



Your 2018 Prescription Drug List

Student Resources Traditional Three-Tier

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

Effective Jan. 1, 2018



Table of Contents

Drug tiers	4
Restrictions on what medications are covered	6
Drugs by category	8
Anti-Infectives	
Antibiotics	8
Antifungals	8
Antivirals	8
Cancer	8
Cardiovascular/Heart Disease	
Coagulation Therapy	9
High Blood Pressure	9
High Cholesterol	10
Other	10
Central Nervous System	
Attention Deficit Disorder	10
Depression	11
Migraine	11
Multiple Sclerosis	11
Other	11
Sedatives/Hypnotics	12
Seizure Disorders	12
Dermatology	12
Diabetes	
Blood Glucose Monitoring	13
Insulin	13
Non-Insulin	14
Endocrine	
Growth Hormone	14
Other	14
Thyroid Hormone Replacement	14
Eye Conditions	
Allergies	15
Antibiotics	15
Dry Eye Disease	15
Glaucoma	15

Gastrointestinal	
Acid Suppression	15
Nausea/Vomiting	15
Other	15
Gout	16
Hepatitis C	16
HIV/AIDS	16
Infertility	16
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis	17
Men's Health	
Prostate	17
Testosterone Therapy	17
Miscellaneous	17
Musculoskeletal	
Muscle Spasms	18
Osteoporosis	18
Pain Relief	18
Overactive Bladder	19
Respiratory	
Allergies	19
Asthma/COPD	19
Pulmonary Arterial Hypertension	19
Smoking Cessation	19
Transplant	20
Vitamins/Electrolytes	20
Women's Health	
Contraceptives	20
Hormone Replacement	22
Miscellaneous	22
Prenatal Vitamins	22
Index	23

We want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly asked questions about the Prescription Drug List (PDL).

What is a PDL?

This document is a list of the most commonly prescribed medications. It includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. They are then listed in alphabetical order. Bring this list with you when you see your doctor. It makes it easier for you and your doctor to make informed decisions about your medications and may help you save money.

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

What is a tier?

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

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

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

Who decides what medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition.

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® physicians and business leaders, meets to evaluate overall health care value. They also determine coverage and tier status for all medications.

How is the overall value of a medication determined?

Many sources and factors are considered, including:

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

Why are certain medications excluded?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization if similar alternatives are available at a lower cost.

Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered. You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent of a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

What if my doctor writes a brand-name prescription?

The next time your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and if it might be right for you. Generic medications are usually your lowest-cost option, but not always. For some benefit plans, if a brand-name drug is prescribed and a generic equivalent is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

How often are PDLs updated?

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

Can a medication change tiers?

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

Are there other restrictions on what medications are covered?

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

May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). Referred to as First Start in New Jersey. (E)

Lower-cost options are available and covered.

Health Care Reform Preventive (H)

This medication is part of a health care reform preventive benefit and may be available at no additional cost to you. Please consult plan documents regarding benefit coverage and cost share.

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

May be part of health care reform preventive and at no additional cost to you if prior authorization criteria is met. Please consult plan documents regarding benefit coverage and cost share.

Prior Authorization (PA)

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

Specialty Medication (SP)

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

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

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

Supply Limits (SL)

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

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

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the Specialty Pharmacy Program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit [UHCSpecialtyRx.com](https://www.uhcspecialtyrx.com) or call the toll-free phone number on your health plan ID card to learn more.

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

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

Online

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

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

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

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

Check your PDL often for updates.

By phone

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

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antibiotics		
Amoxicillin Capsule, Chewable Tablet	1	
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	1	
Azithromycin Tablet	1	
Cefadroxil Capsule, Tablet	1	
Cefdinir Capsule	1	
Cefixime Suspension	1	
Cefprozil Tablet	1	
Cefuroxime Tablet	1	
Cephalexin Capsule	1	
Ciprodex	3	
Ciprofloxacin Tablet	1	
Clarithromycin Tablet	1	
Clindamycin Capsule	1	
Dificid	3	SL
Doxycycline Hyclate 50, 100 mg Capsule, Tablet	1	
Doxycycline Monohydrate 50, 100 mg Capsule	1	
Levofloxacin Tablet	1	
Metronidazole Tablet	1	
Minocycline Capsule	1	
Minocycline Tablet	1	E
Moxifloxacin Tablet	1	
Nitrofurantoin Capsule	1	
Nitrofurantoin Macrocrystal Capsule	1	
Ofloxacin Otic Solution	1	
Ofloxacin Tablet	1	
Oracea	3	
Penicillin V Potassium Tablet	1	
Sulfamethoxazole-Trimethoprim Tablet	1	
Suprax Capsule, Chewable Tablet, Tablet	3	

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

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

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

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

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	H-PA, SL
Choline Fenofibrate	1	E
Ezetimibe Tablet	1	SL
Ezetimibe/Simvastatin	1	SL
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	1	E
Fenofibrate 40, 48, 120, 145 mg Tablet	1	E
Fenofibrate 54, 160 mg Tablet	1	
Fluvastatin Extended-Release Tablet	1	SL
Gemfibrozil	1	
Lipofen	3	E
Livalo	3	E, SL
Lovastatin	1	H
Niacin Extended-Release Tablet	1	
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	
Praluent	2	PA, SL, SP
Pravastatin	1	
Repatha 140 mg	3	PA, SL, SP
Rosuvastatin	1	SL
Simvastatin	1	H-PA
Vascepa	3	
Welchol	2	
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	SL
Digoxin	1	
Entresto	3	SL
Flecainide	1	

Drug Name	Drug Tier	Requirements & Limits
Isosorbide Mononitrate ER	1	
Multaq	3	
Nitroglycerin Sublingual Tablet	1	
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	SL
Amphetamine Salt Combo	1	
Atomoxetine	1	SL
Concerta	1	SL
Daytrana	3	E, SL
Dexmethylphenidate Extended-Release Capsule	1	E, SL
Dexmethylphenidate Immediate-Release Tablet	1	
Dextroamphetamine-Amphetamine Extended-Release Capsule	3	E, SL
Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	
Dextroamphetamine Sulfate Immediate-Release Tablet	1	
Focalin XR	3	E, SL
Guanfacine Extended-Release	1	SL
Methylphenidate Chewable Tablet	1	
Methylphenidate Extended-Release Capsule (generic Metadate CD, Ritalin LA)	1	SL
Methylphenidate Extended-Release Capsule (Metadate ER, generic Ritalin SR)	1	SL
Methylphenidate Extended-Release Tablet (generic Concerta)	3	E, SL
Methylphenidate Immediate-Release Tablet	1	
Vyvanse	2	SL

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

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

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, SL, SP
Aubagio	3	PA, SL, SP
Avonex	2	PA, SL, SP
Betaseron	2	PA, SL, SP
Copaxone 20 mg	1	PA, SL, SP
Copaxone 40 mg	2	PA, SL, SP
Gilenya	3	PA, SL, SP
Glatopa	3	E, PA, SL, SP
Plegridy	3	PA, SL, SP
Rebif	3	PA, SL, SP
Tecfidera	2	PA, SL, SP
Zinbryta	3	PA, SL, SP
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	1	SL
Armodafinil	1	SL
Buprenorphine/Naloxone Tablet (generic Suboxone)	1	E, SL
Bupirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil ODT, 5, 10 mg Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine	1	
Modafinil Tablet	1	SL
Naloxone Vial	1	
Narcan Nasal Spray	2	SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	

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

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

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

Drug Name	Drug Tier	Requirements & Limits
Dupixent	3	SL, SP
Elidel	3	SL
Enstilar Foam	3	SL
Epiduo Forte	3	E, SL
Eucrisa	3	SL
Finacea	3	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	1	SL
Halobetasol Ointment	1	
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release Capsule	1	E
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Nystatin-Triamcinolone Acetonide Cream, Ointment	1	E
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	SL
Rhofade	3	SL
Solodyn	3	E
Taclonex Suspension	3	SL
Tacrolimus Ointment	1	SL
Tazarotene 0.1% Cream (generic Tazorac)	3	E, PA, SL
Tazorac	1	PA, SL
Tretinoin Cream	1	PA, SL
Tretinoin Gel	1	E, PA, SL
Tretinoin Microspheres	1	E, PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring		
Accu-Chek Test Strips	3	E, SL
Contour Test Strips	3	E, SL
Dexcom Continuous Glucose Monitoring System	3	SL
Dexcom Sensor	3	SL
Dexcom Transmitter	3	SL
FreeStyle Test Strips	3	E, SL
OneTouch Test Strips	1	SL
OneTouch Ultra Mini	1	
OneTouch Ultra Test Strips	1	SL
OneTouch Verio	1	
OneTouch Verio Flex	1	
OneTouch Verio IQ	1	
OneTouch Verio Sync	1	
OneTouch Verio Test Strips	1	SL
Diabetes: Insulin		
Afrezza	3	E, SL
Basaglar	1	SL
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL
Lantus Solostar	3	E, SL
Lantus Vials	3	E, SL
Levemir FlexTouch	2	SL
Levemir Vials	2	SL
Novolin Vials (all formulations)	3	SL
Novolog FlexPen (all formulations)	3	SL
Novolog Vials (all formulations)	3	SL
Toujeo SoloStar	3	E, SL
Tresiba FlexTouch	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Non-Insulin		
Adlyxin	3	SL
Bydureon	2	SL
Byetta	2	SL
Farxiga	3	SL
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	3	E, SL
Invokamet	2	SL
Invokamet XR	2	SL
Invokana	2	SL
Janumet	3	SL
Januvia	3	SL
Jardiance	2	SL
Jentadueto	2	SL
Jentadueto XR	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic Glucophage XR)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Pioglitazone	1	SL
Soliqua	2	SL

Drug Name	Drug Tier	Requirements & Limits
Synjardy	2	SL
Synjardy XR	2	SL
Tanzeum	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	3	E, SL
Xultophy	3	E, SL
Endocrine: Growth Hormone*		
Nutropin, Nutropin AQ	2	PA, SL, SP
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Royaldee	3	E
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	

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

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	
Lastacaft	3	SL
Olopatadine 0.1% Ophthalmic Solution	1	SL
Olopatadine 0.2% Ophthalmic Solution	1	E, SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Moxifloxacin Ophthalmic Solution	1	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Tobramycin Ophthalmic Solution	1	
Eye Conditions: Dry Eye Disease		
Restasis MultiDose	3	E, SL
Restasis Single Use Vial	3	SL
Xiidra	3	SL
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Esomeprazole Capsule	1	E, SL
Lansoprazole Capsule	1	E, SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	

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

Drug Name	Drug Tier	Requirements & Limits
Uceris Tablet	3	
Viberzi	3	SL
Zenpep	2	
Gout		
Allopurinol Tablet	1	
Colcrys	3	E
Mitigare	2	
Uloric	3	SL
Zurampic	3	SL
Hepatitis C		
Daklinza	3	PA, SL, SP
Epclusa	2	PA, SL, SP
Harvoni	2	PA, SL, SP
Mavyret	2	PA, SL, SP
Ribavirin Tablet	1	SP
Sovaldi	3	PA, SL, SP
Technivie	3	PA, SL, SP
Viekira Pak	3	PA, SL, SP
Viekira XR	3	PA, SL, SP
Vosevi	2	PA, SL, SP
Zepatier	3	PA, SL, SP
HIV/AIDS		
Abacavir-Lamivudine	1	SP
Atripla	2	SP
Complera	3	SP
Descovy	3	SP
Epzicom	3	E, SP
Evotaz	2	SP
Genvoya	3	SP
Intelence	2	SP

Drug Name	Drug Tier	Requirements & Limits
ISENTRESS	2	SP
Kaletra Tablet	2	SP
Lamivudine-Zidovudine	1	SP
Lopinavir-Ritonavir Oral Solution	1	SP
Nevirapine	1	SP
Nevirapine Extended-Release	1	E, SP
Norvir	2	SP
Odefsey	3	SP
Prezcobix	2	SP
Prezista	2	SP
Reyataz	2	SP
Selzentry	2	PA, SP
Stribild	3	SP
Sustiva	2	SP
Tivicay	3	SP
Triumeq	2	SP
Truvada	3	SP
Tybost	2	SP
Viread	2	SP
Vitekta	2	SP
Infertility*		
Cetrotide	2	SP
Clomiphene	1	SP
Gonal-F	2	SP
Gonal-F RFF	2	SP
Ovidrel	3	SP

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

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	PA, SL, SP
Cimzia	2	PA, SL, SP
Cosentyx	3	PA, SL, SP
Enbrel	3	PA, SL, SP
Humira	2	PA, SL, SP
Hydroxychloroquine Sulfate	1	
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	PA, SL, SP
Otezla	2	PA, SL, SP
Otrexup	3	E, SL
Rasuvo	3	SL
Simponi	2	PA, SL, SP
Stelara	2	PA, SL, SP
Taltz	3	PA, SL, SP
Xeljanz	3	PA, SL, SP
Xeljanz XR	3	PA, SL, SP
Men's Health: Prostate		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Dutasteride Capsule	1	
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	SL
Androgel	3	E, SL
Methyltestosterone Capsule	1	
Testim	2	SL
Testosterone 1% Topical Gel	1	E, SL
Testosterone Cypionate Injection	1	

Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole Tablet	1	
Aranesp	2	SL, SP
Auryxia	3	
Auvi-Q	3	E, SL
Benzonatate Capsule	1	
Bethkis	1	PA, SL, SP
Cayston	2	PA, SL, SP
Cerdelga	2	PA, SP
Chlorhexidine Gluconate	1	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	1	SL
Epinephrine (generic EpiPen/ EpiPen-Jr.)	2	SL
EpiPen/EpiPen Jr.	3	E, SL
Fosrenol	3	
Hydrocodone/Chlorpheniramine Suspension	1	SL
Letrozole	1	
Lidocaine Transdermal Patch (generic Lidoderm)	1	SL
Nuedexta	2	
Obredon	3	SL
Pegasys	2	PA, SL, SP
Phenazopyridine	1	
Procrit	2	SL, SP
Promethazine/Codeine	1	
Promethazine/Dextromethorphan	1	
Pulmozyme	2	PA, SL, SP
Rectiv	3	SL
Rezira	3	
Sevelamer	1	
Tobi Podhaler	3	PA, SL, SP
Tobramycin Nebulized Solution	1	E, PA, SL, SP
Velphoro	2	
Veltassa	3	SL
Zarxio	2	SP

Drug Name	Drug Tier	Requirements & Limits
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	1	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	
Forteo	3	PA, SP
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate Sodium Tablet	1	SL
Tymlos	3	SP
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine Tablet	1	SL
Arymo ER	3	E, SL
Belbuca	3	SL
Butrans	3	E, SL
Celecoxib	1	SL
Diclofenac Tablet	1	
Embeda	3	E, SL
Etodolac Capsule	1	
Fentanyl 12, 25, 50, 75, 100 mcg Patch	1	SL
Fentanyl Citrate Lozenge	1	SL
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	
Hydromorphone Immediate-Release Tablet	1	
Hysingla	3	E, SL
Ibuprofen Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Indomethacin Capsule	1	
Ketorolac Tablet	1	
Lazanda	3	SL
Meloxicam Tablet	1	
Methadone Tablet, Oral Solution, Concentrate Solution	1	SL
Morphine Sulfate Extended-Release Tablet	1	SL
Morphine Sulfate Oral Solution	1	
Nabumetone Tablet	1	
Naproxen Tablet	1	
Nucynta	3	SL
Nucynta ER	3	SL
Opana ER	3	E, SL
Oxycodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Oxycodone Tablet	1	
Oxycontin	3	E, SL
Sprix	3	
Subsys	3	E, SL
Tramadol-Acetaminophen	1	
Tramadol Immediate-Release Tablet	1	
Tramadol Sustained-Release Tablet	1	SL
Trezix	1	SL
Vicodin 5/300, 7.5/300, 10/300 mg Tablet	1	E, SL
Voltaren Gel	2	
Xtampza ER	2	SL
Zohydro ER	3	SL

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

Drug Name	Drug Tier	Requirements & Limits
Overactive Bladder		
Dicyclomine Tablet	1	
Oxybutynin Extended-Release Tablet	1	
Oxybutynin Tablet	1	
Tolterodine Extended-Release Tablet	1	E
Tolterodine Tablet	1	E
Toviaz	3	
Vesicare	3	E
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	1	
Clarinet	3	E
Clarinet-D	3	E
Cyproheptadine Tablet	1	
Fluticasone Nasal Spray	1	SL
Hydroxyzine Capsule, Tablet	1	
Levocetirizine Tablet	1	
Promethazine Tablet	1	
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	SL
Aerospan	3	SL
AirDuo RespiClick	3	E, SL
Albuterol Nebs	1	
Alvesco	1	SL
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex TwistHaler, HFA	1	SL
Bevespi Aerosphere	2	SL
Breo Ellipta	3	SL
Budesonide Nebs	1	SL
Combivent RespiClick	3	SL
Dulera	3	E, SL
Flovent Diskus/HFA	3	SL
Fluticasone/Salmeterol RespiClick (generic AirDuo RespiClick)	1	SL
Incruse Ellipta	2	SL

Drug Name	Drug Tier	Requirements & Limits
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Levalbuterol Nebs	1	E, SL
Montelukast	1	
Perforomist	3	SL
ProAir HFA/RespiClick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SL
QVAR MDI	1	SL
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	3	SL
Stiolto RespiClick	3	E, SL
Striverdi RespiClick	2	SL
Symbicort	3	SL
Tudorza	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL
Respiratory: Pulmonary Arterial Hypertension		
Adcirca	3	PA, SL, SP
Adempas	2	PA, SL, SP
Letairis	2	PA, SL, SP
Opsumit	2	PA, SL, SP
Orenitram	3	PA, SL, SP
Sildenafil Tablet	1	PA, SL, SP
Tracleer	2	PA, SL, SP
Tyvaso	2	PA, SP
Uptravi	3	PA, SL, SP
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H-PA
Chantix Tablet	3	H-PA
Nicoderm CQ	3	H-PA
Nicorette Gum	3	H-PA
Nicorette Lozenge	3	H-PA
Nicorette Mini-Lozenge	3	H-PA
Nicotine Gum	1	H-PA

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Nicotine Lozenge	1	H-PA	Balziva	1	H
Nicotine Patch	1	H-PA	Bekyree	1	H
Nicotrol Inhaler	3	H-PA	Blisovi Fe	1	H
Nicotrol Nasal Spray	3	H-PA	Blisovi 24 Fe	1	H
Thrive Gum	1	H-PA	Briellyn	1	H
Transplant			Camila	1	H
Azathioprine Tablet	1		Camrese	1	H
Cyclosporine Modified Capsule	1	SP	Camrese Lo	1	H
Mycophenolate Capsule, Suspension	1	SP	Caziant	1	H
Mycophenolic Acid Tablet	1	SP	Cesia	1	H
Sirolimus Tablet	1	SP	Chateal	1	H
Tacrolimus Capsule	1	SP	Cryelle	1	H
Vitamins/Electrolytes			Cyclafem 7/7/7, 1/35	1	H
Fluoride	1		Cyred	1	H
Folic Acid	1		Dasetta 7/7/7, 1/35	1	H
Klor-Con M10	1		Daysee	1	H
Klor-Con M20	1		Deblitane	1	H
Potassium Chloride	1		Delyla	1	H
Potassium Citrate	1		Desogestrel-Ethinyl Estradiol	1	H
Women's Health: Contraceptives			Drospirenone/Ethinyl Estradiol	1	H
Aftera	1	H	Drospirenone/Ethinyl Estradiol/Levomefolate Calcium	1	E
Altavera	1	H	Econtra EZ	1	H
Alyacen 7/7/7, 1/35	1	H	Elinest	1	H
Amethia	1	H	Ella	1	H, SL
Amethia Lo	1	H	Emoquette	1	H
Amethyst	1	H	Enpresse	1	H
Apri	1	H	Enskyce	1	H
Aranelle	1	H	Errin	1	H
Ashlyna	1	H	Estarylla	1	H
Aubra	1	H	Fallback	1	H
Aviane	1	H	Falmina	1	H
Azurette	1	H	Fayosim	1	E

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Gianvi	1	H	Mibelas 24 Fe Chewable Tablet	1	E
Gildagia	1	H	Microgestin	1	H
Gildess	1	H	Microgestin Fe	1	H
Gildess 24 Fe	1	H	Mono-Linyah	1	H
Gildess Fe	1	H	Mononessa	1	H
Heather	1	H	My Way	1	H
Introvale	1	H	Myzilra	1	H
Jencycla	1	H	Natazia	2	
Jolessa	1	H	Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Jolivette	1	H	Next Choice	1	H
Juleber	1	H	Nikki	1	H
Junel	1	H	Nora BE	1	H
Junel 24 Fe	1	H	Norethindrone 0.35 mg	1	H
Junel Fe	1	H	Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H
Kariva	1	H	Norgestimate-Ethinyl Estradiol	1	H
Kimidess	1	H	Norlyroc	1	H
Kurvelo	1	H	Nortrel 7/7/7, 0.5/35, 1/35	1	H
Kelnor 1/35	1	H	Nuvaring	2	H
Larin	1	H	Ocella	1	H
Larin 24 Fe	1	H	Ogestrel	1	H
Larin Fe	1	H	Opcicon	1	H
Larissia	1	H	Orsythia	1	H
Leena	1	H	Ortho Tri-Cyclen Lo	3	E
Lessina	1	H	Philith	1	H
Levonest	1	H	Pimtree	1	H
Levonorgestrel 1.5 mg	1	H	Pirmella 7/7/7, 1/35	1	H
Levonorgestrel-Ethinyl Estradiol	1	H	Plan B One Step	1	H
Levora-28	1	H	Portia	1	H
Lo Loestrin Fe	3		Previfem	1	H
LoMedia 24 Fe	1	H	Quasense	1	H
Loryna	1	H	Rajani	1	E
Low-Ogestrel	1	H	Reclipsen	1	H
Lutera	1	H	Rivelsa	1	E
Lyza	1	H	Setlakin	1	H
Marlissa	1	H	Sharobel	1	H
Medroxyprogesterone Acetate	1	H			

Drug Name	Drug Tier	Requirements & Limits
Solia	1	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Take Action	1	H
Tarina Fe	1	H
Taytulla	3	E
Tilia Fe	1	H
Tri-Estarylla	1	H
Tri-Legest Fe	1	H
Tri-Linyah	1	H
Tri-Lo-Estarylla	1	H
Tri-Lo-Marzia	1	H
Tri-Lo-Sprintec	1	H
Tri-Previfem	1	H
Tri-Sprintec	1	H
Trinessa	1	H
Trinessa Lo	1	H
Trivora-28	1	H
Velivet	1	H
Vestura	1	H
Vienva	1	H
Viorele	1	H
Vyfemla	1	H
Wera	1	H
Wymza Fe	1	H
Xulane	1	H
Yasmin 28	3	
Yaz	3	
Zarah	1	H
Zenchent	1	H
Zenchent Fe	1	H
Zovia 1/35E, 1/50E	1	H

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

Bold type = Brand-name drug

[Plain type = Generic drug]

E = May be excluded from coverage

H = May be part of health care reform preventive

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

PA = Prior authorization required

SL = Supply limit

SP = Specialty medication

Index

A

Abacavir-Lamivudine	16
Accu-Chek Test Strips.....	13
Acetaminophen/Butalbital/Caffeine 325 mg/50 mg/40 mg	11
Acetaminophen/Codeine Tablet	18
Actemra.....	17
Acyclovir Ointment	8
Acyclovir Tablet.....	8
Aczone	12
Adapalene 0.1%/Benzoyl Peroxide 2.5% Gel.....	12
Adapalene Cream, Gel, Lotion.....	12
Adcirca	19
Adderall XR	10
Adempas	19
Adlyxin.....	14
Advair Diskus/HFA	19
Aerospan	19
Afrezza.....	13
Aftera	20
AirDuo RespiClick	19
Akynzeo	15
Albuterol Nebs	19
Alendronate Sodium Tablet	18
Alfuzosin Tablet.....	17
Allopurinol Tablet.....	16
Alphagan P 0.1%.....	15
Alprazolam Extended-Release Tablet	11
Alprazolam Tablet.....	11
Altavera	20
Alvesco.....	19
Alyacen 7/7/7, 1/35.....	20
Amethia.....	20
Amethia Lo	20
Amethyst.....	20
Amiodarone	10
Amitiza.....	15
Amitriptyline Tablet.....	11
Amlodipine	9
Amlodipine-Benazepril.....	9
Amlodipine-Valsartan	9
Amoxicillin Capsule, Chewable Tablet	8
Amoxicillin/Potassium Clavulanate Chewable Tablet, Tablet	8
Amphetamine Salt Combo.....	10

Ampyra.....	11
Anastrozole Tablet.....	17
Androderm.....	17
Androgel	17
Anoro Ellipta.....	19
Aprepitant Capsule	15
Apri.....	20
Apriso	15
Aranelle	20
Aranesp.....	17
Aripiprazole Tablet	11
Armodafinil	11
Armour Thyroid	14
Arnuty Ellipta.....	19
Arymo ER	18
Asacol HD Tablet.....	15
Ashlyna.....	20
Asmanex TwistHaler, HFA	19
Atenolol	9
Atenolol-Chlorthalidone	9
Atomoxetine	10
Atorvastatin	10
Atripla.....	16
Aubagio.....	11
Aubra	20
Auryxia	17
Auvi-Q.....	17
Aviane.....	20
Avonex.....	11
Azathioprine Tablet	20
Azelastine 0.05% Ophthalmic Solution	15
Azelastine 0.1% Nasal Spray.....	19
Azithromycin Tablet.....	8
Azopt.....	15
Azurette.....	20

B

Baclofen Tablet	18
Balziva	20
Basaglar	13
Bekyree.....	20
Belbuca.....	18
Benazepril	9
Benazepril-Hydrochlorothiazide	9
Benzonatate Capsule	17
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	12

Betamethasone Dipropionate 0.05% Cream, Ointment	12
Betaseron	11
Bethkis	17
Bevespi Aerosphere.....	19
Bexarotene Capsule	8
Bicalutamide.....	8
Bidil	9
Bisoprolol.....	9
Bisoprolol-Hydrochlorothiazide	9
Blisovi 24 Fe.....	20
Blisovi Fe.....	20
Bosulif.....	8
Brand Prenatal Vitamins	22
Breo Ellipta	19
Briellyn.....	20
Brilinta.....	9
Budesonide Nebs.....	19
Buprenorphine/Naloxone Tablet	11
Bupropion Extended-Release Tablet	11
Bupropion Sustained-Release Tablet	11, 19
Bupropion Tablet.....	11
Buspiron Tablet.....	11
Butrans.....	18
Bydureon	14
Byetta	14
Bystolic.....	9
Byvalson	9

C

Calcipotriene/Betamethasone Ointment	12
Calcitriol Capsule.....	14
Camila.....	20
Camrese.....	20
Camrese Lo.....	20
Canasa	15
Carac	12
Carbamazepine Extended-Release Capsule, Tablet	12
Carbamazepine Immediate-Release Tablet	12
Carbidopa-Levodopa	11
Carisoprodol 350 mg Tablet.....	18
Cartia XT.....	9
Carvedilol.....	9

Cayston	17	Combigan	15	Dextroamphetamine-Amphetamine		
Caziant	20	Combivent Respimat	19	Extended-Release Capsule	10	
Cefadroxil Capsule, Tablet	8	Complera	16	Dextroamphetamine-Amphetamine		
Cefdinir Capsule	8	Concerta	10	Immediate-Release Tablet	10	
Cefixime Suspension	8	Contour Test Strips	13	Diazepam Tablet	11, 12	
Cefprozil Tablet	8	Copaxone 20 mg	11	Diclofenac Tablet	18	
Cefuroxime Tablet	8	Copaxone 40 mg	11	Dicyclomine Tablet	19	
Celecoxib	18	Corlanor	10	Dificid	8	
Cephalexin Capsule	8	Cortifoam	15	Diflorasone Diacetate 0.05% Cream,		
Cerdelga	17	Cosentyx	17	Ointment	12	
Cesia	20	Creon	15	Digoxin	10	
Cetrotide	16	Cresemba	8	Diltiazem 24 Hour CD	9	
Chantix Tablet	19	Cryselle	20	Diltiazem Sustained-Release		
Chateal	20	Cyclafem 7/7/7, 1/35	20	Capsule	9	
Chlorhexidine Gluconate	17	Cyclobenzaprine	18	Diltiazem Sustained-Release Tablet ...	9	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	17	Cyclophosphamide Capsule	8	Diphenoxylate-Atropine Tablet	15	
Chlorthalidone	9	Cyclosporine Modified Capsule	20	Divalproex Delayed-Release Tablet ...	12	
Choline Fenofibrate	10	Cyproheptadine Tablet	19	Divalproex Extended-Release		
Ciclopirox Cream, Gel, Lotion, Solution	12	Cyred	20	Tablet	12	
Cimzia	17	D			Divigel	22
Ciprodex	8	Daklinza	16	Donepezil ODT, 5, 10 mg Tablet	11	
Ciprofloxacin Tablet	8	Dasetta 7/7/7, 1/35	20	Doxazosin	9, 17	
Citalopram Tablet	11	Daysee	20	Doxazosin Tablet	17	
Claravis	12	Daytrana	10	Doxepin	11	
Clarinet	19	Deblitane	20	Doxycycline Hyclate 50, 100 mg		
Clarinet-D	19	Delyla	20	Capsule, Tablet	8	
Clarithromycin Tablet	8	Delzicol	15	Doxycycline Monohydrate		
Climara	22	Descovy	16	50, 100 mg Capsule	8	
Climara Pro	22	Desmopressin Tablet	14	Drospirenone/Ethinyl Estradiol	20	
Clindamycin 1%/Benzoyl Peroxide		Desogestrel-Ethinyl Estradiol	20	Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium	20	
5% Gel	12	Desonide 0.05% Cream, Lotion, Ointment	12	Duavee	22	
Clindamycin 1.2%/Benzoyl Peroxide		Desoximetasone Cream, Gel, Ointment	12	Dulera	19	
5% Gel	12	Desvenlafaxine Extended-Release		Duloxetine Capsule	11	
Clindamycin Capsule	8	Tablet	11	Dupixent	13	
Clindamycin Gel	12	Dexamethasone Tablet	14	Dutasteride Capsule	17	
Clindamycin Lotion, Solution, Swabs	12	Dexcom Continuous Glucose		Dutoprol	9	
Clobetasol Propionate Cream, Ointment, Solution	12	Monitoring System	13	E		
Clomiphene	16	Dexcom Sensor	13	Econazole Cream	8	
Clonazepam Tablet	12	Dexcom Transmitter	13	Econtra EZ	20	
Clonidine Tablet	9	Dexilant	15	Edarbi	9	
Clopidogrel	9	Dexmethylphenidate		Edarbyclor	9	
Clotrimazole-Betamethasone		Extended-Release Capsule	10	Effient	9	
Cream	12	Dexmethylphenidate		Eletriptan	11	
Clotrimazole-Betamethasone		Immediate-Release Tablet	10	Elidel	13	
Lotion	12	Dextroamphetamine Sulfate		Elinest	20	
Colcrys	16	Immediate-Release Tablet	10	Eliquis	9	
				Ella	20	
				Embeda	18	

Emend Suspension.....	15
Emoquette.....	20
Enalapril	9
Enbrel	17
Enoxaparin Sodium.....	9
Enpresse.....	20
Enskyce.....	20
Enstilar Foam.....	13
Entresto.....	10
Epclusa	16
Epiduo Forte	13
Epinephrine.....	17
EpiPen/EpiPen Jr.....	17
EpiPen/EpiPen-Jr.....	17
Epzicom	16
Errin.....	20
Erythromycin 0.5% Ophthalmic Ointment.....	15
Escitalopram Tablet	11
Esomeprazole Capsule.....	15
Estarylla.....	20
Estrace Cream.....	22
Estradiol Tablet.....	22
Estradiol Twice-Weekly Transdermal Patch.....	22
Estradiol/Norethindrone Acetate Tablet	22
Estring	22
Estrogen/Methyltestosterone Tablet ..	22
Eszopiclone Tablet	12
Etodolac Capsule	18
Eucria.....	13
Evamist.....	22
Evotaz.....	16
Ezetimibe Tablet.....	10
Ezetimibe/Simvastatin.....	10

F

Fallback.....	20
Falmina.....	20
Famciclovir Tablet.....	8
Farxiga.....	14
Fayosim.....	20
Fenofibrate 40, 48, 120, 145 mg Tablet.....	10
Fenofibrate 43, 50, 67, 130, 134, 150, 200 mg Capsule	10
Fenofibrate 54, 160 mg Tablet.....	10
Fentanyl 12, 25, 50, 75, 100 mcg Patch.....	18

Fentanyl Citrate Lozenge.....	18
Fetzima.....	11
Finacea.....	13
Finasteride Tablet	17
Flecainide	10
Flovent Diskus/HFA	19
Fluconazole Tablet	8
Fluocinolone Cream, Oil, Ointment, Solution	13
Fluocinonide 0.05% Cream	13
Fluoride	20
Fluoxetine Capsule.....	11
Fluticasone Nasal Spray	19
Fluticasone/Salmeterol RespiClick....	19
Fluvastatin Extended-Release Tablet.....	10
Fluvoxamine Tablet	11
Focalin XR	10
Folic Acid.....	20
Forteo	18
Fosrenol	17
FreeStyle Test Strips.....	13
Frovatriptan	11
Furosemide	9

G

Gabapentin Capsule, Tablet	12
Gemfibrozil.....	10
Gentamicin Ophthalmic Ointment, Solution	15
Genvoya.....	16
Gianvi.....	21
Gildagia.....	21
Gildess	21
Gildess 24 Fe.....	21
Gildess Fe.....	21
Gilenya.....	11
Glatopa.....	11
Glimepiride.....	14
Glipizide	14
Glipizide Extended-Release	14
Glucophage XR.....	14
Glyburide	14
Glyxambi.....	14
Golytely	15
Gonal-F.....	16
Gonal-F RFF.....	16
Guanfacine.....	9, 10
Guanfacine Extended-Release	10

H

Halobetasol Ointment	13
Harvoni.....	16
Heather.....	21
Humalog KwikPens.....	13
Humalog Vials	13
Humira.....	17
Humulin KwikPens	13
Humulin Vials.....	13
Hydralazine	9
Hydrochlorothiazide.....	9
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	18
Hydrocodone/Chlorpheniramine Suspension	17
Hydrocodone/Ibuprofen Tablet	18
Hydrocortisone 2.5% Cream, Ointment.....	13
Hydromorphone Immediate-Release Tablet.....	18
Hydroxychloroquine Sulfate.....	17
Hydroxyurea Capsule.....	8
Hydroxyzine Capsule, Tablet	19
Hyoscyamine Tablet.....	15
Hysingla	18

I

Ibandronate Tablet	18
Ibuprofen Tablet.....	18
Imantinib Tablet.....	8
Imbruvica.....	8
Imiquimod 5% Cream.....	13
Incruse Ellipta	19
Indomethacin Capsule	18
Intelence	16
Introvale.....	21
Invokamet	14
Invokamet XR	14
Invokana.....	14
Ipratropium Nebs.....	19
Ipratropium-Albuterol Nebs.....	19
Irbesartan	9
Isentress.....	16
Isosorbide Mononitrate ER	10
Itraconazole Capsule.....	8

J

Janumet	14
Januvia	14
Jardiance	14

Jencycla.....	21
Jentadueto.....	14
Jentadueto XR.....	14
Jolessa.....	21
Jolivette.....	21
Juleber.....	21
Junel.....	21
Junel 24 Fe.....	21
Junel Fe.....	21

K

Kaletra Tablet.....	16
Kariva.....	21
Kazano.....	14
Kelnor 1/35.....	21
Ketoconazole Cream.....	8
Ketorolac Tablet.....	18
Kimidess.....	21
Klor-Con M10.....	20
Klor-Con M20.....	20
Kombiglyze XR.....	14
Kurvelo.....	21

L

Labetalol.....	9
Lamivudine-Zidovudine.....	16
Lamotrigine Immediate-Release Tablet.....	12
Lansoprazole Capsule.....	15
Lantus Solostar.....	13
Lantus Vials.....	13
Larin.....	21
Larin 24 Fe.....	21
Larin Fe.....	21
Larissia.....	21
Lastacaft.....	15
Latanoprost 0.005% Ophthalmic Solution.....	15
Latuda.....	11
Lazanda.....	18
Leena.....	21
Leflunomide.....	17
Lessina.....	21
Letairis.....	19
Letrozole.....	17
Leucovorin Calcium Tablet.....	8
Levalbuterol Nebs.....	19
Levemir FlexTouch.....	13
Levemir Vials.....	13
Levetiracetam Extended-Release Tablet.....	12

Levetiracetam Immediate-Release Tablet.....	12
Levocetirizine Tablet.....	19
Levofloxacin Tablet.....	8
Levonest.....	21
Levonorgestrel 1.5 mg.....	21
Levonorgestrel-Ethinyl Estradiol.....	21
Levora-28.....	21
Levothyroxine Sodium Tablet.....	14
Lialda.....	15
Lidocaine Transdermal Patch.....	17
Lidoderm.....	17
Linzess.....	15
Liothyronine Sodium Tablet.....	14
Lipofen.....	10
Lisinopril.....	9
Lisinopril-Hydrochlorothiazide.....	9
Lithium Capsule.....	11
Livalo.....	10
Lo Loestrin Fe.....	21
LoMedia 24 Fe.....	21
Lopinavir-Ritonavir Oral Solution.....	16
Lorazepam Tablet.....	11
Loryna.....	21
Losartan.....	9
Losartan-Hydrochlorothiazide.....	9
Lovastatin.....	10
Low-Ogestrel.....	21
Lumigan.....	15
Lutera.....	21
Lyrica.....	12
Lyza.....	21

M

Marlissa.....	21
Mavyret.....	16
Medroxyprogesterone.....	21, 22
Medroxyprogesterone Acetate.....	21
Meloxicam Tablet.....	18
Memantine.....	11
Mercaptopurine Tablet.....	8
Mesalmine Delayed-Release Tablet...	15
Metadate CD.....	10
Metadate ER.....	10
Metaxalone Tablet.....	18
Metformin.....	14
Metformin Extended-Release Tablet.....	14
Methadone Tablet, Oral Solution, Concentrate Solution.....	18

Methimazole Tablet.....	14
Methocarbamol Tablet.....	18
Methotrexate Tablet.....	17
Methylphenidate Chewable Tablet....	10
Methylphenidate Extended-Release Capsule.....	10
Methylphenidate Extended-Release Tablet.....	10
Methylphenidate Immediate-Release Tablet.....	10
Methylprednisolone Tablet.....	14
Methyltestosterone Capsule.....	17
Metoclopramide Tablet.....	15
Metoprolol Succinate Extended-Release 50, 100, 200 mg.....	9
Metoprolol Tartrate 25, 50, 100 mg....	9
Metronidazole 0.75% Topical Gel.....	13
Metronidazole Tablet.....	8
Mibelas 24 Fe Chewable Tablet.....	21
Microgestin.....	21
Microgestin Fe.....	21
Minivelle.....	22
Minocycline Capsule.....	8
Minocycline Extended-Release Capsule.....	13
Minocycline Tablet.....	8
Mirtazapine Tablet.....	11
Mirvaso.....	13
Mitigare.....	16
Modafinil Tablet.....	11
Mometasone Furoate Cream, Lotion, Ointment.....	13
Mono-Linyah.....	21
Mononessa.....	21
Montelukast.....	19
Morphine Sulfate Extended-Release Tablet.....	18
Morphine Sulfate Oral Solution.....	18
Movantik.....	15
Moviprep.....	15
Moxeza.....	15
Moxifloxacin Ophthalmic Solution.....	15
Moxifloxacin Tablet.....	8
Multaq.....	10
Mupirocin Ointment.....	13
My Way.....	21
Mycophenolate Capsule, Suspension.....	20
Mycophenolic Acid Tablet.....	20

Myzilra 21

N

Nabumetone Tablet 18

Nadolol..... 9

Naloxone Vial..... 11

Naproxen Tablet..... 18

Naratriptan 11

Narcan Nasal Spray 11

Natazia 21

Necon 7/7/7, 0.5/35, 1/35,
1/50, 10/11..... 21

Nesina 14

Nevirapine 16

Nevirapine Extended-Release..... 16

Next Choice 21

Niacin Extended-Release Tablet 10

Niaspan 10

Nicoderm CQ 19

Nicorette Gum 19

Nicorette Lozenge 19

Nicorette Mini-Lozenge..... 19

Nicotine Gum..... 19

Nicotine Lozenge..... 20

Nicotine Patch 20

Nicotrol Inhaler..... 20

Nicotrol Nasal Spray 20

Nifedipine Extended-Release..... 9

Nikki 21

Nitrofurantoin Capsule 8

Nitrofurantoin Macrocrystal Capsule... 8

Nitroglycerin Sublingual Tablet 10

Nora BE..... 21

Norethindrone 0.35 mg 21

Norethindrone-Ethinyl
Estradiol-Ferrous Fumarate..... 21

Norgestimate-Ethinyl Estradiol..... 21

Norlyroc..... 21

Nortrel 7/7/7, 0.5/35, 1/35..... 21

Nortriptyline Capsule..... 11

Norvir 16

Novolin Vials 13

Novolog FlexPen..... 13

Novolog Vials..... 13

Noxafil Tablet, Suspension..... 8

NP Thyroid Tablet..... 14

Nucynta..... 18

Nucynta ER 18

Nuedexta 17

Nutropin, Nutropin AQ..... 14

Nuvaring..... 21

Nystatin Cream, Ointment..... 8

Nystatin-Triamcinolone Acetonide
Cream, Ointment 13

O

Obredon..... 17

Ocella..... 21

Odefsey..... 16

Ofloxacin 0.3% Ophthalmic
Solution 15

Ofloxacin Otic Solution..... 8

Ofloxacin Tablet 8

Ogestrel..... 21

Olanzapine Tablet..... 11

Olmesartan 9

Olmesartan-Hydrochlorothiazide 9

Olopatadine 0.1% Ophthalmic
Solution 15

Olopatadine 0.2% Ophthalmic
Solution 15

Omeclamox-Pak 15

Omega-3-Acid Ethyl Esters Capsule . 10

Omeprazole Capsule..... 15

Ondansetron..... 15

Ondansetron ODT 15

OneTouch Test Strips 13

OneTouch Ultra Mini 13

OneTouch Ultra Test Strips 13

OneTouch Verio..... 13

OneTouch Verio Flex..... 13

OneTouch Verio IQ..... 13

OneTouch Verio Sync..... 13

OneTouch Verio Test Strips..... 13

Onglyza 14

Opana ER 18

Opcicon 21

Opsumit 19

Oracea..... 8

Orencia..... 17

Orenitram..... 19

Orsythia..... 21

Ortho Tri-Cyclen Lo..... 21

Oseltamivir Capsule..... 8

Oseni..... 14

Otezla..... 17

Otrexup 17

Ovidrel 16

Oxcarbazepine Tablet 12

Oxsoalolen-Ultra 13

Oxybutynin Extended-Release

Tablet 19

Oxybutynin Tablet 19

Oxycodone Tablet 18

Oxycodone/Acetaminophen 5/325,
7.5/325, 10/325 mg Tablet 18

Oxycontin 18

P

Pantoprazole Tablet 15

Paroxetine Tablet 11

Pegasys..... 17

Penicillin V Potassium Tablet..... 8

Perforomist..... 19

Phenazopyridine 17

Phenytoin Capsule, Suspension..... 12

Philith 21

Picato..... 13

Pimtree 21

Pioglitazone 14

Pirmella 7/7/7, 1/35 21

Plan B One Step 21

Plegridy 11

Polyethylene Glycol 3350..... 15

Portia 21

Potassium Chloride..... 20

Potassium Citrate 20

Pradaxa..... 9

Praluent..... 10

Pramipexole Tablet..... 11

Pravastatin..... 10

Prednisone Tablet..... 14

Premarin 22

Premphase..... 22

Prempro 22

Prenisolone Oral Solution..... 14

Prepopik 15

Previfem 21

Prezcobix..... 16

Prezista..... 16

Pristiq..... 11

ProAir HFA/RespiClick..... 19

Procrit 17

Progesterone Micronized Capsule..... 22

Promethazine Tablet..... 19

Promethazine/Codeine..... 17

Promethazine/Dextromethorphan 17

Propranolol Extended-Release

Capsule 9

Propranolol Tablet 9

Proventil HFA.....	19
Prozac.....	11
Pulmicort Flexhaler.....	19
Pulmozyme.....	17
Pylera.....	15

Q

Quasense.....	21
Quetiapine Extended-Release Tablet.....	12
Quetiapine Immediate-Release Tablet.....	12
Quinapril.....	9
QVAR MDI.....	19

R

Rabeprazole Tablet.....	15
Rajani.....	21
Raloxifene.....	18, 22
Raloxifene Tablet.....	18
Ramipril.....	9
Ranexa.....	10
Ranitadine Syrup.....	15
Rapaflo.....	17
Rasuvo.....	17
Rayaldee.....	14
Rebif.....	11
Reclipsen.....	21
Rectiv.....	17
Regranex.....	13
Repatha 140 mg.....	10
Restasis MultiDose.....	15
Restasis Single Use Vial.....	15
Revlimid.....	8
Reyataz.....	16
Rezira.....	17
Rhofade.....	13
Ribavirin Tablet.....	16
Risedronate Sodium Tablet.....	18
Risperidone Tablet.....	12
Ritalin LA.....	10
Ritalin SR.....	10
Rivelsa.....	21
Rizatriptan ODT, Tablet.....	11
Ropinirole Tablet.....	12
Rosuvastatin.....	10

S

Savaysa.....	9
Scopolamine Transdermal Patch.....	15
Selzentry.....	16

Serevent Diskus.....	19
Sertraline Tablet.....	11
Setlakin.....	21
Sevelamer.....	17
Sharobel.....	21
Sildenafil Tablet.....	19
Simponi.....	17
Simvastatin.....	10
Sirolimus Tablet.....	20
Solia.....	22
Soliqua.....	14
Solodyn.....	13
Sotalol.....	10
Sovaldi.....	16
Spiriva Handihaler/Respimat.....	19
Spirolactone.....	9
Sprintec.....	22
Sprix.....	18
Sronyx.....	22
Stelara.....	17
Stiolto Respimat.....	19
Stribild.....	16
Striverdi Respimat.....	19
Suboxone.....	11, 12
Suboxone Film.....	12
Subsys.....	18
Suclear.....	15
Sucalfate Tablet.....	15
Sulfamethoxazole-Trimethoprim Tablet.....	8
Sulfasalazine Tablet.....	15
Sumatriptan Nasal Spray.....	11
Sumatriptan Succinate Tablet, Injection.....	11
Suprax Capsule, Chewable Tablet, Tablet.....	8
Suprep.....	15
Sustiva.....	16
Sutent.....	8
Syeda.....	22
Symbicort.....	19
Synjardy.....	14
Synjardy XR.....	14
Synthroid.....	14

T

Taclonex Suspension.....	13
Tacrolimus Capsule.....	20
Tacrolimus Ointment.....	13
Take Action.....	22

Taltz.....	17
Tamoxifen.....	22
Tamsulosin Capsule.....	17
Tanzeum.....	14
Targretin Capsule.....	8
Targretin Gel.....	9
Tarina Fe.....	22
Tasigna.....	9
Taytulla.....	22
Tazarotene 0.1% Cream.....	13
Tazorac.....	13
Tecfidera.....	11
Technivie.....	16
Telmisartan.....	9
Telmisartan-Hydrochlorothiazide.....	9
Temazepam Capsule.....	12
Terazosin.....	9, 17
Terazosin Capsule, Tablet.....	17
Terbinafine Tablet.....	8
Testim.....	17
Testosterone 1% Topical Gel.....	17
Testosterone Cypionate Injection.....	17
Thrive Gum.....	20
Tilia Fe.....	22
Timolol Maleate 0.25%, 0.5% Ophthalmic Solution.....	15
Tivicay.....	16
Tizanidine Tablet.....	18
Tobi Podhaler.....	17
Tobramycin Nebulized Solution.....	17
Tobramycin Ophthalmic Solution.....	15
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension.....	15
Tolcapone.....	12
Tolterodine Extended-Release Tablet.....	19
Tolterodine Tablet.....	19
Topiramate Immediate-Release Tablet.....	12
Toujeo SoloStar.....	13
Toviaz.....	19
Tracleer.....	19
Tradjenta.....	14
Tramadol Immediate-Release Tablet.....	18
Tramadol Sustained-Release Tablet..	18
Tramadol-Acetaminophen.....	18
Travatan Z.....	15
Trazodone Tablet.....	11

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**, 1-800-537-7697 (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 LŪ Yǐ: 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.

تنبيه: 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. لطفاً 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, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ **កម្ពុជា (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yání'ti'go, saad bee áka'anida'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'í. T'áá shóqdí ninaaltsoos nít'í'zí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í bik'ígíí bee hodílnih.

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.

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.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.