



Open Choice Preferred Formulary

Effective January 1, 2018

www.upmchealthplan.com

UPMC HEALTH PLAN

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OPEN CHOICE OVERVIEW

The **Open Choice Preferred Formulary** pharmacy program provides you with a variety of high-quality, effective generic and brand-name prescription drugs. This guide provides information that is applicable to most members. For information specific to your plan, refer to your plan's prescription drug rider.

UPMC HEALTH PLAN CONTACT NUMBERS

Current Members:

UPMC Health Plan Health Care Concierge Team:
1-888-876-2756

UPMC Health Plan Pharmacist Support Line:
1-800-396-4139

UPMC Physician's Pharmacy Support Line:
1-800-979-8762

TTY Services: **1-800-361-2629**

Prospective Members:

Prospective members should direct their questions to their company's benefits administrator or to the UPMC Health Plan Health Care Concierge team at **1-888-876-2756**.

Online information is available at
www.upmchealthplan.com/pharmacy.

UNDERSTANDING COVERAGE AND COST SHARING

Our formulary is the list of Food and Drug Administration (FDA)-approved drugs that we cover. UPMC Health Plan's Pharmacy and Therapeutics (P&T) Committee researches and evaluates medications it may cover. Committee members include local doctors and pharmacists who meet regularly during the year to review and update the formulary. Committee members base their decision on the drug's safety, effectiveness, and cost.

Open Choice Preferred Formulary prescription drugs are organized into two copayment tiers on the formulary:

Tier 1 is for generic medications, which have the lowest copayment. Generic drugs offer the same level of safety and quality as their brand-name equivalents. They have the same amount of active ingredients as brand-name medications.

The Open Choice Preferred Formulary requires you to use a generic version of the drug if one is available. This means that if you receive a brand-name drug when a generic is available, you must pay the brand copayment in addition to the retail cost difference between the brand-name and generic forms of the drug.

Tier 2 is for brand-name medications, which have the higher copayment. This includes brand-name medications listed as formulary and non-formulary. Formulary medications are preferred because of their value and effectiveness.

Tier 2 includes specialty medications. Specialty medications usually treat complex and rare conditions. These drugs are created because of advancements in drug development. These drugs can be high-cost medications and biologicals regardless of how they are administered (injectable, oral, transdermal, or inhaled).

Specialty drugs require close management by a physician. Physicians need to monitor these drugs due to potential side effects and the need for frequent dosage adjustments.

About Generic Drugs

Generic drugs have the same active ingredients as their brand-name equivalents, but cost significantly less. Not all drugs have a generic equivalent. Generally, new drugs receive patent protection. Once the patent expires, other pharmaceutical companies can produce the same drug in a generic formulation. Companies that make generic drugs do not have to invest large amounts of money in research, since the company making the brand-name equivalent has already done this. Also, generic companies do not need to advertise their drugs. As a result, generic drug makers can pass these savings on to you.

Generic drugs have the same active ingredients as brand-name drugs, but their inactive ingredients can vary. This is why the generic drug might look different from the brand-name drug. Inactive ingredients can be dyes used to color the drug or powders used to shape the tablets. Inactive ingredients do not affect how the generic drug works.

The FDA regulates generic drug manufacturers just as it regulates the makers of brand-name medications. The generic drug must pass strict FDA measurements to ensure that it delivers the same amount of the active ingredient in the same time frame as its brand-name counterpart. The manufacturer of the generic drug must prove that it produces its product under the same strict guidelines as the brand-name drug.

Prior Authorization

If a drug requires prior authorization, the UPMC Health Plan Pharmacy Services Department must authorize the use of this drug before it will be covered.

Drugs that require prior authorization are often:

- Newer drugs for which UPMC Health Plan wants to track usage.
- Drugs not used as a standard first option in treating a medical condition.
- Drugs with potential side effects that UPMC Health Plan wants to monitor for patient safety.
- Drugs categorized as specialty medications.

Compounded medications that contain included ingredients require prior authorization.

The following table lists drugs that require prior authorization for members with the **The Open Choice Preferred Formulary:**

Abstral	Austedo
Acetaminophen/codeine (< 18 years of age)	Aveed
Acetaminophen/caffeine/dihydrocodeine (< 18 years of age)	Banzel
Actemra	Belbuca
Acthar gel	Benlysta
Actimmune	Berinert
Active-Pac	Bexarotene
Aczone	Bivigam
Adagen	Bosulif
Adapalene (> 35 years of age)	Botox
Adazin cream	Briviact
Adcirca	Bunavail
Adderall XR (< 4 and ≥ 18 years of age)	Buprenex injection (< 18 years of age)
Adefovir	Buprenorphine
Adempas	Buprenorphine/naloxone
Adzenys ER (< 4 and ≥ 18 years of age)	Butalbital/acetaminophen/caffeine/codeine (< 18 years of age)
Adzenys XR-ODT (< 4 and ≥ 18 years of age)	Butalbital/aspirin/caffeine/codeine (< 18 years of age)
Afinitor	Butalbital compound with codeine (< 18 years of age)
Afrezza	Butorphanol nasal spray (< 18 years of age)
AgonEaze	Cabometyx
Aldurazyme	Calquence
Alecensa	Capecitabine
Alferon N	Caprelsa
Alosetron	Capxib
Alunbrig	Carbaglu
Ampyra	Carimune NF
Anastia	Carisprodol/aspirin/codeine (< 18 years of age)
Androderm	Cerdelga
Androgel 1.62%	Cerezyme
Android	Chemet
Androxy	Chlorpromazine (< 12 years of age)
Anodyne LTP	Chlorpromazine injection (< 12 years of age)
Anodyne LPT	Cimzia syringe
Apokyn	Cinqair
Aptiom	Cinryze
Aralast	Clozapine (< 12 years of age)
Aranesp	Clozapine ODT (< 12 years of age)
Arcalyst	Codeine (< 18 years of age)
Aripiprazole ODT	Cometriq
Aripiprazole solution	Concerta (< 4 and ≥ 18 years of age)
Aripiprazole tablet (< 12 years of age)	Conzip (< 18 years of age)
Armodafinil	Corlanor
Arymo ER	Cosentyx
Ascomp with codeine (< 18 years of age)	Cotellic
Aspirin/caffeine/dihydrocodeine (< 18 years of age)	Cotempla XR-ODT
Astero	Cuprimine
Aubagio	Cuvposa (> 16 years of age)
	Cystadane powder

Cystagon
Cystaran
Daklinza
Daliresp
Danazol
Dapsone gel
Daytrana patch (< 4 and ≥ 18 years of age)
Demser
Depen
DermacinRx Cinlone-I CPI kit
DermacinRx Empricaine
DermacinRx Lexitral
DermacinRx PHN Pak
DermacinRx ZRM Pak
DermasilkRx
Diclopak
Dermazyl
Dexmethylphenidate ER (< 4 and ≥ 18 years of age)
Dextroamphetamine (< 4 and ≥ 18 years of age)
Dextroamphetamine ER (< 4 and ≥ 18 years of age)
Dolo tranz
Donepezil
Duopa
Dupixent
Duzallo
Dyanavel XR (< 4 and ≥ 18 years of age)
Dysport
Elaprase
Ellyso
Elenzapatch
Elidel
Eligard
Embeda
Emcyt
Emflaza
Enbrel
Endari
Endocet (< 18 years of age)
Entecavir
Entyvio
Epclusa
Epogen
Epoprostenol
Erivedge
Esbriet
Etoposide
Eucrisa
Euflexxa
Evzio

Exjade
Fabior (> 35 years of age)
Fabrazyme
Fanapt
Fareston
Farydak
Fasenra
Fentanyl citrate
Fentanyl patch (< 18 years of age)
Fentora
Ferriprox
Fetzima
Finacea (> 35 years of age)
Firazyr
Firmagon
Flebogamma
Fluphenazine (< 12 years of age)
Forteo
Fycompa
Galantamine
Galantamine ER
Galzin
Gammagard
Gammaked
Gammplex
Gamunex
Gamunex-C
Gattex
Gel-One
GelSyn-3
Genotropin
Geodon injection (< 12 years of age)
Gilenya
Gilotrif
Glassia
Gleevec
Gleostine
Gralise
Granix
Grastek
Haloperidol (< 12 years of age)
Harvoni
Haegarda
Hetlioz
Hizentra
Horizant
Humatrope
Humira
Hyalgan

Hycamtin
Hydrocodone/acetaminophen (< 18 years of age)
Hydrocodone/ibuprofen (< 18 years of age)
Hydromorphone (< 18 years of age)
Hydromorphone ER
HyQvia
Ibrance
Iclusig
Idhifa
Ilaris
Imbruvica
Increlex
Inflectra
Ingrezza
Inlyta
Intelence
Iressa
Itraconazole
Jadenu
Jakafi
Jetrea
Juxtapid
Kalbitor
Kalydeco
Kanuma
Keveyis
Kevzara
Kineret
Kisqali
Kisqali Femara Co-Pak
Korlym
Krystexxa
Kuvan
Kynamro
LDO Plus
Lamivudine HBV
Latuda (< 12 years of age)
Lazanda
Lenvima
Letairis
Leukine
Leuprolide
Leva Set
Levorphanol (< 18 years of age)
Lido BDK
Lidocaine cream
Lidocaine/prilocaine kit
Lidocaine/tetracaine cream
Lidopril XR

Lido-Prilo Caine Pack
Lidotral
Lidotrans
Lidotrans 5 pak
Lidovex cream
Lidoxib
Lidtopic Max
Liprozonepak
Livixil kit
Lonsurf
Lorcet (< 18 years of age)
Lorcet HD (< 18 years of age)
Lorcet Plus (< 18 years of age)
Lortab (< 18 years of age)
Loxapine (< 12 years of age)
LP Lite Pak kit
Lumizyme
Lupaneta
Lupron
Lynparza
Lyrica
Lyrica CR
Lysodren
MAC Patch
Makena
Mavyret
Medolor Pak
Mekinist
Memantine
Mentho-Caine
Meperidine (< 18 years of age)
Mepsevii
Methamphetamine (< 4 and ≥ 18 years of age)
Methadone (< 18 years of age)
Methitest
Methoxsalen
Methylin ER (< 4 and ≥ 18 years of age)
Methylphenidate CD (< 4 and ≥ 18 years of age)
Methylphenidate ER (< 4 and ≥ 18 years of age)
Methyltestosterone
Mirvaso
Modafinil
Monovisc
Morphine sulfate (< 18 years of age)
Morphine sulfate ER (< 18 years of age)
Mozobil
Myalept
Mydayis (< 4 and ≥ 18 years of age)
Myobloc

Myozyme
Mytesi
Naglazyme
Nalbuphine (< 18 years of age)
Namenda XR
Namzaric
Natpara
Nerlynx
Neulasta
Neupogen
Neuvaxin patch
Nexavar
Nilandron
Ninlaro
Nityr
Norditropin
Northera
Noxafil
Nplate
Nucala
Nucynta
Nucynta ER
Nudiclo
Nuedexta
Nulojix
Numbonex
Nuplazid
Nutropin
Ocaliva
Ocrevus
Odactra
Odomzo
Ofev
Olanzapine (< 12 years of age)
Olanzapine vial (< 12 years of age)
Olanzapine/fluoxetine (< 12 years of age)
Olysio
Omnitrope
Onfi
Onmel
Onsolis
Opsumit
Oralair
Orencia
Orenitram
Orfadin
Orkambi
Orthovisc

Otezla
Otrexup
Oxsoralen
Orthovisc
Oxycodone (< 18 years of age)
Oxycodone ER
Oxycodone/acetaminophen (< 18 years of age)
Oxycodone/aspirin (< 18 years of age)
Oxycodone/ibuprofen (< 18 years of age)
Oxycontin
Oxymorphone (< 18 years of age)
Oxymorphone ER (< 18 years of age)
Pain Relief patch
Paingo KFT
Paliperidone (< 12 years of age)
Panretin
Peganone
Pegasys
Peg-Intron
Pentazocine/naloxone (< 18 years of age)
Perphenazine (< 12 years of age)
Phenoxybenzamine
Picato
Pimozide (< 12 years of age)
Pliaglis cream
Pomalyst
Praluent
Prevymis
Prilolid
Privigen
Probuphine
Procrit
Procysbi
Prolastin-C
Prolia
Promacta
Provenza patch
Pulmozyme
Pyridostigmine ER
Qroxin patch
Quetiapine (< 12 years of age)
Quetiapine ER
QuilliChew ER (< 4 and ≥ 18 years of age)
Quillivant XR (< 4 and ≥ 18 years of age)
Qutenza
Ragwitek
Rasuvo
Ravicti

Regranex
Repatha
Rectiv
Relador kit
Relador Plus kit
Relistor
Relyyxs patch
Relyt patch
Remicade
Remodulin
Renflexis
Renova patch
Reprexain (< 18 years of age)
Revlimid
Rhofade
Riluzole
Risperidone (< 12 years of age)
Rituxan
Rituxan Hycela
Rivastigmine
RoxyBond
Rubraca
Ruconest
Rydapt
Sabril tablet
Saizen
Samsca
Sandostatin LAR
Santyl
Saphris (< 12 years of age)
Savella
Scar patch
Selzentry
Serostim
Signifor
Signifor LAR
Sildenafil
Siliq
Silmanix cream
Silvera patch
Simponi
Simponi Aria
Sinelee patch
Sirturo
SmartRx Gaba kit
SmartRX Gaba-V kit
Sodium phenylbutyrate
Soliace patch

Soliris
Soliqua
Somatuline
Somavert
Sovaldi
Sporanox solution
Sprycel
Stelara syringe
Stivarga
Strensiq
Striant
Sublocade
Suboxone
Subsys
Sucraid
Supartz FX
Supprelin LA
Sutent
Sylvant
Synagis
Synarel
Synera patch
Synvexia cream
Synvexia patch
Synvisc
Synvisc One
Syprine
Tabloid
Tacrolimus topical ointment
Tafinlar
Tagrisso
Taltz
Tarceva
Tasigna
Tazarotene (> 35 years of age)
Tazorac (> 35 years of age)
Tecfidera
Technivie
Temozolomide
Testopel
Testosterone gel
Testosterone injection
Testosterone solution
Testred
Tetrabenazine
Thalomid
Thioridazine (< 12 years of age)
Thiothixene (< 12 years of age)

Tracleer
Tramadol (< 18 years of age)
Tramadol/acetaminophen (< 18 years of age)
Tramadol ER (< 18 years of age)
Tranexamic Acid
Tranzarel
Trelstar
Tremfya
Tretinoin (> 35 years of age)
Trifluoperazine (< 12 years of age)
Trintellix
Triptodur
Tykerb
Tymlos
Tysabri
Tyvaso
Uceris
Uceris rectal foam
Uptravi
Valchlor
Vantas
Vantrela ER
Veletri
Velma patch
Veltassa
Vemlidy
Venclexta
Ventavis
Verdrocet (< 18 years of age)
Verzenio
Vexa patch
Viberzi
Viekira Pak
Viekira XR
Vigabatrin
Viibryd
Vimizim
Vimpat
Vivitrol
Vogelxo
Vosevi
Votrient
VPRIV
Vraylar (< 12 years of age)
Vyvanse (< 4 and ≥ 18 years of age)
Xalkori
Xeljanz
Xeljanz XR

Xeomin
Xermelo
Xgeva
Xifaxan 550mg
Xolair
Xryliderm
Xtampza ER (< 18 years of age)
Xtandi
Xuriden
Xyrem
Zamicet (< 18 years of age)
Zavesca
Zejula
Zelboraf
Zemaira
Zembrace Symtouch
Zenzedi (< 4 and ≥ 18 years of age)
Zepatier
Zeruvia patch
Zeyocaine
Zinbryta
Zinplava
Ziprasidone (< 12 years of age)
Zohydro ER
Zoladex
Zolinza
Zontivity
Zorbtive
Zubsolv
Zurampic
Zydelig
Zykadia
Zytiga

Step Therapy

Step therapy is the practice of using specific medications first when beginning drug therapy for a medical condition. The preferred first course of treatment may be generic medications or drugs that are considered as the standard first-line treatment.

Step therapy is built into the electronic system that checks your medication history. A drug with step therapy will be automatically approved if there is a record that you have already tried the preferred drug(s). If there is no record that you tried the preferred drug(s) in your medication history, your physician must submit relevant clinical information to the UPMC Health Plan Pharmacy Services Department before it will be covered.

The following table lists drugs that have a step therapy requirement for members with **The Open Choice Preferred Formulary**:

Abilify Maintena (< 12 years of age)
Almotriptan
Aloxi
Alprazolam ODT
Anzemet
Aristada (< 12 years of age)
Azelex
Beconase AQ
Belsomra
Betaseron
Bimatoprost 0.03%
Budesonide nasal spray
Buprenorphine patch
Butrans patch
Bystolic
Cardura XL
Carbidopa
Celecoxib
Chantix
Clomipramine
Clonazepam ODT
Clonidine ER
Clozapine ODT
Desvenlafaxine ER
Dexilant
Dificid
Dipentum
Dymista
Edarbi
Edarbyclor
Eletriptan
Ezetimibe/simvastatin
Fenofibric Acid
Frovatriptan
Granisetron
Ibandronate IV
Innopran XL
Invega Sustenna (< 12 years of age)
Invega Trinza (< 12 years of age)
Khedeza ER
Latuda
Levalbuterol HFA
Levalbuterol inhalation solution
Lidocaine patch
Mometasone nasal spray
Nexium

Nicotrol inhaler
Nicotrol nasal spray
Olanzapine ODT
Olanzapine/fluoxetine
Olopatadine nasal spray
Omeprazole/sodium bicarbonate
Omnaris
Onsolis
Paroxetine ER
Pexeva
Pramipexole ER
QNASL
Rapaflo
Rebif
Rescula
Risedronate
Risedronate DR
Risperdal Consta (< 12 years of age)
Risperidone ODT
Risperidone solution
Ropinirole ER
Rosuvastatin
Rozerem
Sancuso
Saphris
Sustol
Symlin
Tekturna
Tekturna HCT
Travatan Z
Uloric
Xopenex HFA
Zetonna
Zioptan
Zyprexa Relprevv (< 12 years of age)

Quantity Limits

Quantity limits are drug-specific and limit the amount of certain drugs that can be dispensed during a specified period of time. These limits are based on FDA guidelines, clinical literature, and manufacturer’s instructions. Quantity limits promote appropriate use of the drug, prevent waste, and help control costs.

For some drugs, the dosing guidelines may recommend that patients take the drug one time a day in a larger dose instead of several times a day in smaller doses. The quantity limits follow the guidelines and cover one larger dose per day. Your physician can request an exception to the quantity limit through the UPMC Health Plan Pharmacy Services Department.

Day Supply Limits

Prescriptions for controlled substances and specialty medications are limited to a 30-day supply.

Certain oral cancer medications are limited to a 15-day supply for the first month of the prescription. When you receive a 15-day supply of an oral cancer medication, your copayment amount will be prorated. The specialty pharmacy will work with you and your provider before processing each 15-day supply to verify that you are continuing with the treatment.

The following table is a list of drugs that have a quantity limit for members with the **The Open Choice Preferred Formulary**:

Abacavir
Abacavir/lamivudine
Abacavir/lamivudine/zidovudine
Abilify Maintena
Abilify Mycite
Abstral
Acarbose
Acetaminophen/caffeine/dihydrocodeine
Acetaminophen/codeine
Actemra
Acthar gel
Actoplus Met XR
Acuvail
Adcirca
Adderall XR
Adlyxin
Adzenys ER
Adzenys XR-ODT
Adempas
Afinitor
Akten
Akynzeo
Albuterol inhalation solution
Alendronate oral solution
Alecensa
Almotriptan
Alora
Alosetron
Aloxi
Alsuma
Alunbrig
Amitiza
Amphetamine salts
Ampyra
Anzemet
Apidra
Aptivus
Apokyn
Aprepitant

Aptiom
Arcalyst
Aripiprazole
Aristada
Armodafinil
Arymo ER
Ascomp with codeine
Aspirin/caffeine/dihydrocodeine
Atazanavir
Atripla
Atomoxetine
Aubagio
Austedo
Avandamet
Avandia
Avonex
Banzel
Basaglar
Belsomra
Benlysta
Benznidazole
Betaseron
Bethkis
Bevyxxa
Blood Glucose test strips (>18 years of age)
Bosulif
Botox
Brilinta
Brisdelle
Briviact
Bunavail
Buprenorphine
Buprenorphine patch
Buprenorphine/naloxone
Butalbital/acetaminophen/caffeine/codeine
Butalbital/aspirin/caffeine/codeine
Butalbital compound with codeine
Butorphanol nasal spray
Bydureon
Bydureon BCise
Byetta
Cabometyx
Calcitriol ointment
Calquence
Cambia
Caprelsa
Cardura XL
Carisoprodol/aspirin/codeine
Caverject
Cayston
Cerdelga
Celecoxib

Chantix
Chlorpropamide
Cialis
Cimzia
Cinryze
Cinvanti
Ciprofloxacin ER
Citalopram
Climara-PRO
Clonidine ER
Clozapine ODT
Codeine
Combipatch
Cometriq
Complera
Concerta
Conzip
Copaxone
Cordran tape
Corlanor
Cosentyx
Cotellic
Cotempla XR-ODT
Cresemba
Crixivan
Cystaran
Daklinza
Daytrana
Desvenlafaxine ER
Descovy
Dexedrine
Dexilant
Dexmethylphenidate
Dexmethylphenidate ER
Dextroamphetamine
Dextroamphetamine ER
Diclegis
Diclofenac 1% gel
Didanosine
Difcid
Duloxetine
Dupixent
Dutrebis
Duzallo
Dyanavel XR
Dysport
Edex
Edluar
Edurant
Efavirenz
Elestrin
Eletriptan

Eligard
Eliquis
Embeda
Emend vial
Emsam
Emtriva
Enbrel
Endari
Endocet
Enoxaparin
Entresto
Entyvio
Epclusa
Ergomar
Erivedge
Esbriet
Escitalopram
Esomeprazole
Estraderm
Estradiol patch
Estring
Estrogel
Eszopiclone
Eucrisa
Euflexxa
Evotaz
Evzio
Extavia
Factive
Famciclovir
Fanapt
Farydak
Farxiga
Fasenra
Fazaclo
Femring
Fentanyl citrate
Fentanyl transdermal
Fentora
Fetzima
Fiasp
Firazyr
Firmagon
Flector patch
Fluconazole
Fluoxetine DR
Fondaparinux
Forteo
Fosamax Plus D
Fragmin
Frovatriptan
Fuzeon

Fycompa
Gabapentin
Gattex
Gel-One
GelSyn-3
Genvoya
Gilenya
Gilotrif
Glatiramer
Glatopa
Gleevec
Glimepiride
Glipizide
Glipizide ER
Glipizide/metformin
GlucaGen
Glucagon
Glyburide
Glyburide/metformin
Glyxambi
Gocovri
Gralise
Granisetron
Granisol
Grastek
Guanfacine ER
Harvoni
Hetlioz
Horizant
Humalog
Humalog 50/50
Humalog 75/25
Humira
Humulin 50/50
Humulin 70/30
Humulin N
Humulin R
Hyalgan
Hydrocodone/acetaminophen
Hydrocodone/ibuprofen
Hydromorphone
Hydromorphone ER
Ibandronate IV
Ibandronate tablet
Ibrance
Iclusig
Idhifa
Ilaris
Iluvien
Imbruvica
Ingrezza
Inlyta

Intelligence
Invega Sustenna
Invega Trinza
Invirase
Invokamet
Invokamet XR
Invokana
Iprivask
Iressa
Isentress
Isentress HD
Itraconazole capsule
Jakafi
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Jetrea
Juluca
Juxtapid
Kaletra tablet
Kalydeco
Kazano
Ketek
Ketorolac
Keveyis
Kevzara
Khedezla ER
Kineret
Kisqali
Kisqali Femara Co-Pack
Komibglyze XR
Korlym
Krystexxa
Kynamro
Lamivudine
Lamivudine/zidovudine
Lamotrigine ER
Lamotrigine ODT
Lancets (>18 years of age)
Lansoprazole
Lantus
Latuda
Lazanda
Lenvima
Letairis
Levemir
Levalbuterol HFA
Levetiracetam ER
Levitra

Levorphanol
Lexiva
Liodcaine products
Lidocaine patch
Linezolid
Linzess
Lonhala Magnair
Lopinavir/ritonavir
Lorcet
Lorcet HD
Lorcet Plus
Lortab
Lupaneta
Lupron
Lynparza
Lyrica
Lyrica CR
Mavyret
Medroxyprogesterone injection
Mekinist
Menostar
Meperidine
Metformin
Metformin ER (generic Glucophage XR)
Methadone
Methamphetamine
Methylin
Methylin ER
Methylphenidate
Methylphenidate CD
Methylphenidate ER
Miglitol
Minivelle
Modafinil
Moderiba
Molindone
Monovisc
Montelukast
Morphine sulfate
Morphine sulfate ER
Movantik
Mozobil
Muse
Myalept
Mydayis
Myobloc
Myrbetriq ER
Mytesi
Namenda XR
Namzaric
Naratriptan
Narcan

Nateglinide
Natpara
Nerlynx
Nesina
Nevirapine
Nevirapine ER
Nexavar
Nexium
Nicotine replacement products
Nicotrol inhaler
Nicotrol nasal spray
Ninlaro
Northera
Norvir
Novolin 70/30
Novolin N
Novolin R
Novolog
Novolog Mix 70/30
Noxafil
Nucala
Nucynta
Nucynta ER
Nuedexta
Nuplazid
Nuvaring
Ocaliva
Odactra
Odefsey
Odomzo
Ofev
Olanzapine
Olanzapine/fluoxetine
Oleptro
Olux-E Foam
Olysio
Omeprazole/sodium bicarbonate
Ondansetron
Onfi
Onglyza
Onmel
Onsolis
Opsumit
Oracea
Oralair
Oral Contraceptives
Oravig
Orencia
Orkambi
Orthovisc
Oseltamivir
Oseni

Otezla
Otrexup
Oxycodone
Oxycodone ER
Oxycodone/acetaminophen
Oxycodone/aspirin
Oxycodone/ibuprofen
Oxycontin
Oxymorphone
Oxymorphone ER
Ozempic
Paliperidone
Paroxetine ER
Peganone
Pegasys
Peg-Intron
Pentazocine/naloxone
Pexeva
Pioglitazone
Pioglitazone/glimepiride
Pioglitazone/metformin
Plegridy
Pomalyst
Pradaxa
Praluent
Prasugrel
Prevymis
Prezcobix
Prezista
Proair HFA
Probuphine
Procysbi
Prolia
Promacta
Proventil HFA
Pulmozyme
QTERN
Qudexy
Quetiapine
Quetiapine ER
QuilliChew ER
Quillivant XR
Qutenza
Rabeprazole
Ragwitek
Rapivab
Rasuvo
Ravicti
Rebetol
Rebif
Regranex
Relenza

Relistor
Repaglinide
Repaglinide/metformin
Repatha
Rescriptor
Restasis
Revlimid
Rexulti
Ribapak
Ribasphere
Ribavirin
Riluzole
Riomet
Risedronate
Risedronate DR
Risperidone
Risperdal Consta
Rizatriptan
RoxyBond
Rozerem
Rubraca
Rybix ODT
Rydapt
Sabril
Samsca
Sancuso
Sandostatin LAR
Saphris
Savaysa
Savella
Selzentry
Signifor
Signifor LAR
Sildenafil
Siliq
Simponi
Simponi Aria
Sivextro
Soliqua
Somatuline
Somavert
Sovaldi
Sprix
Sprycel
Stavudine
Staxyn
Steglatro
Stelara syringe
Stendra
Stivarga
Stribild
Sublocade

Suboxone
Subsys
Sumatriptan
Sumavel DosePro
Supartz FX
Supprelin LA
Sustiva
Sustol
Sutent
Symlin
Symproic
Synagis
Synarel
Synjardy
Synjardy XR
Synvisc
Synvisc One
Tacrolimus topical ointment
Tafinlar
Tagrisso
Taltz
Tanzeum
Tarceva
Targretin gel
Tasigna
Tecfidera
Technivie
Terbinafine
Tetrabenazine
Thalomid
Tivicay
TOBI Podhaler
Topiramate sprinkle
Tobramycin solution for nebulization
Tolazamide
Tolbutamine
Toujeo
Tracleer
Tradjenta
Tramadol
Tramadol ER
Tramadol/acetaminophen
Tranexamic acid
Trelstar
Tremfya
Tresiba
Treximet
Trintellix
Triptodur
Triumeq
Trokendi XR
Trulance
Truvada

Tybost
Tykerb
Tymlos
Tysabri
Uloric 40 mg
Uptravi
Valacyclovir
Vantas
Vantrela ER
Varubi
Vemlidy
Venlafaxine ER
Veltassa
Venclexta
Ventolin HFA
Verdrocet
Versacloz
Verzenio
Viagra
Viberzi
Videx solution
Viibryd
Viekira Pak
Viekira XR
Vigabatrin
Vimpat
Viracept
Viread
Vistogard
Vitekta
Voriconazole
Vosevi
Votrient
Vraylar
Vyvanse
Xadago
Xalkori
Xarelto
Xeljanz
Xeljanz XR
Xeomin
Xermelo
Xgeva
Xifaxan
Xigduo XR
Xiidra
Xolair
Xopenex HFA
Xtampza ER
Xtandi
Xulane
Xultophy
Xuriden

Xyrem
Zamicet
Zecuity
Zejula
Zelboraf
Zenzedi
Zepatier
Zidovudine
Zileuton ER
Zinbryta
Zinplava
Ziprasidone
Zmax
Zohydro ER
Zoladex
Zoledronic acid 5mg
Zolinza
Zolmitriptan
Zolpidem
Zolpidem ER
Zolpimist
Zomig nasal spray
Zontivity
Zubsolv
Zurampic
Zydelig
Zykadia
Zyprexa Relprevv
Zytiga

FILLING YOUR PRESCRIPTION

Retail

UPMC Health Plan’s network of retail pharmacies includes hundreds of locations — independent pharmacies as well as multistore chains — throughout the region. You can take your prescription to any pharmacy in the network. You must use 75 percent of your medication before you can get a refill.

For specific pharmacy names, locations, and telephone numbers, visit www.upmchealthplan.com/pharmacy or call our Health Care Concierge team. The phone number is listed on the back of your member ID card and on page 1 of this booklet.

Mail Order

If you take maintenance medications for a chronic condition, you can get them through a mail order pharmacy. Maintenance medications are drugs that are taken on a regular, long-term basis. This may include drugs to treat high blood pressure, diabetes, asthma, high cholesterol, and more.

With convenient mail-order service:

- You receive a 90-day supply of most drugs, plus refills, as prescribed by your doctor.
- You usually pay a lower out-of-pocket cost for a 90-day supply at a mail-order pharmacy than you would pay at a retail pharmacy.
- You get these drugs delivered right to your door.

Most mail order prescriptions are written for a 90-day supply. If your doctor writes for a 30-day supply with two refills, the mail order facility may combine the prescription to make a 90-day supply. If you do not want a 90-day supply, you should indicate this on the mail-order form.

For a new medication, UPMC Health Plan recommends that you try a 30-day supply of the drug from a retail pharmacy. That way your doctor has a chance to make sure that it is the right dose for you and that it does not cause any side effects.

Once you’re confident that the medication is appropriate, ask your doctor to write a prescription for a 90-day supply of each maintenance drug that you need (plus refills if appropriate). Then order the supply through the mail-order pharmacy.

To avoid running out of your mail-order prescription, reorder your medication while you still have an adequate supply remaining, allowing a few weeks for processing and delivery. To request refills, you may order online or over the telephone.

You can request a mail-order form by calling our Health Care Concierge team or requesting the form on the UPMC Health Plan website at www.upmchealthplan.com/pharmacy.

Specialty Pharmacy Provider

Most specialty medications must be obtained through our designated specialty pharmacy providers. When you are prescribed a specialty medication and use a specialty pharmacy provider, you get mail-order delivery and improved access to drugs, as many retail pharmacies do not carry these types of medications.

Specialty pharmacy providers also improve care by providing education for our members and expanded access to health care professionals trained in the proper use of these specialty medications. A specialty pharmacy provider offers cost-effective health care and medication management and compliance programs.

Filling Your Prescription When Traveling

When you travel outside the western Pennsylvania area, thousands of pharmacies across the country will honor your UPMC Health Plan member ID card.

To locate a participating pharmacy, contact our Health Care Concierge team at the phone number listed on the back of your member ID card or on page 1 of this booklet.

To fill a prescription at a participating out-of-area pharmacy, present your UPMC Health Plan member ID card. Some pharmacies may ask you to pay the full price of the medication. If that happens and your claim is approved, you will be reimbursed the amount that you paid for the medication, less the appropriate copayment.

You can request a “Pharmacy Program Direct Reimbursement Claim Form” by calling our Health Care Concierge team or requesting the form on the UPMC Health Plan website at www.upmchealthplan.com/pharmacy.

If you will be away from home for an extended period of time, or if you will be traveling outside of the country, you may want to use our mail-order service so that you receive a 90-day supply before you leave home.

Medication Supplies Not Covered by UPMC Health Plan

- No authorizations will be provided for medications that are reported by the member, provider, or pharmacy to be lost, misplaced, stolen, destroyed, or damaged.
- Medications received at no charge to the member (workers’ compensation, medications purchased with a manufacturer’s coupon, etc.) will not be covered.
- Prescriptions that are written more than a year ago will not be covered. Your doctor will need to write a new prescription.

If you are a current UPMC Health Plan member, refer to your Schedule of Benefits for your copayment amounts. If you did not receive a Schedule of Benefits in your Welcome Kit, contact our Health Care Concierge team at the number on the back of your member ID card. Your member ID card should also list your copayment amounts.

For Prospective Members

If you are thinking about joining UPMC Health Plan and would like information about copayment amounts, review the Schedule of Benefits. You may have received one from your company’s Benefits Administrator or Human Resources Department. If you did not receive a Schedule of Benefits, contact your Benefits Administrator or the UPMC Health Plan Health Care Concierge team at the number listed on page 1 of this booklet.



Open Choice Basic Formulary

KEY

[INJ] - Injectable Drug
Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

A

ABILIFY MAINTENA [INJ]
ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
ACTHAR H.P. [INJ]
acyclovir
ADCIRCA
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AFSTYLA [INJ]
AKYNZEO
albuterol nebulization solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA
anastrozole
ANDRODERM
ANDROGEL 1.62%
ANORO ELLIPTA
apri
ARANESP [INJ]
ARCAPTA NEOHALER
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASACOL HD
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atorvastatin
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS
BEVESPI AEROSPHERE
bisoprolol/hctz

blisovi fe
BREO ELLIPTA
BRILINTA
BRISDELLE
budesonide nebulization suspension
bupropion
bupropion ext-release
buspirone
butalbital/acetaminophen/caffeine
BUTRANS
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC
BYVALSON

C

CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CETROTIDE [INJ]
chlorthalidone gluconate
chlorthalidone
CIALIS
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
clindamycin hcl
clindamycin phosphate
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clostrimazole/
betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COPAXONE 40 MG [INJ]
COREG CR
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DAYTRANA
DELZICOL
desloratadine
desonide
desvenlafaxine succinate er
dexamethasone

dexamethylphenidate ext-release
dextroamphetamine/amphetamine
dextroamphetamine/amphetamine ext-release
diazepam
diclofenac sodium delayed-release
dicyclomine
digoxin
diltiazem ext-release
diphenoxylate/atropine
divalproex delayed-release
divalproex ext-release
DIVIGEL
donepezil
doxazosin
doxycycline hyclate
doxycycline monohydrate
DUAVEE
DULERA
duloxetine delayed-release
DUPIXENT [INJ]
DYMISTA

E

EDARBI
EDARBYCLOR
ELIDEL
ELIQUIS
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPCLUSA
EPIDUO, EPIDUO FORTE
EPINEPHRINE
AUTO-INJECTOR (by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
erythromycin eye ointment
escitalopram
esomeprazole magnesium delayed-release
ESTRACE CREAM
estradiol
estradiol patches
estradiol/norethindrone acetate
ESTRING
eszopiclone
EUFLEXXA [INJ]
EVEKEO
EXTAVIA [INJ]
ezetimibe

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
fentanyl patches

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

FETZIMA
FINACEA
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluciclonide
fluoxetine
fluticasone nasal spray
FLUTICASONE/SALMETEROL
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS;
FREESTYLE FREEDOM,
FREESTYLE
FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE TEST STRIPS;
FREESTYLE,
FREESTYLE INSULINX,
FREESTYLE LITE
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GILENYA
GILOTRIF
glimepiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF
REDI-JECT [INJ]
GRALISE
GRANIX [INJ]
GRASTEK
guanfacine ext-release

H

HARVONI
HELIXATE FS [INJ]
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/
acetaminophen
hydrocodone/
chlorpheniramine
polistirex ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
ibuprofen
ILEVRO
INCRUSE ELLIPTA
indomethacin
INLYTA
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
junel fe

K

ketoconazole topical
ketorolac
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA

L

labetalol
lamotrigine
lansoprazole
delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

MAKENA [INJ]
MAVYRET
meclizine
medroxyprogesterone

meloxicam
MEPHYTON
MESTINON SYRUP
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide hcl
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal gel
microgestin fe
MINIVELLE
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone
mononessa
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTI
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYDAYIS
MYRBETRIQ

N

nabumetone
NAMENDA XR
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
NATAZIA
neomycin/polymyxin/
LIPOFEN
hydrocortisone ear drops
NEUPOGEN [INJ]
NEVANAC
NEXIUM PACKETS
niacin ext-release
nifedipine ext-release
nitrofurantoin macrocrystal
NORDITROPIN [INJ]
nortriptyline
NOVOEIGHT [INJ]
NOVOLIN [INJ]
NOVOLOG [INJ]
NUCYNTA, NUCYNTA ER
NUEDEXTA
NUVARING
nystatin oral suspension
nystatin topical

(continued)

O

ofloxacin
olanzapine
olmesartan
olmesartan/hctz
olopatadine
omega-3 acid ethyl esters
omeprazole
delayed-release
ondansetron
ondansetron orally
disintegrating tablets
ONETOUCH KITS/METERS;
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX,
VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS;
ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORTHOVISC [INJ]
OTEZLA
OTOVEL
OTREXUP [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN

P

pantoprazole
delayed-release
paroxetine
PAZEO
penicillin v potassium
PENTASA
PERFORMIST

PHOSLYRA
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim
eye solution
potassium chloride
ext-release
PRALUENT [INJ]
pramipexole
pravastatin
prednisolone acetate eye
suspension
prednisolone sodium
phosphate
prednisone
PREMARIN CREAM
PREMARIN TABS
PREMPHASE
PREMPRO
PREPOPIK
PROAIR HFA
PROAIR RESPICLICK
PROCRIT [INJ]
progesterone micronized
PROLENSA
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER
PYLERA

Q

QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR

quinapril
QVAR

R

rabeprazole
delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
REMICADE [INJ]
RENEVA TABLETS
REPATHA [INJ]
RESTASIS
risperidone
rizatriptan
ropinirole
rosuvastatin

S

SAFYRAL
SANCUSO
SAVELLA
SEEBRI NEOHALER
SEREVENT DISKUS
sertraline
SIMPONI 100 MG [INJ]
simvastatin
SKYLA
SOLIQUA [INJ]
SOLODYN
SOMATULINE DEPOT [INJ]
SOOLANTRA

SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STELARA SC [INJ]
STIOLTO RESPIMAT
STRENSIQ [INJ]
STRIVERDI RESPIMAT
SUBOXONE SL FILM
sulfamethoxazole/
trimethoprim
sumatriptan
SUPREP
SYMBICORT
SYMLINPEN [INJ]
SYNJARDY, SYNJARDY XR

T

TACLONEX SUSPENSION
tamoxifen
tamsulosin ext-release
TARCEVA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TECHNIVIE
TEKTURNA, TEKTURN HCT
temazepam
terazosin
terconazole vaginal
testosterone
cypionate [INJ]
timolol maleate
eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST

tobramycin eye solution
tobramycin/
dexamethasone
eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER
TRADJENTA
tramadol
TRAVATAN Z
trazodone
TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
trinessa
tri-sprintec
TRULICITY [INJ]
TUDORZA PRESSAIR
TYMLOS [INJ]

U

UCERIS TABLETS
ULORIC
UPTRAVI
UTIBRON NEOHALER

V

valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
VELPHORO
VELTASSA
venlafaxine
venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release

VESICARE
VIAGRA
VIBERZI
VICTOZA [INJ]
VIEKIRA PAK
VIEKIRA XR
VIIBRYD
VIMPAT
VIOKACE
VOSEVI
VYVANSE

W

warfarin
WELCHOL

X

XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XTANDI
XULTOPHY [INJ]

Z

ZARXIO [INJ]
ZENPEP
zolidem
zolidem ext-release
ZOMIG NASAL
ZONTIVITY
ZOVIRAX CREAM
ZUBSOLV
ZYLET
ZYTIGA

Please note that product placement for the Treatment for Inflammatory Conditions is under consideration and changes may occur based upon changes in market dynamics and new product launches.

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary. Column 1 lists examples of nonformulary medications. Column 2 lists some alternatives that can be prescribed.

Nonformulary Medications	Formulary Alternative(s)	Nonformulary Medications	Formulary Alternative(s)
ACCU-CHEK METERS/STRIPS	FREESTYLE METERS/STRIPS, ONETOUCH METERS/STRIPS	NESINA	JANUVIA, TRADJENTA
ADLYXIN	BYDUREON, BYETTA, TRULICITY, VICTOZA	NUTROPIN AQ, NUTROPIN AQ NUSPIN	GENOTROPIN, HUMATROPE, NORDITROPIN
AIRDUO RESPICLICK	ADVAIR DISKUS/HFA, BREO ELLIPTA, DULERA, FLUTICASONE/SALMETEROL, SYMBICORT	OMNARIS	budesonide, flunisolide, fluticasone, mometasone, QNASL
ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR	OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
APIDRA	HUMALOG, NOVLOG	ONGLYZA	JANUVIA, TRADJENTA
AUVI-Q	EPINEPHRINE AUTO-INJECTOR (by Mylan), EPIPEN, EPIPEN JR	PROVENTIL HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
BASAGLAR	LANTUS, LEVEMIR, TOUJEO, TRESIBA	SAIZEN, SAIZENPREP	GENOTROPIN, HUMATROPE, NORDITROPIN
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone, QNASL	STAXYN	CIALIS, VIAGRA
BREEZE, CONTOUR METERS/STRIPS	FREESTYLE METERS/STRIPS, ONETOUCH METERS/STRIPS	STENDRA	CIALIS, VIAGRA
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC	SUPARTZ, SUPARTZ FX	EUFLEXXA, MONOVISC, ORTHOVISC
GENVISC 850	EUFLEXXA, MONOVISC, ORTHOVISC	SYNVISC, SYNVISC-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC	TANZEUM	BYDUREON, BYETTA, TRULICITY, VICTOZA
KADIAN	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release, HYSINGLA ER, NUCYNTA ER, OXYCONTIN	TRUETEST, TRUETRACK METERS/STRIPS	FREESTYLE METERS/STRIPS, ONETOUCH METERS/STRIPS
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
LEVITRA	CIALIS, VIAGRA	ZOHYDRO ER	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
		ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN

Costs for covered alternatives may vary. Log on to express-scripts.com/covered to compare drug prices.

Nondiscrimination Notice

UPMC Health Plan¹ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPMC Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UPMC Health Plan:

- Provides free aids and services to people with disabilities so that they can communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Civil Rights Administrator.

If you believe that UPMC Health Plan has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Administrator
UPMC Health Plan
600 Grant Street - 55th Floor
Pittsburgh, PA 15219

Phone: 1-844-755-5611 (TTY: 1-800-361-2629)

Fax: 1-412-454-5964

Email: HealthPlanCompliance@upmc.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Administrator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019. TTY/TDD users should call 1-800-537-7697.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

¹UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC *for You* Inc., and/or UPMC Benefit Management Services Inc.

Translation Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-420-9589 (TTY: 1-800-361-2629).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-420-9589 (TTY: 1-800-361-2629)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-420-9589 (TTY: 1-800-361-2629).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-420-9589 (телетайп: 1-800-361-2629).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-420-9589 (TTY: 1-800-361-2629).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-420-9589 (TTY: 1-800-361-2629)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-420-9589 (TTY: 1-800-361-2629).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-420-9589 (رقم هاتف الصم والبكم: 1-800-361-2629).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-420-9589 (ATS : 1-800-361-2629).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-420-9589 (TTY: 1-800-361-2629).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-420-9589 (TTY: 1-800-361-2629).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-420-9589 (TTY: 1-800-361-2629).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-420-9589 (TTY: 1-800-361-2629).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-420-9589 (TTY: 1-800-361-2629)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-420-9589 (TTY: 1-800-361-2629).

In this document, the term “UPMC Health Plan” refers to benefit plans offered by UPMC Health Network, Inc., as well as those plans offered by UPMC Health Plan, Inc.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered.

This Pharmacy Benefit Guide is current as of January 1, 2018.

UPMC HEALTH PLAN

U.S. Steel Tower, 600 Grant Street
Pittsburgh, PA 15219

www.upmchealthplan.com

