



# ***Network Analysis***

## ***Choice/Choice Plus Network***

### ***Jefferson Parish Government***

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*April 26, 2022*



## Access Summary By City

April 26, 2022

Access Analysis  
StandardEmployee Group  
All EmployeesProvider Group  
Adult PCP

<sup>1</sup> Provider counts represent:  
 #: Provider access points  
 P: Unique providers  
 L: Unique provider locations

Employees With and Without Access												
Employee		Provider		With Access		Without Access		Counts <sup>1</sup>			Average Distance	
Group	#	Group	Standard	#	%	#	%	#	P	L	1	2
All Employees	3,154	Adult PCP	2 in 10 miles	3,141	99.6	13	0.4	938,949	260,751	116,173	0.9	1.1

Key Geographic Areas												
State Abbr	City	Employee	Provider		With Access		Without Access		Counts <sup>1</sup>		Average Distance	
		#	Group	Standard	#	%	#	%	#		1	2
LA	Metairie	612	Adult PCP	2 in 10 miles	612	100.0	0	0.0	389		0.5	0.6
	Marrero	584	Adult PCP	2 in 10 miles	584	100.0	0	0.0	180		1.2	1.2
	New Orleans	517	Adult PCP	2 in 10 miles	516	99.8	1	0.2	1,452		0.6	0.7
	Gretna	296	Adult PCP	2 in 10 miles	296	100.0	0	0.0	80		0.5	0.6
	Harvey	258	Adult PCP	2 in 10 miles	258	100.0	0	0.0	18		1.0	1.1
	Westwego	254	Adult PCP	2 in 10 miles	254	100.0	0	0.0	25		0.8	0.9
	Kenner	234	Adult PCP	2 in 10 miles	234	100.0	0	0.0	190		0.5	0.6
	LA Place	48	Adult PCP	2 in 10 miles	48	100.0	0	0.0	25		1.1	1.2
	Lafitte	30	Adult PCP	2 in 10 miles	30	100.0	0	0.0	3		3.1	3.1
	Mandeville	27	Adult PCP	2 in 10 miles	27	100.0	0	0.0	67		1.0	1.1
	Belle Chasse	26	Adult PCP	2 in 10 miles	26	100.0	0	0.0	19		2.9	2.9
	Covington	26	Adult PCP	2 in 10 miles	26	100.0	0	0.0	287		3.1	3.4
	Saint Rose	24	Adult PCP	2 in 10 miles	24	100.0	0	0.0	11		1.2	1.2
	Slidell	21	Adult PCP	2 in 10 miles	21	100.0	0	0.0	203		0.9	1.0
	Destrehan	20	Adult PCP	2 in 10 miles	20	100.0	0	0.0	5		1.1	1.9
	Madisonville	20	Adult PCP	2 in 10 miles	20	100.0	0	0.0	2		1.9	3.0
	Luling	19	Adult PCP	2 in 10 miles	19	100.0	0	0.0	83		0.8	0.9
	Barataria	13	Adult PCP	2 in 10 miles	13	100.0	0	0.0	0		3.0	3.0
	Caldwell	12	Adult PCP	2 in 10 miles	12	100.0	0	0.0	27		0.5	0.5
	Chalmette	9	Adult PCP	2 in 10 miles	9	100.0	0	0.0	38		0.7	0.8
LA	Hammond	8	Adult PCP	2 in 10 miles	8	100.0	0	0.0	93		1.4	1.8
	Grand Isle	7	Adult PCP	2 in 10 miles	0	0.0	7	100.0	0		30.1	31.1
	Ponchatoula	7	Adult PCP	2 in 10 miles	7	100.0	0	0.0	8		3.1	3.4
	Abita Springs	6	Adult PCP	2 in 10 miles	6	100.0	0	0.0	4		1.7	1.8
	Hahnville	6	Adult PCP	2 in 10 miles	6	100.0	0	0.0	0		2.8	3.1
	Boonton	5	Adult PCP	2 in 10 miles	5	100.0	0	0.0	7		1.0	1.0
	Cedar Grove	5	Adult PCP	2 in 10 miles	5	100.0	0	0.0	33		0.2	0.3
	Port Sulphur	4	Adult PCP	2 in 10 miles	0	0.0	4	100.0	1		6.1	29.6
NJ	Clifton	4	Adult PCP	2 in 10 miles	4	100.0	0	0.0	238		0.3	0.3
LA	Meraux	3	Adult PCP	2 in 10 miles	3	100.0	0	0.0	0		3.0	3.5
	Norco	3	Adult PCP	2 in 10 miles	3	100.0	0	0.0	15		1.6	1.6
	Pearl River	3	Adult PCP	2 in 10 miles	3	100.0	0	0.0	3		4.4	4.5
	Reserve	3	Adult PCP	2 in 10 miles	3	100.0	0	0.0	1		1.0	1.6
	Tickfaw	3	Adult PCP	2 in 10 miles	3	100.0	0	0.0	0		5.2	5.2
	Violet	3	Adult PCP	2 in 10 miles	3	100.0	0	0.0	0		4.1	6.3

## Access Detail By Zip Code

April 26, 2022

Access Analysis  
StandardEmployee / Provider Groups  
All Employees  
Adult PCP

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Abita Springs	70420	6	Adult PCP	2 in 10 miles	4	6	100.0	1.7	1.8
	Ama	70031	2	Adult PCP	2 in 10 miles	0	2	100.0	1.2	1.2
	Arabi	70032	1	Adult PCP	2 in 10 miles	0	1	100.0	0.8	1.1
	Barataria	70036	13	Adult PCP	2 in 10 miles	0	13	100.0	3.0	3.0
	Baton Rouge	70816	2	Adult PCP	2 in 10 miles	60	2	100.0	0.8	0.9
	Belle Chasse	70037	26	Adult PCP	2 in 10 miles	19	26	100.0	2.9	2.9
	Boutte	70039	1	Adult PCP	2 in 10 miles	2	1	100.0	1.4	1.4
	Chalmette	70043	9	Adult PCP	2 in 10 miles	38	9	100.0	0.7	0.8
	Covington	70433	12	Adult PCP	2 in 10 miles	286	12	100.0	0.8	1.1
		70435	14	Adult PCP	2 in 10 miles	1	14	100.0	5.1	5.4
	Darrow	70725	1	Adult PCP	2 in 10 miles	0	1	100.0	4.4	4.4
	Destrehan	70047	20	Adult PCP	2 in 10 miles	5	20	100.0	1.1	1.9
	Donaldsonville	70346	2	Adult PCP	2 in 10 miles	31	2	100.0	0.3	0.6
	Folsom	70437	1	Adult PCP	2 in 10 miles	2	1	100.0	2.1	2.1
	Gray	70359	1	Adult PCP	2 in 10 miles	19	1	100.0	0.7	0.7
	Gretna	70053	121	Adult PCP	2 in 10 miles	10	121	100.0	0.5	0.5
		70054	2	Adult PCP	2 in 10 miles	0	2	100.0	0.4	0.5
		70056	173	Adult PCP	2 in 10 miles	70	173	100.0	0.6	0.6
	Hahnville	70057	6	Adult PCP	2 in 10 miles	0	6	100.0	2.8	3.1
	Hammond	70401	2	Adult PCP	2 in 10 miles	1	2	100.0	1.7	2.3
		70403	6	Adult PCP	2 in 10 miles	92	6	100.0	1.3	1.7
	Harvey	70058	255	Adult PCP	2 in 10 miles	18	255	100.0	1.0	1.1
		70059	3	Adult PCP	2 in 10 miles	0	3	100.0	0.1	0.1
	Holden	70744	1	Adult PCP	2 in 10 miles	0	1	100.0	5.3	5.3
	Houma	70364	1	Adult PCP	2 in 10 miles	9	1	100.0	2.6	2.8
	Husser	70442	1	Adult PCP	2 in 10 miles	0	1	100.0	7.2	7.2
	Independence	70443	1	Adult PCP	2 in 10 miles	17	1	100.0	3.5	3.5
	Kenner	70062	72	Adult PCP	2 in 10 miles	14	72	100.0	0.8	0.9
		70065	162	Adult PCP	2 in 10 miles	176	162	100.0	0.4	0.4
	LA Place	70068	48	Adult PCP	2 in 10 miles	25	48	100.0	1.1	1.2
	Lafitte	70067	30	Adult PCP	2 in 10 miles	3	30	100.0	3.1	3.1
	Livingston	70754	1	Adult PCP	2 in 10 miles	14	1	100.0	2.4	4.7
	Loranger	70446	1	Adult PCP	2 in 10 miles	2	1	100.0	2.6	2.7
	Luling	70070	19	Adult PCP	2 in 10 miles	83	19	100.0	0.8	0.9
	Madisonville	70447	20	Adult PCP	2 in 10 miles	2	20	100.0	1.9	3.0
	Mandeville	70448	15	Adult PCP	2 in 10 miles	10	15	100.0	0.9	1.0
		70471	12	Adult PCP	2 in 10 miles	57	12	100.0	1.2	1.3
	Marrero	70072	584	Adult PCP	2 in 10 miles	180	584	100.0	1.2	1.2
	Meraux	70075	3	Adult PCP	2 in 10 miles	0	3	100.0	3.0	3.5
	Metairie	70001	196	Adult PCP	2 in 10 miles	51	196	100.0	0.6	0.6

## Access Detail By Zip Code

April 26, 2022

Access Analysis

Standard

Employee / Provider Groups

All Employees

Adult PCP

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Metairie	70002	56	Adult PCP	2 in 10 miles	98	56	100.0	0.3	0.3
		70003	189	Adult PCP	2 in 10 miles	20	189	100.0	0.6	0.6
		70005	111	Adult PCP	2 in 10 miles	17	111	100.0	0.4	0.6
		70006	59	Adult PCP	2 in 10 miles	203	59	100.0	0.2	0.3
		70011	1	Adult PCP	2 in 10 miles	0	1	100.0	0.2	0.2
	New Orleans	70113	3	Adult PCP	2 in 10 miles	2	3	100.0	0.6	0.8
		70114	29	Adult PCP	2 in 10 miles	47	29	100.0	0.5	0.5
		70115	17	Adult PCP	2 in 10 miles	285	17	100.0	0.4	0.4
		70116	3	Adult PCP	2 in 10 miles	0	3	100.0	0.6	0.7
		70117	7	Adult PCP	2 in 10 miles	30	7	100.0	0.5	0.5
		70118	22	Adult PCP	2 in 10 miles	37	22	100.0	0.6	0.8
		70119	34	Adult PCP	2 in 10 miles	92	34	100.0	0.4	0.4
		70121	81	Adult PCP	2 in 10 miles	262	81	100.0	0.4	0.4
		70122	32	Adult PCP	2 in 10 miles	32	32	100.0	0.8	0.8
		70123	150	Adult PCP	2 in 10 miles	46	150	100.0	0.7	0.8
		70124	34	Adult PCP	2 in 10 miles	46	34	100.0	0.6	0.7
		70125	16	Adult PCP	2 in 10 miles	16	16	100.0	0.5	0.6
		70126	15	Adult PCP	2 in 10 miles	10	15	100.0	1.0	1.5
		70127	15	Adult PCP	2 in 10 miles	39	15	100.0	0.7	1.1
		70128	8	Adult PCP	2 in 10 miles	4	8	100.0	1.2	1.2
		70129	4	Adult PCP	2 in 10 miles	6	3	75.0	1.2	1.2
		70130	6	Adult PCP	2 in 10 miles	93	6	100.0	0.2	0.3
		70131	39	Adult PCP	2 in 10 miles	12	39	100.0	0.7	1.2
		70181	1	Adult PCP	2 in 10 miles	0	1	100.0	0.9	0.9
		70183	1	Adult PCP	2 in 10 miles	0	1	100.0	0.9	0.9
	Norco	70079	3	Adult PCP	2 in 10 miles	15	3	100.0	1.6	1.6
	Paradis	70080	2	Adult PCP	2 in 10 miles	11	2	100.0	0.7	0.7
	Pearl River	70452	3	Adult PCP	2 in 10 miles	3	3	100.0	4.4	4.5
	Ponchatoula	70454	7	Adult PCP	2 in 10 miles	8	7	100.0	3.1	3.4
	Raceland	70394	1	Adult PCP	2 in 10 miles	21	1	100.0	1.8	1.8
	Reserve	70084	3	Adult PCP	2 in 10 miles	1	3	100.0	1.0	1.6
	Saint Amant	70774	1	Adult PCP	2 in 10 miles	1	1	100.0	2.4	4.8
	Saint Martinville	70582	1	Adult PCP	2 in 10 miles	14	1	100.0	1.0	1.0
	Saint Rose	70087	24	Adult PCP	2 in 10 miles	11	24	100.0	1.2	1.2
	Slidell	70458	8	Adult PCP	2 in 10 miles	121	8	100.0	0.5	0.6
		70460	4	Adult PCP	2 in 10 miles	5	4	100.0	1.2	1.4
		70461	9	Adult PCP	2 in 10 miles	77	9	100.0	1.1	1.1
	Thibodaux	70301	2	Adult PCP	2 in 10 miles	69	2	100.0	0.7	0.7
	Tickfaw	70466	3	Adult PCP	2 in 10 miles	0	3	100.0	5.2	5.2
	Violet	70092	3	Adult PCP	2 in 10 miles	0	3	100.0	4.1	6.3





## Access Summary By City

April 26, 2022

Access Analysis  
StandardEmployee Group  
All EmployeesProvider Group  
Pediatrician

<sup>1</sup> Provider counts represent:  
 #: Provider access points  
 P: Unique providers  
 L: Unique provider locations

Employees With and Without Access												
Employee		Provider		With Access		Without Access		Counts <sup>1</sup>			Average Distance	
Group	#	Group	Standard	#	%	#	%	#	P	L	1	2
All Employees	3,154	Pediatrician	2 in 10 miles	3,096	98.2	58	1.8	230,228	71,903	39,255	1.5	1.6

Key Geographic Areas												
State Abbr	City	Employee	Provider		With Access		Without Access		Counts <sup>1</sup>		Average Distance	
		#	Group	Standard	#	%	#	%	#		1	2
LA	Metairie	612	Pediatrician	2 in 10 miles	612	100.0	0	0.0	200		0.7	0.8
	Marrero	584	Pediatrician	2 in 10 miles	584	100.0	0	0.0	46		1.8	1.8
	New Orleans	517	Pediatrician	2 in 10 miles	516	99.8	1	0.2	500		0.9	1.0
	Gretna	296	Pediatrician	2 in 10 miles	296	100.0	0	0.0	55		0.7	0.8
	Harvey	258	Pediatrician	2 in 10 miles	258	100.0	0	0.0	8		0.9	1.3
	Westwego	254	Pediatrician	2 in 10 miles	254	100.0	0	0.0	5		1.3	1.4
	Kenner	234	Pediatrician	2 in 10 miles	234	100.0	0	0.0	29		0.8	1.0
	LA Place	48	Pediatrician	2 in 10 miles	48	100.0	0	0.0	9		2.5	2.5
	Lafitte	30	Pediatrician	2 in 10 miles	3	10.0	27	90.0	0		12.0	12.0
	Mandeville	27	Pediatrician	2 in 10 miles	27	100.0	0	0.0	15		1.5	1.9
	Belle Chasse	26	Pediatrician	2 in 10 miles	26	100.0	0	0.0	5		3.2	3.4
	Covington	26	Pediatrician	2 in 10 miles	25	96.2	1	3.8	83		3.5	3.7
	Saint Rose	24	Pediatrician	2 in 10 miles	24	100.0	0	0.0	3		1.2	1.2
	Slidell	21	Pediatrician	2 in 10 miles	21	100.0	0	0.0	59		0.9	1.4
	Destrehan	20	Pediatrician	2 in 10 miles	20	100.0	0	0.0	17		0.8	0.8
	Madisonville	20	Pediatrician	2 in 10 miles	20	100.0	0	0.0	0		3.4	3.5
	Luling	19	Pediatrician	2 in 10 miles	19	100.0	0	0.0	14		0.9	0.9
	Barataria	13	Pediatrician	2 in 10 miles	0	0.0	13	100.0	0		12.5	12.5
	Caldwell	12	Pediatrician	2 in 10 miles	12	100.0	0	0.0	4		0.7	1.2
NJ	Chalmette	9	Pediatrician	2 in 10 miles	9	100.0	0	0.0	29		0.6	1.0
	Hammond	8	Pediatrician	2 in 10 miles	8	100.0	0	0.0	56		1.8	1.8
LA	Grand Isle	7	Pediatrician	2 in 10 miles	0	0.0	7	100.0	0		44.2	44.2
	Ponchatoula	7	Pediatrician	2 in 10 miles	7	100.0	0	0.0	1		3.8	5.1
	Abita Springs	6	Pediatrician	2 in 10 miles	6	100.0	0	0.0	2		1.7	1.9
	Hahnville	6	Pediatrician	2 in 10 miles	6	100.0	0	0.0	0		2.8	2.8
NJ	Boonton	5	Pediatrician	2 in 10 miles	5	100.0	0	0.0	1		1.0	3.2
	Cedar Grove	5	Pediatrician	2 in 10 miles	5	100.0	0	0.0	2		1.6	1.7
LA	Port Sulphur	4	Pediatrician	2 in 10 miles	0	0.0	4	100.0	0		29.7	29.7
NJ	Clifton	4	Pediatrician	2 in 10 miles	4	100.0	0	0.0	63		0.4	0.5
LA	Meraux	3	Pediatrician	2 in 10 miles	3	100.0	0	0.0	0		3.0	4.0
	Norco	3	Pediatrician	2 in 10 miles	3	100.0	0	0.0	4		1.6	1.6
	Pearl River	3	Pediatrician	2 in 10 miles	3	100.0	0	0.0	17		5.0	5.0
	Reserve	3	Pediatrician	2 in 10 miles	3	100.0	0	0.0	1		1.0	1.6
	Tickfaw	3	Pediatrician	2 in 10 miles	3	100.0	0	0.0	0		5.8	5.9
	Violet	3	Pediatrician	2 in 10 miles	3	100.0	0	0.0	0		6.4	7.0



## Access Detail By Zip Code

April 26, 2022

Access Analysis  
StandardEmployee / Provider Groups  
All Employees  
Pediatrician

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Abita Springs	70420	6	Pediatrician	2 in 10 miles	2	6	100.0	1.7	1.9
	Ama	70031	2	Pediatrician	2 in 10 miles	0	2	100.0	1.2	1.2
	Arabi	70032	1	Pediatrician	2 in 10 miles	0	1	100.0	1.1	1.1
	Baton Rouge	70816	2	Pediatrician	2 in 10 miles	15	2	100.0	1.3	1.5
	Belle Chasse	70037	26	Pediatrician	2 in 10 miles	5	26	100.0	3.2	3.4
	Boutte	70039	1	Pediatrician	2 in 10 miles	0	1	100.0	1.8	1.8
	Chalmette	70043	9	Pediatrician	2 in 10 miles	29	9	100.0	0.6	1.0
	Covington	70433	12	Pediatrician	2 in 10 miles	83	12	100.0	1.0	1.1
		70435	14	Pediatrician	2 in 10 miles	0	13	92.9	5.1	5.5
	Darrow	70725	1	Pediatrician	2 in 10 miles	0	1	100.0	6.0	7.2
	Destrehan	70047	20	Pediatrician	2 in 10 miles	17	20	100.0	0.8	0.8
	Gray	70359	1	Pediatrician	2 in 10 miles	6	1	100.0	0.7	0.9
	Gretna	70053	121	Pediatrician	2 in 10 miles	4	121	100.0	0.7	0.8
		70054	2	Pediatrician	2 in 10 miles	0	2	100.0	0.4	0.4
		70056	173	Pediatrician	2 in 10 miles	51	173	100.0	0.7	0.7
	Hahnville	70057	6	Pediatrician	2 in 10 miles	0	6	100.0	2.8	2.8
	Hammond	70401	2	Pediatrician	2 in 10 miles	18	2	100.0	1.1	1.1
		70403	6	Pediatrician	2 in 10 miles	38	6	100.0	2.0	2.0
	Harvey	70058	255	Pediatrician	2 in 10 miles	8	255	100.0	0.9	1.4
		70059	3	Pediatrician	2 in 10 miles	0	3	100.0	0.1	0.5
	Holden	70744	1	Pediatrician	2 in 10 miles	0	1	100.0	6.6	7.0
	Houma	70364	1	Pediatrician	2 in 10 miles	0	1	100.0	3.1	3.1
	Husser	70442	1	Pediatrician	2 in 10 miles	0	1	100.0	7.2	7.2
	Independence	70443	1	Pediatrician	2 in 10 miles	0	1	100.0	9.0	9.1
	Kenner	70062	72	Pediatrician	2 in 10 miles	2	72	100.0	1.0	1.3
		70065	162	Pediatrician	2 in 10 miles	27	162	100.0	0.7	0.9
	LA Place	70068	48	Pediatrician	2 in 10 miles	9	48	100.0	2.5	2.5
	Lafitte	70067	30	Pediatrician	2 in 10 miles	0	3	10.0	8.1	8.1
	Livingston	70754	1	Pediatrician	2 in 10 miles	3	1	100.0	2.4	4.4
	Loranger	70446	1	Pediatrician	2 in 10 miles	2	1	100.0	2.6	2.7
	Luling	70070	19	Pediatrician	2 in 10 miles	14	19	100.0	0.9	0.9
	Madisonville	70447	20	Pediatrician	2 in 10 miles	0	20	100.0	3.4	3.5
	Mandeville	70448	15	Pediatrician	2 in 10 miles	3	15	100.0	1.7	2.1
		70471	12	Pediatrician	2 in 10 miles	12	12	100.0	1.3	1.6
	Marrero	70072	584	Pediatrician	2 in 10 miles	46	584	100.0	1.8	1.8
	Meraux	70075	3	Pediatrician	2 in 10 miles	0	3	100.0	3.0	4.0
	Metairie	70001	196	Pediatrician	2 in 10 miles	113	196	100.0	0.7	0.7
		70002	56	Pediatrician	2 in 10 miles	35	56	100.0	0.3	0.4
		70003	189	Pediatrician	2 in 10 miles	1	189	100.0	1.0	1.4
		70005	111	Pediatrician	2 in 10 miles	11	111	100.0	0.6	0.6

## Access Detail By Zip Code

April 26, 2022

Access Analysis

Standard

Employee / Provider Groups

All Employees

Pediatrician

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Metairie	70006	59	Pediatrician	2 in 10 miles	40	59	100.0	0.3	0.5
		70011	1	Pediatrician	2 in 10 miles	0	1	100.0	0.2	0.3
	New Orleans	70113	3	Pediatrician	2 in 10 miles	0	3	100.0	0.9	0.9
		70114	29	Pediatrician	2 in 10 miles	17	29	100.0	0.6	0.6
		70115	17	Pediatrician	2 in 10 miles	79	17	100.0	0.4	0.4
		70116	3	Pediatrician	2 in 10 miles	0	3	100.0	0.5	0.5
		70117	7	Pediatrician	2 in 10 miles	20	7	100.0	0.5	0.6
		70118	22	Pediatrician	2 in 10 miles	131	22	100.0	1.0	1.0
		70119	34	Pediatrician	2 in 10 miles	22	34	100.0	0.5	0.5
		70121	81	Pediatrician	2 in 10 miles	76	81	100.0	0.6	0.6
		70122	32	Pediatrician	2 in 10 miles	24	32	100.0	0.6	0.8
		70123	150	Pediatrician	2 in 10 miles	11	150	100.0	1.3	1.3
		70124	34	Pediatrician	2 in 10 miles	8	34	100.0	0.6	0.8
		70125	16	Pediatrician	2 in 10 miles	4	16	100.0	0.6	0.6
		70126	15	Pediatrician	2 in 10 miles	16	15	100.0	1.0	1.6
		70127	15	Pediatrician	2 in 10 miles	16	15	100.0	0.7	1.2
		70128	8	Pediatrician	2 in 10 miles	4	8	100.0	1.1	1.1
		70129	4	Pediatrician	2 in 10 miles	2	3	75.0	2.1	2.1
		70130	6	Pediatrician	2 in 10 miles	13	6	100.0	0.3	0.3
		70131	39	Pediatrician	2 in 10 miles	4	39	100.0	1.3	1.5
		70181	1	Pediatrician	2 in 10 miles	0	1	100.0	1.0	1.0
		70183	1	Pediatrician	2 in 10 miles	0	1	100.0	1.0	1.0
	Norco	70079	3	Pediatrician	2 in 10 miles	4	3	100.0	1.6	1.6
	Paradis	70080	2	Pediatrician	2 in 10 miles	3	2	100.0	0.7	0.7
	Pearl River	70452	3	Pediatrician	2 in 10 miles	17	3	100.0	5.0	5.0
	Ponchatoula	70454	7	Pediatrician	2 in 10 miles	1	7	100.0	3.8	5.1
	Raceland	70394	1	Pediatrician	2 in 10 miles	3	1	100.0	1.8	2.0
	Reserve	70084	3	Pediatrician	2 in 10 miles	1	3	100.0	1.0	1.6
	Saint Amant	70774	1	Pediatrician	2 in 10 miles	0	1	100.0	4.8	5.4
	Saint Martinville	70582	1	Pediatrician	2 in 10 miles	5	1	100.0	1.0	2.1
	Saint Rose	70087	24	Pediatrician	2 in 10 miles	3	24	100.0	1.2	1.2
	Slidell	70458	8	Pediatrician	2 in 10 miles	38	8	100.0	0.5	0.6
		70460	4	Pediatrician	2 in 10 miles	1	4	100.0	1.4	3.9
		70461	9	Pediatrician	2 in 10 miles	20	9	100.0	1.1	1.1
		70301	2	Pediatrician	2 in 10 miles	12	2	100.0	0.9	1.0
	Thibodaux	70466	3	Pediatrician	2 in 10 miles	0	3	100.0	5.8	5.9
	Tickfaw	70092	3	Pediatrician	2 in 10 miles	0	3	100.0	6.4	7.0
	Westwego	70094	251	Pediatrician	2 in 10 miles	5	251	100.0	1.3	1.4
		70096	3	Pediatrician	2 in 10 miles	0	3	100.0	0.6	0.6
MS	Bay Saint Louis	39520	2	Pediatrician	2 in 10 miles	25	2	100.0	1.8	1.8

April 26, 2022

Standard

All Employees

Pediatrician

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April 26, 2022

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Access Analysis  
Standard

Employee / Provider Groups  
All Employees  
Pediatrician

[illegible]

## Access Summary By City

April 26, 2022

Access Analysis  
StandardEmployee Group  
All EmployeesProvider Group  
OB-GYN

<sup>1</sup> Provider counts represent:  
 #: Provider access points  
 P: Unique providers  
 L: Unique provider locations

Employees With and Without Access												
Employee		Provider		With Access		Without Access		Counts <sup>1</sup>			Average Distance	
Group	#	Group	Standard	#	%	#	%	#	P	L	1	2
All Employees	3,154	OB-GYN	2 in 10 miles	3,096	98.2	58	1.8	157,100	39,957	28,213	1.6	2.0

Key Geographic Areas												
State Abbr	City	Employee	Provider		With Access		Without Access		Counts <sup>1</sup>		Average Distance	
		#	Group	Standard	#	%	#	%	#		1	2
LA	Metairie	612	OB-GYN	2 in 10 miles	612	100.0	0	0.0	77		1.0	1.1
	Marrero	584	OB-GYN	2 in 10 miles	584	100.0	0	0.0	30		1.5	1.9
	New Orleans	517	OB-GYN	2 in 10 miles	516	99.8	1	0.2	223		1.3	1.7
	Gretna	296	OB-GYN	2 in 10 miles	296	100.0	0	0.0	35		0.9	1.1
	Harvey	258	OB-GYN	2 in 10 miles	258	100.0	0	0.0	1		1.7	2.2
	Westwego	254	OB-GYN	2 in 10 miles	254	100.0	0	0.0	2		1.8	1.8
	Kenner	234	OB-GYN	2 in 10 miles	234	100.0	0	0.0	23		1.0	1.3
	LA Place	48	OB-GYN	2 in 10 miles	48	100.0	0	0.0	8		2.6	2.6
	Lafitte	30	OB-GYN	2 in 10 miles	11	36.7	19	63.3	1		3.1	11.7
	Mandeville	27	OB-GYN	2 in 10 miles	27	100.0	0	0.0	8		1.9	2.0
	Belle Chasse	26	OB-GYN	2 in 10 miles	25	96.2	1	3.8	0		4.7	5.1
	Covington	26	OB-GYN	2 in 10 miles	21	80.8	5	19.2	41		5.0	5.2
	Saint Rose	24	OB-GYN	2 in 10 miles	24	100.0	0	0.0	0		3.8	4.1
	Slidell	21	OB-GYN	2 in 10 miles	21	100.0	0	0.0	15		1.9	2.1
	Destrehan	20	OB-GYN	2 in 10 miles	20	100.0	0	0.0	2		1.9	1.9
	Madisonville	20	OB-GYN	2 in 10 miles	20	100.0	0	0.0	3		2.7	2.7
	Luling	19	OB-GYN	2 in 10 miles	19	100.0	0	0.0	1		1.6	2.6
	Barataria	13	OB-GYN	2 in 10 miles	0	0.0	13	100.0	0		3.0	12.4
	Caldwell	12	OB-GYN	2 in 10 miles	12	100.0	0	0.0	4		0.6	1.2
	Chalmette	9	OB-GYN	2 in 10 miles	9	100.0	0	0.0	1		2.3	3.8
LA	Hammond	8	OB-GYN	2 in 10 miles	8	100.0	0	0.0	26		2.0	2.3
	Grand Isle	7	OB-GYN	2 in 10 miles	0	0.0	7	100.0	0		31.0	32.5
	Ponchatoula	7	OB-GYN	2 in 10 miles	7	100.0	0	0.0	0		5.2	5.2
	Abita Springs	6	OB-GYN	2 in 10 miles	6	100.0	0	0.0	0		5.1	5.6
NJ	Hahnville	6	OB-GYN	2 in 10 miles	6	100.0	0	0.0	0		4.6	4.6
	Boonton	5	OB-GYN	2 in 10 miles	5	100.0	0	0.0	1		1.2	3.0
	Cedar Grove	5	OB-GYN	2 in 10 miles	5	100.0	0	0.0	4		1.2	1.4
LA	Port Sulphur	4	OB-GYN	2 in 10 miles	0	0.0	4	100.0	1		6.1	29.8
NJ	Clifton	4	OB-GYN	2 in 10 miles	4	100.0	0	0.0	42		0.3	0.3
LA	Meraux	3	OB-GYN	2 in 10 miles	3	100.0	0	0.0	0		5.6	5.9
	Norco	3	OB-GYN	2 in 10 miles	3	100.0	0	0.0	0		6.8	6.8
	Pearl River	3	OB-GYN	2 in 10 miles	2	66.7	1	33.3	0		8.7	9.2
	Reserve	3	OB-GYN	2 in 10 miles	3	100.0	0	0.0	0		2.9	2.9
	Tickfaw	3	OB-GYN	2 in 10 miles	3	100.0	0	0.0	0		5.3	5.3
	Violet	3	OB-GYN	2 in 10 miles	3	100.0	0	0.0	0		8.0	8.2

## Access Detail By Zip Code

April 26, 2022

Access Analysis  
StandardEmployee / Provider Groups  
All Employees  
OB-GYN

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Abita Springs	70420	6	OB-GYN	2 in 10 miles	0	6	100.0	5.1	5.6
	Ama	70031	2	OB-GYN	2 in 10 miles	0	2	100.0	4.3	4.3
	Arabi	70032	1	OB-GYN	2 in 10 miles	0	1	100.0	1.1	2.4
	Baton Rouge	70816	2	OB-GYN	2 in 10 miles	4	2	100.0	1.4	1.9
	Belle Chasse	70037	26	OB-GYN	2 in 10 miles	0	25	96.2	4.6	4.9
	Boutte	70039	1	OB-GYN	2 in 10 miles	0	1	100.0	2.9	4.6
	Chalmette	70043	9	OB-GYN	2 in 10 miles	1	9	100.0	2.3	3.8
	Covington	70433	12	OB-GYN	2 in 10 miles	41	12	100.0	1.5	1.7
		70435	14	OB-GYN	2 in 10 miles	0	9	64.3	6.4	6.6
	Darrow	70725	1	OB-GYN	2 in 10 miles	0	1	100.0	5.3	7.2
	Destrehan	70047	20	OB-GYN	2 in 10 miles	2	20	100.0	1.9	1.9
	Gray	70359	1	OB-GYN	2 in 10 miles	0	1	100.0	6.2	6.2
	Gretna	70053	121	OB-GYN	2 in 10 miles	20	121	100.0	0.8	1.0
		70054	2	OB-GYN	2 in 10 miles	0	2	100.0	1.2	1.4
		70056	173	OB-GYN	2 in 10 miles	15	173	100.0	1.0	1.2
	Hahnville	70057	6	OB-GYN	2 in 10 miles	0	6	100.0	4.6	4.6
	Hammond	70401	2	OB-GYN	2 in 10 miles	0	2	100.0	2.9	2.9
		70403	6	OB-GYN	2 in 10 miles	26	6	100.0	1.7	2.1
	Harvey	70058	255	OB-GYN	2 in 10 miles	1	255	100.0	1.7	2.2
		70059	3	OB-GYN	2 in 10 miles	0	3	100.0	1.6	2.1
	Houma	70364	1	OB-GYN	2 in 10 miles	0	1	100.0	3.2	3.2
	Independence	70443	1	OB-GYN	2 in 10 miles	3	1	100.0	3.6	3.6
	Kenner	70062	72	OB-GYN	2 in 10 miles	2	72	100.0	1.2	1.5
		70065	162	OB-GYN	2 in 10 miles	21	162	100.0	0.9	1.2
	LA Place	70068	48	OB-GYN	2 in 10 miles	8	48	100.0	2.6	2.6
	Lafitte	70067	30	OB-GYN	2 in 10 miles	1	11	36.7	1.9	9.2
	Livingston	70754	1	OB-GYN	2 in 10 miles	5	1	100.0	6.8	6.8
	Loranger	70446	1	OB-GYN	2 in 10 miles	0	1	100.0	7.6	7.6
	Luling	70070	19	OB-GYN	2 in 10 miles	1	19	100.0	1.6	2.6
	Madisonville	70447	20	OB-GYN	2 in 10 miles	3	20	100.0	2.7	2.7
	Mandeville	70448	15	OB-GYN	2 in 10 miles	8	15	100.0	2.0	2.0
		70471	12	OB-GYN	2 in 10 miles	0	12	100.0	1.8	1.9
	Marrero	70072	584	OB-GYN	2 in 10 miles	30	584	100.0	1.5	1.9
	Meraux	70075	3	OB-GYN	2 in 10 miles	0	3	100.0	5.6	5.9
	Metairie	70001	196	OB-GYN	2 in 10 miles	34	196	100.0	0.8	0.8
		70002	56	OB-GYN	2 in 10 miles	3	56	100.0	0.5	0.7
		70003	189	OB-GYN	2 in 10 miles	0	189	100.0	1.5	1.8
		70005	111	OB-GYN	2 in 10 miles	7	111	100.0	0.8	1.1
		70006	59	OB-GYN	2 in 10 miles	33	59	100.0	0.4	0.6
		70011	1	OB-GYN	2 in 10 miles	0	1	100.0	0.7	0.9

## Access Detail By Zip Code

April 26, 2022

Access Analysis  
StandardEmployee / Provider Groups  
All Employees  
OB-GYN

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	New Orleans	70113	3	OB-GYN	2 in 10 miles	0	3	100.0	1.1	1.1
		70114	29	OB-GYN	2 in 10 miles	3	29	100.0	1.0	1.3
		70115	17	OB-GYN	2 in 10 miles	117	17	100.0	0.5	0.7
		70116	3	OB-GYN	2 in 10 miles	0	3	100.0	0.9	1.1
		70117	7	OB-GYN	2 in 10 miles	4	7	100.0	0.6	0.9
		70118	22	OB-GYN	2 in 10 miles	23	22	100.0	1.0	1.0
		70119	34	OB-GYN	2 in 10 miles	4	34	100.0	0.8	0.9
		70121	81	OB-GYN	2 in 10 miles	12	81	100.0	1.2	1.2
		70122	32	OB-GYN	2 in 10 miles	6	32	100.0	0.9	0.9
		70123	150	OB-GYN	2 in 10 miles	2	150	100.0	1.5	2.6
		70124	34	OB-GYN	2 in 10 miles	2	34	100.0	1.0	1.3
		70125	16	OB-GYN	2 in 10 miles	1	16	100.0	0.8	0.8
		70126	15	OB-GYN	2 in 10 miles	3	15	100.0	1.3	2.1
		70127	15	OB-GYN	2 in 10 miles	9	15	100.0	1.0	1.4
		70128	8	OB-GYN	2 in 10 miles	0	8	100.0	1.9	2.0
		70129	4	OB-GYN	2 in 10 miles	2	3	75.0	1.2	2.1
		70130	6	OB-GYN	2 in 10 miles	0	6	100.0	1.1	1.1
		70131	39	OB-GYN	2 in 10 miles	1	39	100.0	2.3	2.5
		70181	1	OB-GYN	2 in 10 miles	0	1	100.0	1.7	2.6
		70183	1	OB-GYN	2 in 10 miles	0	1	100.0	1.7	2.6
	Norco	70079	3	OB-GYN	2 in 10 miles	0	3	100.0	6.8	6.8
	Paradis	70080	2	OB-GYN	2 in 10 miles	0	2	100.0	7.3	9.0
	Pearl River	70452	3	OB-GYN	2 in 10 miles	0	2	66.7	7.4	7.5
	Ponchatoula	70454	7	OB-GYN	2 in 10 miles	0	7	100.0	5.2	5.2
	Raceland	70394	1	OB-GYN	2 in 10 miles	5	1	100.0	1.8	2.0
	Reserve	70084	3	OB-GYN	2 in 10 miles	0	3	100.0	2.9	2.9
	Saint Amant	70774	1	OB-GYN	2 in 10 miles	0	1	100.0	6.3	6.3
	Saint Martinville	70582	1	OB-GYN	2 in 10 miles	4	1	100.0	1.0	1.0
	Saint Rose	70087	24	OB-GYN	2 in 10 miles	0	24	100.0	3.8	4.1
	Slidell	70458	8	OB-GYN	2 in 10 miles	6	8	100.0	1.2	1.4
		70460	4	OB-GYN	2 in 10 miles	0	4	100.0	3.9	4.0
		70461	9	OB-GYN	2 in 10 miles	9	9	100.0	1.7	2.0
	Thibodaux	70301	2	OB-GYN	2 in 10 miles	17	2	100.0	0.7	0.8
	Tickfaw	70466	3	OB-GYN	2 in 10 miles	0	3	100.0	5.3	5.3
	Violet	70092	3	OB-GYN	2 in 10 miles	0	3	100.0	8.0	8.2
	Westwego	70094	251	OB-GYN	2 in 10 miles	2	251	100.0	1.8	1.8
		70096	3	OB-GYN	2 in 10 miles	0	3	100.0	1.7	1.7
MS	Bay Saint Louis	39520	2	OB-GYN	2 in 10 miles	8	2	100.0	1.8	1.8
	Carriere	39426	2	OB-GYN	2 in 10 miles	0	2	100.0	6.3	6.3
	Pass Christian	39571	1	OB-GYN	2 in 10 miles	1	1	100.0	3.4	8.4

## Access Detail By Zip Code

OB-GYN

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Access Detail By Zip Code

April 26, 2022

Access Analysis  
Standard

Employee / Provider Groups  
All Employees  
OB-GYN

Employees Without Access											
State Abbr	City	Zip Code	Employee	Provider		Counts	Without Access		Average Distance		
			#	Group	Standard	#	#	%	1	2	
LA	Barataria	70036	13	OB-GYN	2 in 10 miles	0	13	100.0	3.0	12.4	
	Belle Chasse	70037	26	OB-GYN	2 in 10 miles	0	1	3.8	7.4	11.0	
	Braithwaite	70040	1	OB-GYN	2 in 10 miles	0	1	100.0	16.4	18.8	
	Covington	70435	14	OB-GYN	2 in 10 miles	0	5	35.7	10.8	11.0	
	Donaldsonville	70346	2	OB-GYN	2 in 10 miles	1	2	100.0	0.7	12.3	
	Folsom	70437	1	OB-GYN	2 in 10 miles	0	1	100.0	12.2	12.2	
	Grand Isle	70358	7	OB-GYN	2 in 10 miles	0	7	100.0	31.0	32.5	
	Holden	70744	1	OB-GYN	2 in 10 miles	0	1	100.0	7.6	10.7	
	Husser	70442	1	OB-GYN	2 in 10 miles	0	1	100.0	11.6	12.8	
	Lafitte	70067	30	OB-GYN	2 in 10 miles	1	19	63.3	3.9	13.1	
	New Orleans	70129	4	OB-GYN	2 in 10 miles	2	1	25.0	12.1	13.3	
	Pearl River	70452	3	OB-GYN	2 in 10 miles	0	1	33.3	11.3	12.6	
	Port Sulphur	70083	4	OB-GYN	2 in 10 miles	1	4	100.0	6.1	29.8	
	MS	Magnolia	39652	1	OB-GYN	2 in 10 miles	0	1	100.0	11.2	11.2
	Grand Totals			108	OB-GYN	2 in 10 miles	5	58	53.7	8.6	16.2

## Access Summary By City

April 26, 2022

Access Analysis  
StandardEmployee Group  
All EmployeesProvider Group  
Specialist

<sup>1</sup> Provider counts represent:  
 #: Provider access points  
 P: Unique providers  
 L: Unique provider locations

Employees With and Without Access												
Employee		Provider		With Access		Without Access		Counts <sup>1</sup>			Average Distance	
Group	#	Group	Standard	#	%	#	%	#	P	L	1	2
All Employees	3,154	Specialist	2 in 10 miles	3,142	99.6	12	0.4	1,504,602	429,113	161,789	1.0	1.1

Key Geographic Areas												
State Abbr	City	Employee	Provider		With Access		Without Access		Counts <sup>1</sup>		Average Distance	
		#	Group	Standard	#	%	#	%	#		1	2
LA	Metairie	612	Specialist	2 in 10 miles	612	100.0	0	0.0	798		0.5	0.6
	Marrero	584	Specialist	2 in 10 miles	584	100.0	0	0.0	223		1.1	1.2
	New Orleans	517	Specialist	2 in 10 miles	516	99.8	1	0.2	2,097		0.6	0.8
	Gretna	296	Specialist	2 in 10 miles	296	100.0	0	0.0	151		0.4	0.5
	Harvey	258	Specialist	2 in 10 miles	258	100.0	0	0.0	23		0.8	1.0
	Westwego	254	Specialist	2 in 10 miles	254	100.0	0	0.0	13		1.2	1.6
	Kenner	234	Specialist	2 in 10 miles	234	100.0	0	0.0	155		0.6	0.8
	LA Place	48	Specialist	2 in 10 miles	48	100.0	0	0.0	100		0.8	0.9
	Lafitte	30	Specialist	2 in 10 miles	30	100.0	0	0.0	6		3.1	3.1
	Mandeville	27	Specialist	2 in 10 miles	27	100.0	0	0.0	101		0.8	0.9
	Belle Chasse	26	Specialist	2 in 10 miles	26	100.0	0	0.0	2		3.0	3.4
	Covington	26	Specialist	2 in 10 miles	25	96.2	1	3.8	417		3.5	3.6
	Saint Rose	24	Specialist	2 in 10 miles	24	100.0	0	0.0	0		3.6	3.8
	Slidell	21	Specialist	2 in 10 miles	21	100.0	0	0.0	395		0.8	0.9
	Destrehan	20	Specialist	2 in 10 miles	20	100.0	0	0.0	10		1.0	1.0
	Madisonville	20	Specialist	2 in 10 miles	20	100.0	0	0.0	1		2.0	2.7
	Luling	19	Specialist	2 in 10 miles	19	100.0	0	0.0	50		0.6	0.7
	Barataria	13	Specialist	2 in 10 miles	13	100.0	0	0.0	0		3.0	3.0
	Caldwell	12	Specialist	2 in 10 miles	12	100.0	0	0.0	51		0.5	0.5
	Chalmette	9	Specialist	2 in 10 miles	9	100.0	0	0.0	47		0.4	0.4
LA	Hammond	8	Specialist	2 in 10 miles	8	100.0	0	0.0	245		1.3	1.3
	Grand Isle	7	Specialist	2 in 10 miles	0	0.0	7	100.0	0		29.9	31.0
	Ponchatoula	7	Specialist	2 in 10 miles	7	100.0	0	0.0	30		2.6	2.6
	Abita Springs	6	Specialist	2 in 10 miles	6	100.0	0	0.0	0		2.9	3.2
	Hahnville	6	Specialist	2 in 10 miles	6	100.0	0	0.0	0		2.8	3.2
NJ	Boonton	5	Specialist	2 in 10 miles	5	100.0	0	0.0	5		0.9	1.0
	Cedar Grove	5	Specialist	2 in 10 miles	5	100.0	0	0.0	14		0.2	0.4
LA	Port Sulphur	4	Specialist	2 in 10 miles	3	75.0	1	25.0	3		6.1	6.1
NJ	Clifton	4	Specialist	2 in 10 miles	4	100.0	0	0.0	317		0.3	0.3
LA	Meraux	3	Specialist	2 in 10 miles	3	100.0	0	0.0	0		2.8	2.8
	Norco	3	Specialist	2 in 10 miles	3	100.0	0	0.0	1		1.6	4.6
	Pearl River	3	Specialist	2 in 10 miles	3	100.0	0	0.0	4		4.9	5.0
	Reserve	3	Specialist	2 in 10 miles	3	100.0	0	0.0	2		1.4	1.4
	Tickfaw	3	Specialist	2 in 10 miles	3	100.0	0	0.0	0		4.5	4.6
	Violet	3	Specialist	2 in 10 miles	3	100.0	0	0.0	0		6.2	6.3

## Access Detail By Zip Code

April 26, 2022

Access Analysis

Standard

Employee / Provider Groups

All Employees

Specialist

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Abita Springs	70420	6	Specialist	2 in 10 miles	0	6	100.0	2.9	3.2
	Ama	70031	2	Specialist	2 in 10 miles	0	2	100.0	4.3	4.3
	Arabi	70032	1	Specialist	2 in 10 miles	0	1	100.0	0.8	0.8
	Barataria	70036	13	Specialist	2 in 10 miles	0	13	100.0	3.0	3.0
	Baton Rouge	70816	2	Specialist	2 in 10 miles	175	2	100.0	0.8	0.8
	Belle Chasse	70037	26	Specialist	2 in 10 miles	2	26	100.0	3.0	3.4
	Boutte	70039	1	Specialist	2 in 10 miles	27	1	100.0	0.8	0.8
	Chalmette	70043	9	Specialist	2 in 10 miles	47	9	100.0	0.4	0.4
	Covington	70433	12	Specialist	2 in 10 miles	417	12	100.0	0.6	0.7
		70435	14	Specialist	2 in 10 miles	0	13	92.9	5.6	5.9
	Darrow	70725	1	Specialist	2 in 10 miles	0	1	100.0	3.6	4.4
	Destrehan	70047	20	Specialist	2 in 10 miles	10	20	100.0	1.0	1.0
	Donaldsonville	70346	2	Specialist	2 in 10 miles	48	2	100.0	0.5	0.6
	Gray	70359	1	Specialist	2 in 10 miles	28	1	100.0	0.7	0.7
	Gretna	70053	121	Specialist	2 in 10 miles	15	121	100.0	0.4	0.6
		70054	2	Specialist	2 in 10 miles	0	2	100.0	0.1	0.2
		70056	173	Specialist	2 in 10 miles	136	173	100.0	0.4	0.5
	Hahnville	70057	6	Specialist	2 in 10 miles	0	6	100.0	2.8	3.2
	Hammond	70401	2	Specialist	2 in 10 miles	12	2	100.0	1.1	1.1
		70403	6	Specialist	2 in 10 miles	233	6	100.0	1.3	1.4
	Harvey	70058	255	Specialist	2 in 10 miles	23	255	100.0	0.9	1.0
		70059	3	Specialist	2 in 10 miles	0	3	100.0	0.2	0.2
	Holden	70744	1	Specialist	2 in 10 miles	0	1	100.0	5.7	5.7
	Houma	70364	1	Specialist	2 in 10 miles	6	1	100.0	2.8	2.8
	Husser	70442	1	Specialist	2 in 10 miles	0	1	100.0	7.2	7.2
	Independence	70443	1	Specialist	2 in 10 miles	62	1	100.0	3.4	3.6
	Kenner	70062	72	Specialist	2 in 10 miles	11	72	100.0	0.8	1.1
		70065	162	Specialist	2 in 10 miles	144	162	100.0	0.5	0.7
	LA Place	70068	48	Specialist	2 in 10 miles	100	48	100.0	0.8	0.9
	Lafitte	70067	30	Specialist	2 in 10 miles	6	30	100.0	3.1	3.1
	Livingston	70754	1	Specialist	2 in 10 miles	52	1	100.0	2.4	2.4
	Loranger	70446	1	Specialist	2 in 10 miles	42	1	100.0	2.6	2.6
	Luling	70070	19	Specialist	2 in 10 miles	50	19	100.0	0.6	0.7
	Madisonville	70447	20	Specialist	2 in 10 miles	1	20	100.0	2.0	2.7
	Mandeville	70448	15	Specialist	2 in 10 miles	25	15	100.0	0.9	0.9
		70471	12	Specialist	2 in 10 miles	76	12	100.0	0.6	0.8
	Marrero	70072	584	Specialist	2 in 10 miles	223	584	100.0	1.1	1.2
	Meraux	70075	3	Specialist	2 in 10 miles	0	3	100.0	2.8	2.8
	Metairie	70001	196	Specialist	2 in 10 miles	197	196	100.0	0.4	0.4
		70002	56	Specialist	2 in 10 miles	128	56	100.0	0.2	0.3

## Access Detail By Zip Code

April 26, 2022

Access Analysis  
StandardEmployee / Provider Groups  
All Employees  
Specialist

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Metairie	70003	189	Specialist	2 in 10 miles	7	189	100.0	0.8	0.9
		70005	111	Specialist	2 in 10 miles	57	111	100.0	0.5	0.6
		70006	59	Specialist	2 in 10 miles	409	59	100.0	0.3	0.3
	New Orleans	70011	1	Specialist	2 in 10 miles	0	1	100.0	0.1	0.1
		70113	3	Specialist	2 in 10 miles	13	3	100.0	0.1	0.3
		70114	29	Specialist	2 in 10 miles	83	29	100.0	0.4	0.6
		70115	17	Specialist	2 in 10 miles	367	17	100.0	0.2	0.3
		70116	3	Specialist	2 in 10 miles	1	3	100.0	0.4	0.6
		70117	7	Specialist	2 in 10 miles	44	7	100.0	0.5	0.5
		70118	22	Specialist	2 in 10 miles	166	22	100.0	0.5	0.6
		70119	34	Specialist	2 in 10 miles	59	34	100.0	0.3	0.4
		70121	81	Specialist	2 in 10 miles	214	81	100.0	0.4	0.6
		70122	32	Specialist	2 in 10 miles	55	32	100.0	0.7	0.9
		70123	150	Specialist	2 in 10 miles	16	150	100.0	0.7	0.8
		70124	34	Specialist	2 in 10 miles	30	34	100.0	0.6	0.7
		70125	16	Specialist	2 in 10 miles	13	16	100.0	0.4	0.4
		70126	15	Specialist	2 in 10 miles	15	15	100.0	0.8	0.9
		70127	15	Specialist	2 in 10 miles	142	15	100.0	0.5	0.7
		70128	8	Specialist	2 in 10 miles	1	8	100.0	1.6	1.8
		70129	4	Specialist	2 in 10 miles	4	3	75.0	1.2	1.3
		70130	6	Specialist	2 in 10 miles	136	6	100.0	0.2	0.3
		70131	39	Specialist	2 in 10 miles	9	39	100.0	1.0	1.4
		70181	1	Specialist	2 in 10 miles	0	1	100.0	0.1	0.1
		70183	1	Specialist	2 in 10 miles	0	1	100.0	0.1	0.1
	Norco	70079	3	Specialist	2 in 10 miles	1	3	100.0	1.6	4.6
	Paradis	70080	2	Specialist	2 in 10 miles	0	2	100.0	3.1	3.1
	Pearl River	70452	3	Specialist	2 in 10 miles	4	3	100.0	4.9	5.0
	Ponchatoula	70454	7	Specialist	2 in 10 miles	30	7	100.0	2.6	2.6
	Port Sulphur	70083	4	Specialist	2 in 10 miles	3	3	75.0	3.0	3.0
	Raceland	70394	1	Specialist	2 in 10 miles	55	1	100.0	0.9	1.3
	Reserve	70084	3	Specialist	2 in 10 miles	2	3	100.0	1.4	1.4
	Saint Amant	70774	1	Specialist	2 in 10 miles	0	1	100.0	4.7	4.7
	Saint Martinville	70582	1	Specialist	2 in 10 miles	18	1	100.0	1.0	1.0
	Saint Rose	70087	24	Specialist	2 in 10 miles	0	24	100.0	3.6	3.8
	Slidell	70458	8	Specialist	2 in 10 miles	265	8	100.0	0.4	0.4
		70460	4	Specialist	2 in 10 miles	2	4	100.0	1.0	1.5
		70461	9	Specialist	2 in 10 miles	128	9	100.0	1.1	1.1
	Thibodaux	70301	2	Specialist	2 in 10 miles	166	2	100.0	0.3	0.4
	Tickfaw	70466	3	Specialist	2 in 10 miles	0	3	100.0	4.5	4.6
	Violet	70092	3	Specialist	2 in 10 miles	0	3	100.0	6.2	6.3

April 26, 2022

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Access Analysis  
Standard

Employee / Provider Groups  
All Employees  
Specialist

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April 26, 2022

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Access Analysis  
Standard

Employee / Provider Groups  
All Employees  
Specialist

[illegible]

## Access Summary By City

April 26, 2022

Access Analysis  
StandardEmployee Group  
All EmployeesProvider Group  
Hospital

<sup>1</sup> Provider counts represent:  
 #: Provider access points  
 P: Unique providers  
 L: Unique provider locations

Employees With and Without Access												
Employee		Provider		With Access		Without Access		Counts¹			Average Distance	
Group	#	Group	Standard	#	%	#	%	#	P	L	1	2
All Employees	3,154	Hospital	2 in 10 miles	2,951	93.6	203	6.4	5,214	4,599	5,020	3.2	5.1

Key Geographic Areas												
State Abbr	City	Employee	Provider		With Access		Without Access		Counts¹	Average Distance		
		#	Group	Standard	#	%	#	%	#	1	2	
LA	Metairie	612	Hospital	2 in 10 miles	612	100.0	0	0.0	1	2.5	4.3	
	Marrero	584	Hospital	2 in 10 miles	575	98.5	9	1.5	1	2.5	4.0	
	New Orleans	517	Hospital	2 in 10 miles	515	99.6	2	0.4	7	3.0	4.4	
	Gretna	296	Hospital	2 in 10 miles	296	100.0	0	0.0	1	1.9	4.1	
	Harvey	258	Hospital	2 in 10 miles	258	100.0	0	0.0	0	2.6	3.8	
	Westwego	254	Hospital	2 in 10 miles	254	100.0	0	0.0	0	3.5	4.7	
	Kenner	234	Hospital	2 in 10 miles	234	100.0	0	0.0	1	2.4	5.1	
	LA Place	48	Hospital	2 in 10 miles	0	0.0	48	100.0	0	13.6	15.5	
	Lafitte	30	Hospital	2 in 10 miles	0	0.0	30	100.0	0	13.0	14.5	
	Mandeville	27	Hospital	2 in 10 miles	27	100.0	0	0.0	0	3.6	3.7	
	Belle Chasse	26	Hospital	2 in 10 miles	18	69.2	8	30.8	0	5.4	9.0	
	Covington	26	Hospital	2 in 10 miles	16	61.5	10	38.5	3	5.5	8.8	
	Saint Rose	24	Hospital	2 in 10 miles	24	100.0	0	0.0	0	5.2	7.3	
	Slidell	21	Hospital	2 in 10 miles	21	100.0	0	0.0	2	2.3	3.5	
	Destrehan	20	Hospital	2 in 10 miles	13	65.0	7	35.0	0	3.3	9.9	
	Madisonville	20	Hospital	2 in 10 miles	17	85.0	3	15.0	0	6.2	7.8	
	Luling	19	Hospital	2 in 10 miles	0	0.0	19	100.0	1	1.6	12.4	
	Barataria	13	Hospital	2 in 10 miles	0	0.0	13	100.0	0	13.5	15.2	
	NJ	Caldwell	12	Hospital	2 in 10 miles	12	100.0	0	0.0	0	6.4	7.1
	LA	Chalmette	9	Hospital	2 in 10 miles	9	100.0	0	0.0	1	2.6	6.7
Hammond		8	Hospital	2 in 10 miles	3	37.5	5	62.5	1	3.7	10.3	
	Grand Isle	7	Hospital	2 in 10 miles	0	0.0	7	100.0	0	31.5	46.2	
	Ponchatoula	7	Hospital	2 in 10 miles	0	0.0	7	100.0	0	5.3	14.6	
	Abita Springs	6	Hospital	2 in 10 miles	5	83.3	1	16.7	0	5.6	7.1	
	Hahnville	6	Hospital	2 in 10 miles	0	0.0	6	100.0	0	6.3	12.4	
NJ	Boonton	5	Hospital	2 in 10 miles	5	100.0	0	0.0	0	4.1	4.1	
	Cedar Grove	5	Hospital	2 in 10 miles	5	100.0	0	0.0	0	4.1	6.4	
LA	Port Sulphur	4	Hospital	2 in 10 miles	0	0.0	4	100.0	0	32.2	34.1	
NJ	Clifton	4	Hospital	2 in 10 miles	4	100.0	0	0.0	0	3.4	5.0	
LA	Meraux	3	Hospital	2 in 10 miles	3	100.0	0	0.0	0	5.9	9.3	
	Norco	3	Hospital	2 in 10 miles	3	100.0	0	0.0	0	7.9	8.9	
	Pearl River	3	Hospital	2 in 10 miles	2	66.7	1	33.3	0	8.4	9.7	
	Reserve	3	Hospital	2 in 10 miles	0	0.0	3	100.0	0	9.8	18.9	
	Tickfaw	3	Hospital	2 in 10 miles	3	100.0	0	0.0	0	5.3	8.8	
	Violet	3	Hospital	2 in 10 miles	2	66.7	1	33.3	0	8.4	9.8	

## Access Detail By Zip Code

April 26, 2022

Access Analysis  
StandardEmployee / Provider Groups  
All Employees  
Hospital

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Abita Springs	70420	6	Hospital	2 in 10 miles	0	5	83.3	5.0	6.3
	Ama	70031	2	Hospital	2 in 10 miles	0	2	100.0	5.9	6.7
	Arabi	70032	1	Hospital	2 in 10 miles	0	1	100.0	0.8	5.0
	Baton Rouge	70816	2	Hospital	2 in 10 miles	1	2	100.0	2.1	6.4
	Belle Chasse	70037	26	Hospital	2 in 10 miles	0	18	69.2	4.3	7.7
	Chalmette	70043	9	Hospital	2 in 10 miles	1	9	100.0	2.6	6.7
	Covington	70433	12	Hospital	2 in 10 miles	3	12	100.0	2.2	5.7
		70435	14	Hospital	2 in 10 miles	0	4	28.6	5.2	8.0
	Darrow	70725	1	Hospital	2 in 10 miles	0	1	100.0	6.1	6.4
	Destrehan	70047	20	Hospital	2 in 10 miles	0	13	65.0	3.5	9.3
	Gray	70359	1	Hospital	2 in 10 miles	0	1	100.0	7.0	8.4
	Gretna	70053	121	Hospital	2 in 10 miles	0	121	100.0	2.7	3.4
		70054	2	Hospital	2 in 10 miles	0	2	100.0	2.1	3.6
		70056	173	Hospital	2 in 10 miles	1	173	100.0	1.4	4.6
	Hammond	70401	2	Hospital	2 in 10 miles	0	2	100.0	4.4	8.4
		70403	6	Hospital	2 in 10 miles	1	1	16.7	4.3	9.5
	Harvey	70058	255	Hospital	2 in 10 miles	0	255	100.0	2.6	3.8
		70059	3	Hospital	2 in 10 miles	0	3	100.0	2.3	4.3
	Houma	70364	1	Hospital	2 in 10 miles	0	1	100.0	3.1	5.2
	Independence	70443	1	Hospital	2 in 10 miles	1	1	100.0	3.6	10.0
	Kenner	70062	72	Hospital	2 in 10 miles	0	72	100.0	3.4	5.5
		70065	162	Hospital	2 in 10 miles	1	162	100.0	2.0	4.9
	Madisonville	70447	20	Hospital	2 in 10 miles	0	17	85.0	5.9	7.0
	Mandeville	70448	15	Hospital	2 in 10 miles	0	15	100.0	4.3	4.3
		70471	12	Hospital	2 in 10 miles	0	12	100.0	2.7	2.8
	Marrero	70072	584	Hospital	2 in 10 miles	1	575	98.5	2.4	3.9
	Meraux	70075	3	Hospital	2 in 10 miles	0	3	100.0	5.9	9.3
	Metairie	70001	196	Hospital	2 in 10 miles	0	196	100.0	2.1	3.8
		70002	56	Hospital	2 in 10 miles	0	56	100.0	1.6	4.2
		70003	189	Hospital	2 in 10 miles	0	189	100.0	3.3	4.8
		70005	111	Hospital	2 in 10 miles	0	111	100.0	3.0	4.2
		70006	59	Hospital	2 in 10 miles	1	59	100.0	1.0	5.1
		70011	1	Hospital	2 in 10 miles	0	1	100.0	1.7	4.0
	New Orleans	70113	3	Hospital	2 in 10 miles	0	3	100.0	1.2	1.3
		70114	29	Hospital	2 in 10 miles	0	29	100.0	2.9	3.7
		70115	17	Hospital	2 in 10 miles	2	17	100.0	0.8	1.5
		70116	3	Hospital	2 in 10 miles	0	3	100.0	1.1	1.2
		70117	7	Hospital	2 in 10 miles	0	7	100.0	3.0	3.4
		70118	22	Hospital	2 in 10 miles	1	22	100.0	1.8	2.4
		70119	34	Hospital	2 in 10 miles	0	34	100.0	1.7	2.2



## Access Detail By Zip Code

April 26, 2022

Access Analysis

Standard

Employee / Provider Groups

All Employees

Hospital

Employees With Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	With Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	New Orleans	70121	81	Hospital	2 in 10 miles	1	81	100.0	1.3	4.3
		70122	32	Hospital	2 in 10 miles	0	32	100.0	4.0	4.2
		70123	150	Hospital	2 in 10 miles	0	150	100.0	4.4	5.4
		70124	34	Hospital	2 in 10 miles	0	34	100.0	4.3	4.9
		70125	16	Hospital	2 in 10 miles	0	16	100.0	1.2	2.0
		70126	15	Hospital	2 in 10 miles	0	15	100.0	3.8	5.8
		70127	15	Hospital	2 in 10 miles	1	15	100.0	1.4	5.8
		70128	8	Hospital	2 in 10 miles	0	8	100.0	2.0	7.8
		70129	4	Hospital	2 in 10 miles	0	2	50.0	3.7	9.5
		70130	6	Hospital	2 in 10 miles	0	6	100.0	1.2	1.8
		70131	39	Hospital	2 in 10 miles	0	39	100.0	3.3	4.6
		70181	1	Hospital	2 in 10 miles	0	1	100.0	3.3	4.4
		70183	1	Hospital	2 in 10 miles	0	1	100.0	3.3	4.4
	Norco	70079	3	Hospital	2 in 10 miles	0	3	100.0	7.9	8.9
	Pearl River	70452	3	Hospital	2 in 10 miles	0	2	66.7	7.7	8.3
	Saint Rose	70087	24	Hospital	2 in 10 miles	0	24	100.0	5.2	7.3
	Slidell	70458	8	Hospital	2 in 10 miles	1	8	100.0	1.4	2.6
		70460	4	Hospital	2 in 10 miles	0	4	100.0	4.1	5.6
		70461	9	Hospital	2 in 10 miles	1	9	100.0	2.3	3.4
	Tickfaw	70466	3	Hospital	2 in 10 miles	0	3	100.0	5.3	8.8
	Violet	70092	3	Hospital	2 in 10 miles	0	2	66.7	8.5	9.2
	Westwego	70094	251	Hospital	2 in 10 miles	0	251	100.0	3.6	4.7
		70096	3	Hospital	2 in 10 miles	0	3	100.0	2.0	2.9
MS	Carriere	39426	2	Hospital	2 in 10 miles	0	2	100.0	6.3	9.0
	Pass Christian	39571	1	Hospital	2 in 10 miles	0	1	100.0	8.6	9.1
NJ	Bloomfield	07003	1	Hospital	2 in 10 miles	0	1	100.0	1.4	2.0
	Boonton	07005	5	Hospital	2 in 10 miles	0	5	100.0	4.1	4.1
	Caldwell	07006	6	Hospital	2 in 10 miles	0	6	100.0	6.3	6.7
		07007	6	Hospital	2 in 10 miles	0	6	100.0	6.4	7.4
	Cedar Grove	07009	5	Hospital	2 in 10 miles	0	5	100.0	4.1	6.4
	Clifton	07012	3	Hospital	2 in 10 miles	0	3	100.0	3.7	4.7
		07013	1	Hospital	2 in 10 miles	0	1	100.0	2.4	5.9
	Lincoln Park	07035	2	Hospital	2 in 10 miles	0	2	100.0	2.7	6.4
Grand Totals			2,998	Hospital	2 in 10 miles	18	2,951	98.4	2.7	4.4

## Access Detail By Zip Code

April 26, 2022

Access Analysis  
StandardEmployee / Provider Groups  
All Employees  
Hospital

Employees Without Access										
State Abbr	City	Zip Code	Employee	Provider		Counts	Without Access		Average Distance	
			#	Group	Standard	#	#	%	1	2
LA	Abita Springs	70420	6	Hospital	2 in 10 miles	0	1	16.7	8.8	10.8
	Barataria	70036	13	Hospital	2 in 10 miles	0	13	100.0	13.5	15.2
	Belle Chasse	70037	26	Hospital	2 in 10 miles	0	8	30.8	7.8	11.9
	Boutte	70039	1	Hospital	2 in 10 miles	0	1	100.0	2.9	15.2
	Braithwaite	70040	1	Hospital	2 in 10 miles	0	1	100.0	20.0	22.6
	Covington	70435	14	Hospital	2 in 10 miles	0	10	71.4	9.6	12.9
	Destrehan	70047	20	Hospital	2 in 10 miles	0	7	35.0	2.8	10.8
	Donaldsonville	70346	2	Hospital	2 in 10 miles	1	2	100.0	1.2	11.2
	Folsom	70437	1	Hospital	2 in 10 miles	0	1	100.0	13.2	16.4
	Grand Isle	70358	7	Hospital	2 in 10 miles	0	7	100.0	31.5	46.2
	Hahnville	70057	6	Hospital	2 in 10 miles	0	6	100.0	6.3	12.4
	Hammond	70403	6	Hospital	2 in 10 miles	1	5	83.3	3.3	11.2
	Holden	70744	1	Hospital	2 in 10 miles	0	1	100.0	14.9	16.8
	Husser	70442	1	Hospital	2 in 10 miles	0	1	100.0	11.9	13.6
	LA Place	70068	48	Hospital	2 in 10 miles	0	48	100.0	13.6	15.5
	Lafitte	70067	30	Hospital	2 in 10 miles	0	30	100.0	13.0	14.5
	Livingston	70754	1	Hospital	2 in 10 miles	0	1	100.0	16.1	18.4
	Loranger	70446	1	Hospital	2 in 10 miles	0	1	100.0	7.6	15.0
	Luling	70070	19	Hospital	2 in 10 miles	1	19	100.0	1.6	12.4
	Madisonville	70447	20	Hospital	2 in 10 miles	0	3	15.0	7.4	11.9
	Marrero	70072	584	Hospital	2 in 10 miles	1	9	1.5	8.5	10.8
	New Orleans	70129	4	Hospital	2 in 10 miles	0	2	50.0	9.6	13.0
	Paradis	70080	2	Hospital	2 in 10 miles	0	2	100.0	7.3	18.4
	Pearl River	70452	3	Hospital	2 in 10 miles	0	1	33.3	10.0	12.6
	Ponchatoula	70454	7	Hospital	2 in 10 miles	0	7	100.0	5.3	14.6
	Port Sulphur	70083	4	Hospital	2 in 10 miles	0	4	100.0	32.2	34.1
	Raceland	70394	1	Hospital	2 in 10 miles	1	1	100.0	1.9	15.2
	Reserve	70084	3	Hospital	2 in 10 miles	0	3	100.0	9.8	18.9
	Saint Amant	70774	1	Hospital	2 in 10 miles	0	1	100.0	7.4	10.6
	Saint Martinville	70582	1	Hospital	2 in 10 miles	0	1	100.0	10.4	10.4
	Thibodaux	70301	2	Hospital	2 in 10 miles	1	2	100.0	1.3	15.9
	Violet	70092	3	Hospital	2 in 10 miles	0	1	33.3	8.2	10.9
MS	Bay Saint Louis	39520	2	Hospital	2 in 10 miles	1	2	100.0	1.8	18.3
	Magnolia	39652	1	Hospital	2 in 10 miles	1	1	100.0	4.1	11.6
Grand Totals			842	Hospital	2 in 10 miles	8	203	24.1	10.7	15.5



# Your 2022 Prescription Drug List

## Advantage 3-Tier

Effective January 1, 2022



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers, Level2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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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.

## What are tiers?

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

## When does the PDL change?

PDL changes typically occur 2-3 times 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 be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> 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<sup>2</sup>). 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 doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets to evaluate overall health care value. They also set coverage and tier status for all medications.

## 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.

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 equal 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 equal is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

## 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 health plan ID card to talk with a pharmacist about finding lower-cost options.

## 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.

# Reading your PDL

The PDL gives you choices so you and your doctor can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE and generic medications in lowercase.

## 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.

In the chart below, overall value indicates medications' effectiveness and safety, cost, and the availability of alternative medications to treat the same or similar medical condition(s).

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	<b>\$ Lower-cost</b> 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.
<b>Tier 2</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## 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 sets how these medications may be covered for you.

<b>E</b>	<b>May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York. (Referred to as First Start in New Jersey)</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> <sup>3</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> <sup>4</sup> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —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.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

3. Depending on your benefit, you may have notification or medical necessity requirements for select medications.

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford plans.





# Reading your PDL (continued)

## Coverage details

Some drug classes in this PDL have additional/important coverage details. Review this list to see if drug classes that apply to you are noted.

- **Diabetes: blood glucose monitoring; insulin; non-insulin**

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.

- **Diabetes: continuous glucose monitors, sensors**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

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

- **Infertility**

Coverage is set 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 or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Plan.

- **Medications for sexual dysfunction**

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

## Questions

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



Call the 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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	3	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, ST, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	QL
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	E	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
DUROLANE	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	

Drug Name	Drug Tier	Requirements & Limits
etodolac	1	
etodolac er	1	
EUFLEXXA	E	
GELSYN-3	E	
ibuprofen	1	
ibuprofen oral suspension	E	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST, QL
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral capsule	E	QL
meloxicam oral tablet	1	
MOBIC	E	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	E	PA
NAPROSYN ORAL TABLET	E	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	E	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST, QL
TIVORBEX	E	
VIVLODEX	E	QL
ZIPSOR	E	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
levofloxacin oral	1	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	

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Drug Name	Drug Tier	Requirements & Limits
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
DIASTAT ACUDIAL	3	QL

Drug Name	Drug Tier	Requirements & Limits
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA, ST
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral kit	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	ST
QUDEXY XR	E	ST
roweepra	1	
SPRITAM	E	ST

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Drug Name	Drug Tier	Requirements & Limits
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST
TOPAMAX SPRINKLE	3	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	

Drug Name	Drug Tier	Requirements & Limits
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
REMERON SOLTAB	E	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	

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Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

#### Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	E	
TRANSDERM-SCOP (1.5 MG)	E	
ZOFRAN	E	
ZUPLENZ	E	QL

#### Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	ST
fluconazole oral	1	

Drug Name	Drug Tier	Requirements & Limits
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

#### Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	

#### Antimigraine Agents - Drugs for Migraines

AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AMERGE	E	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL

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Drug Name	Drug Tier	Requirements & Limits
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL	E	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	ST, QL
ZOMIG NASAL SOLUTION 5 MG	3	ST, QL
ZOMIG ORAL	E	QL
ZOMIG ZMT	E	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PURIXAN	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
UKONIQ	3	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
ZEJULA	2	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
APOKYN	3	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
KYNMOBI TITRATION KIT	3	PA, SP
MIRAPEX	3	
MIRAPEX ER	E	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	3	ST, QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	E	ST, QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL

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Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	

Drug Name	Drug Tier	Requirements & Limits
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARDURA	3		HEMANGEOL	E	
CAROSPIR	3	PA	hydralazine hcl oral	1	
cartia xt	2		hydrochlorothiazide oral	1	
carvedilol	1		HYZAAR	E	
chlorthalidone	1		icosapent ethyl	E	PA
clonidine hcl oral	1		INDERAL LA	E	
colesevelam hcl	E		irbesartan	1	
COREG	E		irbesartan-hydrochlorothiazide	1	
CORGARD	3		isosorbide mononitrate	1	
CORLANOR	3	PA, QL	isosorbide mononitrate er	1	
COZAAR	E		KAPSPARGO SPRINKLE	3	
CRESTOR	E	QL	labetalol hcl oral	1	
diltiazem hcl er	1		LASIX	3	
diltiazem hcl er coated beads	2		LIPITOR	E	QL
diltiazem hcl oral	1		LIPOFEN	E	
dilt-xr	1		lisinopril oral	1	
DIOVAN	E		lisinopril-hydrochlorothiazide	1	
DIOVAN HCT	E		LOPID	3	
doxazosin mesylate oral	1		LOPRESSOR	3	
EDARBI	3		losartan potassium oral	1	
EDARBYCLOR	3		losartan potassium-hctz	1	
enalapril maleate oral	1		LOTENSIN	3	
EPANED	3	PA	LOTENSIN HCT	3	
EXFORGE	E		LOTREL	E	
EZALLOR SPRINKLE	3	PA	lovastatin oral	1	H
ezetimibe	2		matzim la	2	
ezetimibe-simvastatin	3		MAXZIDE	3	
fenofibrate oral capsule 150 mg, 50 mg	E		MAXZIDE-25	3	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
FENOGLIDE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
flecainide acetate	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
FLOLIPID	3	PA	MICARDIS	E	
furosemide oral	1		MINIPRESS	3	
gemfibrozil oral	1		minitran	1	
GONITRO	E	QL			
guanfacine hcl	1				

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Drug Name	Drug Tier	Requirements & Limits
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	2	
niacor	E	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	3	QL
NITROSTAT	3	
NITRO-TIME	3	
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	E	PA, QL
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	

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Drug Name	Drug Tier	Requirements & Limits
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	3	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
PROCENTRA	3	
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
relexxii	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, ST, QL, SP
REBIF REBIDOSE	E	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, ST, QL, SP
REBIF TITRATION PACK	E	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
acutane	2	
ACZONE EXTERNAL GEL 5 %	3	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	3	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcipotriene-betameth diprop external suspension	E	QL

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Drug Name	Drug Tier	Requirements & Limits
calcitriol external	1	QL
CAPEX	2	
CARAC	E	
claravis	2	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DAPSONE EXTERNAL GEL 7.5 %	E	QL

Drug Name	Drug Tier	Requirements & Limits
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
DESONATE	3	ST, QL
desonide external cream	3	QL
desonide external gel	3	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	QL

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Drug Name	Drug Tier	Requirements & Limits
IMIQUIMOD PUMP	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ivermectin external cream	E	QL
KENALOG EXTERNAL	E	QL
KLISYRI	E	ST, QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA	3	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external cream	3	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
TRIANEX	E	
triderm external cream 0.1 %	1	

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Drug Name	Drug Tier	Requirements & Limits
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
accu-chek guide kit w/device	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTXLIX LANCETS	1	
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
INSULIN SYRINGE AND PEN NEEDLES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST	2	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT	1	
ONETOUCH VERIO TEST STRIPS	1	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL

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Drug Name	Drug Tier	Requirements & Limits
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE	E	QL

Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Eli Lilly), QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Fresenius), QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE PFS	2	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL

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Drug Name	Drug Tier	Requirements & Limits
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOATE	2	SP

Drug Name	Drug Tier	Requirements & Limits
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
ZARXIO	2	
ZIEXTENZO	3	SP
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crystals oral tablet extended release 10 meq, 20 meq	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	3	QL
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL

Drug Name	Drug Tier	Requirements & Limits
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	E	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	

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Drug Name	Drug Tier	Requirements & Limits
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMAX DUOTAB	3	
SYMAX-SL	3	
SYMAX-SR	3	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
ursodiol oral	1	
VIBERZI	3	PA, QL
XIFAXAN	3	PA, QL
ZELNORM	3	PA, ST, QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
clovique	3	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN	2	PA, SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600- 8800 UNIT, 4200-14200 UNIT	3	ST
penicillamine oral capsule	3	SP
penicillamine oral tablet	2	SP

Drug Name	Drug Tier	Requirements & Limits
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE ORAL TABLET 20880- 78300 UNIT	3	ST
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
AURYXIA	3	
DITROPAN XL	E	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H

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Drug Name	Drug Tier	Requirements & Limits
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
charlotte 24 fe	E	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL

Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Vivelle-Dot), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	

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Drug Name	Drug Tier	Requirements & Limits
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gemmily	E	
hailey 1.5/30	2	
hailey 24 fe	3	
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutura	1	H
lyleq	1	H
lyllana	E	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
merzee	E	
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	3	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	

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Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
MIRCETTE	E	
mono-lynh	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215 /0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	3	
orsythia	1	H
philith	2	
pimtrea	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone oral	2	

Drug Name	Drug Tier	Requirements & Limits
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-lynh	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	E	
VAGIFEM	E	
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL

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Drug Name	Drug Tier	Requirements & Limits
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zarah	3	
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
ALKINDI SPRINKLE	E	PA
CORTEF	3	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINISQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCURNA	3	PA, QL
NORDITROPIN FLEXPON	E	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	E	PA, QL, SP
ORIAHNN	3	PA, QL
ORILISSA	3	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	

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Drug Name	Drug Tier	Requirements & Limits
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	
THYQUIDITY	E	PA
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
BERINERT	3	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	2	PA, QL, SP
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
MYFORTIC	E	

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Drug Name	Drug Tier	Requirements & Limits
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
<b>Infertility Agents</b>		
chorionic gonadotropin intramuscular	3	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP

Drug Name	Drug Tier	Requirements & Limits
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	

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Drug Name	Drug Tier	Requirements & Limits
UCERIS ORAL	3	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA	E	
calcitriol oral	1	
FOSAMAX	3	
ibandronate sodium oral	2	
RAYALDEE	E	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	E	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL

Drug Name	Drug Tier	Requirements & Limits
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	3	QL
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	3	QL
BETIMOL	2	QL
bimatoprost external	E	QL
bimatoprost ophthalmic	E	QL

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Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
timolol maleate pf	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	QL
travoprost (bak free)	E	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CEQUA	E	PA, QL
FLAREX	2	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cypheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polst er susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(VENTOLIN HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL

Drug Name	Drug Tier	Requirements & Limits
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	3	
methocarbamol oral	1	

Drug Name	Drug Tier	Requirements & Limits
OZOBAX	3	PA
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	3	

#### Sleep Disorder Agents

AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	3	ST, QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).





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diclofenac sodium external gel 1 % . .	9	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	10	eluryng . . . . .	28
diclofenac sodium external solution .	9	doxycycline monohydrate oral capsule 150 mg, 75 mg. . . . .	10	EMGALITY . . . . .	13
diclofenac sodium oral . . . . .	9	doxycycline monohydrate oral suspension reconstituted . . . . .	10	EMGALITY (300 MG DOSE). . . . .	13
dicyclomine hcl oral . . . . .	26	doxycycline monohydrate oral tablet. . . . .	10	emoquette . . . . .	28
DIFICID . . . . .	10	doxylamine-pyridoxine . . . . .	13	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg. . . . .	15
DIFLUCAN . . . . .	13	DRISDOL . . . . .	25	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	15
DILAUDID ORAL . . . . .	8	DRIZALMA SPRINKLE . . . . .	12	enalapril maleate oral . . . . .	17
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DIOVAN . . . . .	17	duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	12	ENBREL SURECLICK. . . . .	32
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DITROPAN XL . . . . .	27	DURAGESIC-50. . . . .	8	ENSTILAR . . . . .	21
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divalproex sodium oral tablet delayed release . . . . .	11	DXEVO 11-DAY. . . . .	31	ENVARUS XR . . . . .	32
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donepezil hcl oral tablet 10 mg, 5 mg . . . . .	12			EPCLUSA ORAL TABLET 200-50 MG . . . . .	15
donepezil hcl oral tablet 23 mg . . .	12			EPCLUSA ORAL TABLET 400-100 MG . . . . .	15
donepezil hcl oral tablet dispersible . . . . .	12			epinephrine injection solution auto- injector 0.15 mg/0.15ml. . . . .	35
DORYX . . . . .	10			epinephrine solution auto-injector 0.15 mg/0.3ml injection. . . . .	35
DORYX MPC . . . . .	10			epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	35
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doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	10			escitalopram oxalate oral solution. .	12
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estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	28
estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	28
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fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr . . . . .	8
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hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8
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lidocaine-prilocaine external cream . . . . .	8	LUMIGAN . . . . .	35	metformin hcl oral solution . . . . .	25
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lo-zumandimine . . . . .	29	marlissa . . . . .	29	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	19
LODINE . . . . .	9	matzim la . . . . .	17	methylphenidate hcl er oral tablet extended release 24 hour . . . . .	19
LOESTRIN 1/20 (21) . . . . .	29	MAVENCLAD . . . . .	19	methylphenidate hcl oral solution . . . . .	19
LOESTRIN 1.5/30 (21) . . . . .	29	MAVYRET . . . . .	15	methylphenidate hcl oral tablet . . . . .	19
LOESTRIN FE 1/20 . . . . .	29	MAXALT . . . . .	13	methylphenidate hcl oral tablet chewable . . . . .	19
LOESTRIN FE 1.5/30 . . . . .	29	MAXALT-MLT . . . . .	13	methylprednisolone oral . . . . .	31
lojaimiess . . . . .	29	MAXITROL . . . . .	34	metoclopramide hcl oral solution . . . . .	13
LOKELMA . . . . .	26	MAXZIDE . . . . .	17	metoclopramide hcl oral tablet . . . . .	13
LOMOTIL . . . . .	26	MAXZIDE-25 . . . . .	17	metoclopramide hcl oral tablet dispersible . . . . .	13
LOPID . . . . .	17	MAYZENT . . . . .	19	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	17
LOPRESSOR . . . . .	17	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG . . . . .	31	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	17
LOPROX EXTERNAL SHAMPOO . . . . .	13	MEDROL ORAL TABLET 2 MG . . . . .	31	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	17
lorazepam intensol . . . . .	16	MEDROL ORAL TABLET 32 MG . . . . .	31	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	17
lorazepam oral concentrate 2 mg/ml . . . . .	16	MEDROL ORAL TABLET THERAPY PACK . . . . .	31	METROCREAM . . . . .	22
lorazepam oral tablet . . . . .	16	medroxyprogesterone acetate intramuscular suspension . . . . .	29	METROGEL . . . . .	22
LORTAB . . . . .	8	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	29	METROLOTION . . . . .	22
loryna . . . . .	29	medroxyprogesterone acetate oral . . . . .	29	metronidazole external cream . . . . .	22
losartan potassium oral . . . . .	17	meloxicam oral capsule . . . . .	9	metronidazole external gel 0.75 % . . . . .	22
losartan potassium-hctz . . . . .	17	meloxicam oral tablet . . . . .	9	metronidazole external gel 1 % . . . . .	22
LOSEASONIQUE . . . . .	29	MENOSTAR . . . . .	29	metronidazole external lotion . . . . .	22
LOTEMAX OPHTHALMIC OINTMENT . . . . .	34	mercaptapurine oral . . . . .	14	metronidazole oral . . . . .	10
LOTEMAX OPHTHALMIC SUSPENSION . . . . .	34	merzee . . . . .	29	metronidazole vaginal . . . . .	10
LOTEMAX SM . . . . .	34	mesalamine er oral capsule 0.375 gm . . . . .	33	mibelas 24 fe . . . . .	29
LOTENSIN . . . . .	17	mesalamine oral . . . . .	33		
LOTENSIN HCT . . . . .	17	mesalamine rectal enema . . . . .	33		
loteprednol etabonate ophthalmic gel . . . . .	34	mesalamine rectal suppository . . . . .	33		
loteprednol etabonate ophthalmic suspension . . . . .	34	metaxalone . . . . .	37		
LOTREL . . . . .	17	metformin hcl er . . . . .	25		
lovastatin oral . . . . .	17	metformin hcl er (mod) . . . . .	25		
LOVENOX . . . . .	11				



MICARDIS . . . . .	17	morphine sulfate rectal . . . . .	8	NAYZILAM . . . . .	11
microgestin 1/20 . . . . .	29	MOTEGRITY . . . . .	27	necon 0.5/35 (28) . . . . .	30
microgestin 1.5/30 . . . . .	29	MOVIPREP . . . . .	27	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	34
microgestin 24 fe . . . . .	29	MOXEZA . . . . .	34	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	34
microgestin fe 1/20 . . . . .	29	moxifloxacin hcl (2x day) . . . . .	34	neomycin-polymyxin-hc otic . . . . .	35
microgestin fe 1.5/30 . . . . .	29	moxifloxacin hcl ophthalmic solution . . . . .	34	NEORAL . . . . .	33
mili. . . . .	29	MS CONTIN . . . . .	8	NESINA . . . . .	25
MILLIPRED . . . . .	31	MULPLETA . . . . .	25	neuac external gel . . . . .	22
MINASTRIN 24 FE . . . . .	29	MULTAQ . . . . .	18	NEULASTA . . . . .	25
MINIPRESS . . . . .	17	multi-vitamin/fluoride . . . . .	26	NEURONTIN . . . . .	11
minitrans . . . . .	17	multivitamin/fluoride oral solution . . . . .	26	NEVANAC . . . . .	34
MINIVELLE . . . . .	28, 30	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg . . . . .	26	NEXLETOL . . . . .	18
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR . . . . .	10	mupirocin calcium . . . . .	11	NEXLIZET . . . . .	18
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg . . . . .	10	mupirocin external . . . . .	11	niacin (antihyperlipidemic) . . . . .	18
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg . . . . .	10	mycophenolate mofetil oral . . . . .	32	niacin er (antihyperlipidemic) . . . . .	18
minocycline hcl oral capsule . . . . .	10	mycophenolate sodium . . . . .	32	niacor . . . . .	18
minocycline hcl oral tablet . . . . .	10	MYDAYIS . . . . .	19	NIASPAN . . . . .	18
MINOLIRA . . . . .	10	MYFORTIC . . . . .	32	nifedipine er . . . . .	18
MIRAPEX . . . . .	14	myorisan . . . . .	22	nifedipine er osmotic release . . . . .	18
MIRAPEX ER . . . . .	14			nifedipine oral . . . . .	18
MIRCETTE . . . . .	30			nikki . . . . .	30
mirtazapine oral . . . . .	12			nitisinone . . . . .	27
MIRVASO . . . . .	22			NITRO-BID . . . . .	18
misoprostol oral . . . . .	26			NITRO-DUR . . . . .	18
MITIGARE . . . . .	13			NITRO-TIME . . . . .	18
MOBIC . . . . .	9			nitroglycerin sublingual . . . . .	18
modafinil . . . . .	37			nitroglycerin transdermal . . . . .	18
mometasone furoate external . . . . .	22			nitroglycerin translingual . . . . .	18
mondoxyne nl oral capsule 100 mg . . . . .	10			NITROLINGUAL . . . . .	18
mondoxyne nl oral capsule 75 mg . . . . .	10			NITROMIST . . . . .	18
mono-lyyah . . . . .	30			NITROSTAT . . . . .	18
montelukast sodium oral packet . . . . .	36			NITYR . . . . .	27
montelukast sodium oral tablet . . . . .	36			NOCDURNA . . . . .	31
montelukast sodium oral tablet chewable . . . . .	36			nora-be . . . . .	30
morgidox oral . . . . .	11			NORDITROPIN FLEXPOR . . . . .	31
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml . . . . .	8			norethin ace-eth estrad-fe oral capsule . . . . .	30
morphine sulfate er oral capsule extended release 24 hour . . . . .	8			norethin ace-eth estrad-fe oral tablet . . . . .	30
morphine sulfate er oral tablet extended release . . . . .	8			norethin ace-eth estrad-fe oral tablet chewable . . . . .	30
morphine sulfate oral . . . . .	8			norethindrone acet-ethinyl est . . . . .	30
				norethindrone acetate oral . . . . .	30
				norethindrone oral . . . . .	30
				norgestimate-eth estradiol . . . . .	30
				norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg . . . . .	30

## N

nabumetone oral . . . . .	9	NAYZILAM . . . . .	11
nadolol oral . . . . .	18	necon 0.5/35 (28) . . . . .	30
NAFRINSE DAILY/NEUTRAL . . . . .	20	neomycin-polymyxin-dexameth ophthalmic ointment . . . . .	34
NAFRINSE WEEKLY . . . . .	20	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	34
NALOCET . . . . .	8	neomycin-polymyxin-hc otic . . . . .	35
naloxone hcl injection . . . . .	10	NEORAL . . . . .	33
naltrexone hcl oral . . . . .	10	NESINA . . . . .	25
NAPRELAN . . . . .	9	neuac external gel . . . . .	22
NAPROSYN ORAL SUSPENSION . . . . .	9	NEULASTA . . . . .	25
NAPROSYN ORAL TABLET . . . . .	9	NEURONTIN . . . . .	11
naproxen oral suspension . . . . .	9	NEVANAC . . . . .	34
naproxen oral tablet . . . . .	9	NEXLETOL . . . . .	18
naproxen oral tablet delayed release . . . . .	9	NEXLIZET . . . . .	18
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg . . . . .	9	niacin (antihyperlipidemic) . . . . .	18
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG . . . . .	9	niacin er (antihyperlipidemic) . . . . .	18
naproxen sodium oral tablet 275 mg, 550 mg . . . . .	9	niacor . . . . .	18
naratriptan hcl . . . . .	13	NIASPAN . . . . .	18
NARCAN . . . . .	10	nifedipine er . . . . .	18
NASCOBAL . . . . .	26	nifedipine er osmotic release . . . . .	18
NATAZIA . . . . .	30	nifedipine oral . . . . .	18
NATESTO . . . . .	32	nikki . . . . .	30
NATURE-THROID . . . . .	32	nitisinone . . . . .	27



norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg. ....	30	NUEDEXTA .....	20	ONETOUCH ULTRASOFT LANCETS.....	23
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norlyroc .....	30	NUTROPIN AQ NUSPIN 20 .....	31	ONETOUCH VERIO KIT W/DEVICE	23
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nortrel 1/35 (21) .....	30	NUVARING.....	30	ONETOUCH VERIO TEST STRIPS .	23
nortrel 1/35 (28).....	30	NUWIQ .....	25	ONGLYZA.....	25
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NORVASC .....	18	nyamyc.....	13	OPSUMIT .....	37
NORVIR ORAL PACKET.....	15	nymyo .....	30	ORAPRED ODT.....	31
NORVIR ORAL SOLUTION .....	15	nystatin external .....	13	ORENCIA CLICKJECT .....	33
NORVIR ORAL TABLET .....	15	nystatin mouth/throat .....	13	ORENCIA SUBCUTANEOUS.....	33
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NOVOFINE AUTOCOVER PEN NEEDLE .....	23	ODEFSEY.....	15	orsythia.....	30
NOVOFINE PEN NEEDLE.....	23	ODOMZO .....	14	ORTIKOS .....	33
NOVOFINE PLUS PEN NEEDLE ...	23	ofloxacin ophthalmic.....	34	oscimin.....	27
NOVOLIN 70/30 FLEXPEN.....	24	ofloxacin otic .....	35	oscimin sr.....	27
NOVOLIN 70/30 FLEXPEN RELION.....	24	olanzapine oral tablet .....	15	oseltamivir phosphate oral capsule.....	15
NOVOLIN 70/30 RELION .....	24	olanzapine oral tablet dispersible ..	15	oseltamivir phosphate oral suspension reconstituted .....	15
NOVOLIN 70/30 VIAL .....	24	olmesartan medoxomil oral .....	18	OSENI.....	25
NOVOLIN N FLEXPEN .....	24	olmesartan medoxomil-hctz.....	18	OSPHENA .....	25
NOVOLIN N FLEXPEN RELION ...	24	olopatadine hcl ophthalmic solution 0.1 % .....	34	OTEZLA .....	33
NOVOLIN N RELION.....	24	olopatadine hcl ophthalmic solution 0.2 % .....	34	OTREXUP.....	33
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NOVOLIN R FLEXPEN .....	24	OLUMIANT ORAL TABLET 2 MG ..	33	OXAYDO.....	8
NOVOLIN R FLEXPEN RELION ...	24	OLUX .....	22	oxcarbazepine.....	11
NOVOLIN R RELION.....	24	OMECLAMOX-PAK .....	26	OXTELLAR XR.....	11
NOVOLIN R VIAL.....	24	omega-3-acid ethyl esters .....	18	oxybutynin chloride er .....	27
NOVOLOG FLEXPEN .....	24	omeprazole oral capsule delayed release .....	26	oxybutynin chloride oral .....	27
NOVOLOG PENFILL .....	24	OMEPRAZOLE+SYRSPEND SF ALKA.....	26	OXYCODONE HCL ER .....	8
NOVOLOG U-100 VIAL .....	24	OMNARIS.....	35	oxycodone hcl oral capsule .....	8
NOVOTWIST .....	23	OMNITROPE .....	31	oxycodone hcl oral concentrate 100 mg/5ml .....	8
np thyroid .....	32	ondansetron hcl oral.....	13	oxycodone hcl oral solution .....	8
NUBEQA.....	14	ondansetron odt .....	13	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg .....	8
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	36	ONETOUCH DELICA PLUS LANCETS.....	23	oxycodone hcl oral tablet 5 mg .....	8
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. .	36	ONETOUCH ULTRA 2 KIT W/DEVICE .....	23	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION .....	8
NUCYNTA.....	8	ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP .....	23	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG .....	8
NUCYNTA ER.....	8	ONETOUCH ULTRA MINI KIT W/DEVICE .....	23		

oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	9
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PACERONE ORAL TABLET 200 MG . . . . .	18
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PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600- 8800 UNIT, 4200-14200 UNIT . . . . .	27
pantoprazole sodium oral packet . .	26
pantoprazole sodium tablet delayed release 20 mg oral . . . . .	26
pantoprazole sodium tablet delayed release 40 mg oral . . . . .	26
paroxetine hcl . . . . .	12
paroxetine hcl er . . . . .	12
PAXIL CR . . . . .	12
PAXIL ORAL SUSPENSION . . . . .	12
PAXIL ORAL TABLET . . . . .	12
PEDIAPRED . . . . .	31
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peg-3350/electrolytes/ascorbat . .	27
peg-kcl-nacl-nasulf-na asc-c . . . . .	27
penicillamine oral capsule . . . . .	27
penicillamine oral tablet . . . . .	27
penicillin v potassium . . . . .	11
PENNSAID . . . . .	9
PENTASA . . . . .	33
PERCOCET . . . . .	9
PERFOROMIST . . . . .	36
PERIDEX . . . . .	20
periogard . . . . .	20
permethrin external . . . . .	14
PERTZYE . . . . .	27
phenazo oral tablet 200 mg . . . . .	27
phenazopyridine hcl oral tablet 100 mg, 200 mg . . . . .	27
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pimtreea . . . . .	30
pioglitazone hcl . . . . .	25

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PLAQUENIL . . . . .	14
PLAVIX . . . . .	15
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polymyxin b-trimethoprim . . . . .	34
POLYTRIM . . . . .	34
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potassium chloride crys er oral tablet extended release 10 meq, 20 meq . . . . .	26
potassium chloride er . . . . .	26
potassium chloride oral packet . . .	26
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) . . . . .	26
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pregabalin oral solution . . . . .	20
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PREMARIN VAGINAL . . . . .	30
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PREVIDENT 5000 DRY MOUTH . . . .	20
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PREVIDENT MOUTH/THROAT . . . . .	20
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SINGULAIR ORAL TABLET CHEWABLE .....	36
sirolimus oral solution.....	33
sirolimus oral tablet.....	33
SITAVIG .....	15
SKELAXIN .....	37
SKYRIZI (150 MG DOSE) .....	33
sodium fluoride 5000 plus .....	20
sodium fluoride 5000 ppm.....	20
sodium fluoride dental .....	20
SOFOSBUVIR-VELPATASVIR.....	15
SOLQUA .....	25
SOLODYN .....	11
SOLTAMOX .....	14
SOMA.....	37
SOMATULINE DEPOT.....	31
SOOLANTRA.....	22
sotalol hcl oral .....	18
SOTYLIZE.....	18
SPIRIVA HANDIHALER.....	36
SPIRIVA RESPIMAT .....	36
spironolactone oral .....	18
sprintec 28 .....	30
SPRITAM .....	11
SPRIX .....	9
sronyx.....	30
sss 10-5 .....	22
STELARA SUBCUTANEOUS SOLUTION .....	33
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. .	33
STENDRA.....	25
STIMATE.....	31
STRATTERA .....	19
STRENSIQ .....	27
STRIBILD .....	15
STRIVERDI RESPIMAT.....	36
SUBOXONE .....	10
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG.....	9
subvenite .....	12



subvenite starter kit-blue . . . . .	12	SYMLINPEN 120 . . . . .	25	tenofovir disoproxil fumarate . . . . .	15
subvenite starter kit-green . . . . .	12	SYMLINPEN 60 . . . . .	25	TENORETIC 100 . . . . .	18
subvenite starter kit-orange . . . . .	12	SYMPROIC . . . . .	27	TENORETIC 50 . . . . .	18
sucralfate oral suspension . . . . .	26	SYNALAR . . . . .	22	TENORMIN . . . . .	18
sucralfate oral tablet . . . . .	26	SYNJARDY . . . . .	25	terazosin hcl . . . . .	27
sulfacetamide sod-sulfur wash . . . . .	22	SYNJARDY XR . . . . .	25	terbinafine hcl oral . . . . .	13
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % . . . . .	22	SYNTHROID . . . . .	32	terconazole . . . . .	13
sulfacetamide sodium-sulfur external cream 9.8-4.8 % . . . . .	22	SYPRINE . . . . .	27	TERIPARATIDE (RECOMBINANT) . . . . .	34
sulfacetamide sodium-sulfur external emulsion . . . . .	22			TESSALON PERLES . . . . .	36
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 % . . . . .	22	<b>T</b>		TESTIM . . . . .	32
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 % . . . . .	22	TACLONEX EXTERNAL OINTMENT . . . . .	22	testosterone cypionate intramuscular . . . . .	32
sulfacetamide sodium-sulfur external lotion 10-5 % . . . . .	22	TACLONEX EXTERNAL SUSPENSION . . . . .	22	testosterone transdermal . . . . .	32
sulfacetamide sodium-sulfur external lotion 9.8-4.8 % . . . . .	22	tacrolimus oral . . . . .	33	TEXACORT . . . . .	22
sulfacetamide sodium-sulfur external pad 10-4 % . . . . .	22	tadalafil oral tablet 10 mg, 20 mg . . . . .	25	THYQUIDITY . . . . .	32
sulfacetamide sodium-sulfur external suspension 10-5 % . . . . .	22	tadalafil oral tablet 2.5 mg, 5 mg . . . . .	25	TIGLUTIK . . . . .	20
sulfacetamide sodium-sulfur external suspension 8-4 % . . . . .	22	TAKHZYRO . . . . .	33	timolol maleate ophthalmic gel forming solution . . . . .	35
SULFACLEANSE 8/4 . . . . .	22	TAMIFLU ORAL CAPSULE . . . . .	15	timolol maleate ophthalmic solution 0.25 %, 0.5 % . . . . .	35
sulfamethoxazole-trimethoprim oral . . . . .	11	TAMIFLU ORAL SUSPENSION RECONSTITUTED . . . . .	15	timolol maleate ophthalmic solution 0.5 % (daily) . . . . .	35
sulfamez wash . . . . .	22	tamoxifen citrate oral tablet 10 mg . . . . .	14	timolol maleate pf . . . . .	35
sulfasalazine oral . . . . .	33	tamoxifen citrate oral tablet 20 mg . . . . .	14	TIMOPTIC . . . . .	35
sulfatrim pediatric . . . . .	11	tamsulosin hcl . . . . .	27	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % . . . . .	35
SUMADAN WASH . . . . .	22	TAPAZOLE . . . . .	32	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % . . . . .	35
sumatriptan succinate oral . . . . .	14	TAPERDEX 12-DAY . . . . .	31	TIMOPTIC-XE . . . . .	35
sumatriptan succinate refill . . . . .	14	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	31	TIROSINT . . . . .	32
sumatriptan succinate subcutaneous . . . . .	14	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	31	TIROSINT-SOL . . . . .	32
SUMAXIN . . . . .	22	TAPERDEX 7-DAY . . . . .	31	TIVICAY . . . . .	15
SUMAXIN WASH . . . . .	22	TARGADOX . . . . .	11	TIVICAY PD . . . . .	15
SUNOSI . . . . .	37	TARGRETIN EXTERNAL . . . . .	14	TIVORBEX . . . . .	9
SUPREP BOWEL PREP KIT . . . . .	27	TARGRETIN ORAL . . . . .	14	tizanidine hcl oral capsule . . . . .	37
SUTAB . . . . .	27	tarina 24 fe . . . . .	30	tizanidine hcl oral tablet . . . . .	37
syeda . . . . .	30	tarina fe 1/20 . . . . .	30	TOBI NEBULIZER . . . . .	37
SYMAX DUOTAB . . . . .	27	tarina fe 1/20 eq . . . . .	30	TOBI PODHALER . . . . .	37
SYMAX-SL . . . . .	27	TASIGNA . . . . .	14	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	34
SYMAX-SR . . . . .	27	TAYTULLA . . . . .	30	TOBRADEX ST . . . . .	34
SYMBICORT . . . . .	36	tazarotene external cream . . . . .	22	tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	37
SYMFI . . . . .	15	TAZORAC . . . . .	22	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	37
SYMFI LO . . . . .	15	TEGRETOL . . . . .	12	tobramycin ophthalmic . . . . .	34
SYMJEPI . . . . .	35	TEGRETOL-XR . . . . .	12	tobramycin-dexamethasone . . . . .	34
		TEGSEDI . . . . .	27	TOBREX OPHTHALMIC OINTMENT . . . . .	34
		TEKTURNA . . . . .	18		
		TEKTURNA HCT . . . . .	18		
		telmisartan . . . . .	18		
		temazepam . . . . .	37		
		TEMIXYS . . . . .	15		
		TEMOVATE . . . . .	22		







# Nondiscrimination notice and access to communication services

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If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

**Online:**     [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:**       Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:**     <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:**     Toll-free **1-800-368-1019, 800-537-7697 (TDD)**

**Mail:**       U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



# Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क 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)**សំដៅនូវភាសាដើមរបស់អ្នកនិយាយ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមាននូវលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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 yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áá jíík'ehgo béesh 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.

This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, Oxford Health Insurance, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. UnitedHealthcare Freedom Plans are underwritten by Tufts Health Freedom Insurance Company. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc., Oxford Health Plans LLC or their affiliates, and UnitedHealthcare Service LLC in NY. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company. UnitedHealthOne plans provided by or through Oxford Health Plans (NJ), Inc.

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eServices Customer Reporting  
**Sample Report Package**  
Automated & Custom Reports

## Reports by Service Level

REPORT NAME	STANDARD	SELECT	EXPANDED
<b>Financial</b>			
Claim Expenses by Size of Payment	<input type="checkbox"/>	•	•
Claim Lag Study	<input type="checkbox"/>	•	•
Detail Payment <a href="#">†</a>	<input type="checkbox"/>	C	C
Detail Payment Non - Confidential		C	C
Financial Managed Ad Hoc			•
Large Loss Claim Payments <a href="#">†</a>	<input type="checkbox"/>	C	C
Payments by Benefit Type	<input type="checkbox"/>	•	•
Payments By Month	<input type="checkbox"/>	•	•
Premium Managed Ad Hoc <a href="#">±</a>			•
Premium vs Claims Incurred Including IBNR <a href="#">±</a>	<input type="checkbox"/>	•	•
<b>Managed Pharmacy</b>			
Key Generic Substitution Indicators By Month			•
Managed Pharmacy Ad Hoc			•
Managed Pharmacy Cost and Utilization by Month		•	•
Managed Pharmacy Critical Indicators			•
Managed Pharmacy Plan Performance	<input type="checkbox"/>	•	•
Managed Pharmacy Utilization by Age Group			•
Top Drug Utilization Ranked by Net Paid			•
Top Drug Utilization Ranked by Volume			•
Top Therapeutic Class Utilization Ranked by Net Paid			•
Top Therapeutic Class Utilization Ranked by Volume			•
<b>Medical</b>			
Bill Count by Month <a href="#">†</a>			•
Claim Experience Report	<input type="checkbox"/>	•	•
Cost and Utilization by Procedure		•	•
Cost and Utilization Summary		•	•
Distribution of Discounts			•
Distribution of Ineligible Charges			•
Distribution of Other Savings			•
Healthcare Cost Management Summary	<input type="checkbox"/>	•	•

**Reports by Service Level** (cont.)

REPORT NAME	STANDARD	SELECT	EXPANDED
Inpatient Event Ad Hoc			•
Inpatient Utilization and Costs by Admission Type			•
Inpatient Utilization by Diagnosis			•
Medical Dollar Ad Hoc			•
Medical Utilization Ad Hoc			•
Member Cost Sharing Detail Report - Non-Confidential		•	•
Member Cost Sharing Detail Report-ASO Confidential †		<b>C</b>	<b>C</b>
Network Utilization	□	•	•
Outpatient Utilization by Diagnosis			•
Top Hospitals Ranked by Total Net Paid	•		•
Top Physicians Ranked by Total Net Paid			•
Utilization and Costs by Provider Type			
Utilization by Age Group			•
Utilization by Diagnosis			•

**Membership**

Membership by Market		•	•
Membership By Month	□	•	•
Membership Managed Ad Hoc			•
Membership with Demographic and Geographic Factors		•	•

□ Automated Reports are system generated on a prearranged schedule using fixed date and data parameters

• Custom Reports which are customer driven on an as-needed basis using flexible date and data parameters

**C** Report is available to those with Confidential access

± Report includes information for fully insured funding only

† Report includes information for ASO funding only

◇ Report includes HRA plan information



## Financial

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### Claim Expenses by Size of Payment

Payment Category	Metrics	Number of Claimants	% Claimants	Payments	% Payments
<b>Total</b>		<b>2,043</b>	<b>100.0%</b>	<b>\$3,028,750.32</b>	<b>100.0%</b>
<\$.01		19	0.9%	(\$4,365.19)	(0.1%)
\$.01-\$49		195	9.5%	5,472.25	0.2%
\$50-\$99		202	9.9%	\$14,834.39	0.5%
\$100-\$249		420	20.6%	\$69,991.81	2.3%
\$250-\$499		380	18.6%	\$135,179.03	4.5%
\$500-\$999		302	14.8%	\$215,372.49	7.1%
\$1,000-\$2,499		324	15.9%	\$503,095.44	16.6%
\$2,500-\$4,999		103	5.0%	\$361,542.33	11.9%
\$5,000-\$9,999		52	2.5%	\$363,521.02	12.0%
\$10,000-\$14,999		22	1.1%	\$257,225.76	8.5%



## Claim Lag Study

Book Year/Month	Metrics Service Year/Month	Payments						Total
		2008-01	2008-02	2008-03	2008-04	2008-05	2008-06	
2008-01		\$111,394	\$0	\$0	\$0	\$0	\$0	<b>\$111,394</b>
2008-02		\$216,056	\$167,146	\$0	\$0	\$0	\$0	<b>\$383,202</b>
2008-03		\$64,015	\$350,339	\$135,190	\$0	\$0	\$0	<b>\$549,544</b>
2008-04		\$8,916	\$37,311	\$303,377	\$166,481	\$0	\$0	<b>\$516,086</b>
2008-05		\$10,550	\$18,506	\$18,923	\$258,669	\$182,371	\$0	<b>\$489,019</b>
2008-06		\$2,222	\$6,085	\$21,927	\$19,803	\$250,822	\$185,902	<b>\$486,760</b>
<b>Total</b>		<b>\$413,152</b>	<b>\$579,387</b>	<b>\$479,417</b>	<b>\$444,953</b>	<b>\$433,193</b>	<b>\$185,902</b>	<b>\$2,536,004</b>



## Detail Payment

Subscriber Number	Subscriber Name	Claimant First Name	Relationship	Employment Status	Medicare Status	Benefit Type	Payment Type	Series Designator	Check Number	Service Day	Issue Day	Charge Day	Metrics	Payments	
0001111111	LASTNAME, A.	ANAME	Subscriber	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999903	2/2/2004	26-FEB-04	20-FEB-04		\$18.02	
									00999904	2/2/2004	26-FEB-04	20-FEB-04		\$11.76	
									00999914	5/3/2004	20-MAY-04	14-MAY-04		\$47.19	
						Outpatient/Professional Medical	Other Payments, Standard	VE	10000001	2/2/2004	20-FEB-04	23-FEB-04		\$46.40	
						40000004	5/3/2004	14-MAY-04	17-MAY-04		\$34.93				
	Total													\$158.30	
	Total													\$158.30	
0001111112	LASTNAME, B.	BNAME	Subscriber	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999902	1/26/2004	12-FEB-04	06-FEB-04		\$34.45	
									00999905	5/24/2004	17-JUN-04	11-JUN-04		\$37.39	
									00999906	2/4/2004	26-FEB-04	20-FEB-04		\$1.14	
									00999908	4/10/2004	06-MAY-04	30-APR-04		\$37.39	
									00999910	3/5/2004	25-MAR-04	19-MAR-04		\$34.45	
				Total											\$144.82
			XNAME	Spouse	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999901	12/22/2003	15-JAN-04	09-JAN-04		\$55.22
										00999907	2/4/2004	26-FEB-04	20-FEB-04		\$18.26
										00999911	3/3/2004	25-MAR-04	19-MAR-04		\$51.42
							Outpatient X-Ray and Lab	Other Payments, Standard	VE	00999912	4/30/2004	20-MAY-04	14-MAY-04		\$48.77
		12000021					4/26/2004	07-MAY-04	10-MAY-04		\$114.59				
			23000032	4/26/2004	21-MAY-04	24-MAY-04		\$20.30							
			Total											\$308.56	
		YNAME	Child	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999909	3/25/2004	08-APR-04	02-APR-04		\$6.50	
						Outpatient/Professional Medical	Other Payments, Standard	VE	30000003	3/25/2004	12-APR-04	13-APR-04		\$43.28	
			Student	Active	Non-Medicare	Outpatient/Professional Medical	Other Payments, Standard	VE	20000002	2/16/2004	08-MAR-04	09-MAR-04		\$43.28	
				Total											\$93.06
			ZNAME	Child	Active	Non-Medicare	Medco Health	Other Payments, Standard	NN	00999913	5/6/2004	20-MAY-04	14-MAY-04		\$61.71
		Outpatient/Professional Medical					Other Payments, Standard	VF	01000001	5/6/2004	28-MAY-04	01-JUN-04		\$44.89	
				Total											\$106.60
	Total												\$653.04		
Total														\$3,273,298.92	





## Financial Managed Ad Hoc

Suffix	Employment Status	Metrics	UnitedHealthcare Options w/ Ben Diff PPO Payments	UnitedHealthcare Options w/o Ben Diff PPO Payments	UnitedHealthcare Indemnity Payments	UnitedHealthcare Dental Managed Indemnity Payments	Total Payments
AA	Active		\$334,336.91	\$85,048.00	\$0	\$0	\$417,384.91
C	Active		\$1,502,107.99	\$84,459.26	\$0	\$0	\$1,586,567.25
	Retired		\$6,868.98	\$0	\$0	\$0	\$6,868.98
DD	Active		\$0	\$0	\$0	\$79,957.11	\$79,957.11
L	Active		\$0	\$0	\$1,341.53	\$0	\$1,341.53
	Retired		\$1,240.89	\$0	\$270,328.19	\$0	\$271,569.08
<b>Total</b>			<b>\$1,842,554.77</b>	<b>\$169,507.26</b>	<b>\$271,669.72</b>	<b>\$79,957.11</b>	<b>\$2,363,688.86</b>



## Large Loss Claim Payments

Claimant	Relationship	Subscriber	Employment Status	Medicare Status	Policy Number	Suffix	Account	Product	HMO Account Division	Payments
First name	Child	00000000012 LASTNAME, X.	Not Active	Non- Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$231,861.76
	<b>Total</b>									<b>\$231,861.76</b>
First name	Child	00000300123 LASTNAME, X.	Not Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$4,443.58
First name	<b>Total</b>									<b>\$4,443.58</b>
First name	Other Dependent	00000001234 LASTNAME, X.	Not Active	Non-Medicare	000001234	AC	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$166.597.75
First name	<b>Total</b>									<b>\$166.597.75</b>
First name	Spouse	00000012345 LASTNAME, X.	Active	Non-Medicare	000001234	AB	1	POS Select Plus (POS)	UNITED HEALTHCARE INC.	\$102,951.52
First name	<b>Total</b>									<b>\$102,951.52</b>
<b>Total</b>										<b>\$505,854.61</b>

**Payments by Benefit Type**

Benefit Type		Relationship Group Metrics	Subscriber Payments	Spouse Payments	Dependent/Other Payments	Total Payments
50	Dental		\$83,151.90	\$64,115.31	\$68,766.18	<b>\$216,033.39</b>
70	Orthodontia		\$0.00	\$0.00	\$8,669.29	<b>\$8,669.29</b>
200	Medco Health		\$351,820.43	\$218,479.41	\$112,327.41	<b>\$682,627.25</b>
260	Inpatient Hospital Room & Board		\$92,086.43	\$40,053.51	\$56,042.84	<b>\$188,182.78</b>
270	Inpatient Hospital Miscellaneous		\$336,389.41	\$94,304.29	\$31,004.03	<b>\$461,697.73</b>
300	Outpatient Hospital Miscellaneous		\$123,245.79	\$126,805.98	\$71,471.47	<b>\$321,523.24</b>
310	Emergency Room		\$34,311.85	\$19,655.80	\$20,616.91	<b>\$74,584.56</b>
320	Surgery		\$79,494.60	\$88,983.14	\$28,898.83	<b>\$197,376.57</b>
330	Anesthesia		\$28,999.63	\$20,529.74	\$6,595.97	<b>\$56,125.34</b>
350	Assistant Surgical		\$10,909.06	\$1,453.11	\$97.53	<b>\$12,459.70</b>
360	Inpatient Medical		\$19,294.39	\$2,400.78	\$14,588.36	<b>\$36,283.53</b>
380	Other Medical		\$9,095.17	\$261.14	\$1,077.58	<b>\$10,433.89</b>
390	Chemotherapy		\$127.18	\$4,399.91	\$789.11	<b>\$5,316.20</b>
400	Radiation Therapy		\$10,490.98	\$53.84	\$0.00	<b>\$10,544.82</b>
410	Outpatient X-Ray and Lab		\$197,836.80	\$121,870.14	\$52,511.69	<b>\$372,218.63</b>
420	Outpatient Psychiatric		\$7,369.57	\$9,068.03	\$6,776.30	<b>\$23,213.90</b>
450	Comprehensive Medical Expenses		\$33,353.46	\$96.04	\$109.13	<b>\$33,558.63</b>
470	Supplemental Accident		\$7,251.83	\$5,189.65	\$15,177.14	<b>\$27,618.62</b>
<b>Total</b>			<b>\$1,628,755.97</b>	<b>\$970,515.94</b>	<b>\$654,695.40</b>	<b>\$3,253,967.31</b>



## Payments by Month

<b>Book Year/Month</b>	Benefit Payment Metrics	<b>Medical Payments</b>	<b>Managed Pharmacy Payments</b>	<b>Dental Payments</b>	<b>Capitation Payments</b>	<b>Total Payments</b>
2008-01		\$317,226	\$91,715	\$31,602	\$3,399	<b>\$443,943</b>
2008-02		\$350,872	\$101,771	\$28,873	\$3,276	<b>\$484,792</b>
2008-03		\$513,536	\$109,514	\$39,833	\$3,179	<b>\$666,062</b>
2008-04		\$383,653	\$168,086	\$44,186	\$3,294	<b>\$599,218</b>
2008-05		\$394,700	\$106,412	\$32,445	\$3,252	<b>\$536,810</b>
2008-06		\$386,409	\$105,128	\$47,764	\$3,172	<b>\$542,474</b>
<b>Total</b>		<b>\$2,346,397</b>	<b>\$682,627</b>	<b>\$224,703</b>	<b>\$19,572</b>	<b>\$3,273,299</b>

**Premium Managed Ad Hoc**

Bill Quarter	Primary Coverage Indicator	Restated Billed Premium	Restated Billed Subscribers	Restated Billed Premium PSPM
<a href="#">Q22008</a>	Primary Coverage	\$101,002	207	\$487.93
	Not Primary Coverage	\$13,164	0	\$0
<a href="#">Q32008</a>	Primary Coverage	\$223,031	463	\$483.65
	Not Primary Coverage	\$37,986	0	\$0
<a href="#">Q42008</a>	Primary Coverage	\$145,032	304	\$477.08
	Not Primary Coverage	\$52,615	0	\$0
<b>Total</b>		<b>\$573,729</b>	<b>974</b>	<b>\$224,703</b>



## Premium vs Claims Incurred Including IBNR - Underwriting - Non-Standard

Year/Month	Members	Subscribers	Premium	Premium PMPM	Medical Payments	Capitation Payments	Managed Pharmacy Payments	Total Payments	Claims to Premium Ratio	Total Payments PMPM	12 Month Rolling Average PMPM
2008-01	165,814	64,789	\$46,448,856	\$280.13	\$26,920,205	\$3,907,394	\$8,214,718	\$39,042,318	84.1%	\$235.46	\$270.69
2008-02	164,912	64,945	\$45,894,116	\$300.67	\$27,974,798	\$3,903,596	\$8,015,982	\$39,894,376	86.9%	\$261.36	\$273.63
2008-03	163,541	63,127	\$45,827,494	\$300.72	\$27,655,783	\$3,895,226	\$8,450,951	\$40,001,960	87.3%	\$262.49	\$274.83
2008-04	164,236	63,879	\$45,737,844	\$300.85	\$28,311,318	\$3,885,077	\$8,405,053	\$40,601,448	88.8%	\$267.06	\$278.66
2008-05	168,784	64,984	\$47,134,940	\$310.54	\$29,026,484	\$3,876,716	\$8,654,564	\$41,557,765	88.2%	\$273.79	\$283.09
2008-06	164,222	65,632	\$47,086,836	\$310.59	\$28,015,983	\$3,860,405	\$8,410,831	\$40,287,219	85.6%	\$265.74	\$284.28
2008-07	163,124	64,124	\$46,410,000	\$306.17	\$31,129,666	\$3,861,036	\$8,632,570	\$43,623,272	94.0%	\$287.79	\$286.79
2008-08	165,219	63,555	\$46,949,332	\$310.07	\$29,762,108	\$3,847,580	\$8,598,165	\$42,207,853	89.9%	\$278.76	\$288.46
2008-09	164,547	64,875	\$46,860,841	\$310.44	\$29,681,554	\$3,835,691	\$8,761,837	\$42,279,081	90.2%	\$293.52	\$290.04
2008-10	167,945	65,845	\$46,281,210	\$307.49	\$31,211,241	\$3,825,585	\$9,141,693	\$44,178,519	95.5%	\$280.09	\$291.84
2008-11	166,457	66,901	\$46,773,474	\$311.80	\$27,498,190	\$3,822,505	\$8,455,999	\$39,776,694	85.0%	\$280.86	\$293.07
2008-12	167,855	65,974	\$46,731,337	\$311.75	\$28,739,275	\$3,815,958	\$9,539,989	\$42,095,222	90.1%	\$265.11	\$294.71

### Total by Experience Period

Current Period 1,687,165 710,836 \$537,767,671 | \$355,547,178 \$41,603,325 \$101,786,721 \$498,937,225 92.8% \$295.73

Prior Period 1,830,646 5,035,670 \$558,136,281 | \$345,924,044 \$46,336,770 \$103,282,353 \$495,543,167 88.8% \$270.69

### Average Membership/PMPM Premium and Payments by Experience Period

Current Period 140,597 59,236 \$318.74 | \$210.74 \$24.66 \$60.33 \$295.73

Prior Period 152,554 419,639 \$304.88 | \$188.96 \$25.31 \$56.42 \$270.69

### % Change

Current Period vs Prior Period (7.8%) (85.9%) 4.5% | 11.5% (2.6%) 6.9% 9.2%



## Managed Pharmacy

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### Key Generic Substitution Indicators by Month

Service Year/Month	Metrics	% of Total Prescriptions - Generic	Ingredient Cost Paid per Prescription - Generic	Generic Substitution Rate	% of Total Prescriptions - Single Source	Ingredient Cost Paid per Prescription - Single Source	% of Total Prescriptions - Multi Source	Ingredient Cost Paid per Prescription - Multi Source	% Multi Source-Physician DAW	% Multi Source-Patient DAW	% Multi Source-State Law DAW	% Multi Source-Other DAW
2008-07		39.6%	\$17.70	79.2%	50.0%	\$89.57	10.4%	\$31.19	17.5%	18.5%	3.7%	60.2%
2008-08		41.3%	\$18.84	81.1%	49.0%	\$88.64	9.6%	\$41.81	18.8%	17.7%	3.7%	59.8%
2008-09		40.9%	\$17.83	80.8%	49.4%	\$90.68	9.7%	\$47.30	18.4%	19.1%	3.0%	59.4%
2008-10		41.2%	\$17.45	80.2%	48.6%	\$90.25	10.2%	\$37.26	15.7%	18.7%	2.7%	63.0%
2008-11		41.1%	\$17.49	81.2%	49.4%	\$88.63	9.5%	\$34.67	15.6%	19.2%	2.5%	62.6%
2008-12		42.1%	\$18.27	81.2%	48.1%	\$84.38	9.8%	\$45.70	15.5%	18.8%	2.7%	63.0%
<b>Total</b>		<b>41.1%</b>	<b>\$17.87</b>	<b>80.6%</b>	<b>49.1%</b>	<b>\$88.67</b>	<b>9.9%</b>	<b>\$39.56</b>	<b>16.9%</b>	<b>18.7%</b>	<b>3.0%</b>	<b>61.4%</b>

**Managed Pharmacy Ad Hoc**

Metrics	Number of Claimants	Number of Prescriptions	Plan Net Paid	HRA Net Paid	Total Net Paid	Total Net Paid per Prescription	Total Net Paid per Claimant
	585	1,207	\$12,116.56	\$5,926.19	\$18,042.75	\$14.95	\$30.84





## Managed Pharmacy Cost and Utilization by Month

Service Year/ Month	Number of Subscriber s	Number of Members	Retail Generic Number of Prescription s	Retail Brand Number of Prescriptions	Retail Total Number of Prescription s	Home Delivery Generic - Number of Prescriptions	Home Delivery Brand - Number of Prescriptions	Home Delivery Total - Number of Prescriptions	Total Generic Number of Prescriptions	Total Brand Number of Prescriptions	Total Number of Prescriptions	Net Paid	Net Paid per Prescription	Net Paid per Member
2008-01	916	2,346	756	1,154	1,910	31	94	125	787	1,248	2,035	\$101,862	\$50.06	\$43.42
2008-02	926	2,377	769	1,120	1,889	37	82	119	806	1,202	2,008	\$111,531	\$55.54	\$46.92
2008-03	916	2,365	817	1,299	2,116	28	101	129	845	1,400	2,245	\$135,222	\$60.23	\$57.18
2008-04	910	2,351	723	1,165	1,888	42	108	150	765	1,273	2,038	\$120,943	\$59.34	\$51.44
2008-05	902	2,340	724	1,187	1,911	37	95	132	761	1,282	2,043	\$109,386	\$53.54	\$46.75
2008-06	903	2,349	681	1,199	1,880	29	71	100	710	1,270	1,980	\$139,880	\$70.65	\$59.55
<b>Total</b>	<b>5,473</b>	<b>14,128</b>	<b>4,470</b>	<b>7,124</b>	<b>11,594</b>	<b>204</b>	<b>551</b>	<b>755</b>	<b>4,674</b>	<b>7,675</b>	<b>12,349</b>	<b>\$718,824</b>	<b>\$58.21</b>	<b>\$50.88</b>



## Managed Pharmacy Critical Indicators

Metrics	Submission Method	Retail	Home Delivery
Number of Claimants		1,566	172
Number of Prescriptions		11,594	755
Prescriptions PMPY		9.85	0.64
Prescriptions per Claimant		7.40	4.39
% of Total Prescriptions - Single Source		51.4%	62.8%
% of Total Prescriptions - Multi Source		10.0%	10.2%
% of Total Prescriptions - Generic		38.6%	27.0%
Generic Substitution Rate		79.4%	72.6%
% Multi-Source Physician DAW		15.3%	20.8%
% Multi-Source Patient DAW		24.2%	1.3%
% Multi-Source State Law DAW		5.2%	3.9%
% Multi-Source Other DAW		55.3%	74.0%
Average Net Paid PMPM		\$44.20	\$6.68
Average Net Paid per Claimant per Period		\$398.79	\$548.41
Average Net Paid per Prescriptions		\$53.86	\$124.94
Average Copay per Prescription		\$14.48	\$37.48
Average Days Supply		23.68	83.28
Average Ingredient Cost Paid per Day of Therapy		\$2.80	\$1.95

Metrics	
Number of Claimants	1,619
Number of Prescriptions	12,349
Prescriptions PMPY	10.49
Prescriptions per Claimant	7.63
% of Total Prescriptions - Single Source	52.1%
% of Total Prescriptions - Multi Source	10.0%
% of Total Prescriptions - Generic	37.8%
Generic Substitution Rate	79.1%
% Multi-Source Physician DAW	15.6%
% Multi-Source Patient DAW	22.8%
% Multi-Source State Law DAW	5.1%
% Multi-Source Other DAW	56.5%
Average Net Paid PMPM	\$50.88
Average Net Paid per Claimant per Period	\$443.99
Average Net Paid per Prescriptions	\$58.21
Average Copay per Prescription	\$15.89
Average Days Supply	27.32
Average Ingredient Cost Paid per Day of Therapy	\$2.64

Current Period – Detail Current Period – Total

Metrics	Submission Method	Retail	Home Delivery
Number of Claimants		1,453	135
Number of Prescriptions		10,693	648
Prescriptions PMPY		9.86	0.60
Prescriptions per Claimant		7.36	4.80
% of Total Prescriptions - Single Source		52.0%	63.3%
% of Total Prescriptions - Multi Source		9.8%	9.1%
% of Total Prescriptions - Generic		38.2%	27.6%
Generic Substitution Rate		79.5%	75.2%
% Multi-Source Physician DAW		23.8%	22.0%
% Multi-Source Patient DAW		27.2%	5.1%
% Multi-Source State Law DAW		3.1%	6.8%
% Multi-Source Other DAW		45.9%	66.1%
Average Net Paid PMPM		\$34.92	\$6.95
Average Net Paid per Claimant per Period		\$312.74	\$669.44
Average Net Paid per Prescriptions		\$42.50	\$139.47
Average Copay per Prescription		\$11.70	\$19.23
Average Days Supply		22.99	82.72
Average Ingredient Cost Paid per Day of Therapy		\$2.27	\$1.92

Metrics	
Number of Claimants	1,487
Number of Prescriptions	11,341
Prescriptions PMPY	10.46
Prescriptions per Claimant	7.63
% of Total Prescriptions - Single Source	52.6%
% of Total Prescriptions - Multi Source	9.8%
% of Total Prescriptions - Generic	37.6%
Generic Substitution Rate	79.3%
% Multi-Source Physician DAW	23.7%
% Multi-Source Patient DAW	26.0%
% Multi-Source State Law DAW	3.3%
% Multi-Source Other DAW	46.9%
Average Net Paid PMPM	\$41.87
Average Net Paid per Claimant per Period	\$366.36
Average Net Paid per Prescriptions	\$48.04
Average Copay per Prescription	\$12.13
Average Days Supply	26.40
Average Ingredient Cost Paid per Day of Therapy	\$2.21

Prior Period – Detail Prior Period – Total



## Managed Pharmacy Plan Performance

Tier Level	Submission Method Category	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	Retail	1,109	4,470	\$89,543	\$75,368	\$9,451	\$222	\$0	\$32,223	\$0	\$2.28	\$52,817	\$11.82	\$3.74
	Home Delivery	71	204	\$12,819	\$10,829	\$0	\$6	\$0	\$3,237	\$0	\$0.23	\$7,598	\$37.24	\$0.54
Tier 2	Retail	1,080	5,300	\$107,443	\$527,314	\$9,414	\$865	\$0	\$81,966	\$0	\$5.80	\$455,627	\$85.97	\$32.25
	Home Delivery	136	450	\$29,856	\$92,985	\$0	\$34	\$0	\$18,341	\$0	\$1.30	\$74,678	\$165.95	\$5.29
Tier 3	Retail	642	1,824	\$33,497	\$166,146	\$3,183	\$438	\$0	\$53,713	\$0	\$3.80	\$116,053	\$63.63	\$8.21
	Home Delivery	52	101	\$5,908	\$18,757	\$0	\$13	\$0	\$6,720	\$0	\$0.48	\$12,050	\$119.31	\$0.85

### Detail

Tier Level	Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
Tier 1	1,135	4,674	\$102,362	\$86,196	\$9,451	\$228	\$0	\$35,460	\$0	\$2.51	\$60,415	\$12.93	\$4.28
Tier 2	1,146	5,750	\$137,298	\$620,300	\$9,414	\$899	\$0	\$100,307	\$0	\$7.10	\$530,306	\$92.23	\$37.54
Tier 3	676	1,925	\$39,404	\$184,903	\$3,183	\$450	\$0	\$60,433	\$0	\$4.28	\$128,103	\$66.55	\$9.07

### Subtotals by Tier

Number of Claimants	Number of Prescriptions	Discounts	Ingredient Cost Paid Amount	Dispensing Fee	Sales Tax Amount	Deductible	Coinsurance/Copay	Ancillary Amount	Employee Cost Sharing PMPM	Net Paid	Net Paid Per Prescription	Net Paid PMPM
1,619	12,349	\$279,064	\$891,399	\$22,047	\$1,578	\$0	\$196,200	\$0	\$13.89	\$718,824	\$58.21	\$50.88

### Total



## Managed Pharmacy Utilization by Age Group

Age Band	Metrics	Number of Claimants	Number of Prescriptions	Number of Prescriptions PMPY	Number of Prescriptions per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant	Net Paid per Prescription
<1		21	68	0.06	3.24	\$750	\$0.05	\$35.70	\$11.02
1-9		227	979	0.83	4.31	\$48,691	\$3.45	\$214.50	\$49.74
10-19		234	1,071	0.91	4.58	\$49,922	\$3.53	\$213.34	\$46.61
20-24		71	350	0.30	4.93	\$16,073	\$1.14	\$226.38	\$45.92
25-29		74	369	0.31	4.99	\$18,545	\$1.31	\$250.60	\$50.26
30-34		150	1,159	0.98	7.73	\$86,139	\$6.10	\$574.26	\$74.32
35-39		213	1,242	1.05	5.83	\$58,406	\$4.13	\$274.21	\$47.03
40-44		251	2,065	1.75	8.23	\$98,088	\$6.94	\$390.79	\$47.50
45-49		175	1,616	1.37	9.23	\$87,463	\$6.19	\$499.79	\$54.12
50-54		129	1,705	1.45	13.22	\$105,754	\$7.49	\$819.80	\$62.03
55-59		88	1,029	0.87	11.69	\$113,272	\$8.02	\$1,287.18	\$110.08
60-64		45	573	0.49	12.73	\$28,980	\$2.05	\$644.00	\$50.58
65-69		9	92	0.08	10.22	\$5,539	\$0.39	\$615.44	\$60.21
70-74		2	23	0.02	11.50	\$834	\$0.06	\$416.83	\$36.25
75 +		1	8	0.01	8.00	\$368	\$0.03	\$368.30	\$46.04

### Detail

Metrics	Number of Claimants	Number of Prescriptions	Number of Prescriptions PMPY	Number of Prescriptions per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant	Net Paid per Prescription
	1,619	12,349	10.49	7.63	\$718,824	\$50.88	\$443.99	\$58.21

### Total



## Top Drug Utilization Ranked by Net Paid

Drug Name	FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
TEMODAR	ANTINEOPLASTICS		1	14	\$40,037.90	0.1%	5.6%	\$2,859.85	19.64	\$146.51
	<b>Subtotal</b>		<b>0</b>	<b>14</b>	<b>\$40,037.90</b>	<b>0.1%</b>	<b>5.6%</b>	<b>\$2,859.85</b>	<b>19.64</b>	<b>\$146.51</b>
NEXIUM	ANTI-ULCER PREPS/GASTROINTESTINAL PREPS		65	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
	<b>Subtotal</b>		<b>0</b>	<b>204</b>	<b>\$28,838.81</b>	<b>1.7%</b>	<b>4.0%</b>	<b>\$141.37</b>	<b>38.79</b>	<b>\$4.02</b>
GLEEVEC	ANTINEOPLASTICS		1	5	\$22,834.98	0.0%	3.2%	\$4,567.00	30.00	\$152.99
	<b>Subtotal</b>		<b>0</b>	<b>5</b>	<b>\$22,834.98</b>	<b>0.0%</b>	<b>3.2%</b>	<b>\$4,567.00</b>	<b>30.00</b>	<b>\$152.99</b>
LIPITOR	LIPOTROPICS		77	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
	<b>Subtotal</b>		<b>0</b>	<b>255</b>	<b>\$22,014.25</b>	<b>2.1%</b>	<b>3.1%</b>	<b>\$86.33</b>	<b>40.23</b>	<b>\$2.64</b>
<b>Subtotal</b>			<b>0</b>	<b>483</b>	<b>\$130,951.08</b>	<b>3.9%</b>	<b>18.2%</b>	<b>\$271.12</b>	<b>38.79</b>	<b>\$7.45</b>

### Top Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,604	11,866	\$587,873.14	96.1%	81.8%	\$49.54	26.86	\$2.36

### All Other Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,619	12,349	\$718,824.22	100.0%	100.0%	\$58.21	27.32	\$2.64

### All Drugs



## Top Drug Utilization Ranked by Volume

Drug Name	FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
ZYRTEC	ANTI HISTAMINES		113	278	\$11,717.49	2.3%	1.6%	\$42.15	32.19	\$1.73
	<b>Subtotal</b>		<b>0</b>	<b>278</b>	<b>\$11,717.49</b>	<b>2.3%</b>	<b>1.6%</b>	<b>\$42.15</b>	<b>32.19</b>	<b>\$1.73</b>
LIPITOR	LIPOTROPICS		77	255	\$22,014.25	2.1%	3.1%	\$86.33	40.23	\$2.64
	<b>Subtotal</b>		<b>0</b>	<b>255</b>	<b>\$22,014.25</b>	<b>2.1%</b>	<b>3.1%</b>	<b>\$86.33</b>	<b>40.23</b>	<b>\$2.64</b>
SYNTHROID	THYROID PREPS		53	217	\$1,065.02	1.8%	0.1%	\$4.91	37.18	\$0.52
	<b>Subtotal</b>		<b>0</b>	<b>217</b>	<b>\$1,065.02</b>	<b>1.8%</b>	<b>0.1%</b>	<b>\$4.91</b>	<b>37.18</b>	<b>\$0.52</b>
NEXIUM	ANTI-ULCER PREPS/GASTROINTESTINAL PREPS		65	204	\$28,838.81	1.7%	4.0%	\$141.37	38.79	\$4.02
	<b>Subtotal</b>		<b>0</b>	<b>204</b>	<b>\$28,838.81</b>	<b>1.7%</b>	<b>4.0%</b>	<b>\$141.37</b>	<b>38.79</b>	<b>\$4.02</b>
SINGULAIR	BRONCHIAL DILATORS		67	193	\$13,622.25	1.6%	1.9%	\$70.58	32.88	\$2.64
	<b>Subtotal</b>		<b>0</b>	<b>193</b>	<b>\$13,622.25</b>	<b>1.6%</b>	<b>1.9%</b>	<b>\$70.58</b>	<b>32.88</b>	<b>\$2.64</b>
<b>Subtotal</b>			<b>0</b>	<b>1,147</b>	<b>\$77,257.82</b>	<b>9.3%</b>	<b>10.7%</b>	<b>\$67.36</b>	<b>36.21</b>	<b>\$2.30</b>

### Top Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,578	11,202	\$641,566.40	90.7%	89.3%	\$57.27	26.41	\$2.69

### All Other Drugs

Metrics	Number of Claimants	Number of Prescriptions	Net Paid	% of Total Prescriptions	% of Net Paid	Net Paid per Prescription	Average Days Supply	Ingredient Cost Paid per Day Of Therapy
	1,619	12,349	\$718,824.22	100.0%	100.0%	\$58.21	27.32	\$2.64

### Total Drugs



## Top Therapeutic Class Utilization Ranked by Net Paid

FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
MISCELLANEOUS		199	482	2.42	26.61	\$71,098	\$5.03	\$147.51	13.9%	72.6%	13.5%	50.8%
ANTINEOPLASTICS		17	55	3.24	28.51	\$66,536	\$4.71	\$1,209.75	54.5%	40.0%	5.5%	90.9%
PSYCHOSTIMULANTS-ANTIDEPRESSANTS		258	1,041	4.03	33.44	\$62,423	\$4.42	\$59.96	33.0%	64.4%	2.6%	92.7%
ANTI-ULCER PREPS/GASTROINTESTINAL PREPS		141	463	3.28	35.20	\$54,591	\$3.86	\$117.91	7.8%	92.2%	0.0%	100.0%
LIPOTROPICS		141	565	4.01	37.88	\$48,464	\$3.43	\$85.78	2.5%	97.0%	0.5%	82.4%
<b>Subtotal</b>		<b>0</b>	<b>2,606</b>	<b>0</b>	<b>33.35</b>	<b>\$303,112</b>	<b>\$21.45</b>	<b>\$116.31</b>	<b>18.8%</b>	<b>77.4%</b>	<b>3.8%</b>	<b>83.4%</b>

### Top Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,527	9,743	6.38	25.71	\$415,712	\$29.42	\$42.67	42.9%	45.4%	11.7%	78.6%

### All Other Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,619	12,349	7.63	27.32	\$718,824	\$50.88	\$58.21	37.8%	52.1%	10.0%	79.1%

### All Therapeutic Classes





## Top Therapeutic Class Utilization Ranked by Volume

FDB Standard Therapeutic Class	Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
PSYCHOSTIMULANTS-ANTIDEPRESSANTS		258	1,041	4.03	33.44	\$62,423	\$4.42	\$59.96	33.0%	64.4%	2.6%	92.7%
SYSTEMIC CONTRACEPTIVES		183	629	3.44	37.53	\$14,736	\$1.04	\$23.43	49.4%	31.8%	18.8%	72.5%
ANTI-HISTAMINES		270	626	2.32	29.96	\$25,643	\$1.82	\$40.96	10.1%	89.6%	0.3%	96.9%
NARCOTIC ANALGESICS		271	595	2.20	11.87	\$13,681	\$0.97	\$22.99	79.0%	10.4%	10.6%	88.2%
OTHER HYPOTENSIVES		140	572	4.09	39.18	\$14,908	\$1.06	\$26.06	42.8%	54.0%	3.1%	93.2%
<b>Subtotal</b>		<b>0</b>	<b>3,463</b>	<b>0</b>	<b>30.79</b>	<b>\$131,390</b>	<b>\$9.30</b>	<b>\$37.94</b>	<b>41.4%</b>	<b>52.0%</b>	<b>6.6%</b>	<b>86.3%</b>

### Top Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,464	8,886	6.07	25.97	\$587,434	\$41.58	\$66.11	36.5%	52.2%	11.4%	76.3%

### All Other Therapeutic Classes

Metrics	Number of Claimants	Number of Prescriptions	Prescriptions per Claimant	Average Days Supply	Net Paid	Net Paid PMPM	Net Paid per Prescription	Generic %	Single-Source %	Multi-Source %	Generic Substitution %
	1,619	12,349	7.63	27.32	\$718,824	\$50.88	\$58.21	37.8%	52.1%	10.0%	79.1%

### All Therapeutic Classes



## Medical

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### Bill Count by Month

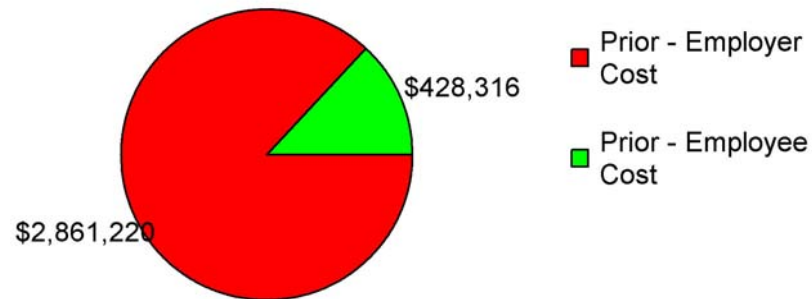
Process Year/Month	Employment Status	Medicare Status	Metrics	Bill Count
2008-01	Active	Non-Medicare		1,951
		Medicare		4
2008-02	Active	Non-Medicare		2,205
		Medicare		5
2008-03	Active	Non-Medicare		2,214
		Medicare		2
2008-04	Active	Non-Medicare		2,165
		Medicare		4
2008-05	Active	Non-Medicare		2,224
		Medicare		1
2008-06	Active	Non-Medicare		2,422
<b>Total</b>				<b>13,197</b>



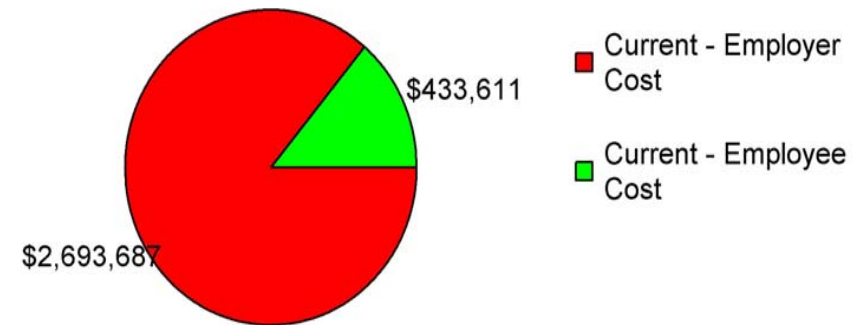
## Claim Experience

Metrics	Type of Coverage	Medical	Pharmacy
Prior - Average Number of Subscribers		875	811
Current - Average Number of Subscribers		951	912
% Change - Average Number of Subscribers		8.6%	12.5%
Prior - Average Number of Members		2,251	2,169
Current - Average Number of Members		2,402	2,355
% Change - Average Number of Members		6.7%	8.6%
Prior - Contract Size		2.57	2.67
Current - Contract Size		2.53	2.58
% Change - Contract Size		(1.8%)	(3.5%)

### Enrollment Detail

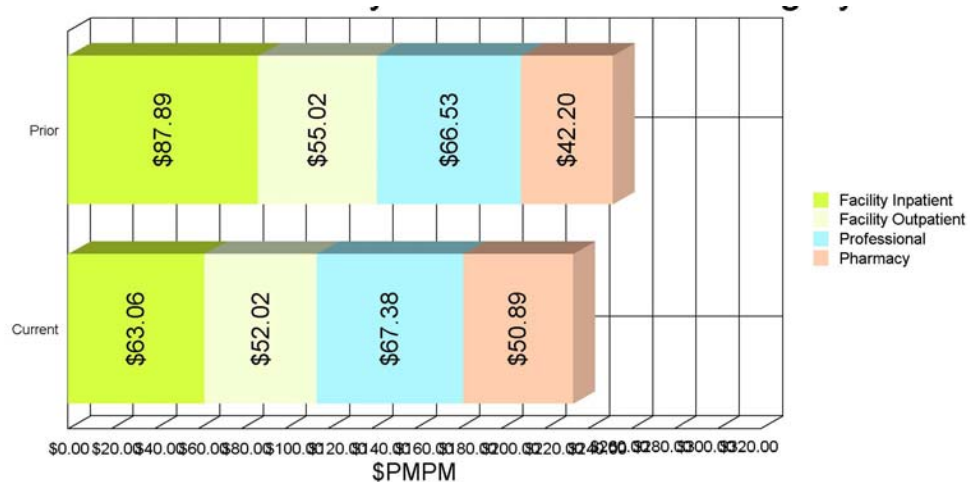


### Prior Benefit Cost Sharing (Prior to COB)



Metrics	Prior Employer Cost	Prior Employer Cost Sharing	Current Employer Cost	Current Employer Cost Sharing	% Change Employer Cost Sharing
	\$2,861,220	87.0%	\$2,693,687	86.1%	(1.0%)

### Benefit Cost Sharing Detail



Note: Professional Consists of Primary Care, OB/GYN, Specialty and Allied Health

#### Claim Cost by Healthcare Cost Category

Healthcare Cost Category Rollup	Metrics	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
1 Facility Inpatient		\$1,187,027	\$908,820	\$87.89	\$63.06	(28.2%)
2 Facility Outpatient		\$747,608	\$749,809	\$55.35	\$52.03	(6.0%)
3 Physician - Primary Care		\$201,937	\$219,713	\$14.95	\$15.25	2.0%
4 Physician - OB/GYN		\$48,464	\$85,142	\$3.59	\$5.91	64.6%
5 Physician - Specialty		\$531,352	\$566,519	\$39.34	\$39.31	(0.1%)
6 Allied Health		\$116,745	\$99,699	\$8.64	\$6.92	(20.0%)
7 Managed Pharmacy		\$544,779	\$718,824	\$41.87	\$50.88	21.5%
<b>Total</b>		<b>\$3,377,912</b>	<b>\$3,348,526</b>	<b>\$251.64</b>	<b>\$233.36</b>	<b>(7.3%)</b>

#### Claim Cost by Healthcare Cost Category Detail

Metrics	Prior - Total Capitation Net Paid	Current - Total Capitation Net Paid	Prior - Total Capitation Net Paid PMPM	Current - Total Capitation Net Paid PMPM	% Change Total Capitation Net Paid PMPM
	\$8,478	\$19,563	\$0.63	\$1.36	116.3%

#### Other Claim Cost

Metrics	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
	\$3,386,390	\$3,368,089	\$252.27	\$234.72	(7.0%)

#### Total Costs

Healthcare Cost Category Detail	Metrics	Prior Number of Units	Current Number of Units	Prior Units per 1000	Current Units per 1000	Prior - Net Paid per Unit	Current Net Paid per Unit	% Change Units per 1000	% Change Net Paid per Unit
2 Facility Outpatient		5,201	4,947	2,310.5	2,059.7	\$143	\$152	(10.9%)	6.1%
3 Physician - Primary Care		2,542	2,641	1,129.3	1,099.6	\$79	\$83	(2.6%)	4.7%
4 Physician - OB/GYN		255	319	113.3	132.8	\$190	\$267	17.2%	40.4%
5 Physician - Specialty		1,476	1,702	655.7	708.6	\$360	\$333	8.1%	(7.5%)
6 Allied Health		249	272	110.6	113.2	\$469	\$367	2.4%	(21.8%)

#### Outpatient and Professional Utilization by Healthcare Cost Category

Diagnosis Chapter Rollup	Metrics	Prior Total Net Paid	Current Total Net Paid	Prior - Net Paid PMPM	Current Net Paid PMPM	% Change Net Paid PMPM
1	CIRCULATORY SYSTEM	\$280,603	\$479,747	\$20.78	\$33.29	60.2%
2	NEOPLASMS	\$440,496	\$352,263	\$32.61	\$24.44	(25.1%)
3	INJURY AND POISONING	\$380,730	\$268,024	\$28.19	\$18.60	(34.0%)
4	MUSKULO CNCTV TISSUE	\$272,875	\$202,001	\$20.20	\$14.02	(30.6%)
5	GENITOURINARY SYSTEM	\$213,695	\$177,593	\$15.82	\$12.32	(22.1%)
6	DIGESTIVE SYSTEM	\$265,921	\$142,089	\$19.69	\$9.86	(49.9%)
7	RESPIRATORY SYSTEM	\$256,180	\$140,856	\$18.97	\$9.77	(48.5%)
8	NERVOUS SYS SENSE ORGANS	\$150,011	\$128,186	\$11.11	\$8.89	(19.9%)
<b>Total</b>		<b>\$2,833,133</b>	<b>\$2,629,702</b>	<b>\$209.77</b>	<b>\$182.48</b>	<b>(13.0%)</b>

#### Cost by Diagnosis Chapter

Metrics	
Prior - Number of Days	580
Current - Number of Days	360
Prior - Days per 1000	257.7
Current - Days per 1000	149.9
Prior - Net Paid per Day	\$2,069
Current - Net Paid per Day	\$2,690
% Change - Days per 1000	(41.8%)
% Change - Net Paid per Day	30.0%
Prior - Number of Admissions	81
Current - Number of Admissions	80
Prior - Admissions per 1000	36.0
Current - Admissions per 1000	33.3
Prior - Net Paid per Admission	\$14,819
Current - Net Paid per Admission	\$12,107
% Change - Admissions per 1000	(7.4%)
% Change - Net Paid per Admission	(18.3%)

#### Inpatient Utilization

## Cost and Utilization by Procedure

Procedure Chapter	Metrics	Prior Period Number of Claimants	Prior Period Number of Procedures	Prior Period Covered Amount	Prior Period Covered Amount PMPM	Prior Period Net Paid	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Number of Procedures	Current Period Covered Amount	Current Period Covered Amount PMPM	Current Period Net Paid	Current Net Paid PMPM
OPERATIONS NERVOUS SYS		13	47	\$85,485	\$6.33	\$81,658	\$6.05	16	17	\$23,935	\$1.66	\$18,053	\$1.25
OPERATIONS ENDOCRINE SYS		0	0	0	\$0.00	0	\$0.00	2	0	\$3,772	\$0.26	\$2,464	\$0.17
OPERATIONS EYE		15	26	\$11,558	\$0.86	\$9,693	\$0.72	19	22	\$32,793	\$2.28	\$25,661	\$1.78
OPERATIONS EAR		17	26	\$12,197	\$0.90	\$9,041	\$0.67	18	23	\$9,019	\$0.63	\$7,625	\$0.53
OPER NOSE MOUTH PHARYNX		21	77	\$54,708	\$4.05	\$45,103	\$3.34	23	20	\$22,060	\$1.53	\$14,626	\$1.01
OPER RESPIRATORY SYS		10	14	\$14,197	\$1.05	\$12,362	\$0.92	8	8	\$279,881	\$19.42	\$279,108	\$19.37
OPER HEMIC LYMPHATIC SYS		4	5	\$313,333	\$23.20	\$312,327	\$23.13	1	2	\$436	\$0.03	\$349	\$0.02
OPER DIGESTIVE SYS		51	80	\$221,002	\$16.36	\$199,580	\$14.78	57	76	\$140,791	\$9.77	\$110,162	\$7.64
OPER URINARY SYS		13	22	\$123,649	\$9.16	\$117,509	\$8.70	9	10	\$5,582	\$0.39	\$4,257	\$0.30
OPER MALE GENITAL ORGANS		6	8	\$4,604	\$0.34	\$3,693	\$0.27	14	13	\$38,630	\$2.68	\$33,783	\$2.34
OPER FEMALE GENITAL ORGANS		29	43	\$44,309	\$3.28	\$39,421	\$2.92	39	54	\$87,293	\$6.06	\$72,020	\$5.00
OBSTETRICAL PROCEDURES		10	29	\$28,222	\$2.09	\$22,942	\$1.70	20	33	\$92,671	\$6.43	\$70,448	\$4.89
OPER INTEGUMENTARY SYS		129	254	\$85,601	\$6.34	\$73,985	\$5.48	132	230	\$102,088	\$7.08	\$93,417	\$6.48
MISC DIAG THERAPEUTIC		1,593	17,110	\$1,509,039	\$111.73	\$1,196,558	\$88.59	1,769	19,287	\$1,621,009	\$112.48	\$1,319,040	\$91.53

### Detail

Prior Period Number of Claimants	Prior Period Number of Procedures	Prior Period Covered Amount	Prior Period Covered Amount PMPM	Prior Period Net Paid	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Number of Procedures	Current Period Covered Amount	Current Period Covered Amount PMPM	Current Period Net Paid	Current Net Paid PMPM
1,595	18,378	\$3,111,713	\$230.39	\$2,692,065	\$199.32	1,779	20,436	\$2,814,422	\$195.30	\$2,384,592	\$165.47

### Total

## Cost and Utilization Summary

Metrics	Prior Period	Current Period	Change
<b>Highlights</b>			
<b>Demographics</b>			
Average Enrolled Subscribers	0	978	0
Average Enrolled Membership	0	2,318	0
Average Contract Size	0	2.4	0
Average Family Size	0	3.3	0
Age/Gender Factor	0	0.9	0
Claimants per 1,000	0	301.2	0
<b>Covered Expenses PMPM</b>			
Total Covered Expenses PMPM	\$0.00	\$122.14	0
Standard Medical Covered Expenses PMPM	\$0.00	\$108.37	0
Mental Health/Substance Abuse Covered Expenses PMPM	\$0.00	\$0.24	0
Managed Pharmacy Covered Expenses PMPM	\$0.00	\$13.53	0
<b>Total Net Paid PMPM</b>			
Total Net Paid PMPM	\$0.00	\$65.31	0
Standard Medical Total Net Paid PMPM	\$0.00	\$61.14	0
Mental Health/Substance Abuse Total Net Paid PMPM	\$0.00	\$0.28	0
Managed Pharmacy Total Net Paid PMPM	\$0.00	\$3.89	0
<b>Benefit Adequacy</b>			
Percent of Covered Expenses(before COB) Paid by the Plan	0.00%	47.70%	47.7
<b>High Cost Claimants (\$50,000+)</b>			
Number of Claimants	0	0	0
Total Net Paid PMPM	\$0.00	\$0.00	0
Percent of Total Net Paid	0.00%	0.00%	0
<b>Inpatient Utilization</b>			
Admissions per 1,000	0	5.6	0
Days per 1,000	0	10.8	0
Average Length of Stay	0	1.92	0
Average Paid per Day	\$0	\$3,529	0
<b>Network Indicators</b>			
Eligible Medical Expenses Paid at Network Benefit Level	0.00%	92.80%	92.8
Eligible Medical Expenses from Participating Providers	0.00%	91.80%	91.8



Average UHC Participating Provider Discount	0.00%	35.40%	35.4
Total UHC Network Provider Discount PMPM	\$0.00	\$59.82	0

## Details

### High Cost Claimants (\$50,000+)

High Cost Claimants per 1,000	0	0	0
Average Paid per High Cost Claimant	\$0	\$0	0
Percent of Total Net Paid	0.00%	0.00%	0

### Standard Medical - Total Net Paid PMPM (excludes MH/SA)

Standard Medical - Total Net Paid PMPM	\$0.00	\$61.14	0
Physician	\$0.00	\$24.40	0
Primary Care	\$0.00	\$8.37	0
Specialists (including OB/GYN)	\$0.00	\$16.03	0
Facility	\$0.00	\$34.72	0
Inpatient	\$0.00	\$19.18	0
Outpatient	\$0.00	\$15.53	0
Allied Health	\$0.00	\$2.02	0
Medical Pharmacy	\$0.00	\$0.00	0

### Standard Medical - Total Net Paid Unit Costs (excludes MH/SA)

Inpatient Facility Total Net Paid per Admission	\$0	\$8,052	0
Medical	\$0	\$2,847	0
Surgical	\$0	\$11,825	0
Maternity (includes Well Newborn)	\$0	\$4,051	0
Other Newborn	\$0	\$0	0
Non-Acute	\$0	\$0	0
Inpatient Facility Total Net Paid per Day	\$0	\$4,187	0
Medical	\$0	\$1,898	0
Surgical	\$0	\$5,913	0
Maternity(includes Well Newborn)	\$0	\$2,025	0
Other Newborn	\$0	\$0	0
Non-Acute	\$0	\$0	0
Outpatient Surgery Total Net Paid per Encounter	\$0	\$2,057	0
Emergency Room Total Net Paid per Visit	\$0	\$539	0
Inpatient - Total Net Paid per Physician Visit	\$0.00	\$65.71	0
Primary Care	\$0.00	\$72.57	0
Specialist	\$0.00	\$61.13	0
OB/GYN	\$0.00	\$0.00	0
Outpatient - Total Net Paid per Physician Visit	\$0.00	\$59.30	0

Primary Care	\$0.00	\$56.90	0
Specialist	\$0.00	\$60.03	0
OB/GYN	\$0.00	\$74.86	0
<b>Standard Medical - Utilization (excludes MH/SA)</b>			
Inpatient Admissions per 1,000	0	5.6	0
Medical	0	0.9	0
Surgical	0	3	0
Maternity	0	1.7	0
Other Newborn	0	0	0
Non-Acute	0	0	0
C-Section Rate	0%	25%	25
Inpatient Days per 1,000	0	10.8	0
Medical	0	1.3	0
Surgical	0	6	0
Maternity	0	3.5	0
Other Newborn	0	0	0
Non-Acute	0	0	0
Inpatient Average Length of Stay	0	1.92	0
Medical	0	1.5	0
Surgical	0	2	0
Maternity	0	2	0
Other Newborn	0	0	0
Non-Acute	0	0	0
Surgical Outpatient Facility Visits per 1,000	0	9.5	0
Emergency Room Visits per 1,000	0	17.3	0
Inpatient - Physician Visits per 1,000	0	6	0
Primary Care	0	3	0
Specialist	0	4	0
OB/GYN	0	0	0
Outpatient - Physician Visits per 1,000	0	288	0
Primary Care	0	188	0
Specialist	0	75	0
OB/GYN	0	25	0
<b>Managed Pharmacy</b>			
Total Net Paid PMPM	\$0.00	\$3.89	0
Tier1	\$0.00	\$0.90	0
Tier2	\$0.00	\$2.24	0
Tier3	\$0.00	\$0.76	0
Tier4	\$0.00	\$0.00	0

<b>Total Net Paid PMPM by Submission Method</b>			
Retail Delivery	\$0.00	\$3.11	0
Home Delivery	\$0.00	\$0.78	0
Total Net Paid per Script	\$0.00	\$14.95	0
Tier1	\$0.00	\$6.04	0
Tier2	\$0.00	\$29.72	0
Tier3	\$0.00	\$20.68	0
Tier4	\$0.00	\$0.00	0
<b>Total Net Paid per Script by Submission Method</b>			
Retail Delivery	\$0.00	\$13.27	0
Home Delivery	\$0.00	\$30.33	0
Scripts per Member per Year	0	3.1	0
Tier1	0	1.8	0
Tier2	0	0.9	0
Tier3	0	0.4	0
Tier4	0	0	0
<b>Scripts per Member per Year by Submission Method</b>			
Retail Delivery	0	2.8	0
Home Delivery	0	0.3	0
Average Total Net Paid per Day	\$0.00	\$0.50	0
Retail Delivery	\$0.00	\$0.55	0
Home Delivery	\$0.00	\$0.37	0
<b>Other Indicators</b>			
Percent Generic Scripts	0.00%	52.70%	52.7
Percent Home Delivery Scripts	0.00%	9.90%	9.9
Benefit Adequacy	0.00%	19.30%	19.3
<b>Mental Health / Substance Abuse</b>			
Total Net Paid PMPM	\$0.00	\$0.28	0
Inpatient	\$0.00	\$0.00	0
Outpatient	\$0.00	\$0.28	0
<b>Unit Costs</b>			
Inpatient per Admission	\$0	\$0	0
Inpatient per Day	\$0	\$0	0
Outpatient per Encounter	\$0	\$0	0
<b>Utilization</b>			
Inpatient Admissions per 1,000	0	0	0
Inpatient Days per 1,000	0	0	0
Average Length of Stay	0	0	0
Outpatient Encounters per 1,000	0	0	0

Other Indicators			
Eligible Medical Expenses from Participating Providers	0.00%	82.10%	82.1
Eligible Medical Expenses Paid at Network Benefit Level	0.00%	65.10%	65.1

## Distribution of Discounts

Healthcare Cost Category Detail	Metrics	Contracted Discount	Special Negotiated Discount	Shared Savings Discount	Prompt Payment Discount	Customer Specific Discount	Other Discount	Total Discounts
Physician - Primary Care		\$129,634	(\$85)	\$1,626	\$0	\$0	\$23	\$131,198
Physician - OB/GYN		\$73,766	\$0	\$81	\$0	\$0	\$349	\$74,196
Physician - Specialty		\$451,563	(\$129)	\$5,233	\$0	\$0	\$371	\$457,038
Allied Health		\$45,572	\$25	\$2,414	\$0	\$0	\$0	\$48,010
Facility Inpatient		\$700,953	\$3,886	\$894	\$0	\$0	\$0	\$705,733
Facility Outpatient		\$593,213	\$1,653	\$1,550	\$0	\$0	\$5,423	\$601,839
Medical Pharmacy		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>		<b>\$1,994,701</b>	<b>\$5,349</b>	<b>\$11,797</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,166</b>	<b>\$2,018,013</b>

## Distribution of Ineligible Charges

Healthcare Cost Category Detail	Metrics	Duplicate Bill	R&C Reduction	Benefit Limits	Pre-existing Conditions	Abuse and Fraud	Medical Claim Review	Other Ineligible Charges	Total Ineligible Charges
Physician - Primary Care		\$21,875.47	\$1,891.62	\$3,904.51	\$0.00	\$2,969.50	\$235.00	\$18,380.06	\$49,256.16
Physician - OB/GYN		\$52,385.14	\$2,331.40	\$5,566.00	\$0.00	\$0.00	\$0.00	\$9,657.32	\$69,939.86
Physician - Specialty		\$57,079.55	\$11,481.18	\$1,639.34	\$0.00	\$1,239.00	\$1,147.96	\$69,955.96	\$142,542.99
Allied Health		\$7,243.65	\$6,145.02	\$8,143.50	\$0.00	\$0.00	\$2,719.48	\$14,771.02	\$39,022.67
Facility Inpatient		\$77,414.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122,977.87	\$200,392.09
Facility Outpatient		\$74,785.67	\$5,233.05	\$1,621.60	\$0.00	\$450.00	\$1,230.16	\$91,277.54	\$174,598.02
Medical Pharmacy		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,063.47	\$1,063.47
<b>Total</b>		<b>\$290,783.70</b>	<b>\$27,082.27</b>	<b>\$20,874.95</b>	<b>\$0.00</b>	<b>\$4,658.50</b>	<b>\$5,332.60</b>	<b>\$328,083.24</b>	<b>\$676,815.26</b>

## Distribution of Other Savings

Metrics	Healthcare Cost Category Detail	Physician Primary Care	Physician - OB/GYN	Physician - Specialty	Allied Health	Facility Inpatient	Facility Outpatient	Medical Pharmacy	Total
Commercial COB Reductions		\$663	\$3,527	\$12,448	\$1,372	\$3,877	\$8,827	\$112	<b>\$30,827</b>
Commercial COB Savings		\$1,254	\$3,263	\$2,056	\$265	\$2,290	\$8,412	\$0	<b>\$17,541</b>
Commercial COB Total		\$1,917	\$6,790	\$14,505	\$1,637	\$6,167	\$17,239	\$112	<b>\$48,367</b>
Medicare COB Reductions		\$421	\$0	\$0	\$155	\$1,050	\$1,166	\$0	<b>\$2,792</b>
Medicare COB Savings		\$0	\$0	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Medicare COB Total		\$421	\$0	\$0	\$155	\$1,050	\$1,166	\$0	<b>\$2,792</b>
Provider Sanction		\$0	\$0	\$2,013	\$0	\$0	\$0	\$0	<b>\$2,013</b>
All Other Savings		\$0	(\$31)	(\$26)	(\$0)	(\$553)	(\$8,140)	\$0	<b>(\$8,750)</b>
Total Savings		\$2,338	\$6,759	\$16,492	\$1,792	\$6,665	\$10,265	\$112	<b>\$44,422</b>

## Healthcare Cost Management Summary

Metrics	Physician Primary Care	Physician - OB/GYN	Physician - Specialty	Allied Health	Facility Inpatient	Facility Outpatient	Medical Pharmacy	Total
Submitted Charges	\$460,902	\$253,332	\$1,280,446	\$248,791	\$1,870,877	\$1,686,926	\$1,290	<b>\$5,802,563</b>
Savings Due to Ineligible Charges	\$49,256	\$69,940	\$142,543	\$39,023	\$200,392	\$174,598	\$1,063	<b>\$676,815</b>
Eligible Charges	\$411,646	\$183,392	\$1,137,903	\$209,768	\$1,670,485	\$1,512,328	\$226	<b>\$5,125,748</b>
Savings Due to Discounts	\$131,198	\$74,196	\$457,038	\$48,010	\$705,733	\$601,839	\$0	<b>\$2,018,013</b>
Covered Amount	\$280,447	\$109,196	\$680,866	\$161,758	\$964,752	\$910,490	\$226	<b>\$3,107,735</b>
Savings due to Deductibles	\$14,591	\$4,819	\$33,332	\$25,152	\$4,823	\$57,338	\$0	<b>\$140,054</b>
Savings due to Coinsurance	\$6,109	\$7,528	\$41,612	\$20,774	\$44,444	\$80,000	\$0	<b>\$200,468</b>
Savings due to Copays	\$37,697	\$4,949	\$22,910	\$14,340	\$0	\$13,193	\$0	<b>\$93,088</b>
Gross Payable	\$222,051	\$91,900	\$583,011	\$101,492	\$915,485	\$759,960	\$226	<b>\$2,674,124</b>
Other Savings	\$2,338	\$6,759	\$16,492	\$1,792	\$6,665	\$10,265	\$112	<b>\$44,422</b>
Net Paid	\$219,713	\$85,142	\$566,519	\$99,699	\$908,820	\$749,694	\$115	<b>\$2,629,702</b>
Net Paid PMPM	\$15.25	\$5.91	\$39.31	\$6.92	\$63.06	\$52.02	\$0.01	<b>\$182.48</b>
Net Paid as a % of Grand Total	8.4%	3.2%	21.5%	3.8%	34.6%	28.5%	0.0%	<b>100.0%</b>

### HCCMS excluding Managed Pharmacy

Metrics	Submitted Charges	Savings Due to Discounts	Savings due to Deductibles	Savings Due to Coinsurance	Savings due to Copays	Net Paid	Net Paid PMPM	Net Paid as a % of Grand Total
	\$1,194,088	\$279,064	\$0	\$0	\$196,200	\$718,824	\$50.88	100.0%

### HCCMS Managed Pharmacy Costs

Metrics	
Total Deductible as a % of Total Covered Amount	3.5%
Total Coinsurance as a % of Total Covered Amount	5.0%



Total Copay as a % of Total Covered Amount	7.2%
Total Gross Payable as a % of Total Covered Amount	84.3%
Total Other Savings as a % of Total Covered Amount	1.1%
Total Net Paid as a % of Total Covered Amount	83.2%
Submitted Charges	\$6,996,652
Savings Due to Ineligible Charges	\$676,815
Eligible Charges	\$6,319,837
Savings Due to Discounts	\$2,297,078
Covered Amount	\$4,022,759
Savings Due to Deductibles	\$140,054
Savings Due to Coinsurance	\$200,468
Savings Due to Copays	\$289,288
Gross Payable	\$3,392,948
Other Savings	\$44,422
Net Paid	\$3,348,526
Net Paid PMPM	\$233.36

Cost Sharing and Summary Statistics

## Inpatient Event Ad Hoc

Metrics	Covered Amount	Plan Net Paid	HRA Net Paid	Total Net Paid	Plan Net Paid per Day	HRA Net Paid per Day	Total Net Paid per Day
	\$2,420,768.35	\$2,061,435.48	\$28,238.60	\$2,089,674.08	\$1,848.82	\$25.33	\$1,874.15

## Inpatient Utilization and Costs by Admission Type

Admission Type Group	Admission Type	Metrics	Number of Admissions	Admissions Per 1000	Number of Days	Days Per 1000	Average Length of Stay	Covered Amount Per Admission	Covered Amount Per Day	Net Paid Per Admission	Net Paid Per Day
Medical / Surgical	Medical		30	12.5	98	40.8	3.3	\$10,112	\$3,096	\$9,689	\$2,966
	Surgical		21	8.7	153	63.7	7.3	\$27,384	\$3,759	\$26,610	\$3,652
	<b>Subtotal</b>		<b>51</b>	<b>21.2</b>	<b>251</b>	<b>104.5</b>	<b>4.9</b>	<b>\$17,224</b>	<b>\$3,500</b>	<b>\$16,657</b>	<b>\$3,384</b>
Maternity	Maternity - Cesarean Section		7	2.9	22	9.2	3.1	\$3,569	\$1,136	\$2,985	\$950
	Maternity - Vaginal Delivery		10	4.2	23	9.6	2.3	\$3,460	\$1,504	\$2,916	\$1,268
	Maternity - Other		2	0.8	4	1.7	2.0	\$6,360	\$3,180	\$5,772	\$2,886
	<b>Subtotal</b>		<b>19</b>	<b>7.9</b>	<b>49</b>	<b>20.4</b>	<b>2.6</b>	<b>\$3,805</b>	<b>\$1,476</b>	<b>\$3,242</b>	<b>\$1,257</b>
Newborn	Newborn - Well		13	5.4	32	13.3	2.5	\$1,278	\$519	\$914	\$371
	Newborn - Other		3	1.2	9	3.7	3.0	\$2,361	\$787	\$2,018	\$673
	<b>Subtotal</b>		<b>16</b>	<b>6.7</b>	<b>41</b>	<b>17.1</b>	<b>2.6</b>	<b>\$1,481</b>	<b>\$578</b>	<b>\$1,121</b>	<b>\$437</b>
MH/SA	MH/SA - Mental Health		4	1.7	19	7.9	4.8	\$6,735	\$1,418	\$5,584	\$1,176
	MH/SA - Substance Abuse		2	0.8	24	10.0	12.0	\$10,215	\$851	\$8,223	\$685
	<b>Subtotal</b>		<b>6</b>	<b>2.5</b>	<b>43</b>	<b>17.9</b>	<b>7.2</b>	<b>\$7,895</b>	<b>\$1,102</b>	<b>\$6,464</b>	<b>\$902</b>
Other	Skilled Nursing		1	0.4	8	3.3	8.0	\$768	\$96	\$768	\$96
	<b>Subtotal</b>		<b>1</b>	<b>0.4</b>	<b>8</b>	<b>3.3</b>	<b>8.0</b>	<b>\$768</b>	<b>\$96</b>	<b>\$768</b>	<b>\$96</b>

### Detail

Metrics	Number of Admissions	Admissions Per 1000	Number of Days	Days Per 1000	Average Length of Stay	Covered Amount Per Admission	Covered Amount Per Day	Net Paid Per Admission	Net Paid Per Day
	80	33.3	360	149.9	4.5	\$12,782	\$2,840	\$12,107	\$2,690

### Total

## Inpatient Utilization by Diagnosis

Diagnosis Chapter	Metrics	Prior Period Number of Admissions	Current Period Number of Admissions	Prior Period Number of Days	Current Period Number of Days	Prior Period Average Length of Stay	Current Period Average Length of Stay	Prior Period Covered Amount	Current Period Covered Amount	Prior Period Covered Amount per Admission	Current Period Covered Amount per Admission	Prior Period Covered Amount per Day	Current Period Covered Amount per Day
INFECTIOUS & PARASITIC DIS		1	0	6	0	6.0	0	\$12,150	0	\$12,150	0	\$2,025	0
NEOPLASMS		8	9	68	35	8.5	3.9	\$347,886	\$169,091	\$43,486	\$18,788	\$5,116	\$4,831
ENDOCRIN & METABOLIC DIS		3	4	6	9	2.0	2.3	\$6,970	\$10,019	\$2,323	\$2,505	\$1,162	\$1,113
BLOOD & BLOOD FORM ORGANS		0	1	0	2	0	2.0	0	\$12,850	0	\$12,850	0	\$6,425
MENTAL DISORDERS		4	6	155	43	38.8	7.2	\$27,893	\$47,370	\$6,973	\$7,895	\$180	\$1,102
NERVOUS SYS SENSE ORGANS		3	2	11	2	3.7	1.0	\$15,382	\$7,198	\$5,127	\$3,599	\$1,398	\$3,599
CIRCULATORY SYSTEM		8	7	57	86	7.1	12.3	\$165,415	\$403,919	\$20,677	\$57,703	\$2,902	\$4,697
RESPIRATORY SYSTEM		6	3	48	17	8.0	5.7	\$76,403	\$27,528	\$12,734	\$9,176	\$1,592	\$1,619
DIGESTIVE SYSTEM		14	9	79	26	5.6	2.9	\$142,894	\$45,130	\$10,207	\$5,014	\$1,809	\$1,736
GENITOURINARY SYSTEM		5	3	37	11	7.4	3.7	\$131,706	\$16,468	\$26,341	\$5,489	\$3,560	\$1,497
PREGNANCY CHILDBIRTH PUERP		9	19	28	49	3.1	2.6	\$32,936	\$88,917	\$3,660	\$4,680	\$1,176	\$1,815
MUSCULO SKELETAL TISSUE		4	1	8	3	2.0	3.0	\$67,773	\$10,376	\$16,943	\$10,376	\$8,472	\$3,459
CONGENITAL ANOMALIES		1	1	1	4	1.0	4.0	\$1,965	\$27,380	\$1,965	\$27,380	\$1,965	\$6,845
PERINATAL PERIOD		3	3	12	9	4.0	3.0	\$10,964	\$7,083	\$3,655	\$2,361	\$914	\$787
INJURY AND POISONING		8	9	49	49	6.1	5.4	\$159,147	\$106,151	\$19,893	\$11,795	\$3,248	\$2,166
OTHER CONDITIONS		4	3	15	15	3.8	5.0	\$29,884	\$43,085	\$7,471	\$14,362	\$1,992	\$2,872
<b>Total</b>		<b>81</b>	<b>80</b>	<b>580</b>	<b>360</b>	<b>7.2</b>	<b>4.5</b>	<b>\$1,229,369</b>	<b>\$1,022,564</b>	<b>\$15,177</b>	<b>\$12,782</b>	<b>\$2,120</b>	<b>\$2,840</b>

## Medical Dollar Ad Hoc

Metrics	Gross Payable	Plan Net Paid	HRA Net Paid	Total Net Paid	R&C Reduction	Total Savings
	\$258,047.28	\$237,190.26	\$47,463.77	\$284,654.03	\$4,902.55	\$20,857.0

## Medical Utilization Ad Hoc

Metrics	Number of Claimants	Number of Services	Number of Visits	Plan Net Paid	HRA Net Paid	Total Net Paid
	698	3,765	1,159	\$237,190.26	\$47,463.77	\$284,654.03

**Member Cost Sharing Detail Report – Non-Confidential**

Policy Number	Scrambled Number	Relationship Summary	Last Name	First Name	Claimant Date of Birth	Network Benefit Level Metrics	Network Benefits - UHG Network				Non-Network Benefits				Total	
							Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount
00000	1234567	Subscriber	LAST	FIRST	01/23/2008		\$70.00	\$0.00	\$0.00	\$70.00					\$70.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2345678	Subscriber	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$70.00	\$70.00	\$0.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
		Child	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
	3456789	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00
	4567890	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00

## Member Cost Sharing Detail Report-ASO Confidential

Policy Number	Scrambled Number	Relationship Summary	Last Name	First Name	Claimant Date of Birth	Network Benefit Level Metrics	Network Benefits - UHG Network				Non-Network Benefits				Total	
							Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount	Deductible Amount	Total OOP	Copay Amount	Co-insurance Amount
00000	1234567	Subscriber	LAST	FIRST	01/23/2008		\$70.00	\$0.00	\$0.00	\$70.00					\$70.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2345678	Subscriber	LAST	FIRST	01/23/2008						\$0.00	\$0.00	\$70.00	\$70.00	\$0.00	\$0.00
		Spouse	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
		Child	LAST	FIRST	01/23/2008		\$20.00	\$0.00	\$0.00	\$20.00					\$20.00	\$0.00
	3456789	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00
	4567890	Spouse	LAST	FIRST	01/23/2008		\$0.00	\$0.00	\$0.00	\$0.00					\$0.00	\$0.00



## Network Utilization

Metrics	Network Benefit Level Provider Participation Status Category	Network Benefits - UHG Network			Non-Network Benefits			Neutral Benefits			Total
		UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	UHC Network Provider	Non-UHC Network Provider	Total	
Prior - Eligible Charges		\$5,187,050	\$268,904	<b>\$5,455,954</b>	\$28,309	\$342,786	<b>\$371,096</b>	\$671	\$37,908	<b>\$38,579</b>	<b>\$5,865,629</b>
Prior - Eligible Charges as % of Total		88.4%	4.6%	<b>93.0%</b>	0.5%	5.8%	<b>6.3%</b>	0.0%	0.6%	<b>0.7%</b>	<b>100.0%</b>
Current - Eligible Charges		\$4,755,082	\$27,423	<b>\$4,782,505</b>	\$33,389	\$236,101	<b>\$269,490</b>	\$7,608	\$66,146	<b>\$73,754</b>	<b>\$5,125,748</b>
Current - Eligible Charges as % of Total		92.8%	0.5%	<b>93.3%</b>	0.7%	4.6%	<b>5.3%</b>	0.1%	1.3%	<b>1.4%</b>	<b>100.0%</b>
% Change - Eligible Charges		(8.3%)	(89.8%)	<b>(12.3%)</b>	17.9%	(31.1%)	<b>(27.4%)</b>	1033.8%	74.5%	<b>91.2%</b>	<b>(12.6%)</b>
Prior - Discounts		\$1,950,434	\$0	<b>\$1,950,434</b>	\$0	\$0	<b>\$0</b>	\$0	\$0	<b>\$0</b>	<b>\$1,950,434</b>
Prior - Discounts as % of Total		100.0%	0.0%	<b>100.0%</b>	0.0%	0.0%	<b>0.0%</b>	0.0%	0.0%	<b>0.0%</b>	<b>100.0%</b>
Current - Discounts		\$1,994,577	\$0	<b>\$1,994,577</b>	\$0	\$0	<b>\$0</b>	\$124	\$0	<b>\$124</b>	<b>\$1,994,701</b>
Current - Discounts as % of Total		100.0%	0.0%	<b>100.0%</b>	0.0%	0.0%	<b>0.0%</b>	0.0%	0.0%	<b>0.0%</b>	<b>100.0%</b>
% Change - Discounts		2.3%	0	<b>2.3%</b>	0	0	<b>0</b>	0	0	<b>0</b>	<b>2.3%</b>
Prior - Discounts as % of Eligible Charges		37.6%	0.0%	<b>35.7%</b>	0.0%	0.0%	<b>0.0%</b>	0.0%	0.0%	<b>0.0%</b>	<b>33.3%</b>
Current - Discounts as % of Eligible Charges		41.9%	0.0%	<b>41.7%</b>	0.0%	0.0%	<b>0.0%</b>	1.6%	0.0%	<b>0.2%</b>	<b>38.9%</b>
Prior - Total Net Paid		\$2,444,643	\$138,098	<b>\$2,582,741</b>	\$15,275	\$206,286	<b>\$221,561</b>	\$184	\$28,647	<b>\$28,831</b>	<b>\$2,833,133</b>
Prior - Net Paid as % of Total		86.3%	4.9%	<b>91.2%</b>	0.5%	7.3%	<b>7.8%</b>	0.0%	1.0%	<b>1.0%</b>	<b>100.0%</b>
Current - Total Net Paid		\$2,399,561	\$22,851	<b>\$2,422,412</b>	\$12,654	\$141,240	<b>\$153,894</b>	\$4,307	\$49,090	<b>\$53,397</b>	<b>\$2,629,702</b>
Current - Net Paid as % of Total		91.2%	0.9%	<b>92.1%</b>	0.5%	5.4%	<b>5.9%</b>	0.2%	1.9%	<b>2.0%</b>	<b>100.0%</b>
% Change - Total Net Paid		(1.8%)	(83.5%)	<b>(6.2%)</b>	(17.2%)	(31.5%)	<b>(30.5%)</b>	2240.9%	71.4%	<b>85.2%</b>	<b>(7.2%)</b>
Prior - Employer Cost Sharing		87.5%	95.5%	<b>87.9%</b>	63.7%	73.6%	<b>72.8%</b>	30.4%	76.0%	<b>75.3%</b>	<b>86.3%</b>
Current - Employer Cost Sharing		87.3%	83.3%	<b>87.3%</b>	49.5%	60.4%	<b>59.4%</b>	70.7%	74.2%	<b>73.9%</b>	<b>84.6%</b>

## Outpatient Utilization by Diagnosis

Diagnosis Chapter	Metrics	Prior Period Number of Claimants	Current Period Number of Claimants	Prior Period Number of Services	Current Period Number of Services	Prior Period Number of Visits	Current Period Number of Visits	Prior Period Covered Amount	Current Period Covered Amount	Prior Period Covered Amount per Service	Current Period Covered Amount per Service
INFECTIOUS & PARASITIC DIS		171	166	478	158	143	\$98,564	\$28,482	\$138	\$60	\$624
NEOPLASMS		111	116	529	132	206	\$96,147	\$195,150	\$182	\$172	\$728
ENDR NUTRI METABOLIC IMMUN		222	260	1,179	1,397	234	244	\$53,047	\$58,859	\$45	\$42
BLOOD & BLOOD FORM ORGANS		18	22	79	146	8	816	\$6,788	\$38,631	\$86	\$265
MENTAL DISORDERS		111	145	531	699	374	443	\$57,668	\$83,469	\$109	\$119
NERVOUS SYS SENSE ORGANS		417	454	1,733	1,415	709	712	\$165,992	\$147,481	\$96	\$104
CIRCULATORY SYSTEM		169	200	1,018	970	276	324	\$127,293	\$138,213	\$125	\$142
RESPIRATORY SYSTEM		672	621	3,310	3,202	978	859	\$214,095	\$142,335	\$65	\$44
DIGESTIVE SYSTEM		165	160	540	652	185	205	\$131,026	\$121,765	\$243	\$187
GENITOURINARY SYSTEM		311	351	1,289	1,613	370	465	\$189,076	\$185,380	\$147	\$115
PREGNANCY CHILDBIRTH PUERP		48	73	292	517	52	65	\$18,930	\$58,362	\$65	\$113

### Detail

Metrics	Prior Period Number of Claimants	Current Period Number of Claimants	Prior Period Number of Services	Current Period Number of Services	Prior Period Number of Visits	Current Period Number of Visits	Prior Period Covered Amount	Current Period Covered Amount	Prior Period Covered Amount per Service	Current Period Covered Amount per Service
	171	166	478	158	143	\$98,564	\$28,482	\$138	\$60	\$624

### Total

**Top Hospitals Ranked by Total Net Paid**

Hospital Name	City	State	Provider Participation Status Category	Number of Inpatient Admissions	Number of Inpatient Days	Inpatient Covered Amount	Inpatient Net Paid	Outpatient Number of Services	Outpatient Covered Amount	Outpatient Net Paid	Net Paid Total
WOMENS HOSPITAL CITY	FALLS CHURCH	Virginia	Participating Provider	1	71	\$258,268	\$258,268	7	\$4,301	\$3,841	\$262,109
HOSPITAL COUNTY	MARIETTA	Georgia	Participating Provider	10	36	\$194,677	\$193,665	76	\$37,205	\$35,767	\$229,432
HOSPITAL	DALLAS	Texas	Participating Provider	1	18	\$58,818	\$58,157	1	\$169	\$69	\$58,226
Subtotal				12	125	\$511,460	\$510,090	84	\$41,675	\$39,777	\$549,767

Top Hospitals

Metrics	Number of Inpatient Admissions	Number of Inpatient Days	Inpatient Covered Amount	Inpatient Net Paid	Outpatient Number of Services	Outpatient Covered Amount	Outpatient Net Paid	Net Paid Total
	64	211	\$391,021	\$338,322	1,227	\$570,281	\$454,279	\$792,601

All Other Hospitals

Metrics	Number of Inpatient Admissions	Number of Inpatient Days	Inpatient Covered Amount	Inpatient Net Paid	Outpatient Number of Services	Outpatient Covered Amount	Outpatient Net Paid	Net Paid Total
	80	360	\$964,627	\$909,269	1,373	\$654,790	\$536,001	\$1,445,270

All Hospitals

**Top Physicians Ranked by Total Net Paid**

Physician Name	State	Provider Participation Status Category	Number of Claimants	Number of Visits	Number of Services	Covered Amount	Net Paid
FIRST A LASTNAME	Ohio	Participating Provider	1	8	169	\$42,876	\$42,631
FIRST B LASTNAME	North Carolina	Participating Provider	1	4	69	\$18,357	\$18,237
FIRST C LASTNAME	Georgia	Participating Provider	1	41	125	\$17,275	\$17,050
<b>Subtotal</b>			<b>3</b>	<b>53</b>	<b>363</b>	<b>\$78,508</b>	<b>\$77,918</b>

Top Physicians

Metrics	Number of Claimants	Number of Visits	Number of Services	Covered Amount	Net Paid
	1,649	5,193	11,752	\$895,226	\$718,094

All Other Physicians

Metrics	Number of Claimants	Number of Visits	Number of Services	Covered Amount	Net Paid
	1,649	5,265	12,259	\$998,453	\$818,768

All Physicians

## Utilization and Costs by Provider Type

Place of Service Category	Provider Type Utilization	Metrics	Number of Claimants	Covered Amount	Covered Amount per Claimant	Covered Amount PMPM	Net Paid	Net Paid per Claimant	Net Paid PMPM
Inpatient	Facility		79	\$964,627	\$12,210	\$66.94	\$909,269	\$11,510	\$63.10
	Physician Primary Care		43	\$15,552	\$362	\$1.08	\$10,463	\$243	\$0.73
	Physician OB/GYN		21	\$38,464	\$1,832	\$2.67	\$28,292	\$1,347	\$1.96
	Physician Specialist		54	\$122,240	\$2,264	\$8.48	\$103,505	\$1,917	\$7.18
	Allied Health		9	\$8,930	\$992	\$0.62	\$6,087	\$676	\$0.42
Outpatient	Facility		937	\$933,632	\$996	\$64.79	\$762,127	\$813	\$52.89
	Physician Primary Care		1,300	\$266,048	\$205	\$18.46	\$210,215	\$162	\$14.59
	Physician OB/GYN		260	\$70,962	\$273	\$4.92	\$56,967	\$219	\$3.95
	Physician Specialist		760	\$485,208	\$638	\$33.67	\$409,345	\$539	\$28.41
	Allied Health		371	\$152,827	\$412	\$10.60	\$93,613	\$252	\$6.50
	Miscellaneous		34	\$41,254	\$1,213	\$2.86	\$32,088	\$944	\$2.23
	Pharmacy		5	\$7,990	\$1,598	\$0.55	\$7,731	\$1,546	\$0.54

### Cost by Provider Type – Details

Metrics	Number of Claimants	Covered Amount	Covered Amount per Claimant	Covered Amount PMPM	Net Paid	Net Paid per Claimant	Net Paid PMPM
	1,783	\$3,107,735	\$1,743	\$215.65	\$2,629,702	\$1,475	\$182.48

### Cost by Provider Type – Total

## Utilization by Age Group

Medical Age Group	Metrics	Average Member Count	Claimant Count	Covered Amount	Covered Amount PMPM	Covered Amount per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant
< 1		25	44	79,606	\$5.52	\$1,809	\$58,295	\$4.05	\$1,325
1 - 9		370	294	279,141	\$19.37	\$949	\$230,849	\$16.02	\$785
10 - 19		446	292	265,647	\$18.43	\$910	\$216,680	\$15.04	\$742
20 - 24		104	59	44,032	\$3.06	\$746	\$36,518	\$2.53	\$619
25 - 34		311	235	495,870	\$34.41	\$2,110	\$416,677	\$28.91	\$1,773
35 - 44		607	453	581,546	\$40.35	\$1,284	\$459,749	\$31.90	\$1,015
45 - 54		389	314	689,134	\$47.82	\$2,195	\$600,475	\$41.67	\$1,912
55 - 64		142	122	599,971	\$41.63	\$4,918	\$541,170	\$37.55	\$4,436
65 +		9	8	72,787	\$5.05	\$9,098	\$69,289	\$4.81	\$8,661

### Detail

Metrics	Average Member Count	Claimant Count	Covered Amount	Covered Amount PMPM	Covered Amount per Claimant	Net Paid	Net Paid PMPM	Net Paid per Claimant
	2,402	1,783	3,107,735	\$215.65	\$1,743	\$2,629,702	\$182.48	\$1,475

### Total

## Utilization by Diagnosis

Diagnosis Chapter	Metrics	Prior Period Number of Claimants	Prior Period Claimants per 1000	Prior Period Net Paid	Prior Period Net Paid % of Total	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Claimants per 1000	Current Period Net Paid	Current Period Net Paid % of Total	Current Net Paid PMPM
INFECTIOUS & PARASITIC DIS		174	77.3	\$96,220	3.4%	\$7.12	169	70.4	\$26,501	1.0%	\$1.84
NEOPLASMS		111	49.3	\$440,496	15.5%	\$32.61	118	49.1	\$352,263	13.4%	\$24.44
ENDCR NUTRI METABOLIC IMMUN		225	100.0	\$49,341	1.7%	\$3.65	264	109.9	\$61,570	2.3%	\$4.27
BLOOD & BLOOD FORM ORGANS		19	8.4	\$6,873	0.2%	\$0.51	22	9.2	\$50,735	1.9%	\$3.52
MENTAL DISORDERS		112	49.8	\$55,611	2.0%	\$4.12	148	61.6	\$91,506	3.5%	\$6.35
NERVOUS SYS SENSE ORGANS		417	185.3	\$150,011	5.3%	\$11.11	457	190.3	\$128,186	4.9%	\$8.89
CIRCULATORY SYSTEM		171	76.0	\$280,603	9.9%	\$20.78	204	84.9	\$479,747	18.2%	\$33.29
RESPIRATORY SYSTEM		677	300.8	\$256,180	9.0%	\$18.97	627	261.1	\$140,856	5.4%	\$9.77
DIGESTIVE SYSTEM		171	76.0	\$265,921	9.4%	\$19.69	168	69.9	\$142,089	5.4%	\$9.86
GENITOURINARY SYSTEM		312	138.6	\$213,695	7.5%	\$15.82	352	146.6	\$177,593	6.8%	\$12.32
PREGNANCY CHILDBIRTH PUERP		48	21.3	\$59,339	2.1%	\$4.39	74	30.8	\$149,600	5.7%	\$10.38
SKIN & SUBCUTANEOUS TISSUE		179	79.5	\$28,338	1.0%	\$2.10	216	89.9	\$46,393	1.8%	\$3.22
MUSKULO CNCTV TISSUE		333	147.9	\$272,875	9.6%	\$20.20	383	159.5	\$202,001	7.7%	\$14.02
CONGENITAL ANOMALIES		19	8.4	\$21,996	0.8%	\$1.63	25	10.4	\$74,823	2.8%	\$5.19
PERINATAL PERIOD		15	6.7	\$34,704	1.2%	\$2.57	24	10.0	\$35,981	1.4%	\$2.50
INJURY AND POISONING		206	91.5	\$380,730	13.4%	\$28.19	215	89.5	\$268,024	10.2%	\$18.60
OTHER CONDITIONS		662	294.1	\$220,200	7.8%	\$16.30	729	303.5	\$201,835	7.7%	\$14.01

## Detail

Metrics	Prior Period Number of Claimants	Prior Period Claimants per 1000	Prior Period Net Paid	Prior Net Paid PMPM	Current Period Number of Claimants	Current Period Claimants per 1000	Current Period Net Paid	Current Net Paid PMPM
	1,596	709.0	\$2,833,133	\$209.77	1,783	742.3	\$2,629,702	\$182.48

## Total

**Membership by Market**

Market Number	Market Name	Single Subscribers	Subscribers with one Dependent	Subscribers with Two or More Dependents	Total Subscribers	Non-Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
0002407	PHOENIX, AZ	39	31	46	115	0	176	290
0004422	LA., ORANGE & VENTURA, CA	4	2	3	9	0	11	21
0010460	ATLANTA, GA	7	16	16	40	0	64	102
0012471	CHICAGO, IL	7	3	7	17	0	25	41
0013476	INDIANAPOLIS, IN	6	3	11	20	0	39	59
0017622	MONROLE, LA	3	10	19	32	0	70	102
0020494	BOSTON, MA	11	2	9	22	0	34	56
<b>Total</b>		<b>77</b>	<b>67</b>	<b>111</b>	<b>255</b>	<b>0</b>	<b>419</b>	<b>671</b>



## Membership by Month

Membership Year/Month	Single Subscribers	Subscribers plus Spouse	Subscribers plus Child/Children	Subscribers plus Family	Total Subscribers	Non- Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
2008-01	351	142	73	390	956	0	1,439	2,395
2008-02	351	141	75	398	965	0	1,459	2,424
2008-03	344	139	73	399	955	0	1,458	2,413
2008-04	343	139	68	399	949	0	1,450	2,399
<b>Total</b>	<b>2,065</b>	<b>834</b>	<b>421</b>	<b>2,384</b>	<b>5,704</b>	<b>0</b>	<b>8,707</b>	<b>14,411</b>

**Membership Managed Ad Hoc**

Market Number	Market Name	Single Subscribers	Subscribers with One Dependent	Subscribers with Two or More Dependents	Total Subscribers	Non-Positively Enrolled Dependents	Positively Enrolled Dependents	Total Members
0004422	SAN FRANCISCO, CA	782	380	314	1,475	0	1,276	2,751
0005440	DENVER, CO	391	205	315	910	0	1,225	2,135
0010457	ROME, GA	1	1	1	3	0	3	5
0011468	SOUTHWEST IDAHO, ID	280	233	408	921	0	1,656	2,577
<b>Total</b>		<b>2,275</b>	<b>1,371</b>	<b>1,831</b>	<b>5,477</b>	<b>0</b>	<b>7,116</b>	<b>12,593</b>

## Membership with Demographic and Geographic Factors

Gender	Age Group Band	Single Subscribers	Subscribers with One Dependent	Subscribers with Two or More Dependents	Total Subscribers	Positively Enrolled Dependents	Total Members	Percentage of Member Distribution
	< 20	0.0	0.0	0.0	0.0	218.3	218.3	9.1%
	20 - 24	16.0	2.2	0.5	18.7	35.3	54.0	2.2%
	25 - 29	28.2	7.7	18.5	54.3	4.0	58.3	2.4%
	30 - 34	32.7	20.0	46.3	99.0	5.2	104.2	4.3%
	35 - 39	30.3	22.0	84.2	136.5	16.0	152.5	6.3%
	40 - 44	25.3	21.3	88.8	135.5	23.5	159.0	6.6%
	45 - 49	26.5	22.3	65.2	114.0	11.8	125.8	5.2%
	> 50	15.7	25.3	28.3	69.3	9.2	78.5	3.3%
	<b>Total</b>	<b>192.3</b>	<b>159.2</b>	<b>345.0</b>	<b>696.5</b>	<b>541.2</b>	<b>1,237.7</b>	<b>51.5%</b>
	< 20	0.0	0.0	0.0	0.0	227.3	227.3	9.5%
	20 - 24	5.7	0.8	0.0	6.5	43.7	50.2	2.1%
	25 - 29	9.2	1.2	1.0	11.3	37.5	48.8	2.0%
	30 - 34	20.0	6.5	7.0	33.5	66.5	100.0	4.2%
	35 - 39	25.8	10.0	11.5	47.3	88.3	135.7	5.6%
	40 - 44	32.2	6.2	13.8	52.2	107.5	159.7	6.6%
	45 - 49	22.3	9.8	14.0	46.2	64.5	110.7	4.6%
	> 50	11.2	8.0	3.2	22.3	51.7	74.0	3.1%
	<b>Total</b>	<b>151.8</b>	<b>50.0</b>	<b>52.3</b>	<b>254.2</b>	<b>910.0</b>	<b>1,164.2</b>	<b>48.5%</b>
<b>Total</b>		<b>344.2</b>	<b>209.2</b>	<b>397.3</b>	<b>950.7</b>	<b>1,451.2</b>	<b>2,401.8</b>	<b>100.0%</b>

Gender	Metrics	Single Subscribers Average Age	Subscribers with One Dependent Average Age	Subscribers with Two or More Dependents Average Age	Total Subscribers Average Age	Positively Enrolled Dependents Average Age	Total Members Average Age
Male		39	46	41	41	16	30
Female		43	44	42	43	26	30
<b>Total</b>		<b>41</b>	<b>45</b>	<b>41</b>	<b>42</b>	<b>22</b>	<b>30</b>

Metrics	Per Subscriber Geographic Factor	Per Member Geographic Factor	Per Subscriber Demographic Factor	Per Member Demographic Factor
	0.956	0.948	0.000	0.940



*James J. Donelon*

COMMISSIONER OF INSURANCE

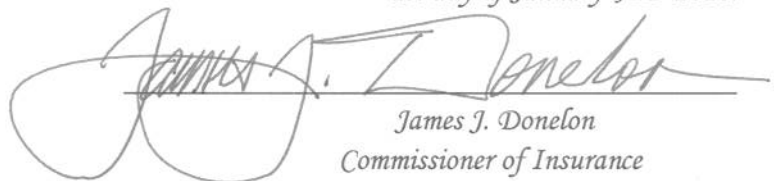
**CERTIFICATE OF AUTHORITY**

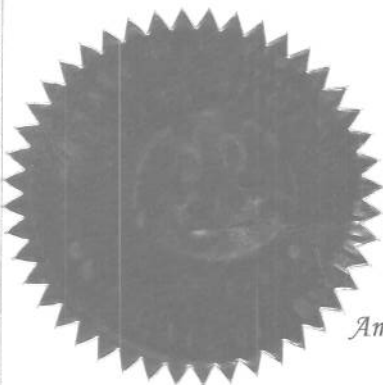
*Whereas, the UnitedHealthCare Insurance Company located at Connecticut has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said UnitedHealthCare Insurance Company is authorized to transact its appropriate business of Health and accident; Life Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.*

*In Testimony Whereof, I hereunto subscribe my name,*

*and affix the seal of my office at Baton Rouge this*

*1st day of January A.D 2010.*

  
James J. Donelon  
Commissioner of Insurance



*Amended: Original certificate effective date August 17, 1973*