



2019

incentive
formulary

This formulary is effective January 1, 2019
through December 31, 2019.

This formulary is subject to change.

SUMMARY

The formulary represents an abbreviated version of the most commonly prescribed drugs. The list is not all-inclusive and does not guarantee coverage. If a drug is not on formulary, call 1.800.624.6961, ext 7914 to see if the drug may be covered.

Pharmacy Benefit Programs

Prescription drugs are an integral component of a comprehensive health maintenance plan. Pharmacy benefit programs at The Health Plan are developed through recommendations of participating physicians and pharmacists. This group of professional health care providers, known as the Pharmacy and Therapeutics Committee, evaluates therapeutic classes of drugs and recommends coverage guidelines for our pharmacy benefit programs. The committee uses current medical and pharmaceutical literature along with recommendations of experts in various clinical specialties in its evaluation of our pharmacy benefit programs. The result is a list of drugs (formulary) to allow for the availability of appropriate medications for our members' needs. Also, the formulary and coverage guidelines allow prescription costs and your premium to be maintained at affordable levels.

Definitions

Prescription – Drugs which can only be dispensed upon order (prescription) by a qualified provider of care. Additionally, only drugs which are labeled "Caution: Federal law prohibits dispensing without prescription" will be considered eligible.

Generic Drug – A drug available as a chemically and therapeutically equivalent copy of a brand-name drug. It is usually available from several manufacturers.

Brand Drug – A prescription item only available from a single-source supplier.

Multi-Source Brand Drugs – Brand-name drugs which are manufactured by more than one producer. These agents are usually available as generic equivalents.

How to Use Your Prescription Benefit

Please present The Health Plan ID card to the pharmacist with your prescription. You will be required to pay a copayment ("copay") at the time of service based on the prescription plan in which you are enrolled. Your copayment levels are found under the pharmacy benefit section Pharmacy Benefit of your Summary of Benefits. Your ID card also contains important information to allow the pharmacy to correctly submit your claim. Please take it with you to the pharmacy.

Specialty Pharmacy Program

Specialty drugs are high-cost medications including drugs manufactured by biotechnology. Specialty drugs may be administered by injection, oral, transdermal, or inhaled. Specialty drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effect and adjustments might be needed for adequate response to effectively treat the disease.

Specialty drug require prior authorization to assure appropriate candidate for the drug. Additionally, oversight is an integral part of the prior authorization process. Dispensing might be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications. Diseases targeted to receive therapy are, but not limited to, rheumatoid arthritis, severe chronic psoriasis, multiple sclerosis, hepatitis C, hemophilia, certain cancers, growth deficiency, cystic fibrosis, Crohn's disease and organ transplant.

Coverage for these agents are provided under your Specialty Pharmacy Benefit. The list of specialty drugs is available at www.healthplan.org/personal/products-and-services.

SUMMARY

Drugs Requiring Prior Authorization

Certain medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A coverage determination request can be made by the member, member's representative or physician. To request a coverage determination please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for coverage determinations will be processed within 72 hours. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours.

Quantity Per Dispensing Event (QPC rules)

Generally, The Health Plan allows dispensing of approved medications up to a 34-day supply per co-pay at the retail pharmacy network. Quantity per dispensing event rules (QPC) set thresholds that reduce exposure to unnecessary cost, without creating obstacles to access for most members. Drugs that are subject to QPC rules usually have specific limitations for use approved by the FDA. Examples include drugs to treat migraine headaches. These drugs, known as "triptans," are to be used in specific doses up to a defined number of headaches per month. The QPC rules allow this specific number of triptan medications to be dispensed per 34-day benefit period. To inquire about QPC limits to request an exemption, have your provider contact pharmacy services at 1.800.624.6961, ext. 7914.

Non-Formulary Coverage Review

Certain non-formulary medications are eligible for coverage only after a patient-specific approval has been authorized. Patient-specific criteria may include age, gender, and clinical conditions determined by the physician for authorization to be granted for a specific drug. A non-formulary exception request can be made by the member, member's representative or physician. To request an exception please contact pharmacy services at 1.800.624.6961, ext. 7914. Standard requests for exceptions will be processed within 15 calendar days of receipt of the request. Requests for non-urgent coverage determinations received after 5pm will be processed the next business day. Urgent requests for coverage determinations will be processed within 24 hours or receipt.

Generic Difference Policy (copayment policy for multi-source drugs)

If a prescription order specifies that a brand-name drug must be dispensed when the generic equivalent is available, or the prescription order allows for generic substitution and the member elects to have the prescription filled with a brand-name drug instead, the member must pay the brand copayment plus the difference between The Health Plan cost of a brand-name and its generic equivalent (i.e., The Health Plan only pays for the generic cost). Please note: Non-formulary brand versions of generic drugs require coverage review as outlined above.

Out-of-Area Emergencies

In situations of emergency need for a prescription outside The Health Plan service area, please contact The Health Plan for the location of a participating pharmacy in that area. Present The Health Plan ID card with the emergency prescription and pay your copayment. If no pharmacy in the area participates with The Health Plan, purchase the emergency prescription and send your receipt to The Health Plan. You will be reimbursed in full, less your applicable copayment, for the prescription provided the prescription meets the guidelines specified in this document.

SUMMARY

Exclusions and Limitations

The following will not be covered or paid for by The Health Plan:

- The charge for any prescription refill other than the number set by the prescriber. Additionally, no refills dispensed more than one year from the date of the original prescription.
- The charge for any prescription, oral or topical, that is prescribed for cosmetic purposes.
- The charge for any medications not FDA-approved for use in the general population.
- Off label use of a drug which is not medically accepted. The Health Plan uses the same guidelines as CMS for determining whether a proposed use is medically accepted.
- The charge for a drug not prescribed by a Health Plan qualified provider except in an emergency situation.
- The charge for any medication covered by any Worker's Compensation or occupational disease laws, any other group policy, or government program which is not The Health Plan's program.
- Prenatal vitamins are covered when related to pregnancy. Vitamins may be covered under your benefit. Please contact The Health Plan for details.
- Dental-related prescriptions such as, but not limited to, oral fluorides, dental mouth washes, devices used in dental therapy. Certain oral fluoride products may be covered as a preventative medication. Contact The Health Plan for coverage details.
- Prescriptions related to smoking cessation. Your prescription benefit may provide coverage for some smoking cessation products as preventative medications. Coverage of these products may be limited to certain formulary drugs as determined by The Health Plan.
- The charge for prescription drugs or devices used to promote weight loss.
- Prescriptions used to treat sexual dysfunction, either oral or topical, or devices used for impotence may be covered under your benefit. Please contact The Health Plan for details.
- Appliances and therapeutic devices which may require a prescription are not covered. These include, but are not limited to, garments, splints, bandages, or braces regardless of intended use.

Pain Management Program and Opiate/Opioid Management

Pain Management Program will apply to plans within the value program.

The acute use of opioid medications for moderate to severe pain from acute injury, medical treatment or surgical procedure will be limited. The first fill of an opioid medication will be limited to a 5 day supply. This limit is for the first fill of an opioid medication for a member who has no history of opioid usage in the past 130 days.

For those members needing further management of their pain, a prior authorization will be required if:

- The opioid exceeds 80 morphine milligram equivalents
- Is taken for greater than 90 consecutive days
- Is a long acting opioid
- Is being taken with a medication that could cause respiratory depression.

A pharmacist will review the case to evaluate that the opioid is being utilized safely and appropriately. Additionally, the member can be limited to one prescriber and one pharmacy, if needed.

Formulary medications will be preferred over non-formulary medications. Step therapy rules will be applied when reviewing a request for non-formulary medications. Also, dosing and quantities may be limited.

TIER 1

| | | | | | |
|--|--|---|---|---|---|
| Anti-Infectives | Misc. Psychotherapeutic | Adrenergic Antagonists & Related Drugs | Dermatologicals/Topical Therapy | Gastroenterology | Ophthalmology |
| Antifungal Agents | dexamethylphenidate ext-release | clonidine | Therapy for Acne | Antiarrhythmals & Antispasmodics | Ophthalmology Antibiotics |
| fluconazole | dextroamphetamine/amphetamine | doxazosin | clindamycin phosphate | dicyclomine | erythromycin |
| nystatin oral suspension | dextroamphetamine/amphetamine ext-release | terazosin | clindamycin phos/ benzoyl peroxide | diphenoxylate /atropine | levofloxacin |
| Antiviral | guanfacine ext-release | Angiotensin II Receptors | metronidazole | H2 Antagonists | polymyxin/trimethoprim solution |
| acyclovir | methylphenidate | irbesartan | Topical Antibacterials | famotidine | tobramycin |
| valacyclovir | methylphenidate ext-release | losartan | mupirocin | rantidine | Glaucoma Drugs |
| Cephalosporins | Antivertigo/Antiemetic | losartan/hctz | Topical Antifungals | Proton Pump Inhibitors | latanoprost solution |
| cefdinir | meclizine | valsartan | clotrimazole/ betamethasone | esomeprazole magnesium | timolol maleate |
| cefuroxime axetil | ondansetron | valsartan/hctz | ketconazole | lansoprazole | Steroid Antibiotic Combo |
| cephalexin | Anxiolytics | Antiarrhythmic Agents | nystatin | omeprazole | tobramycin/ dexamethason suspension |
| Erythromycins/Macrolides | alprazolam | amiodarone | Topical Corticosteroids | panoprazole | Steroid |
| azithromycin | buspirone | Beta-Blockers & Combos | clobetazol propionate | rabeprazole | prednisolone acetate |
| clarithromycin | lorazepam | atenolol | desonide | Misc. Gastrointestinal | |
| Penicillins | Hypnotic Agents | atenolol/chlorthalidone | desoximetasone | metoclopramide hcl | |
| amoxicillin | eszopiclone | bisoprolol/hctz | hydrocortisone | Musculoskeletal & Rheumatology | Respiratory, Allergy, Cough & Cold |
| amoxicillin/potassium clavulanate | zolpidem | carvedilol | mometasone | Gout Therapy | Antihistamines |
| penicillin v potassium | zolpidem ext-release | labetalol | triamcinolone | allopurinol | desloratadine |
| Quinolones | Migraine & Headache | metoprolol succinate ext-release | lidocaine patches | probenecid | hydroxyzine hcl |
| ciprofloxacin | butalbital/ acetaminophen/caffeine | metoprolol tartrate | Ear, Nose & Throat Medications | Muscle Relaxants & Antispasmodic Therapy | hydroxyzine pamoate |
| levofloxacin | rizatriptan | propranolol | Ear Medications | baclofen | levocetirizine |
| Tetracyclines | sumatriptan | propranolol ext-release | neomycin/polymyxin hydrocortisone | cyclobenzaprime | promethazine |
| doxycycline hyclate | Non-Narcotic Analgesics | Calcium Channel Blockers | Nose Medications | metaxalone | Antitussive Combos |
| doxycycline monohydrate | tramadol | amlodipine | azelastine | methocarbamol | benzonatate |
| minocycline | Selective Serotonin | diltiazem ext-release | fluticasone | fizanidine | promethazine/ dextromethorphan |
| Urinary Tract Agents | citalopram | nifedipine ext-release | Misc. Ear And Nose Agents | NSAID Agents | Inhaled Beta Agonists |
| nitrofurantoin | escitalopram | verapamil ext-release | chlorhexidine gluconate | celecoxib | albuterol |
| Misc. | fluoxetine | Other Antihypertensive Combos | Endocrine/Diabetes | diclofenac sodium | Inhaled Corticosteroids |
| clindamycin hcl | paroxetine | amlodipine/benazepril | Adrenal Hormones | etodolac | budesonide |
| hydroxychloroquine | sertraline | amlodipine/valsartan | dexamethasone | ibuprofen | Urologicals |
| metronidazole | Tricyclics | Cardiac Glycosides | methimazole | indomethacin | Anticholinergics & Antispasmodics |
| sulfamethoxazole/ trimethoprim | amitriptyline | digoxin | Non-Insulin Hypoglycemic | meloxicam | oxybutynin ext-release |
| Autonomic & CNS Drugs, Neurology & Psych. | nortriptyline | Lipid/Cholesterol Lowering Agent | testosterone cypionate | nabumetone | Benign Prostatic Hyperplasia Therapy |
| Anticonvulsants | Misc. Antidepressants | atorvastatin | Antithyroid Agents | naproxen | finasteride |
| clonazepam | bupropion | fenofibrate | methimazole | Osteoporosis Therapy | tamsulosin |
| divalproex del-release | bupropion ext-release | fenofibrate micronized | Androgens | alendronate | |
| divalproex ext-release | duloxetine del-release | fenofibric acid del-release | testosterone | ibandronate | |
| gabapentin | mirtazapine | gemfibrozil | Antihypertensive | raloxifene | |
| lamotrigine | trazodone | lovastatin | Non-Insulin Hypoglycemic | Obstetrics & Gynecology | |
| levetiracetam | venlafaxine | niacin ext-release | glimepiride | Estrogen Combo | |
| oxcarbazepine | venlafaxine ext-release | pravastatin | glipizide | estradiol/norethindrone | |
| topiramate | Cardiovascular, Hypertension & Lipids | rosuvastatin | glipizide ext-release | Estrogens | |
| Antiparkinsonism Agents | Ace Inhibitors & Combo | simvastatin | glyburide | estradiol | |
| carbidopa/levodopa | benazepril | Nitrates | metformin | estradiol patch | |
| pramipexole | enalapril | isosorbide mononitrate | metformin ext-release | oral contraceptives | |
| pramipexole ext-release | lisinopril | Thiazide & Related Diuretics | pioglitazone | Progestins | |
| ropinirole | lisinopril/hctz | chlorthalidone | Thyroid Hormones | progesterone micronized | |
| Misc. Neurology Therapy | quinapril | furosemide | levothyroxine sodium | Vaginal Anti-Infectives | |
| donepezil | ramipril | hydrochlorothiazide | liothyronine | metronidazole gel | |
| Antipsychotics | | spironolactone | | terconazole | |
| aripiprazole | | triamterene/hctz | | | |
| olanzapine | | Misc. Cardiovascular | | | |
| quetiapine | | hydralazine | | | |
| risperidone | | | | | |

TIER 2

PLEASE NOTE:

Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. For specific questions about your coverage, please contact The Health Plan Pharmacy Services at 1.800.624.6961.

Anti-Infectives

Antiviral Agents

Tamiflu

Tetracyclines

Oracea

Solodyn

Misc. Anti-Infectives

Bethkis

Emverm

Xifaxan

Autonomic & CNS Drugs, Neurology & Psych

Anticonvulsants

Fycompa

Gralise

Lyrca

Qudexy

Qudexy XR

Vimpat

Antiparkinsonism Agents

Azilect

Misc. Neurological Therapy

Namzaric

Nuedexta

Antipsychotics

Abilify

Aristada [Inj]

Latuda

Misc. Psychotherapeutic Agents

Daytrana

Evekeo

Focalin XR 25mg, 35mg

Quilichew ER

Quillivant XR

Strattera

Vyvanse

Antivertigo & Antiemetic Drugs

Akynzeo

Sancuso

Migraine & Cluster Headache Therapy

Relpax

Zomig Nasal

Selective Serotonin Reuptake Inhibitors

Viibryd

Misc. Antidepressants

Fetzima

Pristiq

Cardiovascular, Hypertension & Lipids

Angiotensin II Receptor Blockers & Renin Inhibitors & Combos

Edarbi

Edarbyclor

Tekamlo

Tekturna

Tekturna HCT

Beta-Blockers & Combos

Bystolic

Other Antihypertensive Combos

Azor

Tribenzor

Lipid/Cholesterol Lowering Agents

Lipofen

Livalo

Vascepa

Vytorin

Welchol

Zetia

Misc. Cardiovascular Agents

Byvalson

Corlanor

Entresto

Ranexa

Mephyton

Dermatologicals/Topical Therapy

Antipsoriatic/Antiseborrheic

Enstilar

Taclonex Suspension

Therapy for Acne

Absorica

Acanya

Epiduo

Epiduo Forte

Finacea

Mirvaso

Onexton

Tazorac

Topical Antivirals

Zovirax Cream

Misc. Dermatologicals

Carac

Elidel

Picato

Ear, Nose & Throat Medications

Drugs Affecting the Ear

Ciprodex

Otovel

Drugs Affecting the Nose

Dymista

Qnasl

Endocrine/Diabetes

Androgens

Androderm

Androgel 1.62%

Axiron

Glucose Elevating Agents

Glucagen [Inj]

Glucagon [Inj]

Insulin Therapy

Humalog [Inj]

Humulin [Inj]

Lantus [Inj]

Levemir [Inj]

Toujeo Solostar [Inj]

Tresiba [Inj]

Insulin Combos

Soliqua

Xultophy

Non-Insulin Hypoglycemic Agents

Bydureon [Inj]

Byetta [Inj]

Farxiga

Glyxambi

Invokamet

Invokamet XR

Invokana

Janumet

Janumet XR

Januvia

Jardiance

Jentadueto

Jentadueto XR

Symlyn Pen [Inj]

Synjardy

Synjardy XR

Tradjenta

Trulicity [Inj]

Testing Supplies

OneTouch Meters/Kits

VerioFlex Meter

Verio Meter

VerioQ Meter

VerioSync Meter

Ultra 2 Meter

UltraMini Meter

OneTouch Verio Test Strips

OneTouch Ultra Test Strips

Non-Steroidal Anti-Inflammatory Agents

Ilevro

Xigduo XR

Gastroenterology

Bowel Evacuants

Suprep

Digestive Enzymes

Creon

Viokace

Zenpep

Other Ulcer Therapy

Pylera

PPI

Nexium Packets

Misc. Gastrointestinal

Amitiza

Apriso

Canasa

Lialda

Linzess

Movantik

Pentasa

Prepopik

Rectiv

Relistor [Inj]

Trulance

Uceris Foam

Varubi

Viberzi

Musculoskeletal & Rheumatology

Gout Therapy

Colcrys

Mitigare

Uloric

Misc. Rheumatological Agents

Rasuvo [Inj]

Savella

Topical NSAID

Flector

Obstetrics & Gynecology

Estrogen Combos

Combipatch

Duavee

Premphase

Prempro

Estrogens

Divigel

Enjuvia

Estring

Minivelle Patch

Premarin Cream

Premarin Tabs

Oral Contraceptives & Related Agents

Beyaz

Lo Loestrin FE

Mirena

Nuvaring

Safyral

Skyla

Taytulla

Progestins

Crinone

Makena

Ophthalmology

Antibiotics

Azasite

Moxeza

Vigamox

Glaucoma Drugs

Combigan

Lumigan

Travatan Z

Anticoagulants

Eliquis

Prolensa

Steroid-Antibiotic Combos

Zylet

Steroids

Alrex

Lotemax

Mics. Ophthalmologics

Bepreve

Pataday

Pazeo

Restasis

Respiratory, Allergy, Cough & Cold

Adrenergics

Epinephrine Auto-Injector

Epipen

Epipen Jr [Inj]

Inhaled Beta Agonists

Arcapta Neohaler

Perforomist

Proair HFA

Proair Respiclick

Serevent Diskus

Striverdi Respimat

Ventolin HFA

Inhaled Corticosteroids

Asmanex HFA

Asmanex Twisthaler

Pulmicort Flexhaler

Qvar

Misc. Anti-Allergy

Grastek

Ragwitek

Misc. Pulmonary Agents

Advair Diskus

Advair HFA

Anoro Ellipta

Beverpi Aerosphere

Breo Ellipta

Combivent Respimat

Daliresp

Dulera

Incruse Ellipta

Salmeterol

Spiriva Handihaler

Spiriva Respimat

Stiolto Respimat

Symbicort

Tabi Podhaler

Tudorza Pressair

Urologicals

Anticholinergics & Antispasmodics

Gelnique

Myrbetriq

Toviaz

Vesicare

Benign Prostatic Hyperplasia (BPH) Therapy

Rapaflo

Vitamins, Hematinics & Electrolytes

Anticoagulants

Eliquis

Xarelto

Antiplatelet Drugs

Brilinta

Effient

Zontivity

Vitamins & Hematinics

Nascobal

Miscellaneous Agents

Phoslyra

Renvela

Velphoro

Veltassa

EXCLUSIONS

The following is a list of excluded brand-name medications with covered preferred alternatives that are on the formulary.

| Excluded Medications | Covered Preferred Alternative | Excluded Medications | Covered Preferred Alternative | Excluded Medications | Covered Preferred Alternative |
|--|---|------------------------------------|---|-----------------------------------|---|
| Abstral | fentanyl citrate lozenges, Lazanda | Femring | estradiol patches, estradiol tablets, yuvafem, estrace cream, estring, premarin cream, premarin tablets | Pancreaze | Creon, Zenpep |
| Acuvail | bromfenac, diclofenac, ketorolac, Ilevro, Nevanac, Prolensa | Fenoprofen (capsule) | Fenoprofen calcium (tablet), diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen | Pertzye | Creon, Zenpep |
| Adlyxin | Bydureon, Byetta, Trulicity | Fentora | fentanyl citrate lozenges | Praxdaxa | Xarelto, Eliquis |
| Admelog | Humalog | Fiasp | Humalog | Proventil HFA | Proair HFA/Respiclick, Ventolin HFA |
| Aktipak | clindamycin/benzoyl peroxide, clinamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton | fluorouracil 0.5% cream | diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, Carac, Picato | Subsys | fentanyl citrate lozenges, Lazanda |
| Alcortin A | hydrocortisone, mupirocin | Fortesta | Androgel 1.62%, Axiron | Sumavel Dosepro | sumatriptan injection |
| Alogliptin/Alogliptin Mefformin | Januvia, Tradjenta/ Janumet, Janumet XR, Jentadueto, Jentadueto XR | Fosrenol | Sevelamer Carbonate, Phoslyra, Velporo | Tanzeum | Bydureon, Byetta, Trulicity |
| Alvesco | Armonair Respiclick, Arnuity Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar | Freestyle, Precision Meters/Strips | Onetouch Meters/Strips | Renagel | sevelamer carbonate, phoslyra, velporo |
| Apidra | Humalog | Glumetza | metformin extended-release | Testim | Androgel 1.62%, Axiron |
| Asacol HD | balsalazide disodium, sulfasalazine, Apriso, Lialda, Pentasa | Gocovri ER | amantadine | Timoptic Ocudose | betaxolol drops, levobunolol drops, timolol drops, alphagan p 0.1%, Combigan |
| Auvi-Q | Epinephrine Auto-Injector (By Mylan), Epipen, Epipen Jr | Istalol | betaxolol, levobunolol, timolol, Alphagan P 0.1%, Combigan | testosterone gel | Androgel 1.62%, Axiron |
| Beconase AQ | budesonide, flunisolide, fluticasone, mometasone, Qnasl | Kazano | Janumet, Janumet XR, Jentadueto, Jentadueto XR | Truetest, Truetrack Meters/Strips | Onetouch Meters/Strips |
| Brovana | Perforomist | Kombiglyze XR | Janumet, Janumet XR, Jentadueto, Jentadueto XR | Ultresa | Creon, Zenpep |
| Certralax | ciprofloxacin ear solution, ofloxacin ear solution, Ciprodex, Otovel | Lazanda | fentanyl citrate lozenges | Unistrip Meters/Strips | Onetouch Meters/Strips |
| Climara Pro | Combipatch | levalbuterol tartrate HFA | Proair HFA/Respiclick, Ventolin HFA | Veltin | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton |
| colchicine | Colcrys, Mitigare | Lyrca CR | gabapentin, Gralise, Lyrca | Veramyst | budesonide, flunisolide, fluticasone, mometasone, QNASL |
| Cortifoam | hydrocortisone enema, Uceris | Mesalamine 800Mg Delayed-Release | balsalazide disodium, sulfasalazine, Apriso, Lialda, Pentasa | Verdeso Foam | desonide (cream/lotion/ointment) desoximetasone (cream/ointment) |
| Delzicol | balsalazide disodium, sulfasalazine, Apriso, Lialda, Pentasa | Mircera | Procrit | Victoza | Bydureon, Byetta, Trulicity |
| Dipentum | balsalazide disodium, sulfasalazine, Apriso, Lialda, Pentasa | Natesto | Androgel 1.62%, Axiron | Vimovo | omeprazole delayed-release + naproxen sodium |
| Doxycycline 40Mg Capsules | Oracea | Nesina | Januvia, Tradjenta | Vogelxo | Androgel 1.62%, Axiron |
| Emflaza | predinsone | Neuro Patch | pramipexole, pramipexole ER, ropinirole | Xadago | rasaigiline, selegiline |
| Endometrin | Crinone 8% Gel | Nevanac | Bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, prolensa | Xerese Cream | acyclovir, famciclovir, valacyclovir, Zovirax cream |
| Epinephrine Auto-Injector (By A-S Medication, Impax & Lineage) | Epinephrine Auto-Injector (By Mylan), Epipen, Epipen Jr | Novolin | Humulin | Xopenex HFA | Proair HFA/Respiclick, Ventolin HFA |
| EstroGel | Divigel | Novolog | Humalog | Zetonna | budesonide, flunisolide, fluticasone, mometasone, QNASL |
| Evzio | naloxone syringe, Narcan Nasal Spray | Omnicar | budesonide, flunisolide, fluticasone, mometasone, QNASL | Zioptan | bimatoprost, latanoprost, travoprost, Lumigan, Travatan Z |
| | | Onglyza | Januvia, Tradjenta | Zyclara | diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, Carac, Picato |



Discrimination is Against the Law

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

- Provides free aids and services to people with disabilities to 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 Health Plan Customer Service Department.

If you believe that The Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Health Plan Appeals Coordinator, 1110 Main Street, Wheeling, WV 26003, Phone: 1.877.847.7907, TTY: 711, Fax 740.699.6163, Email: info@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance The Health Plan Customer Service Department 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, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD).

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-847-7907 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-847-7907 (TTY: 711).

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 1-877-847-7907 (TTY: 711)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-847-7907 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-847-7907 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-847-7907 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-847-7907 (TTY: 711).번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-847-7907 (телетайп: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-847-7907 (رقم هاتف الصم والبكم: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-847-7907 (TTY: 711) पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-847-7907 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-847-7907 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-847-7907 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-847-7907 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-847-7907 (TTY: 711) まで、お電話にてご連絡ください。

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-847-7907 (TTY: 711).

AANDACHT: Als u nederlands spreek, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-847-7907 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-847-7907 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-847-7907 (телетайп: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-847-7907 (TTY: 711).



1110 Main St.
Wheeling, WV 26003-2704
1.800.624.6961, ext. 7914
pharmacy@healthplan.org