Your 2019 Prescription Drug List

Traditional Three-Tier



Effective Jan. 1, 2019

This Prescription Drug List (PDL) is accurate as of Jan.1, 2019 and is subject to change after this date. The next anticipated update will be July 1, 2019. This PDL applies to members of our UnitedHealthcare, River Valley and Oxford medical plans with a pharmacy benefit subject to the Traditional Three-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

UnitedHealthcare®

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

About this PDL

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or subject to prior authorization (sometimes referred to as precertification)[1] if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications[2]). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your health plan ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

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

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

Over-the-counter (OTC) medications

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

What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require additional care and support. For most plans, these medications are managed through the specialty pharmacy program. Take advantage of personalized support designed to help you get the most out of your treatment plan. Visit the member website listed on your health plan ID card or call the toll-free phone number on your ID card to learn more.

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

Reading your PDL

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

Tier information.
Using lower-tier medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

Drug Tier		Includes	Helpful Tips
Tier 1	$	**Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$	**Mid-range cost** Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	$$$	**Highest-cost** Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

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

E	**May be excluded from coverage or subject to prior authorization and/or trial/failure of another medication(s). (Referred to as First Start in New Jersey)** Lower-cost options are available and covered.
H	**Health Care Reform Preventive** This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	**Health Care Reform Preventive with Prior Authorization** May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	**Prior Authorization (sometimes referred to as Precertification)**[3] Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
RS	**Refill and Save Program**[4] Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	**Specialty Medication** Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	**Step Therapy (referred to as First Start in New Jersey)** Requires you to try one or more other medications before the medication you are requesting may be covered.
SL	**Supply Limits** Specifies the largest quantity of medication covered per copayment or in a defined period of time.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
4. Not applicable to Oxford plans.

Questions

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



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



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

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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Anti-Infectives: Antifungals		
Cresemba	3	SL
Econazole Cream	1	SL
Fluconazole Tablet	1	
Itraconazole Capsule	1	SL
Ketoconazole Cream	1	SL
Noxafil Tablet, Suspension	2	
Nystatin Cream, Ointment	1	
Terbinafine Tablet	1	SL
Anti-Infectives: Antivirals		
Acyclovir Ointment	1	PA, SL, ST
Acyclovir Tablet	1	
Famciclovir Tablet	1	
Oseltamivir Capsule, Suspension	1	SL
Valacyclovir Tablet	1	SL
Valganciclovir	1	SL
Cancer		
Alunbrig	2	PA, SL, SP
Bexarotene Capsule	3	E, SP
Bicalutamide	1	
Bosulif	2	PA, SL, SP, ST
Braftovi	3	PA, SL, SP
Calquence	2	PA, SL, SP
Cyclophosphamide Capsule	1	
Erleada	3	PA, SL, SP
Calquence	2	PA, SL, SP
Ibrance	2	PA, SL, SP
Idhifa	2	PA, SL, SP
Imantinib Tablet	1	PA, SL, SP
Imbruvica	2	PA, SL, SP

Bold type = Brand-name drug
[Plain type = Generic drug]

E = May be excluded from coverage
H = May be part of health care reform preventive
H-PA = May be part of health care reform preventive with prior authorization

PA = Prior authorization required
RS = May be eligible for the refill and save program
SL = Supply limit
SP = Specialty medication
ST = Step therapy

Drug Name	Drug Tier	Requirements & Limits
Leucovorin Calcium Tablet	1	
Mektovi	3	PA, SL, SP
Mercaptopurine Tablet	1	
Nerlynx	2	PA, SL, SP
Revlimid	2	PA, SL, SP
Rydapt	2	PA, SL, SP
Sutent	2	PA, SL, SP
Targretin Capsule	1	SP
Targretin Gel	3	SL
Tasigna	2	PA, SL, SP, ST
Verzenio	2	PA, SL, SP
Xeloda	1	SL, SP
Zykadia	2	PA, SL, SP
Zytiga	2	PA, SL, SP
Cardiovascular/Heart Disease: Coagulation Therapy		
Bevyxxa	3	SL
Brilinta	3	SL
Clopidogrel	1	
Eliquis	3	SL
Enoxaparin Sodium	1	SL
Pradaxa	2	SL
Prasugrel	1	SL
Savaysa	3	SL
Warfarin Sodium	1	
Xarelto	2	SL
Cardiovascular/Heart Disease: High Blood Pressure		
Amlodipine	1	
Amlodipine-Benazepril	1	
Amlodipine-Valsartan	1	
Atenolol	1	
Atenolol-Chlorthalidone	1	
Benazepril	1	
Benazepril-Hydrochlorothiazide	1	
Bidil	2	
Bisoprolol	1	
Bisoprolol-Hydrochlorothiazide	1	

Drug Name	Drug Tier	Requirements & Limits
Bystolic	2	
Byvalson	2	SL
Cartia XT	1	
Carvedilol Immediate-Release Tablet	1	
Chlorthalidone	1	
Clonidine Tablet	1	
Diltiazem 24 Hour CD	1	
Diltiazem Sustained-Release Capsule	1	
Diltiazem Sustained-Release Tablet	1	
Doxazosin	1	
Edarbi	3	SL
Edarbyclor	3	SL
Enalapril	1	
Furosemide	1	
Guanfacine	1	
Hydralazine	1	
Hydrochlorothiazide	1	
Irbesartan	1	
Labetalol	1	
Lisinopril	1	
Lisinopril-Hydrochlorothiazide	1	
Losartan	1	
Losartan-Hydrochlorothiazide	1	
Metoprolol Succinate Extended-Release	1	
Metoprolol Tartrate 25, 50, 100 mg	1	
Nadolol	1	
Nifedipine Extended-Release	1	
Olmesartan	1	SL
Olmesartan-Hydrochlorothiazide	1	SL
Propranolol Extended-Release Capsule	1	
Propranolol Tablet	1	
Quinapril	1	
Ramipril	1	

Drug Name	Drug Tier	Requirements & Limits
Spironolactone	1	
Telmisartan	1	
Telmisartan-Hydrochlorothiazide	1	
Terazosin	1	
Triamterene-Hydrochlorothiazide	1	
Valsartan	1	
Valsartan-Hydrochlorothiazide	1	
Verapamil	1	
Verapamil Sustained-Release	1	
Cardiovascular/Heart Disease: High Cholesterol		
Atorvastatin	1	H-PA, SL
Colesevelam Packet for Suspension, Tablet (generic **Welchol**)	3	E
Ezetimibe Tablet	1	SL
Ezetimibe/Simvastatin	1	SL
Fenofibrate 54, 160 mg Tablet	1	
Fluvastatin Extended-Release Tablet	1	SL, ST
Gemfibrozil	1	
Lovastatin	1	H
Niacin Extended-Release Tablet	1	
Niaspan	3	
Omega-3-Acid Ethyl Esters Capsule	1	PA
Praluent	2	PA, SL, SP, ST
Pravastatin	1	
Repatha	3	PA, SL, SP, ST
Rosuvastatin	1	SL
Simvastatin	1	H-PA
Vascepa	3	PA
Welchol Packet for Suspension, Tablet	1	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular/Heart Disease: Other		
Amiodarone	1	
Corlanor	3	PA, SL
Digoxin	1	
Entresto	3	PA, SL
Flecainide	1	
Isosorbide Mononitrate ER	1	
Multaq	3	PA
Nitroglycerin Sublingual Tablet	1	
Ranexa	2	
Sotalol	1	
Central Nervous System: Attention Deficit Disorder		
Adderall XR	1	PA, SL
Amphetamine Salt Combo	1	PA
Atomoxetine	1	SL
Concerta	1	PA, SL
Dexmethylphenidate Immediate-Release Tablet	1	PA
Dextroamphetamine-Amphetamine Immediate-Release Tablet	1	PA
Dextroamphetamine Sulfate Immediate-Release Tablet	1	PA
Guanfacine Extended-Release	1	SL
Methylphenidate Chewable Tablet	1	PA
Methylphenidate Extended-Release Capsule (generic **Metadate CD, Ritalin LA**)	1	PA, SL
Methylphenidate Extended-Release Capsule (Metadate ER, generic **Ritalin SR**)	1	PA, SL
Methylphenidate Extended-Release Tablet (generic **Concerta**)	3	E, PA, SL
Methylphenidate Immediate-Release Tablet	1	PA
Vyvanse	2	PA, SL

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[Plain type = Generic drug]

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SL = Supply limit
SP = Specialty medication
ST = Step therapy

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

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System: Multiple Sclerosis		
Ampyra	2	PA, SL, SP
Aubagio	3	PA, SL, SP
Avonex	2	PA, SL, SP
Betaseron	2	PA, SL, SP
Gilenya	3	PA, SL, SP
Glatiramer (generic **Copaxone**) [Mylan version only]	1	PA, SL, SP
Plegridy	3	PA, SL, SP
Rebif	3	PA, SL, SP, ST
Tecfidera	2	PA, SL, SP
Central Nervous System: Other		
Alprazolam Extended-Release Tablet	1	
Alprazolam Tablet	1	
Aripiprazole Tablet	1	SL
Armodafinil	1	PA, SL
Austedo	2	PA, SL, SP
Buprenorphine Sublingual Tablet	1	
Buspirone Tablet	1	
Carbidopa-Levodopa	1	
Diazepam Tablet	1	
Donepezil ODT, 5, 10 mg Tablet	1	
Latuda	3	SL
Lithium Capsule	1	
Lorazepam Tablet	1	
Memantine Immediate-Release Tablet	1	
Modafinil	1	PA, SL
Naloxone Vial	1	
Narcan Nasal Spray	2	SL
Olanzapine Tablet	1	SL
Pramipexole Tablet	1	
Quetiapine Extended-Release Tablet	1	SL

Drug Name	Drug Tier	Requirements & Limits
Quetiapine Immediate-Release Tablet	1	
Risperidone Tablet	1	
Ropinirole Tablet	1	
Suboxone Film	3	E, PA, SL
Tolcapone	1	
Xyrem	3	PA, SL
Zelapar	3	
Ziprasidone Capsule	1	SL
Zubsolv	1	SL
Central Nervous System: Sedatives/Hypnotics		
Eszopiclone Tablet	1	SL
Temazepam Capsule	1	
Triazolam Tablet	1	
Zaleplon Capsule	1	SL
Zolpidem Immediate-Release Tablet	1	SL
Central Nervous System: Seizure Disorders		
Carbamazepine Extended-Release Capsule, Tablet	1	
Carbamazepine Immediate-Release Tablet	1	
Clonazepam Tablet	1	
Diazepam Tablet	1	
Divalproex Delayed-Release Tablet	1	
Divalproex Extended-Release Tablet	1	
Gabapentin Capsule, Tablet	1	
Lamotrigine Immediate-Release Tablet	1	
Levetiracetam Extended-Release Tablet	1	
Levetiracetam Immediate-Release Tablet	1	
Lyrica	3	SL, ST
Lyrica CR	3	E, SL, ST
Oxcarbazepine Tablet	1	
Phenytoin Capsule, Suspension	1	
Topiramate Immediate-Release Tablet	1	
Zonisamide Capsule	1	
Dermatology		
Aczone	1	SL
Betamethasone Dipropionate 0.05% Augmented Lotion, Ointment	1	
Betamethasone Dipropionate 0.05% Cream, Ointment	1	
Calcipotriene/Betamethasone Ointment	1	SL
Carac	2	
Ciclopirox Cream, Gel, Lotion, Solution	1	
Claravis	1	PA
Clindamycin 1.2%/Benzoyl Peroxide 5% Gel	1	SL
Clindamycin Gel	1	SL
Clindamycin Lotion, Swabs	1	
Clindamycin Solution	1	SL
Clobetasol Propionate Cream, Ointment, Solution	1	SL
Clotrimazole-Betamethasone Cream	1	SL
Clotrimazole-Betamethasone Lotion	1	
Dapsone 5% Gel	3	E, SL
Desonide 0.05% Cream, Lotion, Ointment	1	SL
Desoximetasone Cream, Gel, Ointment	1	SL
Diflorasone Diacetate 0.05% Cream, Ointment	1	SL
Dupixent	3	PA, SL, SP, ST

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[Plain type = Generic drug]

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H-PA = May be part of health care reform preventive with prior authorization
PA = Prior authorization required
RS = May be eligible for the refill and save program
SL = Supply limit
SP = Specialty medication
ST = Step therapy

Drug Name	Drug Tier	Requirements & Limits
Elidel	3	SL, ST
Enstilar Foam	3	SL
Eucrisa	3	SL, ST
Finacea	3	
Fluocinonide 0.05% Cream	1	
Fluocinolone Cream, Oil, Ointment, Solution	1	SL
Fluorouracil 0.5% Cream	3	SL
Halobetasol Ointment	1	SL
Hydrocortisone 2.5% Cream, Ointment	1	
Imiquimod 5% Cream	1	SL
Metronidazole 0.75% Topical Gel	1	
Minocycline Extended-Release (generic **Solodyn**)	1	E, PA
Mirvaso	3	SL
Mometasone Furoate Cream, Lotion, Ointment	1	
Mupirocin Ointment	1	SL
Oracea	3	
Oxsoralen-Ultra	2	
Picato	3	SL
Regranex	2	PA, SL
Rhofade	3	PA, SL
Taclonex Suspension	3	SL
Tacrolimus Ointment	1	SL, ST
Tazarotene 0.1% Cream (generic **Tazorac**)	3	E, PA, SL
Tazorac 0.1% Cream	1	PA, SL
Tazorac Gel, 0.05% Cream	3	PA, SL
Tretinoin Cream	1	PA, SL
Triamcinolone Acetonide Cream, Lotion, Ointment	1	
Vectical	3	SL

Drug Name	Drug Tier	Requirements & Limits
Diabetes: Blood Glucose Monitoring[5]		
Accu-Chek Test Strips	3	E, SL
Contour Next EZ Meter	2	
Contour Next Meter	2	
Contour Next One Meter	2	
Contour Next Test Strips	2	SL
Contour Test Strips	3	E, SL
FreeStyle Test Strips	3	E, SL
OneTouch Ultra 2 Meter	1	
OneTouch Ultra Test Strips	1	SL
OneTouch UltraMini Meter	1	
OneTouch Verio Flex Meter	1	
OneTouch Verio IQ Meter	1	
OneTouch Verio Meter	1	
OneTouch Verio Sync Meter	1	
OneTouch Verio Test Strips	1	SL
[5]Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.		
Diabetes: Insulin[5]		
Admelog SoloStar, Vials	3	E, SL
Apidra SoloStar, Vials	3	E, SL
Basaglar	1	SL
Fiasp FlexTouch, Vials	3	E, SL
Humalog KwikPens (all formulations)	2	SL
Humalog Vials (all formulations)	1	SL
Humulin KwikPens (all formulations)	2	SL
Humulin Vials (all formulations)	1	SL
Lantus SoloStar	3	E, SL
Lantus Vials	3	E, SL

Drug Name	Drug Tier	Requirements & Limits
Levemir FlexTouch, Vials	3	SL
Novolin Vials (all formulations)	3	E, SL
Novolog FlexPen, Vials (all formulations)	3	E, SL
Tresiba FlexTouch	2	E, SL

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

Diabetes: Non-Insulin[5]		
Adlyxin	3	SL
Bydureon, Bydureon Bcise	2	SL
Byetta	2	SL
Farxiga	3	E, SL, ST
Glimepiride	1	
Glipizide	1	
Glipizide Extended-Release	1	
Glyburide	1	
Glyxambi	2	SL, ST
Invokamet, Invokamet XR	2	SL
Invokana	2	SL, ST
Janumet	3	SL, ST
Januvia	3	SL, ST
Jardiance	2	SL, ST
Jentadueto, Jentadueto XR	2	SL
Kazano	2	SL
Kombiglyze XR	2	SL
Metformin	1	
Metformin Extended-Release Tablet (generic **Glucophage XR**)	1	
Nesina	2	SL
Onglyza	2	SL
Oseni	2	SL
Ozempic	3	SL
Pioglitazone	1	SL
Qtern	3	E, SL, ST
Segluromet	3	E, SL, ST
Soliqua	2	PA, SL
Steglatro	3	E, SL, ST
Steglujan	3	E, SL, ST
Synjardy, Synjardy XR	2	SL
Tradjenta	2	SL
Trulicity	3	SL
Victoza 2-Pak	2	SL
Victoza 3-Pak	3	SL
Xigduo XR	3	E, SL, ST

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

Endocrine: Growth Hormone[6]		
Nutropin, Nutropin AQ	2	PA, SL, SP

[6]Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.

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Drug Name	Drug Tier	Requirements & Limits
Endocrine: Other		
Calcitriol Capsule	1	
Desmopressin Tablet	1	
Dexamethasone Tablet	1	
Methylprednisolone Tablet	1	
Prenisolone Oral Solution	1	
Prednisone Tablet	1	
Endocrine: Thyroid Hormone Replacement		
Armour Thyroid	3	
Levothyroxine Sodium Tablet	1	
Liothyronine Sodium Tablet	1	
Methimazole Tablet	1	
NP Thyroid Tablet	1	
Synthroid	2	
Eye Conditions: Allergies		
Azelastine 0.05% Ophthalmic Solution	1	
Lastacaft	3	SL
Olopatadine 0.1% Ophthalmic Solution	1	SL
Eye Conditions: Antibiotics		
Erythromycin 0.5% Ophthalmic Ointment	1	
Gentamicin Ophthalmic Ointment, Solution	1	
Moxeza	3	
Moxifloxacin Ophthalmic Solution	1	
Ofloxacin 0.3% Ophthalmic Solution	1	
Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	1	
Tobramycin Ophthalmic Solution	1	
Eye Conditions: Dry Eye Disease		
Restasis Single Use Vial	3	PA, SL
Xiidra	3	PA, SL

Drug Name	Drug Tier	Requirements & Limits
Eye Conditions: Glaucoma		
Alphagan P 0.1%	2	SL
Azopt	2	SL
Combigan	2	SL
Latanoprost 0.005% Ophthalmic Solution	1	
Lumigan	2	SL
Timolol 0.25%, 0.5% Ophthalmic Solution	1	
Travatan Z	2	SL
Gastrointestinal: Acid Suppression		
Dexilant	3	SL
Omeclamox-Pak	3	SL
Omeprazole Capsule	1	
Pantoprazole Tablet	1	
Pylera	3	SL
Rabeprazole Tablet	1	SL
Ranitadine Syrup	1	
Sucralfate Tablet	1	
Gastrointestinal: Nausea/Vomiting		
Akynzeo	3	SL
Aprepitant Capsule	1	SL
Emend Suspension	2	SL
Ondansetron	1	
Ondansetron ODT	1	
Scopolamine Transdermal Patch	1	
Varubi	2	SL
Gastrointestinal: Other		
Amitiza	3	PA, SL, ST
Apriso	2	
Budesonide Extended-Release Tablet (generic **Uceris**)	3	E
Canasa	2	
Clenpiq	3	
Cortifoam	2	
Creon	2	

Drug Name	Drug Tier	Requirements & Limits
Diphenoxylate-Atropine Tablet	1	
Golytely	2	
Hyoscyamine Tablet	1	
Lialda	1	
Linzess	2	PA, SL
Mesalmine Delayed-Release Tablet (generic **Lialda**)	3	E
Metoclopramide Tablet	1	
Movantik	3	E, PA, SL
Moviprep	3	
Polyethylene Glycol 3350	1	
Prepopik	3	
Sulfasalazine Tablet	1	
Suprep	3	
Symproic	2	PA, SL
Uceris Foam	2	
Uceris Tablet	1	
Viberzi	3	PA, SL
Zenpep	2	
Gout		
Allopurinol Tablet	1	
Duzallo	3	PA, SL
Mitigare	2	
Uloric	3	SL, ST
Zurampic	3	PA, SL
Hepatitis C		
Daklinza	3	PA, SL, SP, ST
Epclusa	2	PA, SL, SP
Harvoni	2	PA, SL, SP
Mavyret	2	PA, SL, SP
Ribavirin Tablet	1	SP

Drug Name	Drug Tier	Requirements & Limits
Sovaldi	3	PA, SL, SP, ST
Technivie	3	PA, SL, SP, ST
Viekira Pak	3	PA, SL, SP, ST
Viekira XR	3	PA, SL, SP, ST
Vosevi	2	PA, SL, SP
Zepatier	3	PA, SL, SP, ST
HIV/AIDS		
Abacavir-Lamivudine	1	SP
Atazanavir Capsule	1	SP
Atripla	3	E, SP
Cimduo	2	SP
Complera	3	SP
Descovy	3	SP
Efavirenz	1	SP
Evotaz	2	SP
Genvoya	3	SP
Intelence	2	SP
Isentress	2	SP
Juluca	2	SP
Kaletra Tablet	2	SP
Lamivudine-Zidovudine	1	SP
Lopinavir-Ritonavir Oral Solution	1	SP
Nevirapine	1	SP
Nevirapine Extended-Release	1	E, SP
Odefsey	3	SP
Prezcobix	2	SP
Prezista	2	SP
Ritonavir Tablet	1	SP
Selzentry	2	PA, SP
Stribild	3	SP

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Drug Name	Drug Tier	Requirements & Limits
Symfi	2	SP
Symfi Lo	2	SP
Tenofovir Tablet	1	SP
Tivicay	3	SP
Triumeq	2	SP
Truvada	3	SP
Tybost	2	SP
Vitekta	2	SP
Infertility[6]		
Cetrotide	2	PA, SP
Clomiphene	1	PA
Endometrin	2	PA
Gonal-F	2	PA, SP
Gonal-F RFF	2	PA, SP
Ovidrel	3	PA, SP
[6]Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.		
Inflammatory Conditions: Rheumatoid Arthritis, Crohn's Disease, Psoriasis, Ulcerative Colitis		
Actemra	3	PA, SL, SP, ST
Cimzia	2	PA, SL, SP
Cosentyx	3	PA, SL, SP, ST
Enbrel	3	PA, SL, SP, ST
Humira	2	PA, SL, SP
Hydroxychloroquine Sulfate	1	
Kevzara	3	PA, SL, SP, ST
Leflunomide	1	
Methotrexate Tablet	1	
Orencia	3	PA, SL, SP, ST
Otezla	2	PA, SL, SP
Rasuvo	3	SL, ST
Siliq	3	PA, SL, SP, ST
Simponi	2	PA, SL, SP
Stelara	2	PA, SL, SP
Taltz	3	PA, SL, SP, ST
Tremfya	2	PA, SL, SP
Xeljanz, Xeljanz XR	3	PA, SL, SP, ST
Medications for Sexual Dysfunction[6]		
Addyi	3	PA, SL
Cialis	3	SL
Intrarosa	3	SL
Levitra	3	SL
Osphena	3	SL
Sildenafil Tablet (generic **Viagra**)	1	SL
Stendra	3	PA, SL
[6]Coverage is determined by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans.		
Men's Health: Prostate		
Alfuzosin Tablet	1	
Doxazosin Tablet	1	
Dutasteride Capsule	1	
Finasteride Tablet	1	
Rapaflo	3	
Tamsulosin Capsule	1	
Terazosin Capsule, Tablet	1	
Men's Health: Testosterone Therapy		
Androderm	2	PA, SL
Androgel	3	E, PA, SL
Methyltestosterone Capsule	1	
Testim	1	PA, SL
Testosterone 1% Topical Gel	1	E, PA, SL
Testosterone Cypionate Injection	1	

Drug Name	Drug Tier	Requirements & Limits
Miscellaneous		
Anastrozole Tablet	1	
Aranesp	2	SL, SP
Auryxia	3	
Bethkis	1	PA, SL, SP
Cayston	2	PA, SL, SP
Cerdelga	2	PA, SP
Chlorhexidine Gluconate	1	
Chlorpheniramine/Hydrocodone/ Pseudoephedrine Solution	1	PA, SL
Epinephrine (generic **EpiPen/ EpiPen-Jr.**)	2	SL
EpiPen/EpiPen Jr.	3	E, SL
Hydrocodone/Chlorpheniramine Suspension	1	PA, SL
Lanthanum Chewable Tablet	1	
Letrozole	1	
Lidocaine Transdermal Patch (generic **Lidoderm**)	1	PA, SL
Nityr	2	PA, SP
Nuedexta	2	PA
Obredon	3	PA, SL, ST
Pegasys	2	PA, SL, SP
Phenazopyridine	1	
Procrit	2	SL, SP
Promethazine/Codeine	1	PA, SL
Promethazine/Dextromethorphan	1	
Pulmozyme	2	PA, SL, SP
Rectiv	3	SL
Rezira	3	
Sevelamer	1	
Syprine	1	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Tobi Podhaler	3	PA, SL, SP
Trientine (generic **Syprine**)	3	E, PA, SP
Velphoro	2	
Veltassa	3	PA, SL
Zarxio	2	SP
Musculoskeletal: Muscle Spasms		
Baclofen Tablet	1	
Carisoprodol 350 mg Tablet	1	
Cyclobenzaprine	1	
Metaxalone Tablet	1	
Methocarbamol Tablet	1	
Tizanidine Tablet	1	
Musculoskeletal: Osteoporosis		
Alendronate Sodium Tablet	1	
Forteo	3	PA, SP
Ibandronate Tablet	1	SL
Raloxifene Tablet	1	
Risedronate Sodium Tablet	1	SL
Tymlos	3	PA, SP
Musculoskeletal: Pain Relief		
Acetaminophen/Codeine Tablet	1	SL
Belbuca	3	PA, SL
Celecoxib	1	SL
Diclofenac Tablet	1	
Etodolac Capsule	1	
Fentanyl 12, 25, 50, 75, 100 mcg Patch	1	PA, SL, ST
Fentanyl Citrate Lozenge	1	PA, SL
Hydrocodone/Acetaminophen 5/325, 7.5/325, 10/325 mg Tablet	1	SL
Hydrocodone/Ibuprofen Tablet	1	

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

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Allergies		
Azelastine 0.1% Nasal Spray	1	
Fluticasone Nasal Spray	1	SL
Zetonna	3	SL
Respiratory: Asthma/COPD		
Advair Diskus/HFA	3	RS, SL
Albuterol Nebs	1	
Alvesco	1	SL
Anoro Ellipta	3	SL
Arnuity Ellipta	3	SL
Asmanex TwistHaler, HFA	1	SL
Bevespi Aerosphere	2	SL
Breo Ellipta	3	RS, SL
Budesonide Nebs	1	SL
Combivent Respimat	3	SL
Flovent Diskus/HFA	3	SL
Fluticasone/Salmeterol RespiClick (generic **AirDuo RespiClick**)	1	SL
Incruse Ellipta	2	SL
Ipratropium-Albuterol Nebs	1	
Ipratropium Nebs	1	
Montelukast	1	
Perforomist	3	SL
ProAir HFA/RespiClick	3	SL
Proventil HFA	3	SL
Pulmicort Flexhaler	3	SL, ST
QVAR Redihaler	1	SL
Seebri Neohaler	3	SL, ST
Serevent Diskus	3	SL
Spiriva Handihaler/Respimat	2	SL
Striverdi Respimat	2	SL
Symbicort	3	RS, SL
Trelegy Ellipta	3	RS, SL
Tudorza	2	SL
Ventolin HFA	2	SL
Xopenex HFA	3	SL

Drug Name	Drug Tier	Requirements & Limits
Respiratory: Pulmonary Arterial Hypertension		
Adempas	2	PA, SL, SP
Letairis	2	PA, SL, SP
Opsumit	2	PA, SL, SP
Orenitram	3	PA, SL, SP
Sildenafil Tablet (generic **Revatio**)	1	PA, SL, SP
Tadalafil (generic **Adcirca**)	1	PA, SL, SP
Tracleer	2	PA, SL, SP
Tyvaso	2	PA, SP
Uptravi	3	PA, SL, SP
Smoking Cessation		
Bupropion Sustained-Release Tablet	1	H-PA
Chantix Tablet	3	H-PA
Nicoderm CQ	3	H-PA
Nicorette Gum	3	H-PA
Nicorette Lozenge	2	H-PA
Nicorette Mini-Lozenge	2	H-PA
Nicotine Gum	1	H-PA
Nicotine Lozenge	1	H-PA
Nicotine Patch	1	H-PA
Nicotrol Inhaler	3	H-PA
Nicotrol Nasal Spray	3	H-PA
Transplant		
Azathioprine Tablet	1	
Cyclosporine Modified Capsule	1	SP
Mycophenolate Capsule, Suspension	1	SP
Mycophenolic Acid Tablet	1	SP
Sirolimus Tablet	1	SP
Tacrolimus Capsule	1	SP

Drug Name	Drug Tier	Requirements & Limits
Vitamins/Electrolytes		
Fluoride	1	
Folic Acid	1	
Klor-Con M10	1	
Klor-Con M20	1	
Potassium Chloride	1	
Potassium Citrate	1	
Women's Health: Contraceptives		
Aftera	1	H
Altavera	1	H
Alyacen 7/7/7, 1/35	1	H
Amethia	1	H
Amethia Lo	1	H
Amethyst	1	H
Apri	1	H
Aranelle	1	H
Ashlyna	1	H
Aubra	1	H
Aviane	1	H
Azurette	1	H
Balziva	1	H
Bekyree	1	H
Blisovi Fe	1	H
Blisovi 24 Fe	1	H
Briellyn	1	H
Camila	1	H
Camrese	1	H
Camrese Lo	1	H
Caziant	1	H
Chateal	1	H

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Drug Name	Drug Tier	Requirements & Limits
Cryselle	1	H
Cyclafem 7/7/7, 1/35	1	H
Cyred	1	H
Dasetta 7/7/7, 1/35	1	H
Daysee	1	H
Deblitane	1	H
Delyla	1	H
Desogestrel-Ethinyl Estradiol	1	H
Drospirenone-Ethinyl Estradiol	1	H
Econtra EZ	1	H
Elinest	1	H
Ella	1	H, SL
Emoquette	1	H
Enpresse	1	H
Enskyce	1	H
Errin	1	H
Estarylla	1	H
Fallback	1	H
Falmina	1	H
Gianvi	1	H
Gildagia	1	H
Heather	1	H
Introvale	1	H
Isibloom	1	H
Jencycla	1	H
Jolessa	1	H
Jolivette	1	H
Juleber	1	H
Junel	1	H
Junel 24 Fe	1	H
Junel Fe	1	H
Kariva	1	H
Kelnor 1/35	1	H
Kimidess	1	H

Drug Name	Drug Tier	Requirements & Limits
Kurvelo	1	H
Larin	1	H
Larin 24 Fe	1	H
Larin Fe	1	H
Larissia	1	H
Leena	1	H
Lessina	1	H
Levonest	1	H
Levonorgestrel 1.5 mg	1	H
Levonorgestrel-Ethinyl Estradiol	1	H
Levora-28	1	H
Lillow	1	H
Lo Loestrin Fe	3	
LoMedia 24 Fe	1	H
Loryna	1	H
Low-Ogestrel	1	H
Lutera	1	H
Lyza	1	H
Marlissa	1	H
Medroxyprogesterone Acetate	1	H
Microgestin	1	H
Microgestin Fe	1	H
Mono-Linyah	1	H
Mononessa	1	H
My Choice	1	H
My Way	1	H
Myzilra	1	H
Natazia	2	
Necon 7/7/7, 0.5/35, 1/35, 1/50, 10/11	1	H
Next Choice One Dose	1	H
Nikki	1	H
Nora BE	1	H
Norethindrone 0.35 mg	1	H

Drug Name	Drug Tier	Requirements & Limits
Norethindrone-Ethinyl Estradiol-Ferrous Fumarate	1	H
Norgestimate-Ethinyl Estradiol	1	H
Norlyda	1	H
Norlyroc	1	H
Nortrel 7/7/7, 0.5/35, 1/35	1	H
Nuvaring	2	H
Ocella	1	H
Ogestrel	1	H
Opcicon One Step	1	H
Option 2	1	H
Orsythia	1	H
Philith	1	H
Pimtrea	1	H
Pirmella 7/7/7, 1/35	1	H
Plan B One Step	1	H
Portia	1	H
Previfem	1	H
Quasense	1	H
Reclipsen	1	H
Setlakin	1	H
Sharobel	1	H
Solia	1	H
Sprintec	1	H
Sronyx	1	H
Syeda	1	H
Take Action	1	H
Tarina Fe	1	H
Tilia Fe	1	H
Tri Femynor	1	H
Tri-Estarylla	1	H

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

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Drug Name	Drug Tier	Requirements & Limits
Women's Health: Hormone Replacement		
Climara Pro	3	SL
Divigel	3	
Duavee	3	SL
Estrace Cream	1	
Estradiol Cream (generic **Estrace**)	3	E
Estradiol/Norethindrone Acetate Tablet	1	
Estradiol Tablet	1	
Estradiol Twice-Weekly Transdermal Patch (generic **Vivelle-Dot**)	3	E, SL
Estradiol Weekly Transdermal Patch (generic **Climara**)	1	SL
Estring	2	SL
Estrogen/Methyltestosterone Tablet	1	
Evamist	2	
Medroxyprogesterone	1	
Minivelle	3	SL
Premarin	3	
Premphase	3	
Prempro	3	
Progesterone Micronized Capsule	1	
Vivelle-Dot	1	SL
Yuvafem	1	

Drug Name	Drug Tier	Requirements & Limits
Women's Health: Miscellaneous		
Raloxifene	1	H-PA
Tamoxifen	1	H-PA
Women's Health: Prenatal Vitamins		
Brand Prenatal Vitamins	3	

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Amlodipine-Valsartan 10
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ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad beę́ áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę́› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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



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