Value Choice
Pharmacy Benefit Guide

Effective January 1, 2018

UPMC Health Plan

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VALUE CHOICE OVERVIEW

The ***Value Choice*** pharmacy program provides good value by offering a variety of high-quality, effective generic and select 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.

When you need a prescription medication, you and your doctor can choose from a wide range of generic drugs. In addition, when generic drugs are not available, you can choose from certain brand-name medications. Specialty medications are also available through this plan. ***Value Choice*** allows you to take full advantage of the savings offered by generic drugs over their higher-priced brand-name alternatives.

This guide provides an overview of your pharmacy benefit with UPMC Health Plan. It explains the copayment structure, the process for getting certain drugs covered, your options for filling prescriptions, important phone numbers, and more.

VALUE CHOICE 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.

Value Choice prescription drugs are organized into three 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.

> ***Value Choice*** 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 100 percent of the contracted rate for the drug.

Tier 2 is for preferred-brand medications. UPMC Health Plan classifies these drugs as "preferred" because of their value and effectiveness.

> If you require a brand-name drug that is not listed in the formulary table, you will pay 100 percent of the contracted rate for that drug.

Tier 3 is for specialty medications. These drugs have the highest copayment.

> 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 inhalant).
>
> 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.

FORMULARY OVERVIEW

The most commonly prescribed ***Value Choice*** drugs are listed in the formulary section of this booklet. Please note that there are other generic drugs that ***Value Choice*** covers in addition to the ones listed in this booklet. For the latest information on the complete ***Value Choice*** formulary and other pharmacy benefits, visit our website at **www.upmchealthplan.com/pharmacy**.

You may also call our Health Care Concierge team at the number listed on the back of your member ID card or on page 1 of this booklet.

Some medications not covered on our formulary are listed in the section of the booklet titled **Medications Not Covered by *Value Choice.***

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 listed on page 1 of this booklet.

UNDERSTANDING OUR SYMBOLS

Prior Authorization

You will see the symbol **PA** next to certain drugs on our formulary tables in this booklet. **PA** stands for **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.

Step Therapy

You will see the symbol **ST** next to certain drugs on the formulary tables in this booklet. **ST** stands for **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.

Quantity Limits

You will see the symbol **QL** next to certain drugs on the formulary tables in this booklet. **QL** stands for **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.

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 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 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 provider. 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.

Effective January 1, 2018

Drug Name	Generic	Preferred-Brand	Specialty
abacavir **QL**	1		
abacavir/lamivudine **QL**	1		
abacavir/lamivudine/zidovudine **QL**	1		
Abilify Maintena **ST < 12 years of age, QL**			3
Abstral **PA, QL**			3
acamprosate	1		
acarbose **QL**	1		
acebutolol	1		
acetaminophen/codeine **PA < 18 years of age, QL**	1		
acetazolamide ER capsule	1		
acetic acid	1		
acetic acid/hydrocortisone	1		
acitretin			3
Actemra **PA, QL**			3
Acthar gel **PA, QL**			3
Actimmune **PA**			3
acyclovir	1		
acyclovir ointment	1		
Adagen **PA**			3
adapalene **PA > 35 years of age**	1		
Adcirca **PA, QL**			3
Adderall XR **PA < 4 and ≥ 18 years of age, QL**	1		
adefovir **PA**			3
Adempas **PA, QL**			3
Advair		2	
afeditab CR	1		
Afinitor **PA, QL**			3
alagesic	1		
albuterol solution **QL**	1		
albuterol ER tablet	1		
alclometasone dipropionate	1		
Aldurazyme **PA**			3

Drug Name	Generic	Preferred-Brand	Specialty
Alecensa **PA, QL**			3
alendronate	1		
Alferon N **PA**			3
alfuzosin ER	1		
Alinia		2	
allopurinol	1		
alosetron **PA**			3
Alphagan P 0.1%		2	
alprazolam	1		
alprazolam ODT **ST**	1		
Altavera	1		
Alunbrig **PA, QL**			3
Alyacen	1		
amantadine	1		
Amethia	1		
Amethia Lo	1		
Amethyst	1		
Amicar			3
amiloride	1		
amiloride/hydrochlorothiazide	1		
amiodarone	1		
amitriptyline	1		
amlodipine besylate	1		
amlodipine besylate/benazepril	1		
ammonium lactate cream	1		
Amnesteem	1		
amoxapine	1		
amoxicillin	1		
amoxicillin/clavulanate	1		
amoxicillin/clavulanate ER	1		
amphetamine salts **QL**	1		
ampicillin	1		
Ampyra **PA, QL**			3
anagrelide	1		
anastrozole	1		

KEY	COPAYMENT TIER
QL = Quantity Limits PA = Prior Authorization required ST = Step Therapy required * Age restrictions apply to some medications.	1 = Generic Medications 2 = Preferred-Brand Medications 3 = Specialty Medications

Effective January 1, 2018

Drug Name	Generic	Preferred-Brand	Specialty
Androgel 1.62% **PA**		2	
Anoro Ellipta		2	
Apokyn **PA**, **QL**			3
apraclonidine	1		
aprepitant capsule **QL**	1		
Apri	1		
Apriso ER		2	
Aptivus **QL**		2	
Aralast NP **PA**			3
Aranelle	1		
Aranesp **PA**			3
arbinoxa	1		
Arcalyst **PA, QL**			3
aripiprazole ODT **PA, QL**	1		
aripiprazole oral solution **PA, QL**	1		
aripiprazole tablet **PA < 12 years of age, QL**	1		
Aristada **ST < 12 years of age, QL**			3
Arnuity Ellipta		2	
Asacol HD		2	
Asmanex		2	
aspirin/dipyridamole	1		
atenolol	1		
atenolol/chlorthalidone	1		
atomoxetine **QL**	1		
atorvastatin	1		
atovaquone suspension	1		
Atripla **QL**		2	
atropine ophthalmic solution	1		
Aubagio **PA, QL**			3
Aubra	1		
Auryxia		2	
Austedo **PA, QL**			3
Aviane	1		
Avonex **QL**			3
azathioprine	1		

Drug Name	Generic	Preferred-Brand	Specialty
azelastine	1		
azithromycin	1		
Azurette	1		
bacitracin ophthalmic ointment	1		
baclofen	1		
balsalazide disodium	1		
Balziva	1		
Bekyree	1		
benazepril	1		
benazepril/hydrochlorothiazide	1		
Benlysta **PA**			3
benzonatate	1		
benztropine	1		
Berinert **PA**			3
betamethasone dipopionate 0.05% cream, lotion, ointment	1		
betamethasone dipopionate (augmented) 0.05% cream, lotion, ointment	1		
betamethasone valerate 0.1% cream, lotion, ointment	1		
Betaseron **ST, QL**			3
betaxolol	1		
bethanechol	1		
Bethkis **QL**			3
bexarotene **PA**			3
bicalutamide	1		
bimatoprost 0.03% **ST**	1		
bisoprolol	1		
bisoprolol/hydrochlorothiazide	1		
Bivigam **PA**			3
Blisovi FE	1		
Blisovi 24 FE	1		
Bosulif **PA, QL**			3
Botox **PA, QL**			3
Breo Ellipta		2	

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Drug Name	Generic	Preferred-Brand	Specialty
Briellyn	1		
Brilinta **QL**		2	
brimonidine tartrate ophthalmic solution	1		
bromfenac ophthalmic solution	1		
budesonide EC	1		
budesonide respule	1		
bumetanide	1		
buprenorphine tablet **PA, QL**	1		
bupropion	1		
bupropion XL	1		
buspirone	1		
butalbital/acetaminophen/caffeine	1		
butorphanol nasal spray **PA < 18 years of age, QL**	1		
cabergoline	1		
Cabometyx **PA, QL**			3
calcipotriene	1		
calcitonin nasal spray	1		
calcitriol	1		
calcitriol ointment **QL**	1		
calcium acetate	1		
Camila	1		
Camrese	1		
Camrese Lo	1		
capecitabine **PA**			3
Caprelsa **PA, QL**			3
captopril	1		
captopril/hydrochlorothiazide	1		
Carbaglu **PA**			3
carbamazepine	1		
carbamazepine ER	1		
carbidopa/levodopa	1		
carbidopa/levodopa/entacapone	1		
carbinoxamine	1		

Drug Name	Generic	Preferred-Brand	Specialty
Carimune NF **PA**			3
carisoprodol 350 mg	1		
carteolol ophthalmic solution	1		
cartia XT	1		
carvedilol	1		
Cayston **QL**			3
Caziant	1		
cefaclor	1		
cefaclor ER	1		
cefadroxil	1		
cefdinir	1		
cefditoren	1		
cefpodoxime	1		
cefprozil	1		
ceftazidime	1		
ceftibuten	1		
cefuroxime	1		
celecoxib **ST, QL**	1		
cephalexin	1		
Cerdelga **PA, QL**			3
Cerezyme **PA**			3
cevimeline	1		
Chateal	1		
Cheratussin AC oral syrup **QL**	1		
Cheratussin DAC oral syrup **QL**	1		
chlordiazepoxide	1		
chlordiazepoxide/amitriptyline	1		
chlordiazepoxide/clindinium	1		
chlorhexidine rinse	1		
chlorpropamide **QL**	1		
chlorthalidone	1		
chlorzoxazone	1		
cholestyramine	1		
ciclopirox	1		
cilostazol	1		
cimetidine	1		

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Drug Name	Generic	Preferred-Brand	Specialty
Cimzia **PA, QL**			3
Cinryze **PA, QL**			3
Cipro HC		2	
Ciprodex		2	
ciprofloxacin	1		
ciprofloxacin 0.2% ear drop	1		
ciprofloxacin 0.3% ophthalmic solution	1		
ciprofloxacin tablet	1		
ciprofloxacin ER **QL**	1		
citalopram **QL**	1		
Claravis	1		
clarithromycin	1		
clarithromycin ER	1		
clindamycin	1		
clobetasol topical gel	1		
clobetasol topical solution	1		
clonazepam	1		
clonazepam ODT **ST**	1		
clonidine	1		
clopidogrel	1		
clorazepate	1		
clotrimazole	1		
clotrimazole/betamethasone cream	1		
clozapine **PA < 12 years of age**	1		
clozapine ODT **PA < 12 years of age, ST, QL**	1		
Coartem		2	
codeine sulfate **PA < 18 years of age, QL**	1		
Colcrys		2	
colestipol	1		
Combivent Respimat		2	
Cometriq **PA, QL**			3
Complera **QL**		2	

Drug Name	Generic	Preferred-Brand	Specialty
Concerta **PA < 4 and ≥ 18 years of age, QL**	1		
Copaxone **QL**			3
cortisone tablet	1		
Cosentyx **PA, QL**			3
Cotellic **PA, QL**			3
Creon		2	
Cresemba **QL**			3
Crixivan **QL**		2	
cromolyn	1		
Cryselle	1		
Cuprimine **PA**			3
Cyclafem	1		
cyclobenzaprine 5mg, 10mg tablet	1		
cyclopentolate ophthalmic solution	1		
cyclophosphamide capsule			3
cyclosporine	1		
cyclosporine modified	1		
cyproheptadine	1		
Cystadane powder **PA**			3
Cystagon **PA**		2	
Cystaran **PA, QL**			3
Daklinza **PA, QL**			3
danazol **PA**	1		
dapsone tablet	1		
Dasetta	1		
Daysee	1		
Delyla	1		
Delzicol		2	
demeclocycline	1		
Demser **PA**			3
Depen **PA**			3
Descovy **QL**		2	
desipramine	1		
desmopressin tablet	1		

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Drug Name	Generic	Preferred-Brand	Specialty
desmopressin nasal spray	1		
desogestrel/ethinyl estradiol	1		
dexamethasone	1		
dexedrine **PA < 4 and ≥ 18 years of age, QL**	1		
dexmethylphenidate **QL**	1		
dexmethylphenidate ER **PA < 4 and ≥ 18 years of age, QL**	1		
dextroamphetamine **PA < 4 and ≥ 18 years of age, QL**	1		
dextroamphetamine ER **PA < 4 and ≥ 18 years of age, QL**	1		
diazepam	1		
diazepam rectal gel	1		
diclofenac tablet	1		
diclofenac 1% topical gel **QL**	1		
diclofenac ophthalmic solution	1		
dicloxacillin	1		
dicyclomine	1		
didanosine **QL**	1		
Dificid **ST, QL**			3
diflunisal	1		
digoxin	1		
dihydroergotamine			3
diltiazem	1		
diltiazem 24 hour ER 120mg, 180mg, 240mg, 300mg capsule	1		
diphenoxylate/atropine	1		
dipyridamole	1		
disopyramide	1		
disulfuram	1		
divalproex sodium	1		
divalproex sodium ER	1		
dofetilide	1		
donepezil **PA**	1		
dorzolamide ophthalmic solution	1		

Drug Name	Generic	Preferred-Brand	Specialty
dorzolamide/timolol ophthalmic solution	1		
doxazosin	1		
doxepin	1		
doxercalciferol	1		
doxycycline hyclate 20mg, 50mg, 100mg capsule	1		
doxycycline monohydrate 50mg, 75mg, 100mg, 150mg tablet	1		
dronabinol	1		
Duavee		2	
duloxetine **QL**	1		
Duopa **PA**			3
Dupixent **PA, QL**			3
Durezol		2	
Dysport **PA, QL**			3
Edurant **QL**		2	
Elaprase **PA**			3
Elelyso **PA**			3
Eligard **PA, QL**			3
Elinest	1		
eliphos	1		
Eliquis **QL**		2	
Elmiron		2	
Emcyt **PA**			3
Emend suspension **QL**		2	
Emend vial **QL**		2	
Emflaza **PA**			3
Emoquette	1		
Emtriva **QL**		2	
enalapril	1		
enalapril/hydrochlorothiazide	1		
Enbrel **PA, QL**			3
Endari **PA, QL**			3
Endocet **PA < 18 years of age, QL**	1		

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enoxaparin **QL**	1		
Enpresse	1		
Enskyce	1		
entacapone	1		
entecavir **PA**			3
Entresto **QL**		2	
Entyvio **PA, QL**			3
Epclusa **PA, QL**			3
epinastine ophthalmic solution	1		
epinephrine injection auto-injector 0.15 mg/0.15 mL (generic EpiPen)	1		
epinephrine injection auto-injector 0.3 mg/0.3 mL (generic EpiPen)	1		
Epogen **PA**			3
epoprostenol **PA**			3
Erivedge **PA, QL**			3
Errin	1		
Ery-tab EC	1		
erythromycin	1		
erythromycin ethylsuccinate 200mg/5mL suspension	1		
erythromycin ethylsuccinate tablet	1		
erythromycin ophthamic ointment	1		
erythromycin topical gel	1		
erythromycin topical solution	1		
Esbriet **PA, QL**			3
escitalopram **QL**	1		
Estarylla	1		
estazolam	1		
estradiol	1		
estradiol patch **QL**	1		
estradiol/norethindrone	1		
estropipate	1		
etidronate	1		
etodolac	1		
etoposide **PA**			3

Drug Name	Generic	Preferred-Brand	Specialty
Euflexxa **PA, QL**			3
Evzio **PA, QL**			3
exemestane	1		
Exjade **PA**			3
Eylea			3
ezetimibe	1		
Fabrazyme **PA**			3
Falmina	1		
famciclovir **QL**	1		
famotidine	1		
Fareston **PA**			3
Farydak **PA, QL**			3
Fayosim **QL**	1		
felbamate	1		
felodipine	1		
fenofibrate 43mg, 48mg, 54mg, 67mg, 134mg, 145mg, 160mg, 200mg	1		
fenofibric acid 45mg, 135mg **ST**	1		
fentanyl citrate **PA, QL**			3
fentanyl transdermal **PA < 18 years of age**, **QL**	1		
Fentora **PA, QL**			3
Ferriprox **PA**			3
finasteride	1		
Firazyr **PA, QL**			3
Firmagon **PA, QL**			3
Flebogamma **PA**			3
flecainide	1		
Flovent Diskus		2	
Flovent HFA		2	
floxin 0.3% ear drops	1		
fluconazole **QL**	1		
fludrocortisone	1		
flunisolide	1		
fluocinolone 0.01% body oil, cream	1		

KEY	COPAYMENT TIER
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Drug Name	Generic	Preferred-Brand	Specialty
fluocinolone 0.025% cream, ointment	1		
fluocinolone 0.025% cream, ointment	1		
fluocinonide 0.05% cream, gel, ointment, solution	1		
fluocinonide-E 0.05% cream	1		
Fluor-A-Day chew	1		
fluorometholone ophthalmic suspension	1		
fluoxetine	1		
fluoxetine DR **QL**	1		
fluphenazine **PA < 12 years of age**	1		
flurazepam	1		
flurbiprofen	1		
fluorouracil 5% topical cream	1		
fluticasone nasal spray	1		
fluticasone propionate 0.005% ointment	1		
fluticasone propionate 0.05% cream	1		
fluvoxamine tablet	1		
folic acid tablet	1		
fondaparinux **QL**			3
Foradil		2	
Forteo **PA, QL**			3
fosinopril	1		
fosinopril/hydrochlorothiazide	1		
furosemide	1		
Fuzeon **QL**			3
gabapentin **QL**	1		
galantamine **PA**	1		
galantamine ER **PA**	1		
Galzin **PA**		2	
Gammagard **PA**			3
Gammaked **PA**			3
Gammaplex **PA**			3
Gamunex **PA**			3
Gamunex-C **PA**			3

Drug Name	Generic	Preferred-Brand	Specialty
ganciclovir vial	1		
gatifloxacin 0.5% ophthalmic solution	1		
Gattex **PA, QL**			3
gavilyte-g	1		
gavilyte-h	1		
gemfibrozil	1		
gengraf	1		
gentamicin	1		
Genvoya **QL**		2	
Geodon injection **PA <12 years of age, QL**		2	
Gianvi	1		
Gildagia	1		
Gildess	1		
Gildess FE	1		
Gildess 24 FE	1		
Gilenya **PA, QL**			3
Gilotrif **PA, QL**			3
Glassia **PA**			3
Gleevec **PA, QL**			3
Gleostine **PA**			3
glimepiride **QL**	1		
glipizide **QL**	1		
glipizide ER **QL**	1		
glipizide/metformin **QL**	1		
Glucagen kit **QL**		2	
Glucagon kit **QL**		2	
glyburide **QL**	1		
glyburide/metformin **QL**	1		
glycopyrrolate	1		
Glyxambi **QL**		2	
granisetron **ST, QL**	1		
Granix **PA**			3
griseofulvin	1		
guaifenesin/codeine oral liquid **QL**	1		

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Drug Name	Generic	Preferred-Brand	Specialty
guaifenesin DAC oral liquid **QL**	1		
guanfacine	1		
guanfacine ER **QL**	1		
Haegarda **PA**			3
haloperidol **PA < 12 years of age**	1		
Harvoni **PA, QL**			3
Heather	1		
Hetlioz **PA, QL**			3
Hexalen			3
Hizentra **PA**			3
homatropine ophthalmic solution	1		
Humalog **QL**		2	
Humalog 50/50 **QL**		2	
Humalog 75/25 **QL**		2	
Humira **PA, QL**			3
Humulin 50/50 **QL**		2	
Humulin 70/30 **QL**		2	
Humulin N **QL**		2	
Humulin R **QL**		2	
Hycamtin **PA**			3
hydralazine	1		
hydrochlorothiazide	1		
hydrocodone/acetaminophen 5mg/325mg **PA < 18 years of age, QL**	1		
hydrocodone/acetaminophen 7.5mg/325mg **PA < 18 years of age**, **QL**	1		
hydrocodone/acetaminophen 10mg/325mg **PA < 18 years of age, QL**	1		
hydrocodone/homatropine oral liquid **QL**	1		
hydrocodone/ibuprofen 7.5mg/200mg **PA < 18 years of age, QL**	1		
hydrocortisone 2.5% cream, lotion ointment	1		
hydrocortisone butyrate 0.1% solution	1		

Drug Name	Generic	Preferred-Brand	Specialty
hydrocortisone tablet	1		
hydrocortisone/pramoxine 1%-1% cream with applicator	1		
hydrocortisone/pramoxine 2.5%-1% cream with applicator	1		
hydromorphone **PA < 18 years of age, QL**	1		
hydroxychloroquine	1		
hydroxyurea	1		
hydroxyzine	1		
hyoscyamine	1		
HyQvia **PA**			3
ibandronate IV **ST, QL**	1		
ibandronate tablet **QL**	1		
Ibrance **PA, QL**			3
ibuprofen	1		
Iclusig **PA, QL**			3
Idhifa **PA, QL**			3
Ilaris **PA, QL**			3
Iluvien **PA, QL**			3
Imbruvica **PA, QL**			3
imipramine tablet	1		
imiquimod	1		
Increlex **PA**			3
Incruse Ellipta		2	
indomethacin	1		
Ingrezza **PA, QL**			3
Inlyta **PA, QL**			3
Intelence **PA, QL**		2	
Intron A			3
Introvale	1		
Invega Sustenna **ST < 12 years of age, QL**			3
Invega Trinza **ST < 12 years of age, QL**			3
Invirase **QL**		2	
Invokamet **QL**		2	

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Drug Name	Generic	Preferred-Brand	Specialty
Invokamet XR **QL**		2	
Invokana **QL**		2	
ipratropium	1		
ipratropium/albuterol solution	1		
irbesartan	1		
irbesartan/hydrochlorothiazide	1		
Iressa **PA, QL**			3
Isentress **QL**		2	
Isentress HD **QL**		2	
isoniazid	1		
isosorbide	1		
isosorbide ER	1		
isradipine	1		
itraconazole capsule **PA, QL**	1		
ivermectin	1		
Jadenu **PA**			3
Jakafi **PA, QL**			3
Jantoven	1		
Janumet **QL**		2	
Janumet XR **QL**		2	
Januvia **QL**		2	
Jardiance **QL**		2	
Jencycla	1		
Jentadueto **QL**		2	
Jentadueto XR **QL**		2	
Jetrea **PA, QL**			3
Jevantique	1		
Jevantique Lo	1		
Jinteli	1		
Jolessa	1		
Jolivette	1		
Junel	1		
Junel FE	1		
Junel 24 FE	1		
Juxtapid **PA, QL**			3
Kaitlib 24 FE	1		

Drug Name	Generic	Preferred-Brand	Specialty
Kalbitor **PA**			3
Kaletra tablet **QL**		2	
Kalydeco **PA, QL**			3
Kanuma **PA**			3
Kariva	1		
Kelnor	1		
ketoconazole cream	1		
ketoconazole shampoo	1		
ketoconazole tablet	1		
ketoprofen 50mg, 75mg capsule	1		
ketorolac **QL**	1		
ketorolac ophthalmic solution	1		
Keveyis **PA, QL**			3
Kevzara **PA, QL**			3
Kineret **PA, QL**			3
Kisqali **PA, QL**			3
Kisqali Femara Co-Pak **PA, QL**			3
Korlym **PA, QL**			3
Krystexxa **PA, QL**			3
Kurvelo	1		
Kuvan **PA**			3
Kynamro **PA, QL**			3
labetalol	1		
lactulose	1		
lamivudine **QL**	1		
lamivudine/zidovudine **QL**	1		
lamivudine HBV **PA**	1		
lamotrigine	1		
lansoprazole/amoxicillin/ clarithromycin pack	1		
lansoprazole **QL**	1		
Lantus **QL**		2	
Larin	1		
Larin Fe	1		
Larin 24 FE	1		
latanoprost ophthalmic solution	1		

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Drug Name	Generic	Preferred-Brand	Specialty
Lazanda **PA, QL**			3
Layolis FE	1		
Leena	1		
leflunomide	1		
Lemtrada **PA**			3
Lenvima **PA, QL**			3
Lessina	1		
Letairis **PA, QL**			3
letrozole	1		
leucovorin calcium tablet	1		
Leukeran			3
Leukine			3
leuprolide **PA**			3
levalbuterol inhalation solution **ST**	1		
Levemir **QL**		2	
levetiracetam	1		
levetiracetam ER **QL**	1		
levobunolol	1		
levofloxacin tablet	1		
levofloxacin 0.5% ophthalmic solution	1		
Levonest	1		
levonorgestrel	1		
Levora	1		
levothyroxine	1		
levoxyl	1		
Lexiva **QL**		2	
lidocaine cream **QL**	1		
lidocaine-hc gel	1		
lidocaine jelly **QL**	1		
lidocaine 4% solution **QL**	1		
Lifescan Blood Glucose Meters		2	
Lifescan Blood Glucose Test Strips **QL > 18 years of age**		2	
Lifescan Lancets **QL > 18 years of age**		2	
linezolid **QL**			3

Drug Name	Generic	Preferred-Brand	Specialty
liothyronine	1		
lisinopril	1		
lisinopril/hydrochlorothiazide	1		
lithium	1		
lithium ER	1		
Lomedia 24 FE	1		
Lonsurf **PA**			3
loperamide capsule	1		
lopinavir/ritonavir solution **QL**	1		
loratadine	1		
lorazepam	1		
Lorcet HD **PA < 18 years of age, QL**	1		
Lorcet plus **PA < 18 years of age, QL**	1		
Lortab **PA < 18 years of age, QL**	1		
Loryna	1		
losartan	1		
losartan/hydrochlorothiazide	1		
lovastatin	1		
Low-ogestrel	1		
loxapine **PA < 12 years of age**	1		
Lucentis			3
Lumizyme **PA**			3
Lupaneta **PA, QL**			3
Lupron **PA, QL**			3
Lutera	1		
Lynparza **PA, QL**			3
Lysodren **PA**			3
Lyza	1		
Makena **PA**			3
Marlissa	1		
Matulane			3
Mavyret **PA, QL**			3
medroxyprogesterone acetate injection **QL**	1		
medroxyprogesterone tablet	1		
megestrol	1		

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Drug Name	Generic	Preferred-Brand	Specialty
Mekinist **PA, QL**			3
melphalan			3
meloxicam tablet	1		
memantine tablet **PA**	1		
meperidine tablet **PA < 18 years of age, QL**	1		
meprobamate	1		
mercaptopurine	1		
mesalamine enema	1		
Mesnex tablets			3
metadate ER **PA < 4 and ≥ 18 years of age, QL**	1		
metformin **QL**	1		
metformin ER (generic Glucophage XR) **QL**	1		
methadone **PA < 18 years of age, QL**	1		
methadose **PA < 18 years of age, QL**	1		
methamphetamine **PA < 4 and ≥ 18 years of age, QL**	1		
methazolamide	1		
methenamine	1		
methimazole	1		
Methitest **PA**			3
methocarbamol	1		
methotrexate	1		
methoxsalen **PA**			3
methylin tablet **QL**	1		
methylin ER **PA < 4 and ≥ 18 years of age, QL**	1		
methylphenidate ER 10 mg, 20 mg tablet **QL (PA < 4 and ≥ 18 years of age)**	1		
methylphenidate CD **PA < 4 and ≥ 18 years of age, QL**	1		
methylphenidate LA **PA < 4 and ≥ 18 years of age, QL**	1		
methylphenidate tablet **QL**	1		

Drug Name	Generic	Preferred-Brand	Specialty
methylprednisolone	1		
methyltestosterone capsule **PA**			3
metipranolol ophthalmic solution	1		
metoclopramide	1		
metolazone	1		
metoprolol	1		
metoprolol/hydrochlorothiazide	1		
metoprolol ER	1		
metronidazole tablet	1		
metronidazole 0.75% topical gel	1		
Microgestin	1		
Microgestin FE	1		
midazolam syrup	1		
midodrine	1		
miglitol **QL**	1		
Mimvey	1		
Mimvey Lo	1		
minocycline capsule	1		
minoxidil	1		
mirtazapine	1		
misoprostol	1		
modafinil **PA, QL**	1		
Moderiba **QL**			3
moexipril	1		
moexipril/hydrochlorothiazide	1		
mometasone 0.1% cream, ointment, solution	1		
Mono-linyah	1		
Mononessa	1		
montelukast **QL**	1		
morphine sulfate IR **PA < 18 years of age, QL**	1		
morphine sulfate ER tablet **PA < 18 years of age, QL**	1		
Movantik **QL**		2	
Moviprep		2	

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Drug Name	Generic	Preferred-Brand	Specialty
moxifloxacin ophthalmic solution	1		
moxifloxacin tablet	1		
Mozobil **PA, QL**			3
Multaq		2	
mupirocin ointment	1		
Myalept **PA, QL**			3
mycophenolate mofetil	1		
mycophenolate sodium	1		
Mydayis **PA < 4 and ≥ 18 years of age, QL**		2	
Myleran			3
Myobloc **PA, QL**			3
Myorisan	1		
Myozyme **PA**			3
Myrbetriq ER **QL**		2	
Mytesi **PA, QL**			3
Myzilra	1		
nabumetone	1		
nadolol	1		
nadolol/bendroflumethiazide	1		
Naglazyme **PA**			3
naproxen 250mg, 375mg, 500mg tablet	1		
naratriptan **QL**	1		
Narcan **QL**		2	
nateglinide **QL**	1		
Natpara **PA, QL**			3
nature-throid	1		
Nebupent		2	
Necon	1		
nefazodone	1		
Nerlynx **PA, QL**			3
Neulasta **PA**			3
Neumega			3
Neupogen **PA**			3

Drug Name	Generic	Preferred-Brand	Specialty
nevirapine **QL**	1		
nevirapine ER **QL**	1		
Nexavar **PA, QL**			3
Next Choice	1		
Next Choice One Dose	1		
niacin ER	1		
nicotine gum **QL**	1		
nicotine lozenges **QL**	1		
nicotine patches **QL**	1		
Nicotrol Inhaler **ST, QL**		2	
Nicotrol Nasal Spray **ST, QL**		2	
nifediac CC	1		
nifedipine	1		
nifedipine ER	1		
Nikki	1		
Nilandron **PA**			3
nilutamide **PA**			3
nimodipine			3
Ninlaro **PA, QL**			3
nisoldipine	1		
nitrofurantoin capsule	1		
nitroglycerin	1		
Nityr **PA**			3
nizatidine	1		
Nora-BE	1		
Norditropin **PA**			3
Norlyroc	1		
Northera **PA, QL**			3
Nortrel	1		
nortriptyline	1		
Norvir **QL**		2	
Noxafil **PA, QL**			3
Nplate **PA**			3
NP thyroid	1		
Nucala **PA, QL**			3

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Drug Name	Generic	Preferred-Brand	Specialty
Nuedexta **PA, QL**			3
Nulojix **PA**			3
Nuplazid **PA, QL**			3
Nuvaring **QL**		2	
nystatin cream, ointment, powder	1		
nystop	1		
Ocaliva **PA, QL**			3
Ocella	1		
Ocrevus **PA**			3
octreotide			3
Odefsey **QL**		2	
Odomzo **PA, QL**			3
Ofev **PA, QL**			3
ofloxacin	1		
Ogestrel	1		
olanzapine **PA < 12 years of age, QL**	1		
olanzapine ODT **PA < 12 years of age, ST, QL**	1		
olanzapine vial **PA < 12 years of age**	1		
olanzapine/fluoxetine **PA < 12 years of age, ST, QL**	1		
Olysio **PA, QL**			3
omega-3 acid ethyl esters	1		
omeprazole	1		
ondansetron **QL**	1		
Opsumit **PA, QL**			3
Orencia **PA, QL**			3
Orenitram **PA**			3
Orfadin **PA**			3
Orkambi **PA, QL**			3
orphenadrine	1		
Orsythia	1		
oseltamivir **QL**	1		
Otezla **PA, QL**			3
Otrexup **PA, QL**			3

Drug Name	Generic	Preferred-Brand	Specialty
oxazepam	1		
oxcarbazepine	1		
Oxsoralen **PA**			3
oxybutynin IR	1		
oxybutynin ER	1		
oxycodone tablet **PA < 18 years of age, QL**	1		
oxycodone 5mg/5mL solution **PA < 18 years of age, QL**	1		
oxycodone/acetaminophen 2.5mg/325mg **PA < 18 years of age, QL**	1		
oxycodone/acetaminophen 5mg/325mg **PA < 18 years of age, QL**	1		
oxycodone/acetaminophen 7.5mg/325mg **PA < 18 years of age, QL**	1		
oxycodone/acetaminophen 10mg/325mg **PA < 18 years of age, QL**	1		
oxycodone/aspirin **PA < 18 years of age, QL**	1		
oxycodone/ibuprofen **PA < 18 years of age, QL**	1		
oxymorphone ER **PA < 18 years of age, QL**		2	
Panretin **PA**			3
pantoprazole	1		
paricalcitol	1		
paroxetine	1		
paroxetine ER **ST, QL**	1		
peg-3350	1		
Pegasys **PA, QL**			3
Peg-Intron **PA, QL**			3
penicillin	1		
perindopril	1		
permethrin cream	1		

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perphenazine **PA < 12 years of age**	1		
phenazopyridine	1		
phenelzine	1		
phenobarbital	1		
phenoxybenzamine **PA**			3
phenytoin	1		
Philith	1		
pilocarpine	1		
pimozide **PA < 12 years of age**	1		
Pimtrea	1		
pindolol	1		
pioglitazone **QL**	1		
pioglitazone/glimepiride **QL**	1		
pioglitazone/metformin **QL**	1		
Pirmella	1		
piroxicam	1		
Plegridy **QL**			3
podofilox topical solution	1		
Pomalyst **PA, QL**			3
Portia	1		
potassium chloride	1		
potassium citrate ER	1		
Praluent **PA, QL**			3
pramipexole (immediate-release) tablet	1		
prasugrel **QL**	1		
pravastatin	1		
prazosin	1		
prednicarbate	1		
prednisolone	1		
prednisone	1		
Premarin Vaginal cream		2	
Previfem	1		
Prezista **QL**		2	
primidone	1		
Privigen **PA**			3

Drug Name	Generic	Preferred-Brand	Specialty
probenecid	1		
probenecid/colchicine	1		
Probuphine **PA, QL**			3
prochlorperazine	1		
Procrit **PA**			3
Proctozone-HC 2.5% cream	1		
Procysbi **PA, QL**			3
progesterone capsule	1		
Prolastin-C **PA**			3
Proleukin			3
Prolia **PA, QL**			3
Promacta **PA, QL**			3
promethazine tablet	1		
promethazine/codeine oral liquid **QL**	1		
propafenone ER	1		
propranolol	1		
propranolol ER	1		
propranolol/hydrochlorothiazide	1		
propranolol SA	1		
propylthiouracil	1		
Pulmozyme **PA, QL**			3
pyridostigmine bromide	1		
pyridostigmine ER **PA**			3
Quasense	1		
quetiapine **PA < 12 years of age, QL**	1		
quinapril	1		
quinapril/hydrochlorothiazide	1		
Qutenza **PA, QL**			3
rabeprazole **QL**	1		
Rajani	1		
raloxifene	1		
ramipril	1		
ranitidine tablet	1		
Rapamune solution **PA**		2	
Rasuvo **PA, QL**			3
Ravicti **PA, QL**			3

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Drug Name	Generic	Preferred-Brand	Specialty
Rebif **ST, QL**			3
Reclipsen	1		
Regranex **PA**, **QL**			3
Relistor **PA, QL**			3
Remicade **PA**			3
Remodulin **PA**			3
repaglinide **QL**	1		
Repatha **PA, QL**			3
reprexain **PA < 18 years of age, QL**	1		
Rescriptor **QL**		2	
Revlimid **PA, QL**			3
Reyataz **QL**		2	
Ribasphere **QL**			3
ribavirin **QL**			3
rifabutin	1		
rifampin	1		
riluzole **PA, QL**			3
Risperdal Consta **ST < 12 years of age, QL**			3
risperidone **PA < 12 years of age, QL**	1		
risperidone ODT **PA < 12 years of age, ST, QL**	1		
risperidone solution **PA < 12 years of age, ST, QL**	1		
Rituxan **PA**			3
Rituxan Hycela **PA**			3
rivastigmine patch **PA**	1		
rivastigmine tartrate capsule **PA**	1		
rizatriptan **QL**	1		
ropinirole (immediate-release) tablet	1		
rosuvastatin **ST**	1		
Rubraca **PA, QL**			3
Ruconest **PA**			3
Rydapt **PA, QL**			3
Sabril tablet **PA, QL**			3
salicylic acid 6% lotion	1		
salicylic acid 6% shampoo	1		
salicylic acid 27.5% liquid film	1		
Samsca **PA, QL**			3
Sandostatin LAR **PA, QL**			3
selegiline	1		
selenium sulfide shampoo	1		
Selzentry **PA, QL**		2	
Sensipar		2	
Serevent		2	
Serostim **PA**			3
sertraline	1		
Signifor **PA, QL**			3
Signifor LAR **PA, QL**			3
sildenafil 20mg **PA, QL**			3
Siliq **PA, QL**			3
silver sulfadiazine cream (SSD) 1%	1		
Simbrinza		2	
Simponi **PA, QL**			3
Simponi Aria **PA, QL**			3
simvastatin	1		
sirolimus tablet	1		
Sivextro **QL**			3
sodium fluoride gel	1		
sodium phenylbutyrate powder **PA**			3
sodium phenylbutyrate tablet **PA**			3
sodium sulfacetamide-sulfur 10-5% cleanser	1		
Solia	1		
Soliris **PA**			3
Somatuline **PA, QL**			3
Somavert **PA, QL**			3
sotalol	1		
sotalol AF	1		
Sovaldi **PA, QL**			3
Spiriva		2	
spironolactone	1		

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Drug Name	Generic	Preferred-Brand	Specialty
spironolactone/hydrochlorothiazide	1		
Sprintec	1		
Sprycel **PA, QL**			3
stavudine **QL**	1		
Stelara **PA, QL**			3
Stiolto Respimat		2	
Stimate			3
Stivarga **PA, QL**			3
Strensiq **PA**			3
Stribild **QL**		2	
Suboxone film **PA, QL**		2	
Subsys **PA, QL**			3
Sucraid **PA**			3
sulfamethoxazole/trimethoprim	1		
sulfasalazine	1		
sulfasalazine EC	1		
sulindac	1		
sumatriptan **QL**	1		
Supprelin LA **PA, QL**			3
Suprep		2	
Sustiva **QL**		2	
Sutent **PA, QL**			3
Syeda	1		
Sylatron			3
Sylvant **PA**			3
Symlin **ST, QL**		2	
Synagis **PA, QL**			3
Synarel **PA, QL**			3
Synjardy **QL**		2	
Synjardy XR **QL**		2	
Syprine **PA**			3
Tabloid **PA, QL**			3
tacrolimus capsule	1		
tacrolimus ointment **PA, QL**	1		
Tafinlar **PA, QL**			3
Tagrisso **PA, QL**			3
Taltz **PA, QL**			3
tamoxifen	1		
tamsulosin	1		
Tarceva **PA, QL**			3
Targretin gel **PA**			3
Tasigna **PA, QL**			3
tazarotene **PA < 35 years of age**	1		
taztia XT	1		
Tecfidera **PA, QL**			3
Technivie **PA, QL**			3
temazepam	1		
temozolomide **PA**			3
tencon	1		
terazosin	1		
terbinafine **QL**	1		
terconazole vaginal cream	1		
terconazole vaginal suppository	1		
testosterone transdermal **PA**		2	
testosterone injection **PA**	1		
tetrabenazine **PA, QL**			3
tetracaine ophthalmic solution	1		
tetracycline	1		
Thalomid **PA, QL**			3
theophylline ER	1		
thioridazine **PA < 12 years of age**	1		
thiothixene **PA < 12 years of age**	1		
Thyrogen			3
tiagabine	1		
ticlopidine	1		
Tilia FE	1		
timolol	1		
tinidazole	1		
Tivicay **QL**		2	
tizanidine tablet	1		
TOBI Podhaler **QL**			3
tobramycin ophthalmic solution	1		

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Drug Name	Generic	Preferred-Brand	Specialty
tobramycin/dexamethasone ophthalmic suspension	1		
tobramycin solution for nebulization **QL**			3
tolazamide **QL**	1		
tolbutamide **QL**	1		
tolterodine	1		
tolterodine ER	1		
topiramate	1		
topiramate sprinkle **QL**	1		
torsemide	1		
Toujeo **QL**		2	
Tracleer **PA, QL**			3
Tradjenta **QL**		2	
tramadol (immediate-release) tablet **PA < 18 years of age, QL**	1		
tramadol/acetaminophen **PA < 18 years of age, QL**	1		
trandolapril	1		
tranexamic acid **PA, QL**	1		
tranylcypromine	1		
trazodone	1		
Trelstar **PA, QL**			3
Tremfya **PA, QL**			3
Tresiba **QL**		2	
tretinoin oral			3
tretinoin cream 0.025% **PA > 35 years of age**	1		
tretinoin 0.05%, 0.1% cream **PA > 35 years of age**	1		
tretinoin 0.01%, 0.025% gel **PA > 35 years of age**	1		
triamcinolone	1		

Drug Name	Generic	Preferred-Brand	Specialty
triamterene/hydrochlorothiazide	1		
triazolam	1		
triderm cream	1		
Tri-estarylla	1		
trifluoperazine **PA < 12 years of age**	1		
trifluridine ophthalmic solution	1		
trihexyphenidyl	1		
Tri-Legest FE	1		
Tri-Linyah	1		
Tri-Lo-Estarylla	1		
Tri-Lo-Marzia	1		
Tri-Lo-Sprintec	1		
Trilyte	1		
trimethobenzamide	1		
trimethoprim	1		
Trinessa	1		
Trinessa-Lo	1		
Tri-previfem	1		
Tri-sprintec	1		
Triumeq **QL**		2	
Trivora	1		
tropicamide ophthalmic solution	1		
trospium	1		
trospium ER	1		
Trulicity		2	
Truvada **QL**		2	
Tybost **QL**		2	
Tykerb **PA, QL**			3
Tymlos **PA, QL**			3
Tysabri **PA, QL**			3

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Drug Name	Generic	Preferred-Brand	Specialty
Tyvaso **PA**			3
Tyzeka **PA**			3
unithroid	1		
Uptravi **PA, QL**			3
ursodiol	1		
valacyclovir **QL**	1		
Valchlor **PA**			3
valganciclovir tablet			3
valproate	1		
valsartan	1		
valsartan/hydrochlorothiazide	1		
vancomycin capsule			3
Vantas **PA, QL**			3
Vascepa		2	
Veletri **PA**			3
Velivet	1		
Veltassa **PA, QL**			3
Vemlidy **PA, QL**			3
Venclexta **PA, QL**			3
venlafaxine tablet	1		
venlafaxine ER capsule **QL**	1		
Ventavis **PA**			3
Ventolin HFA **QL**		2	
verapamil	1		
verapamil ER	1		
verapamil SR 120 mg, 180 mg and 240 mg capsule	1		
Vestura	1		
Verzenio **PA, QL**			3
Viberzi **PA, QL**			3
Victoza		2	

Drug Name	Generic	Preferred-Brand	Specialty
Videx solution **QL**		2	
Viekira Pak **PA, QL**			3
Viekira XR **PA, QL**			3
vigabatrin **PA, QL**			3
Vimizim **PA**			3
Viorele	1		
Viracept **QL**		2	
Viread **QL**		2	
vitamins (generic pediatric)	1		
vitamins (generic prenatal)	1		
Vivitrol **PA**			3
voriconazole **QL**			3
Vosevi **PA, QL**			3
Votrient **PA, QL**			3
VPRIV **PA**			3
Vyfemla	1		
Vyvanse **PA, QL**		2	
warfarin	1		
Wera	1		
westhroid	1		
Wymzya Fe	1		
Xalkori **PA, QL**			3
Xarelto **QL**		2	
Xeljanz **PA, QL**			3
Xeljanz XR **PA, QL**			3
Xeomin **PA, QL**			3
Xermelo **PA, QL**			3
Xgeva **PA, QL**			3
Xifaxan 200mg **QL**		2	
Xifaxan 550mg **PA, QL**			3
Xiidra **QL**		2	
Xolair **PA, QL**			3

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Drug Name	Generic	Preferred-Brand	Specialty
Xtampza ER **PA < 18 years of age, QL**		2	
Xtandi **PA, QL**			3
Xulane **QL**	1		
Xuriden **PA, QL**			3
Xyrem **PA, QL**			3
zafirlukast	1		
zaleplon	1		
Zarah	1		
Zavesca **PA**			3
Zejula **PA, QL**			3
Zelboraf **PA, QL**			3
Zemaira **PA**			3
Zenatane	1		
Zenchent Fe	1		
Zeosa	1		
Zepatier **PA, QL**			3
zidovudine **QL**	1		
Zinbryta **PA, QL**			3
Zinplava **PA, QL**			3
ziprasidone **PA < 12 years of age, QL**	1		
Zirgan gel		2	
Zoladex **PA, QL**			3
zoledronic acid 4mg			3
zoledronic acid 5mg **QL**			3
Zolinza **PA, QL**			3
zolmitriptan **QL**	1		
zolpidem **QL**	1		
zonisamide	1		
Zorbtive **PA**			3
Zortress			3
Zovia	1		

Drug Name	Generic	Preferred-Brand	Specialty
Zubsolv **PA, QL**		2	
Zydelig **PA, QL**			3
Zykadia **PA, QL**			3
Zyprexa Relprevv **ST < 12 years of age, QL**			3
Zytiga **PA, QL**			3

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MEDICATIONS NOT COVERED BY *VALUE CHOICE*

The following medications are benefit exclusions and will not be covered under the pharmacy benefit:

- Anabolic steroids
- Antimalarial agents
- Anti-obesity medications, including, but not limited to, appetite suppressants and lipase inhibitors
- Blood or blood plasma products*
- Compounded products containing excluded ingredients (examples are compounded hormone replacement therapies and compounded narcotic analgesics)
- Drugs labeled for investigational use
- Drugs used for cosmetic purposes or hair growth
- Drugs used to treat sexual dysfunction (examples are Cialis, Levitra, Stendra, Viagra, Muse, Caverject, Addyi, Intrarosa, Osphena,)
- Fertility agents
- Legend vitamins (other than prenatal, fluoride, and certain therapeutic vitamins)
- Most over-the-counter medications**
- Needles/syringes (other than insulin)*
- Nutrition and dietary supplements*
- Ostomy supplies*
- Therapeutic devices/appliances*
- Urine strips (Because our doctors feel blood glucose strips are more accurate than urine test strips in measuring blood glucose, urine strips are not a covered benefit.)

This is not a complete list and there may be other medications that are not covered. For more information, please contact Member Services.

*Please note that, under certain circumstances, your medical benefits may cover the items marked with an asterisk (*). For information on these items, you can contact our Health Care Concierge team at the number listed on the back of your member ID card. If you have not yet received an ID card, call the Health Care Concierge team number listed on page 1 of this booklet.

**Additional over-the-counter medications may be covered in accordance with the Patient Protection and Affordable Care Act. The Preventive Service Guide available on the UPMC Health Plan website contains information regarding this coverage.

Value Choice Brand/Generic Reference Guide

Brand	Generic
Abilify	Aripiprazole
Accolate	Zafirlukast
Accupril	Quinapril
Aceon	Perindopril
Aciphex	Rabeprazole
Actiq	Fentanyl Citrate
Activella	Amabelz, Estradiol-Norethindrone, Lopreeza, Mimvey
Actonel	Risedronate
ActoPlus Met	Pioglitazone/Metformin
Actos	Pioglitazone
Acular	Ketorolac
Adderall	Amphetamine Salts
Aggrenox	Aspirin/Dipyridamole
Aldactazide	Spironolactone/Hydrochlorothiazide
Aldactone	Spironolactone
Aldara	Imiquimod
Alesse	Aubra, Aviane, Delyla, Falmina, Larissia, Lessina, Lutera, Orsythia, Sronyx, Vienva
Alkeran	Melphalan
Alphagan	Brimonidine
Altace	Ramipril
Amaryl	Glimepiride
Ambien	Zolpidem Tartrate
Amerge	Naratriptan
Amoxil	Amoxicillin
Analpram HC Cream	Hydrocortisone/Pramoxine Cream
Antabuse	Disulfuram
Antara	Fenofibrate
Antivert	Meclizine
Arava	Leflunomide
Aricept	Donepezil
Arimidex	Anastrozole
Arixtra	Fondaparinux
Aromasin	Exemestane
Arthrotec	Diclofenac/Misoprostol
Astelin	Azelastine
Atacand	Candesartan
Atacand HCT	Candesartan/Hydrochlorothiazide
Atelvia	Risedronate DR
Ativan	Lorazepam
Augmentin	Amoxicillin/Clavulanate
Avalide	Irbesartan/Hydrochlorothiazide
Avapro	Irbesartan
Avelox	Moxifloxacin
Avodart	Dutasteride

Brand	Generic
Axert	Almotriptan
Axiron	Testosterone
Azilect	Rasagiline
Azor	Amlodipine/Olmesartan
Azulfidine	Sulfasalazine
Bactrim	Sulfamethoxazole/Trimethoprim
Bactroban	Mupirocin
Baraclude	Entecavir
Benicar	Olmesartan
Benicar HCT	Olmesartan/Hydrochlorothiazide
Beyaz	Rajani
Biaxin	Clarithromycin
Boniva	Ibandronate
Buphenyl Powder	Sodium Phenylbutyrate Powder
Buspar	Buspirone
Calan	Verapamil
Campral	Acamprosate
Carac	Fluorouracil 0.5% Topical Cream
Cardizem CD	Diltiazem ER
Cardizem LA	Diltiazem ER
Casodex	Bicalutamide
Catapres	Clonidine Patch
Ceclor	Cefaclor
Cedax	Ceftibuten
Ceftin	Cefuroxime
Cefzil	Cefprozil
Celebrex	Celecoxib
Celexa	Citalopram
Cellcept	Mycophenolate Mofetil
Cetraxal	Ciprofloxacin 0.2% Ear Drops
Cipro	Ciprofloxacin
Claritin OTC	Loratadine OTC
Cleocin	Clindamycin
Climara	Estradiol Patch
Clobex	Clobetasol
Cogentin	Benztropine
Colazal	Balsalazide Disodium
Colestid	Colestipol
Combivir	Lamivudine/Zidovudine
Comtan	Entacapone
Concerta	Methylphenidate ER
Condylox	Podofilox
Coreg	Carvedilol
Cosopt Ophthalmic Solution	Dorzolamide/Timolol Ophthalmic Solution
Coumadin	Warfarin

Brand	Generic
Cozaar	Losartan
Crestor	Rosuvastatin
Cutivate (topical)	Fluticasone
Cyclocort	Amcinonide
Cyclogyl 2% Ophthalmic Solution	Cyclopentolate 2% Ophthalmic Solution
Cymbalta	Duloxetine
Cytomel	Liothyronine
Depakote	Divalproex Sodium
Depakote ER	Divalproex Sodium ER
Depo-Provera	Medroxyprogesterone Acetate Injection
Derma-Smoothe/FS	Fluocinolone
Desoxyn	Methamphetamine
Desogen	Apri, Desogestrel-Ethinyl Estradiol, Enskyce, Isibloom
Desyrel	Trazodone
Detrol	Tolterodine
Detrol LA	Tolterodine ER
Dexedrine	Dextroamphetamine
Diabeta, Micronase	Glyburide
Diamox Sequels	Acetazolamide ER
Dibenzyline	Phenoxybenzamine
Differin	Adapalene
Diflucan	Fluconazole
Dilaudid	Hydromorphone
Diovan	Valsartan
Diovan HCT	Valsartan/Hydrochlorothiazide
Ditropan	Oxybutynin
Dovonex	Calcipotriene
Duac Gel	Clindamycin/Benzoyl Peroxide 1.2%-5% Gel
Duetact	Pioglitazone/Glimepiride
Duoneb	Ipratropium/Albuterol Solution
Duragesic	Fentanyl
Duricef	Cefadroxil Hydrate
Effexor	Venlafaxine
Effexor XR	Venlafaxine ER Capsule
Elavil	Amitriptyline
Elestat	Epinastine
Eliphos	Calcium Acetate
Elocon	Mometasone
Emend Capsule	Aprepitant Capsule
Entocort EC	Budesonide EC
Epivir	Lamivudine
Epivir HBV	Lamivudine HBV
Epzicom	Abacavir/Lamivudine

Brand	Generic
Evista	Raloxifene
Evoxac	Cevimeline
Exelon	Rivastigmine
Famvir	Famciclovir
Fazaclo	Clozapine ODT
Feldene	Piroxicam
Femara	Letrozole
Femcon Fe	Wymzia Fe, Zenchent Fe, Zeosa
Femhrt 1/5	Ethinyl Estradiol-Norethindrone Acetate, Jinteli
Femhrt Lo	Ethinyl Estradiol-Norethindrone Acetate, Jinteli Lo, Jevantique Lo
Flagyl	Metronidazole
Flexeril	Cyclobenzaprine
Flolan	Epoprostenol
Flomax	Tamsulosin
Flonase	Fluticasone
Focalin	Dexmethylphenidate
Focalin XR	Dexmethylphenidate ER
Fortaz	Ceftazidime
Fosamax	Alendronate
Fosrenol	Lanthanum carbonate
Frova	Frovatriptan
Gabitril	Tiagabine
Generess Fe	Kaitlib Fe, Layolis Fe
Geodon	Ziprasidone
Glucophage	Metformin
Glucophage XR	Metformin ER
Glucotrol	Glipizide
Glucovance	Glyburide/Metformin
Glyset	Miglitol
Golytely	GaviLyte-G
HalfLytely	GaviLyte-H
Hectorol	Doxercalciferol
Hepsera	Adefovir
Hyzaar	Losartan/Hydrochlorothiazide
Ilotycin	Erythromycin
Imitrex	Sumatriptan
Inderal	Propranolol
Indocin	Indomethacin
Inspra	Eplerenone
Intuniv	Guanfacine ER
Invega	Paliperidone
Iopidine	Apraclonidine
Jalyn	Dutasteride/Tamsulosin
Kaletra Solution	Lopinavir/Ritonavir Solution

Brand	Generic
Keflex	Cephalexin
Kenalog (topical)	Triamcinolone
Keppra	Levetiracetam
Keppra XR	Levetiracetam ER
Klonopin	Clonazepam
Kytril	Granisetron
Lamictal	Lamotrigine
Lamisil	Terbinafine
Lasix	Furosemide
Levaquin	Levofloxacin
Lexapro	Escitalopram
Lidoderm	Lidocaine Patch
Lipitor	Atorvastatin
Lodine	Etodolac
Lodosyn	Carbidopa
Loestrin Fe	Gildess Fe, Junel Fe, Larin Fe, Microgestin Fe, Tarina Fe
Loestrin 24 Fe	Glidess 24 Fe, Lomedia 24 Fe
Lofibra	Fenofibrate
Lomotil	Diphenoxylate/Atropine
Lopid	Gemfibrozil
Lopressor	Metoprolol Tartrate
Loprox	Ciclopirox
LoSeasonique	Amethia Lo, Camrese Lo
Lotrel	Amlodipine Besylate/Benazepril
Lotronex	Alosetron
Lovaza	Omega-3 Acid Ethyl Esters
Lovenox	Enoxaparin
Lunesta	Eszopiclone
Lybrel	Amethyst
Lysteda	Tranexamic Acid
Macrodantin	Nitrofurantoin
Marinol	Dronabinol
Maxalt	Rizatriptan
Metadate CD	Methylphenidate ER
Metadate ER	Methylphenidate ER
Metaglip	Glipizide/Metformin
Mevacor	Lovastatin
Miacalcin	Calcitonin Nasal Spray
Micardis	Telmisartan
Micardis HCT	Telmisartan/Hydrochlorothiazide
Micronor	Camila, Heather, Jencycla, Lyza, Norlyroc, Sharobel
Migranal	Dihydroergotamine
Minastrin 24 FE	Mibelas 24 FE
Minocin	Minocycline
Mirapex	Pramipexole

Brand	Generic
Mirapex ER	Pramipexole ER
Mobic	Meloxicam
Motrin	Ibuprofen
MS Contin	Morphine Sulfate ER Tablet
Myfortic	Mycophenolate Sodium
Namenda	Memantine
Naprosyn	Naproxen
Neoral	Cyclosporine Modified
Nexium	Esomeprazole
Neurontin	Gabapentin
Niaspan	Niacin ER
Nilandrone	Nilutamide
Nitrostat	Nitroglycerin
Nizoral	Ketoconazole
Norco	Hydrocodone/Acetaminophen
Nordette	Chateal, Kurvelo, Portia
Norvasc	Amlodipine Besylate
Nulytely	Peg-3350
Nuvigil	Armodafinil
Ocupress	Carteolol Ophthalmic Solution
Omnicef	Cefdinir
Omnipred 1% Ophthalmic Suspension	Prednisolone Acetate 1% Ophthalmic Suspension
Opana	Oxymorphone
Opana ER	Oxymorphone ER
Optivar Ophthalmic Solution	Azelastine Ophthalmic Solution
Orap	Pimozide
Ortho-Cept	Apri, Desogestrel-Ethinyl Estradiol, Enskyce, Isibloom
Ortho-Cyclen	Estarylla, Femynor, Mono-Linyah, Mononessa, Previfem, Sprintec
Ortho Evra	Xulane
Ortho Tri-Cyclen	Tri-Estarylla, Tri-Femynor, Tri-Linyah, Trinessa, Tri-Previfem, Tri-Sprintec
Ortho Tri-Cyclen Lo	Tri-Lo-Estarylla, Tri-Lo-Marzia, Tri-Lo-Sprintec, Trinessa Lo
Ovcon	Briellyn, Gildagia, Philith, Pirmella, Vyfemla
Ovide	Malathion
Oxsoralen Ultra	Methoxsalen
Palgic	Arbinoxa
Parcopa	Carbidopa/Levodopa
Patanase	Olopatadine
Pataday	Olopatadine
Patanol	Olopatadine
Paxil	Paroxetine
Penlac	Ciclopirox

Brand	Generic
Pepcid	Famotidine
Percocet	Oxycodone/Acetaminophen
Peridex	Chlorhexidine
Periogard	Chlorhexidine
PhosLo	Calcium Acetate
Plan B	Levonorgestrel, Next Choice
Plan B One-Step	Next Choice One Dose
Plavix	Clopidogrel
Plendil	Felodipine
Pletal	Cilostazol
Ponstel	Mefenamic Acid
Prandin	Repaglinide
Pravachol	Pravastatin
Precose	Acarbose
Prevacid	Lansoprazole
Prevident	Sodium Fluoride Gel
Prevpac	Lansoprazole/Amoxicillin/Clarithromycin Pack
Prilosec	Omeprazole
Prinivil	Lisinopril
Prinzide	Lisinopril/Hydrochlorothiazide
Pristiq	Desvenlafaxine Succinate ER
Procardia	Nifedipine
Prograf	Tacrolimus
Prometrium	Progesterone Capsule
Proscar	Finasteride
Protonix	Pantoprazole
Protopic	Tacrolimus Ointment
Provigil	Modafinil
Prozac	Fluoxetine
Prozac Weekly	Fluoxetine DR
Pulmicort Respule	Budesonide Respule
Quartette	Fayosim, Rivelsa
Questran	Cholestyramine
Quixin Ophthalmic Solution	Levofloxacin Ophthalmic Solution
Rapamune	Sirolimus
Razadyne	Galantamine
Reclast	Zoledronic Acid 5mg
Reglan	Metoclopramide
Relafen	Nabumetone
Relpax	Eletriptan
Remeron	Mirtazapine
Renvela Powder Packet	Sevelamer Carbonate
Renvela Tablet	Sevelamer Carbonate
Requip	Ropinirole

Brand	Generic
Requip XL	Ropinirole XL
Restoril	Temazepam
Retin A	Tretinoin
Revatio	Sildenafil
Rilutek	Riluzole
Risperdal	Risperidone
Ritalin	Methylphenidate
Ritalin LA	Methylphenidate ER
Rowasa	Mesalamine
Rythmol SR	Propafenone ER
Sanctura	Trospium
Sanctura XR	Trospium ER
Sandimmune	Cyclosporine
Seasonale	Jolessa, Quasense
Seasonique	Amethia, Ashlyna, Camrese
Seroquel	Quetiapine
Seroquel XR	Quetiapine ER
Singulair	Montelukast Sodium
Soma	Carisoprodol
Sonata	Zaleplon
Soriatane	Acitretin
Sporanox	Itraconazole
Stalevo	Carbidopa/Levodopa/Entacapone
Starlix	Nateglinide
Strattera	Atomoxetine
Stromectol	Ivermectin
Suboxone	Buprenorphine/Naloxone
Subutex	Buprenorphine
Sular	Nisoldipine ER
Sulfazine	Sulfasalazine
Symbyax	Olanzapine/Fluoxetine
Tagamet	Cimetidine
Tamiflu Capsule	Oseltamivir Capsule
Targrentin	Bexarotene
Tarka	Trandolapril/Verapamil
Tasmar	Tolcapone
Tazorac 0.1% Cream	Tazarotene 0.1% Cream
Tegretol	Carbamazepine
Tegretol XR	Carbamazepine ER
Temodar	Temozolomide
Temovate	Clobetasol
Tenex	Guanfacine
Tenormin	Atenolol
Teveten	Eprosartan
Tikosyn	Dofetilide
Tindamax	Tinidazole

Brand	Generic
TOBI	Tobramycin Solution for Nebulization
Tobradex Ophthalmic Suspension	Tobramycin/Dexamethasone Ophthalmic Suspension
Topamax	Topiramate
Topicort	Desoximetasone
Toprol XL	Metoprolol Succinate ER
Transderm Scop	Scopolamine Patch
Trexall	Methotrexate
Tribenzor	Olmesartan/Amlodipine/ Hydrochlorothiazide
Tricor	Fenofibrate
Tridesilon	Desonide
Trileptal	Oxcarbazepine
Trilipix	Fenofibric Acid
Trizivir	Abacavir/Lamivudine/Zidovudine
Trusopt	Dorzolamide
Tylenol # 3	Acetaminophen/Codeine
Ultram	Tramadol
Urocit-K	Potassium Citrate ER
Uroxatral	Alfuzosin ER
Urso	Ursodiol
Vagifem	Yuvafem
Valcyte	Valganciclovir
Valium	Diazepam
Valtrex	Valacyclovir
Vancocin	Vancomycin
Vasotec	Enalapril
Vectical Ointment	Calcitriol Ointment
Veetids	Penicillin
Vermox	Mebendazole
Vfend	Voriconazole
Vibramycin	Doxycycline
Videx EC	Didanosine
Vigamox	Moxifloxacin
Viramune	Nevirapine
Viramune XR	Nevirapine ER

Brand	Generic
Vivactil	Protriptyline
Voltaren Tablet	Diclofenac Tablet
Voltaren 1% Topical Gel	Diclofenac 1% Topical Gel
Vytorin	Ezetimibe/Simvastatin
Wellbutrin	Bupropion
Wellbutrin XL	Bupropion XL
Xalatan Ophthalmic Solution	Latanoprost Ophthalmic Solution
Xanax	Alprazolam
Xeloda	Capecitabine
Xenazine	Tetrabenazine
Xibrom	Bromfenac
Xopenex	Levalbuterol
Xyzal	Levocetirizine
Yasmin	Ocella, Syeda, Zarah
Yaz	Gianvi, Loryna, Vestura, Nikki
Zantac	Ranitidine
Zemplar	Paricalcitol
Zerit	Stavudine
Zestril	Lisinopril
Zestoretic	Lisinopril/Hydrochlorothiazide
Zetia	Ezetimibe
Ziagen	Abacavir
Zithromax	Azithromycin
Zocor	Simvastatin
Zofran	Ondansetron
Zoloft	Sertraline
Zometa	Zoledronic Acid 4mg
Zomig	Zolmitriptan
Zonegran	Zonisamide
Zovirax	Acyclovir
Zyloprim	Allopurinol
Zymaxid	Gatifloxacin
Zyprexa	Olanzapine
Zyvox	Linezolid

UPMC Health Plan Inc. administers group and individual products for UPMC Health Coverage Inc., UPMC Health Network Inc., UPMC Health Options Inc., and UPMC Health Plan Inc. Please note that throughout this document, we use the terms "UPMC Health Plan" and "the Health Plan" to refer to UPMC Health Coverage Inc., UPMC Health Network Inc., UPMC Health Options Inc., and UPMC Health Plan Inc., as well as plans administered by UPMC Benefit Management Services 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. For the latest information on the ***Value Choice*** drug formulary and other pharmacy benefits, visit **www.upmchealthplan.com/pharmacy**. You may also call our Health Care Concierge team at the number listed on the back of your member ID card and on page 1 of this booklet.

Nondiscrimination Notice

UPMC Health Plan[1] 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.

[1]UPMC 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 [Deitsch (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៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ 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).

UPMC Health Plan

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

www.upmchealthplan.com

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