	SP
NEORAL	E	SP
OTEZLA	2	PA, SP, QL
OTREXUP	E	ST, QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	3	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	4	ST, QL
SIMPONI	2	PA, SP, QL
sirolimus oral tablet	1	SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP, QL
tacrolimus oral	1	SP
TAKHZYRO	2	PA, SP, QL
TREMFYA	2	PA, SP, QL
TREXALL	2	
XELJANZ	3	PA, ST, SP, QL
XELJANZ XR	3	PA, ST, SP, QL
Infertility Agents		
CRINONE VAGINAL GEL 4 %	4	ST
CRINONE VAGINAL GEL 8 %	4	PA, ST
ENDOMETRIN	2	PA
GONAL-F	E	SP
GONAL-F RFF	E	SP
GONAL-F RFF REDIJECT	E	SP
OVIDREL	E	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC RECTAL CREAM	4	

Drug Name	Drug Tier	Requirements & Limits
ANALPRAM-HC RECTAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	2	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
pramcort	1	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL	4	QL
calcitriol oral	1	
FORTEO	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
FOSAMAX	4	
ibandronate sodium oral	2	QL
ROCALTROL	4	
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
INVELTYS	E	
ketorolac tromethamine ophthalmic solution 0.4 %	1	QL
ketorolac tromethamine ophthalmic solution 0.5 %	1	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX OPHTHALMIC SUSPENSION	4	QL
MOXEZA	4	
moxifloxacin hcl ophthalmic	3	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
OMNIPRED	4	
PATADAY	E	QL

Drug Name	Drug Tier	Requirements & Limits
PATANOL	E	QL
PAZEO	E	QL
PRED FORTE	4	
PRED MILD	2	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
tobramycin ophthalmic	1	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	4	
VIGAMOX	E	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	4	

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Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCU	2	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	4	
TRAVATAN Z	2	QL
XALATAN	4	
XELPROS	E	QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA, QL
LASTACAFT	3	QL
MAXITROL	4	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin-dexamethasone	2	
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	

Drug Name	Drug Tier	Requirements & Limits
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine-codeine oral syrup	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	4	
TUSSICAPS	3	
TUSSIONEX PENNKINETIC ER	4	PA, QL
XHANCE	E	QL
ZETONNA	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	3	RS, QL
ADVAIR HFA	3	RS, QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (PROAIR HFA authorized generic)	3	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (VENTOLIN HFA authorized generic)	E	

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate inhalation	1		EPIPEN JR 2-PAK	E	QL
albuterol sulfate oral	1		FLOVENT DISKUS	3	QL
ALVESCO	1	QL	FLOVENT HFA	3	QL
ANORO ELLIPTA	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ARCAPTA NEOHALER	3	QL	INCRUSE ELLIPTA	2	QL
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	3	QL	ipratropium-albuterol	2	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
ASMANEX 120 METERED DOSES	1	QL	montelukast sodium oral packet	2	
ASMANEX 14 METERED DOSES	1	QL	montelukast sodium oral tablet	1	
ASMANEX 30 METERED DOSES	1	QL	montelukast sodium oral tablet chewable	1	
ASMANEX 60 METERED DOSES	1	QL	PERFOROMIST	3	QL
ASMANEX 7 METERED DOSES	1	QL	PROAIR HFA	3	QL
ASMANEX HFA	1	QL	PROAIR RESPICLICK	3	QL
ATROVENT HFA	3	QL	PROVENTIL HFA	3	QL
AUVI-Q	E	QL	PULMICORT FLEXHALER	4	ST, QL
BEVESPI AEROSPHERE	2	QL	PULMICORT SUSPENSION	4	QL
BREO ELLIPTA	3	RS, QL	QVAR REDIHALER	1	QL
budesonide inhalation	2	QL	SINGULAIR ORAL PACKET	3	
CETYLEV	4		SINGULAIR ORAL TABLET	E	
COMBIVENT RESPIMAT	3	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (ADRENALCLICK authorized generic)	E	QL	SPIRIVA HANDIHALER	2	QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (ADRENALCLICK authorized generic)	E	QL	SPIRIVA RESPIMAT	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN)	2	QL	STRIVERDI RESPIMAT	2	QL
EPIPEN 2-PAK	E	QL	SYMBICORT	3	RS, QL
			TRELEGY ELLIPTA	3	RS, QL
			TUDORZA PRESSAIR	2	QL
			VENTOLIN HFA	2	QL
			XOPENEX HFA	3	QL

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	PA, SP, QL
KITABIS PAK	E	PA, SP, QL
PULMOZYME	2	PA, SP, QL
TOBI NEBULIZER	E	PA, SP, QL
TOBI PODHALER	3	PA, SP, QL
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP, QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, SP, QL
ADEMPAS	2	PA, SP, QL
LETAIRIS	2	PA, SP, QL
OPSUMIT	2	PA, SP, QL
ORENITRAM	4	PA, SP, QL
tadalafil (pah)	3	PA, SP, QL
TRACLEER ORAL TABLET	2	PA, SP, QL
TRACLEER ORAL TABLET SOLUBLE	2	PA, SP, QL
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral	1	
FEXMID	4	
metaxall	3	

Drug Name	Drug Tier	Requirements & Limits
metaxalone	3	
methocarbamol oral	1	
ROBAXIN ORAL	4	
ROBAXIN-750	4	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX	4	
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	2	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	4	
temazepam	1	
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	4	ST, QL

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ASMANEX 7 METERED DOSES	40	AVONEX PEN	22	betamethasone dipropionate aug external lotion	23
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Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in its health programs or activities.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

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
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH Building
Washington, D.C. 20201

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.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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

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

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

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

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

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

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 हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ខ្មែរ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានទំនាក់ទំនងស្តីពីការប្រើប្រាស់សេវា។

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

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

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



This document applies to members of UnitedHealthcare and UnitedHealthOne plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company. UnitedHealthOne plans provided by or through Oxford Health Plans (NJ), Inc.

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All Savers® Alternate Funding Choice Plus Advanced

A health plan that helps members save money and make informed health care decisions.

Choice Plus Advanced plans let members choose from health care professionals in the UnitedHealthcare network, including specialists, without a referral or picking a primary care physician (PCP).

Members can save money when they make informed decisions about the providers they choose, selecting Premium Care Physicians as well as certain lower-cost facilities.

Since Choice Plus Advanced is an open access product, members can get care from any provider, but they may pay more out-of-pocket costs when they don't seek care from certain network providers and facilities.

Better choices can have a direct effect on employers' health care costs.

Welcome to All Savers Alternate Funding Choice Plus Advanced, an open access plan that encourages members to seek care from Premium Care Physicians and freestanding facilities to get the highest level of coverage.

Why Choice Plus Advanced?

A better value. An easier choice.

Finding the best value when searching for a doctor can be complicated for consumers. All Savers Alternate Funding Choice Plus Advanced plans offer a simple solution: When a member chooses a Premium Care Physician, they're receiving the best value from their benefit plan and are oftentimes saving money. Members simply need to look for a provider with the two blue hearts symbol on myallsaversconnect.com to receive the best value for their benefits.

Plan highlights.

Passing quality and cost savings on to your employees.

By using Premium Care Physicians, your employees save on their copayments¹ and may benefit from visiting providers who provide the best value for their benefit plan.

By identifying network facilities that typically charge less for certain services and procedures than other comparable facilities in a particular market, we can help members make cost-efficient decisions about where they get care. By choosing lower-cost network facilities, both members and employers may save money without compromise in quality of care. Choice Plus Advanced gives your employees the freedom to choose from health care professionals in the UnitedHealthcare network, including specialists, without a referral or selecting a PCP.

Seeing a PCP or specialist.

Choice Plus Advanced members have lower copayments when they use Premium Care Physicians.

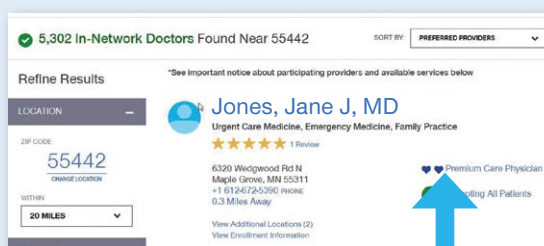
Sample Choice Plus Advanced plan:

Office Visit	Designated Network Premium Care Physicians	All Other Network Physicians
Primary care physician copayment	\$30	\$30
Specialist office visit copayment	\$30	\$60

Choosing a Premium Care Physician.

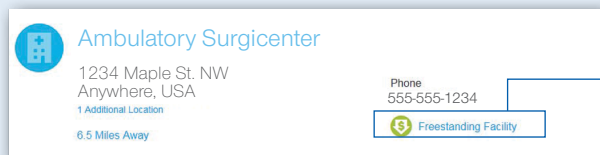
Members just need to go to "Find a Doctor" on myallsaversconnect.com and spot the two blue hearts.

Look for the two blue hearts symbol to quickly and easily find doctors who have been recognized for providing the best value.



Here's how it looks on myallsaversconnect.com.

Place of Service benefits: Finding a freestanding facility (outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory)



Look for the freestanding facility symbol to find facilities with the highest Place of Service benefits.

Using freestanding facilities for certain services can help drive additional cost savings.

Choice Plus Advanced members are encouraged to choose more cost-effective, freestanding network health care facilities (outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory),² instead of hospitals, for:

- Outpatient diagnostic services.
- X-rays.
- Independent lab work.
- Scopic procedures.
- Surgery.

An additional copayment¹ is applied when a network hospital is used for these services.

Place of Service benefits for certain procedures and services.

Sample of Choice Plus Advanced plan:

Service	Description	Member Pays	
		Hospital	Freestanding
Lab/X-ray	Minor lab and X-ray.	\$250 Copayment + Deductible/Coinsurance	Deductible/ Coinsurance
Major diagnostics	Services for CT scans, PET scans, MRIs, MRAs, nuclear medicine and major diagnostic services received on an outpatient basis at a hospital or alternate facility.	\$500 Copayment + Deductible/Coinsurance	Deductible/ Coinsurance
Scopic procedures – outpatient diagnostic	Diagnostic scopic procedures are those for visualization, biopsy and polyp removal.	\$500 Copayment + Deductible/Coinsurance	Deductible/ Coinsurance
Surgery – outpatient	Surgery and related services received on an outpatient basis at a hospital or alternate facility.	\$500 Copayment + Deductible/Coinsurance	Deductible/ Coinsurance

- Hospital copayments are in addition to the calendar/policy year deductible and coinsurance and continue to apply after the deductible is satisfied.
- Hospital copayments don't accrue toward the calendar year deductibles.¹

To view an online provider and freestanding facility listings, please visit myallsaversconnect.com.

A health plan that helps members save money and make informed decisions.

Choice Plus Advanced provides members with all the same benefits they have come to expect with an All Savers Alternate Funding plan, along with other useful options to help them lower their out-of-pocket health care costs. In addition, they'll have access to a large national network and tools and information on our member website, myallsaversconnect.com. Plan features include:

- Preventive care coverage.
- Specialist visits without a written referral.
- National network of more than 859,000 doctors and 5,600 hospitals.
Citation: UnitedHealthcare internal analysis, Q1 2018.
- Prescriptions can be filled at more than 67,000 pharmacies nationwide.
Citation: <https://www.uhc.com/employer/pharmacy/total-cost-management/retail-pharmacy-networks>, accessed 5/3/18.

Additional services available to Choice Plus Advanced plan members (Wellness programs not available in all states).

HealthiestYou (Virtual Visits).

- Connect with a doctor for non-emergency care online, anytime.
- Get a prescription sent to your local pharmacy.³
- Appointments are available 24/7 and take about 15 minutes.

UnitedHealthcare Motion®.

- Wear an activity tracker and get rewarded for meeting walking goals.
- Develop healthy habits while earning financial rewards.
- Quarterly reimbursement for expenses applied to the out-of-pocket maximum calendar year spend.

Rally®.

- Take the health survey and get your Rally Age®.
- Pick your Missions to help you toward your health goals.
- Earn rewards for making healthier choices.

Customer Service.

Professionals answer questions and help callers be as healthy as they can be. Members simply call the toll-free member number on their health plan ID cards.



To learn more about Choice Plus Advanced plans, please contact your broker or UnitedHealthcare representative.



¹ Copayments are the charge or set dollar amount that members are required to pay for certain services per their benefit plans. In addition to office visit copayments, members may also be responsible for copayments when they visit a facility or hospital. Facility and hospital copayments are in addition to the calendar-year/policy-year deductible and coinsurance. Facility and hospital copayments do not apply to the deductible and continue to apply after the deductible is satisfied.

² Freestanding facilities are any of the following: outpatient facility, diagnostic or ambulatory center, physician office or independent laboratory. At a freestanding facility, deductible and coinsurance still apply. See plan benefit information for further details.

³ Prescription services may not be available in all states.

UnitedHealthcare Motion is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker and/or certain credits may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations from receiving an activity tracker and/or certain credits under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. Contact us and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker or UnitedHealthcare sales representative.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a HealthiestYou's Physician Network. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Always refer to the plan documents for specific coverage.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company in all states (except MA, MN and NJ), UnitedHealthcare Insurance Company in MA and MN, and UnitedHealthcare Life Insurance Company in NJ, 3100 AMS Blvd., Green Bay, WI 54313, 1-800-291-2634.

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Virtual care is available from your phone or tablet.



What is HealthiestYou™?

HealthiestYou is an app that allows you to talk to a doctor from anywhere, anytime—with no copay or cost to you. Manage many of the situations that would normally involve a visit to the doctor's office without leaving home. HealthiestYou also offers a price-comparison tool that may save you up to 85 percent on prescriptions, often beating your copay. The app allows you to compare prices for procedures and research doctors. It's also a one-stop shop to view your medical plan deductibles in real time.

How does HealthiestYou work?

If you're sick, you can talk to a doctor in HealthiestYou's physician network through the app or from your phone. (If you don't have internet access, you can just make a phone call.) These doctors may diagnose, treat and prescribe, and you'll have no copay. HealthiestYou is designed to complement the care you receive from your primary care doctor. If you need a prescription or procedure, you can use HealthiestYou's geo-based search engine to find prices to help you make a more informed decision. Don't stress; help save time and money!

How to sign up for HealthiestYou:

- Go to member.healthiestyou.com.
- Register for your HealthiestYou account and download the app.
- Sync your medical benefits to shop and book providers or view your deductibles.
- Call **1-866-703-1259 (option 3)** with questions.
- Call **1-866-703-1259 (option 1)** to reach a doctor.



What is Best Doctors®?

Best Doctors provides you and your eligible dependents the guidance and reassurance needed when facing any medical situation. If you have received a serious diagnosis, are considering multiple treatment options, need help deciding if surgery is right for you or have medical questions, Best Doctors can have a carefully selected expert physician conduct an in-depth review of your medical case and/or questions and provide a personalized response and recommendation.

How does Best Doctors work?

As members of Best Doctors and HealthiestYou, you and your eligible dependents have access to a number of free and confidential services designed to put you at the center of your care and help ensure you get the right diagnosis, the most effective treatment and the answers you deserve.

Medical uncertainty is a problem. Combined, Best Doctors and HealthiestYou is a valuable solution.

How to sign up for Best Doctors:

- Access Best Doctors through your HealthiestYou app at the click of a button.
- Call **1-866-904-0910**.
- Visit members.bestdoctors.com.

Continued on reverse.



HealthiestYou and HSA-High Deductible Health Plans

Who: All Savers members enrolled in HSA-High Deductible Health Plans.

What: Eligible for HealthiestYou benefits and services.

Where: Virtual care—allowing members to talk to a doctor anywhere and at any time without an office visit.

When: Available from the effective date of the All Savers plan.

Why: Per IRS guidelines, HealthiestYou is compliant with All Savers HSA products. Therefore, services offered through HealthiestYou are available to All Savers HSA-High Deductible Health Plan members.

How: HealthiestYou services are not considered significant medical benefits and may include the following:

- Treatment for minor injuries, illness or first aid.
- Preventive care services, disease management programs, wellness programs, EAP programs.
- Services treated as outside ERISA and not subject to COBRA.

For more information regarding the HealthiestYou benefit and services, log on to myallsavers.com and download the HealthiestYou brochure.

Note: The above services list is not all-inclusive. This information is solely provided for general informational purposes only and is not intended to take the place of legal or tax advice regarding HSA eligibility. Please consult your own legal or tax professional.

This program is not insurance.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company in all states (except MA, MN and NJ), UnitedHealthcare Insurance Company in MA and MN, and UnitedHealthcare Life Insurance Company in NJ. 3100 AMS Blvd., Green Bay, WI 54313, 1-800-291-2634.

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All Savers® Alternate Funding Care Provider Quick Reference Guide

All Savers Alternate Funding, administered by UnitedHealthcare Services, Inc., offers health plans designed for small businesses. Members with the All Savers Alternate Funding plan have access to the UnitedHealthcare Choice, Choice Plus and Core network care providers, as well as dental and vision plans.

Please refer to this quick reference guide to find contact information, prior authorization requirements and other general information to help your practice work with All Savers members. This guide does not apply for Individual Exchange members.



myAllSaversConnect.com

Visit myallsaversconnect.com for plan information. To register for secure online access, choose “Register Here” from the home page. Once registered, you can:

- View and verify member eligibility and coverage
- View and print claims detail and payment summaries
- View claims status and member plan documents



Pharmacy Services

For pharmacy information, please refer to the back of the member’s ID card or call **855-816-6618**.



Mental Health Services

For mental health referrals, please call the number on the back of the member’s ID card or call **800-291-2634**.



Claims

Electronic:

For claims submitted electronically, please use **payer ID 81400**.

Paper:

Please submit paper claims

to: All Savers
P.O. Box 31375
Salt Lake City, UT 84131-0375

Fax: Please fax claims to **801-478-7582**.



Claim Benefit Questions, Status and Reconsideration

Phone: Please call Provider Services at **877-842-3210** or All Savers Customer Care at **800-291-2634**.

All Savers® Alternate Funding Care Provider Quick Reference Guide



Formal Appeals

Please submit formal appeals to:

Appeals Review
P.O. Box 31371
Salt Lake City, UT, 84131-0371

Fax: Fax appeals to **801-478-5463**.



Notification/Prior Authorization

- Please see the All Savers Supplement in your 2018 UnitedHealthcare Care Provider Administrative Guide for a full list of notification and prior authorization requirements. Visit UHCprovider.com > Administrative Guides and Manuals > 2018 UnitedHealthcare Care Provider Administrative Guide.
- For notifications, call the number on the back of the member's ID card.
- Hospitalizations require notification on the day of the admission or as soon as reasonably possible for emergency inpatient admissions. A notification of five days is required before transplant evaluations or clinical trials and for durable medical equipment costing more than \$1,000.



Member Identification Cards

The following is a sample card for a member whose plan requires prior authorization:

<p>All Savers Alternate Funding Health Plan (80840)911-81400-00 MemberID: C09999999 Group Number: 908868 Member: 00 MEMBER M SAMPLE Payer ID: 81400 OPTUMRX® Rx BIN: 610279 Rx PCN: 9999 Rx GRP: UGRI Copoly: Office: \$30 ER: \$300 Effective Date: 08/28/2017 Administered by United HealthCare Services, Inc.</p>	<p>Policy Number: 5400-00XXXX Issued: 04/11/2018 Advanced Notification and Admission Notification requirements apply for UHC Network providers. Insureds must call for out-of-network services. For Members: myallsaversconnect.com 800-291-2634 Notification: 800-999-3404 For Providers: myallsaversconnect.com 800-291-2634 CLAIMS: EDI# 81400, All Savers PO Box 31375, Salt Lake City, UT 84131-0375 MultiPlan Pharmacy Help Desk: 855-816-6618 Pharmacy Claims: OptumRX, PO Box 29077, Hot Springs, AR 71903</p>
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Other Resources

For more information, please call Provider Services at **877-842-3210**, contact your Physician Advocate or visit UHCprovider.com.