Plan Guide 2023

Take advantage of all your Prescription Drug plan has to offer

Staff Education Association Retirees VEBA

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Number: 4156

Effective: January 1, 2023 through December 31, 2023

United Healthcare

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Introducing the Plan

UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare to offer prescription drug coverage for all Medicare-eligible retirees. We believe you should get more than a good plan and that's why we have the people, tools and resources in place to help you live a healthier life.

Get a 3-month Supply[1]

Over 67,000 Pharmacies

Optum® Home Delivery

Let us help you:

- Find ways to save money so you can focus more on what matters to you

In this book, you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- What you can expect after your enrollment

How to enroll

Your former employer or plan sponsor will provide additional information before you enroll in the plan.

You can get 2023 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your plan materials.

[1]Your former employer or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

Questions? We're here to help.

retiree.uhc.com

Call toll-free **1-877-558-4749,** TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

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Plan Information

Benefit Highlights

Staff Education Association Retirees VEBA 04156
Effective January 1, 2023 to December 31, 2023

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions.

Prescription drugs

	Your cost	
Initial coverage stage	Network pharmacy (30-day retail supply)	Mail service pharmacy (90-day supply)
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Preferred Brand	$0 copay	$0 copay
Tier 3: Non-preferred Drug	$0 copay	$0 copay
Tier 4: Specialty Tier	$0 copay	$0 copay
Coverage gap stage	After your total drug costs reach $4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach $7,400, you will pay a $0 copay	

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.
Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Drug lists (formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year.

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Plan Details

UnitedHealthcare® MedicareRx for Groups (PDP)

Your former employer or plan sponsor has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan for your prescription drug coverage. This is a plan designed just for a former employer or plan sponsor, like yours. Only Medicare-eligible retirees of your former employer or plan sponsor can enroll in this plan. This plan is also known as a Medicare Part D plan.

Original Medicare Part A (hospital coverage) and Part B (doctor and outpatient care) help pay for some of the costs, but they don't cover prescription drugs. Medicare Part D plans help with prescription drug costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare.

Make sure you are signed up for Medicare

You must be entitled to Medicare Part A and/or enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled, check with Social Security
- Visit **ssa.gov/locator** or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- If you are enrolled in Medicare Part B, you must continue to pay your Medicare Part B monthly premium to Social Security to keep your Medicare Part B coverage
- If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage

Questions? We're here to help.

retiree.uhc.com

Call toll-free **1-877-558-4749**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week

How your Group Medicare Part D plan works

Here are Medicare's rules about what types of coverage you can have either as an addition to or combined with a group-sponsored Medicare Part D prescription drug plan.

One plan at a time

- You may be enrolled in only one Medicare Part D prescription drug plan at a time. This means you may have one Medicare Part D plan or one Medicare Advantage plan that includes prescription drug coverage, but not both
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you enroll in another plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan
- Any eligible family members may also be disenrolled from their group-sponsored coverage, and you and your family may not have drug coverage through your former employer or plan sponsor

You must have employer group-sponsored coverage

Your group-sponsored Medicare Part D plan includes only drug coverage. It does not include medical care coverage.

- If you want a Medicare Advantage plan, it must come through a group like your former employer or plan sponsored Part D prescription drug plan
- If you enroll in an individual Medicare Advantage plan, you may be disenrolled from this group-sponsored Part D prescription drug plan

Remember: If you drop or are disenrolled from your group-sponsored retiree prescription drug coverage, you may not be able to re-enroll. Limitations and restrictions vary by former employer or plan sponsor.

Questions? We're here to help.

retiree.uhc.com

Call toll-free **1-877-558-4749**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week

Here are some of the highlights of your new prescription drug plan:

Dedicated service
We're here for you. Our Customer Service team has been specially trained to know all the ins and outs of your plan.

Complete Drug List
The plan's Drug List (formulary) includes all of the drugs covered by Medicare Part D in brand or generic form. Your plan may include additional drug coverage beyond what Medicare allows.

Filling your prescriptions is convenient
There are thousands of national chain, regional and independent local retail pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy[1] can help make sure you are getting the lowest cost available through your plan.

Custom-programmed hearing aids
Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids—available in-person at any of our 7,000+[2] UnitedHealthcare Hearing providers nationwide[3] or delivered to your doorstep with direct delivery and virtual care (select products only)—so you'll get the care you need to hear better and live life to the fullest.

Questions? We're here to help.

retiree.uhc.com

Call toll-free **1-877-558-4749**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week

[1]Network size varies by market.
[2]Network size varies by market.
[3]Please refer to your Summary of Benefits for details regarding your benefit coverage.

What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount Social Security determines you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.

What is a Medicare Part D Late Enrollment Penalty (LEP)?

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The LEP is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

When you become a member, your former employer or plan sponsor will be asked to confirm that you have had continuous Medicare Part D coverage. If your former employer or plan sponsor asks for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty.

Once you become a member, more information will be available in your Evidence of Coverage (EOC). Your Quick Start Guide will include details on how to access your EOC.

Call Social Security to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying and you can re-apply every year.

Call toll-free **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check your plan's drug list to see if your drugs are covered.

Here are answers to common questions:

What pharmacies can I use?
You can choose from thousands of national chain, regional and independent local retail pharmacies.

What is a drug-cost tier?
Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.

What will I pay for my prescription drugs?
What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug-cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled.[1]

Questions? We're here to help.

retiree.uhc.com

Call toll-free **1-877-558-4749**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week

[1]Refer to the Summary of Benefits or Benefit Highlights for more information.

The price you pay for a covered drug will depend on 2 factors:

1 The drug-cost tier for your drug

Each covered drug is assigned to a tier. Generally, the lower the tier, the less you pay.

Tier	Cost	Description
Tier 1	Low	All covered generic drugs
Tier 2		Many common brand-name drugs, called preferred brands
Tier 3		Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3
Tier 4 (Specialty)	High	Unique and/or very high-cost brand-name drugs

2 Your Medicare drug payment stages

Annual deductible – If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage. If you don't have a deductible, your coverage begins in the initial coverage stage.

Initial coverage	Coverage gap	Catastrophic coverage
In this drug payment stage: • You pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest • You stay in this stage until your **total drug costs** reach $4,660	Your plan provides additional coverage through the gap. • You continue to pay the same copay or coinsurance as you did in the initial coverage stage • You stay in this stage until your **out-of-pocket costs** reach $7,400	After your **out-of-pocket costs** reach $7,400: • You pay a small copay or coinsurance amount • You stay in this stage for the rest of the plan year

Total drug costs – The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2023. This does not include premiums.

Out-of-pocket costs – The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2023. This does not include premiums.

Ways to help save on your prescription drugs

You may save on the medications you take regularly
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through Optum® Home Delivery through OptumRx pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.

Get a 3-month[1] supply at retail pharmacies
In addition to Optum Home Delivery through OptumRx pharmacy, most retail pharmacies offer 3-month supplies for some prescription drugs.

Ask your doctor about trial supplies
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.

Explore lower-cost options
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.

Have an annual medication review
Make an appointment to have an annual medication review with your doctor to make sure you are only taking the drugs you need.

The UnitedHealthcare Savings Promise

UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

[1]Your former employer or plan sponsor may provide coverage beyond 3 months. Please refer to the Benefit Highlights or Summary of Benefits for more information.

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Summary of Benefits 2023

UnitedHealthcare® MedicareRx for Groups (PDP)
Group Name (Plan Sponsor): Staff Education Association Retirees VEBA
Group Number: 04156

S5820-803-000

Look inside to take advantage of the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.

Toll-free **1-877-558-4749**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

retiree.uhc.com

United Healthcare

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Summary of Benefits

January 1, 2023 - December 31, 2023

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at **retiree.uhc.com** or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join UnitedHealthcare® MedicareRx for Groups (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all U.S. territories.

Use network pharmacies

UnitedHealthcare® MedicareRx for Groups (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to **retiree.uhc.com** to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

UnitedHealthcare® MedicareRx for Groups (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual Prescription Drug Deductible	This plan does not have a deductible.

Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at retiree.uhc.com or call Customer Service to have a hard copy sent to you.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	**Retail Cost-Sharing**	**Mail Order Cost-Sharing**
	30-day supply	**90-day supply**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Preferred Brand	$0 copay	$0 copay
Tier 3: Non-preferred Drug	$0 copay	$0 copay
Tier 4: Specialty Tier	$0 copay	$0 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach $4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic Coverage	After your total out-of-pocket costs reach $7,400, you will pay a $0 copay.	

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-888-556-6648 for additional information (TTY users should call 711). Hours are 8 a.m.-8 p.m. local time, Monday-Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-888-556-6648, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits and features vary by plan. Limitations and exclusions may apply.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium.

The company does not treat members differently because of sex, age, race, color, disability or national origin.

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

You must send the complaint within 60 days of when you found out about it. 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 member toll-free phone number listed in the front of this booklet.

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. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed in the front of this booklet.

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 la portada de esta guía.

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

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Xin vui lòng gọi số điện thoại miễn phí dành cho hội viên trên trang bìa của tập sách này.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 이 책자 앞 페이지에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: 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 nakalista sa harapan ng booklet na ito.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на лицевой стороне данной брошюры.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يرجى الاتصال على رقم الهاتف المجاني للعضو الموجود في مقدمة هذا الكتيب.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo telefòn gratis pou manm yo ki sou kouvèti ti liv sa a.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone sans frais pour les affiliés figurant au début de ce guide.

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

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número do membro encontrado na frente deste folheto.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero verde per i membri indicato all'inizio di questo libretto.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre 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。本冊子の表紙に記載されているメンバー用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. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया इस पुस्तिका के सामने के पृष्ठ पर सूचीबद्ध सदस्य टोल-फ्री फ़ोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu tus tswv cuab xov tooj hu dawb teev nyob ntawm sab xub ntiag ntawm phau ntawv no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Covered drugs are placed in tiers. Each tier has a different cost:
  - Tier 1: Preferred generic
  - Tier 2: Preferred brand
  - Tier 3: Non-preferred drug
  - Tier 4: Specialty tier
- Each tier has a copay or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as prior authorization or step therapy. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

PA **Prior authorization**	The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered.
QL **Quantity limits**	The plan only covers a certain amount of this drug for 1 copay or over a certain number of days. Limits help make sure the drug is used safely. If your doctor prescribes more than the limit, you or your doctor can ask the plan to cover the additional quantity.
ST **Step therapy**	You may need to try lower-cost drugs that treat the same condition before the plan will cover your drug. If you have tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan for coverage.
B/D **Medicare Part B or Part D**	Depending on how this drug is used, it may be covered by Medicare Part B or Part D. Your doctor may need to give the plan more information about how this drug will be used to make sure it's covered correctly.
HRM **High-risk medication**	This drug is known as a high-risk medication (HRM) for patients 65 years and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

LA **Limited access**	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
MME **Morphine milligram equivalent**	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
7D **7-day limit**	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.
DL **Dispensing limit**	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL
Abilify Maintena (Intramuscular Prefilled Syringe),T4
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4
Abiraterone Acetate (250MG Oral Tablet),T1 - PA
Acamprosate Calcium (Oral Tablet Delayed Release),T1
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL
Acetazolamide (Oral Tablet),T1
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1
Actimmune (Subcutaneous Solution),T4
Acyclovir (Oral Capsule),T1
Acyclovir (Oral Tablet),T1
Adacel (Intramuscular Suspension),T2 - QL
Advair Diskus (Inhalation Aerosol Powder Breath Activated),T1 - QL
Advair HFA (Inhalation Aerosol),T2 - QL
Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Albendazole (Oral Tablet),T1 - QL
Alcohol Prep Pads,T2
Alecensa (Oral Capsule),T4 - PA
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
Allopurinol (Oral Tablet),T1

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Alphagan P (0.1% Ophthalmic Solution),T2

Alphagan P (0.15% Ophthalmic Solution),T3

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Alrex (Ophthalmic Suspension),T3

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T1 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T1 - QL

Ampyra (Oral Tablet Extended Release 12 Hour),T4 - ST; QL

Anagrelide HCl (Oral Capsule),T1

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T2

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL

Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T4 - PA

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe),T3 - PA

Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA

Aripiprazole (Oral Tablet),T1 - QL

Aristada (Intramuscular Prefilled Syringe),T4

Aristada Initio (Intramuscular Prefilled Syringe),T4

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Asmanex HFA (Inhalation Aerosol),T3 - ST; QL

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL

Atazanavir Sulfate (Oral Capsule),T1 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T1

Atorvastatin Calcium (Oral Tablet),T1 - QL

Atovaquone-Proguanil HCl (Oral Tablet),T1

Atrovent HFA (Inhalation Aerosol Solution),T3

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Aubagio (Oral Tablet),T4 - QL

Auryxia (Oral Tablet),T4 - PA

Austedo (Oral Tablet),T4 - PA; QL

Avonex Pen (Intramuscular Auto-Injector Kit),T4

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4

Azasite (Ophthalmic Solution),T3

Azathioprine (50MG Oral Tablet),T1 - B/D,PA

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1

Azelastine HCl (Ophthalmic Solution),T1

Azithromycin (Oral Packet),T1

Azithromycin (Oral Tablet),T1

B

BRIVIACT (Oral Solution),T4 - PA

BRIVIACT (Oral Tablet),T4 - PA

Baclofen (Oral Tablet),T1

Balsalazide Disodium (Oral Capsule),T1

Baqsimi One Pack (Nasal Powder),T2

Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST

Belsomra (Oral Tablet),T2 - QL

Benazepril HCl (Oral Tablet),T1 - QL

Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Benztropine Mesylate (Oral Tablet),T1 - PA; HRM

Bepreve (Ophthalmic Solution),T3

Berinert (Intravenous Kit),T4 - PA

Besivance (Ophthalmic Suspension),T3

Betaseron (Subcutaneous Kit),T4

Bethanechol Chloride (Oral Tablet),T1

Betimol (Ophthalmic Solution),T3

Bevespi Aerosphere (Inhalation Aerosol),T3 - ST

Bexarotene (Oral Capsule),T1 - PA

Bicalutamide (Oral Tablet),T1

Bijuva (Oral Capsule),T3 - PA; HRM

Bisoprolol Fumarate (Oral Tablet),T1

Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL

Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Breztri Aerosphere (Inhalation Aerosol),T2 - QL

Brilinta (Oral Tablet),T2 - QL

Brimonidine Tartrate (Ophthalmic Solution),T1

Budesonide (Inhalation Suspension),T1 - B/D,PA

Budesonide (Oral Capsule Delayed Release Particles),T1

Buprenorphine (Transdermal Patch Weekly),T1 - 7D; DL; QL

Buprenorphine HCl (Tablet Sublingual),T1 - QL

Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL

Bupropion HCl (Oral Tablet Immediate Release),T1

Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3

Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1

Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1

Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1

Buspirone HCl (Oral Tablet),T1

Bydureon BCise (Subcutaneous Auto-

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

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Injector),T3 - QL

Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL

Bystolic (Oral Tablet),T3 - QL

C

Cabergoline (Oral Tablet),T1

Calcitriol (Oral Capsule),T1 - B/D,PA

Calcium Acetate (667MG Oral Tablet),T1

Calcium Acetate (Phosphate Binder) (Oral Capsule),T1

Calquence (Oral Capsule),T4 - PA; QL

Carbamazepine (Oral Tablet Immediate Release),T1

Carbidopa (Oral Tablet),T1

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1

Carbidopa-Levodopa-Entacapone (Oral Tablet),T1

Carvedilol (Oral Tablet),T1

Cefdinir (Oral Capsule),T1

Celecoxib (Oral Capsule),T1 - QL

Celontin (Oral Capsule),T3

Cephalexin (Oral Capsule),T1

Cephalexin (Oral Tablet),T1

Chemet (Oral Capsule),T4

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Chlorzoxazone (500MG Oral Tablet, 750MG Oral Tablet),T1 - PA; HRM

Cholestyramine (Oral Packet),T1

Cholestyramine Light (Oral Packet),T1

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T1

Cimetidine HCl (Oral Solution),T1

Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1

Ciprofloxacin-Dexamethasone (Otic Suspension),T1

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T1

Clenpiq (Oral Solution),T2

Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM

Clonazepam (Oral Tablet),T1 - QL

Clonazepam ODT (Oral Tablet Dispersible),T1 - QL

Clonidine (Transdermal Patch Weekly),T1

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1

Clozapine (Oral Tablet),T1

Clozapine ODT (Oral Tablet Dispersible),T1

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1

Colesevelam HCl (Oral Tablet),T1

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Inhalation Aerosol Solution),T2 - QL

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Copaxone (Subcutaneous Solution Prefilled Syringe),T4

Corlanor (Oral Solution),T3 - PA; QL

Corlanor (Oral Tablet),T3 - PA; QL

Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Cosopt PF (Ophthalmic Solution),T3

Creon (Oral Capsule Delayed Release Particles),T2

Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA

Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; HRM

Cyclophosphamide (Oral Capsule),T1 - B/D,PA

D

DARAPRIM (Oral Tablet),T4

Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL

Daliresp (Oral Tablet),T3 - PA

Dapsone (Oral Tablet),T1

DayVigo (Oral Tablet),T2 - QL

Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1 - PA

Deferiprone (500MG Oral Tablet),T1 - PA

Delzicol (Oral Capsule Delayed Release),T3

Depen Titratabs (Oral Tablet),T4

Desmopressin Acetate (Oral Tablet),T1

Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1

Dexamethasone (Oral Tablet),T1

Dextrose-NaCl (5-0.2% Intravenous Solution),T1

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL

Diazepam (5MG/5ML Oral Solution),T1

Diazepam Intensol (Oral Concentrate),T1 - QL

Diazoxide (Oral Suspension),T1

Diclofenac Potassium (50MG Oral Tablet),T1

Diclofenac Sodium (1% External Gel),T1

Diclofenac Sodium (Oral Tablet Delayed Release),T1

Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Dificid (Oral Suspension Reconstituted),T4

Dificid (Oral Tablet),T4

Digoxin (125MCG Oral Tablet),T1 - HRM; QL

Digoxin (250MCG Oral Tablet),T1 - PA; HRM

Dihydroergotamine Mesylate (Nasal Solution),T1 - PA; QL

Diltiazem HCl (Oral Tablet Immediate Release),T1

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1

Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1

Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1

Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

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Dipentum (Oral Capsule),T4

Diphenoxylate-Atropine (Oral Tablet),T1 - PA; HRM

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed Release),T1

Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1

Donepezil HCl (Oral Tablet),T1 - QL

Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL

Dorzolamide HCl (Ophthalmic Solution),T1

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (Oral Capsule),T1

Doxycycline Hyclate (Oral Tablet Immediate Release),T1

Dronabinol (Oral Capsule),T1 - PA

Duavee (Oral Tablet),T3 - PA; HRM

Dulera (Inhalation Aerosol),T3 - PA; QL

Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL

Dupixent (Subcutaneous Solution Pen-Injector),T4 - PA

Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA

Dutasteride (Oral Capsule),T1

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

Edarbyclor (Oral Tablet),T3 - QL

Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL

Elidel (External Cream),T3 - ST; QL

Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL

Elmiron (Oral Capsule),T4

Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL

Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL

Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL

Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Enbrel (Subcutaneous Solution Reconstituted),T4 - PA; QL

Enbrel (Subcutaneous Solution),T4 - PA; QL

Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL

Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Entacapone (Oral Tablet),T1

Entecavir (Oral Tablet),T1

Entresto (Oral Tablet),T2 - QL

Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA

Epclusa (Oral Packet),T4 - PA; QL

Epclusa (Oral Tablet),T4 - PA; QL

EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL

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EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL

Epiduo (External Gel),T3

Epiduo Forte (External Gel),T3 - ST

Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL

Eplerenone (Oral Tablet),T1

Ergoloid Mesylates (Oral Tablet),T1 - PA; HRM

Ergotamine-Caffeine (Oral Tablet),T1

Erivedge (Oral Capsule),T4 - PA

Erleada (Oral Tablet),T4 - PA

Ertapenem Sodium (Injection Solution Reconstituted),T1

Erythromycin (Ophthalmic Ointment),T1

Esbriet (Oral Capsule),T4 - PA; QL

Esbriet (Oral Tablet),T4 - PA; QL

Escitalopram Oxalate (Oral Tablet),T1

Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL

Estradiol (Oral Tablet),T1 - PA; HRM

Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL

Estradiol (Transdermal Patch Weekly),T1 - PA; HRM; QL

Estradiol (Vaginal Cream),T1

Eszopiclone (Oral Tablet),T1 - PA; HRM; QL

Ethambutol HCl (400MG Oral Tablet),T1

Ethosuximide (Oral Capsule),T1

Ethosuximide (Oral Solution),T1

Etravirine (200MG Oral Tablet),T1 - QL

Eucrisa (External Ointment),T3 - PA; QL

Extavia (Subcutaneous Kit),T4

Ezetimibe (Oral Tablet),T1

Ezetimibe-Simvastatin (Oral Tablet),T1 - QL

F

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1

Farxiga (Oral Tablet),T2 - QL

Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA

Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA

Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1

Finacea (External Foam),T3 - QL

Finacea (External Gel),T3 - QL

Finasteride (5MG Oral Tablet) (Generic Proscar),T1

Flarex (Ophthalmic Suspension),T3

Flector (External Patch),T3 - PA; QL

FloLipid (Oral Suspension),T3 - QL

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1

Fluphenazine HCl (Oral Tablet),T1

Fluticasone Propionate (Nasal Suspension),T1

Forteo (Subcutaneous Solution Pen-Injector),T4 - PA

Fragmin (Subcutaneous Solution Prefilled Syringe),T4

Fragmin (Subcutaneous Solution),T4

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

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Reconstituted),T4 - QL

G

Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1

Gabapentin (Oral Capsule),T1

Gammagard (2.5GM/25ML Injection Solution),T4 - PA

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA

Gemfibrozil (Oral Tablet),T1

Genotropin (12MG Subcutaneous Cartridge),T4 - PA

Genotropin (5MG Subcutaneous Cartridge),T3 - PA

Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T4 - PA

Gentamicin Sulfate (40MG/ML Injection Solution),T1

Gilenya (0.5MG Oral Capsule),T4 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1

Glatopa (Subcutaneous Solution Prefilled Syringe),T1

Glimepiride (Oral Tablet),T1 - PA; HRM; QL

Glipizide (Oral Tablet Immediate Release),T1 - QL

Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL

Glucagon (Injection Kit) (Lilly),T1

Glycopyrrolate (Oral Solution) (Generic Cuvposa),T1 - PA

Glyxambi (Oral Tablet),T2 - QL

Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2

Gvoke Kit (Subcutaneous Solution),T2

Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2

H

Haegarda (Subcutaneous Solution Reconstituted),T4 - PA

Haloperidol (Oral Tablet),T1

Harvoni (90-400MG Oral Tablet),T4 - PA; QL

Harvoni (Oral Packet),T4 - PA; QL

Humalog (Injection Solution),T2

Humalog (Subcutaneous Solution Cartridge),T2

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog Mix 50/50 (Subcutaneous Suspension),T2

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humalog Mix 75/25 (Subcutaneous Suspension),T2

Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL

Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL

Humulin 70/30 (Subcutaneous Suspension),T2

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin N (Subcutaneous Suspension),T2

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin R (Injection Solution),T2

Humulin R U-500 (Concentrated)

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(Subcutaneous Solution),T2

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2

Hydralazine HCl (Oral Tablet),T1

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL

Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL

Hydroxyurea (Oral Capsule),T1

Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM

Hydroxyzine HCl (Oral Tablet),T1 - PA; HRM

I

Ibandronate Sodium (Oral Tablet),T1

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1

Icatibant Acetate (Subcutaneous Solution),T1 - PA; QL

Ilevro (Ophthalmic Suspension),T2

Imatinib Mesylate (Oral Tablet),T1 - PA

Imbruvica (Oral Capsule),T4 - PA; QL

Imbruvica (Oral Tablet),T4 - PA; QL

Imiquimod (5% External Cream),T1 - QL

Imiquimod Pump (3.75% External Cream),T1 - PA

Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL

Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL

Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL

Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2

Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Syringes, Needles,T2

Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4

Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4

Inveltys (Ophthalmic Suspension),T3

Invokamet (Oral Tablet Immediate Release),T3 - ST; QL

Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL

Invokana (Oral Tablet),T3 - ST; QL

Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA

Ipratropium Bromide (Nasal Solution),T1

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Isentress (Oral Tablet),T4 - QL

Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (Oral Tablet Immediate Release),T1

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1

Isturisa (Oral Tablet),T4 - PA

Ivermectin (Oral Tablet),T1 - PA

J

Janumet (Oral Tablet Immediate Release),T2 - QL

Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Januvia (Oral Tablet),T2 - QL

Jardiance (Oral Tablet),T2 - QL

Jentadueto (Oral Tablet Immediate Release),T2 - QL

Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Jublia (External Solution),T3

K

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T1

Kevzara (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Kevzara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Klisyri (External Ointment),T4 - PA; QL

Klor-Con 10 (Oral Tablet Extended Release),T1

Klor-Con 8 (Oral Tablet Extended Release),T1

Klor-Con M10 (Oral Tablet Extended Release),T1

Klor-Con M20 (Oral Tablet Extended Release),T1

Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL

Korlym (Oral Tablet),T4 - PA

Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL

L

Lacosamide (Oral Tablet),T1 - QL

Lactulose (10GM/15ML Oral Solution),T1

Lactulose (Oral Packet),T1

Lamivudine (100MG Oral Tablet),T1

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL

Lamotrigine (Oral Tablet Immediate Release),T1

Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

Latanoprost (Ophthalmic Solution),T1

Latuda (Oral Tablet),T4 - QL

Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL

Leflunomide (Oral Tablet),T1

Letrozole (Oral Tablet),T1

Leucovorin Calcium (Oral Tablet),T1

Leukeran (Oral Tablet),T4

Levemir (Subcutaneous Solution),T2

Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2

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Levetiracetam (Oral Tablet Immediate Release),T1

Levobunolol HCl (Ophthalmic Solution),T1

Levocarnitine (Oral Tablet),T1

Levocetirizine Dihydrochloride (Oral Tablet),T1

Levofloxacin (Oral Tablet),T1

Levothyroxine Sodium (Oral Tablet),T1

Lialda (Oral Tablet Delayed Release),T4 - ST; QL

Licart (External Patch 24 Hour),T3 - PA; QL

Lidocaine (5% External Ointment),T1 - QL

Lidocaine (5% External Patch),T1 - PA; QL

Lidocaine HCl (4% External Solution),T1

Lidocaine-Prilocaine (External Cream),T1

Linzess (Oral Capsule),T2 - QL

Liothyronine Sodium (Oral Tablet),T1

Lisinopril (Oral Tablet),T1 - QL

Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Lithium Carbonate (Oral Capsule),T1

Lithium Carbonate ER (Oral Tablet Extended Release),T1

Livalo (Oral Tablet),T2 - QL

Lokelma (Oral Packet),T3 - QL

Lonhala Magnair (Inhalation Solution),T4 - QL

Loperamide HCl (Oral Capsule),T1

Lorazepam (Oral Tablet),T1 - QL

Lorazepam Intensol (Oral Concentrate),T1 - QL

Losartan Potassium (Oral Tablet),T1 - QL

Losartan Potassium-HCTZ (Oral Tablet),T1 - QL

Lotemax (Ophthalmic Gel),T3

Lotemax (Ophthalmic Ointment),T3

Lotemax (Ophthalmic Suspension),T3

Lotemax SM (Ophthalmic Gel),T3

Lovastatin (Oral Tablet),T1 - QL

Lumigan (Ophthalmic Solution),T2

Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA

Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA

Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA

Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA

Luzu (External Cream),T3 - QL

Lysodren (Oral Tablet),T4

Lyumjev (Injection Solution),T2

Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2

M

Malathion (External Lotion),T1

Maraviroc (Oral Tablet),T1 - QL

Mavyret (Oral Packet),T4 - PA; QL

Mavyret (Oral Tablet),T4 - PA; QL

Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL

Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM

Medroxyprogesterone Acetate (Intramuscular Suspension),T1

Medroxyprogesterone Acetate (Oral Tablet),T1

Meloxicam (Oral Tablet),T1

Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL

Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL

Mercaptopurine (Oral Tablet),T1

Meropenem (Intravenous Solution

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Reconstituted),T1

Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL

Mesnex (Oral Tablet),T3

Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1 - QL

Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL

Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL

Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL

Methamphetamine HCl (Oral Tablet),T1 - PA; QL

Methimazole (Oral Tablet),T1

Methotrexate Sodium (Oral Tablet),T1

Methscopolamine Bromide (Oral Tablet),T1 - PA; HRM

Methylphenidate HCl (Oral Tablet Chewable),T1 - QL

Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL

Methylprednisolone (Oral Tablet),T1

Metoclopramide HCl (Oral Tablet),T1

Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1

Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1

Metrogel (External Gel),T3

Metronidazole (External Cream),T1

Metronidazole (External Gel),T1

Metronidazole (External Lotion),T1

Metronidazole (Oral Capsule),T1

Metronidazole (Oral Tablet),T1

Midodrine HCl (Oral Tablet),T1

Minocycline HCl (Oral Capsule),T1

Minocycline HCl (Oral Tablet Immediate Release),T1

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1

Mirtazapine ODT (Oral Tablet Dispersible),T1

Mirvaso (External Gel),T3

Misoprostol (Oral Tablet),T1

Mitigare (Oral Capsule),T2

Modafinil (Oral Tablet),T1 - PA; QL

Mometasone Furoate (Nasal Suspension),T1

Montelukast Sodium (Oral Packet),T1 - QL

Montelukast Sodium (Oral Tablet),T1 - QL

Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian),T1 - 7D; MME; DL; QL

Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL

Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL

Motegrity (Oral Tablet),T3 - QL

Movantik (Oral Tablet),T2 - QL

MoviPrep (Oral Solution Reconstituted),T3

Multaq (Oral Tablet),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Naftin (External Gel),T3

Naloxone HCl (0.4MG/ML Injection Solution),T1

Naloxone HCl (Injection Solution Cartridge),T1

Naloxone HCl (Injection Solution Prefilled

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Syringe),T1

Naltrexone HCl (Oral Tablet),T1

Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL

Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL

Naproxen (Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

Nayzilam (Nasal Solution),T3 - PA; QL

Neomycin Sulfate (Oral Tablet),T1

Neomycin-Polymyxin-HC (Otic Suspension),T1

Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA

Neupro (Transdermal Patch 24 Hour),T3

Nevanac (Ophthalmic Suspension),T3

Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2

Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL

Nexletol (Oral Tablet),T3 - PA; QL

Nexlizet (Oral Tablet),T3 - PA; QL

Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1

Nimodipine (Oral Capsule),T1

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin),T1 - HRM

Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM

Nitroglycerin (Tablet Sublingual),T1

Nivestym (Injection Solution Prefilled Syringe),T4 - ST

Nivestym (Injection Solution),T4 - ST

Nizatidine (Oral Capsule),T1

Norethindrone Acetate (5MG Oral Tablet),T1

Nortriptyline HCl (Oral Capsule),T1 - PA; HRM

NovoLog (Injection Solution),T3 - PA

NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA

NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA

NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA

NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA

Novolin 70/30 (Subcutaneous Suspension),T3 - PA

Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA

Novolin N (Subcutaneous Suspension),T3 - PA

Novolin R (Injection Solution),T3 - PA

Nubeqa (Oral Tablet),T4 - PA

Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL

Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour),T4 - PA; 7D; MME; DL; QL

Nucynta ER (50MG Oral Tablet Extended Release 12 Hour),T3 - PA; 7D; MME; DL; QL

Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL

Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA

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Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA

Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA

Nuzyra (Intravenous Solution Reconstituted),T4 - PA

Nuzyra (Oral Tablet),T4 - PA; QL

Nystatin (External Cream),T1

Nystatin (External Ointment),T1

Nystatin (External Powder),T1 - QL

O

Odomzo (Oral Capsule),T4 - PA

Ofev (Oral Capsule),T4 - PA; QL

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T1

Olanzapine (Oral Tablet),T1 - QL

Olopatadine HCl (Ophthalmic Solution),T1

Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1

Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL

Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1

Ondansetron HCl (Oral Tablet),T1 - B/D,PA

Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA

Onglyza (Oral Tablet),T3 - ST; QL

Opsumit (Oral Tablet),T4 - PA

Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA

Orgovyx (Oral Tablet),T4 - PA

Orilissa (Oral Tablet),T4 - PA; QL

Oseltamivir Phosphate (Oral Capsule),T1

Osphena (Oral Tablet),T2 - PA; QL

Oxandrolone (Oral Tablet),T1 - PA

Oxcarbazepine (Oral Tablet),T1

Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1

Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL

Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL

Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T2 - QL

Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T2 - QL

P

Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL

Pegasys (Subcutaneous Solution),T4 - PA

Penicillin V Potassium (Oral Tablet),T1

Pentasa (250MG Oral Capsule Extended Release),T3 - QL

Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL

Permethrin (External Cream),T1

Perseris (Subcutaneous Prefilled Syringe),T4

Phenelzine Sulfate (Oral Tablet),T1

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

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Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - ST; QL

Pioglitazone HCl (Oral Tablet),T1 - QL

Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL

Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL

Pomalyst (Oral Capsule),T4 - PA

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Chloride ER (Oral Tablet Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T1

Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; QL

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

Prednisolone Acetate (Ophthalmic Suspension),T1

Prednisone (5MG/5ML Oral Solution),T1

Prednisone (Oral Tablet),T1

Premarin (Oral Tablet),T3 - PA; HRM; QL

Premarin (Vaginal Cream),T2

Premphase (Oral Tablet),T3 - PA; HRM; QL

Prempro (Oral Tablet),T3 - PA; HRM; QL

Prenatal (27-1MG Oral Tablet),T1

Primidone (Oral Tablet),T1

Privigen (20GM/200ML Intravenous Solution),T4 - PA

ProAir HFA (Inhalation Aerosol Solution),T2

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2

Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA

Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA

Proctosol HC (External Cream),T1

Progesterone (Oral Capsule),T1

Prolastin-C (Intravenous Solution Reconstituted),T4 - PA

Prolensa (Ophthalmic Solution),T3

Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL

Propranolol HCl (Oral Tablet),T1

Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T1

Propylthiouracil (Oral Tablet),T1

Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST

Pulmozyme (Inhalation Solution),T4 - B/D,PA; QL

Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1

Pyridostigmine Bromide (Oral Solution),T1

Pyridostigmine Bromide ER (Oral Tablet Extended Release),T1

Q

QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL

Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL

Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T1 - QL

Quinapril HCl (Oral Tablet),T1 - QL

Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

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R
Raloxifene HCl (Oral Tablet),T1
Ramipril (Oral Capsule),T1 - QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour),T1
Rasagiline Mesylate (Oral Tablet),T1
Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA
Rayaldee (Oral Capsule Extended Release),T4 - QL
Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST
Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST
Regranex (External Gel),T4 - PA
Relistor (Oral Tablet),T4 - PA
Relistor (Subcutaneous Solution),T4 - PA
Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL
Repatha Pushtronex System (Subcutaneous Solution Cartridge),T2 - PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL
Restasis MultiDose (Ophthalmic Emulsion),T2 - QL
Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL
Retacrit (Injection Solution),T3 - PA
Rexulti (Oral Tablet),T4 - QL
Reyvow (Oral Tablet),T3 - PA; QL
Rhopressa (Ophthalmic Solution),T2 - ST
Ribavirin (Oral Tablet),T1
Rifabutin (Oral Capsule),T1
Riluzole (Oral Tablet),T1
Rimantadine HCl (Oral Tablet),T1
Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4
Risperidone (Oral Tablet),T1
Ritonavir (Oral Tablet),T1 - QL
Rivastigmine (Transdermal Patch 24 Hour),T1 - ST; QL
Rivastigmine Tartrate (Oral Capsule),T1
Rizatriptan Benzoate (Oral Tablet),T1 - QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL
Rocklatan (Ophthalmic Solution),T2 - ST
Ropinirole HCl (Oral Tablet Immediate Release),T1
Rosuvastatin Calcium (Oral Tablet),T1 - QL
Rybelsus (Oral Tablet),T2 - QL
Rytary (Oral Capsule Extended Release),T3 - ST
S
SPS (Oral Suspension),T1
Sancuso (Transdermal Patch),T4 - QL
Santyl (External Ointment),T3
Saphris (10MG Tablet Sublingual),T4
Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3
Savella (Oral Tablet),T2
Selegiline HCl (Oral Capsule),T1
Selegiline HCl (Oral Tablet),T1

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Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T1

Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T1

Sevelamer HCl (Oral Tablet),T1

Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA

Silver Sulfadiazine (External Cream),T1

Simbrinza (Ophthalmic Suspension),T2

Simvastatin (Oral Tablet),T1 - QL

Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL

Skyrizi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Sodium Polystyrene Sulfonate (Oral Powder),T1

Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL

Solifenacin Succinate (Oral Tablet),T1 - QL

Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL

Soolantra (External Cream),T3 - QL

Sotalol HCl (Oral Tablet),T1

Sotalol HCl AF (Oral Tablet),T1

Spiriva HandiHaler (Inhalation Capsule),T2 - QL

Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL

Spironolactone (Oral Tablet),T1

Sprycel (Oral Tablet),T4 - PA

Stelara (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Stelara (Subcutaneous Solution),T4 - PA; QL

Stiolto Respimat (Inhalation Aerosol Solution),T2

Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST

Suboxone (Sublingual Film),T3 - QL

Sucralfate (Oral Suspension),T1

Sucralfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T1

Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate Release),T1

Sumatriptan Succinate (Oral Tablet),T1 - QL

Sumatriptan Succinate (Subcutaneous Solution Auto-Injector),T1 - QL

Sumatriptan Succinate (Subcutaneous Solution),T1 - QL

Sunosi (Oral Tablet),T3 - PA; QL

Suprep Bowel Prep Kit (Oral Solution),T2

Sutab (Oral Tablet),T3

Symbicort (Inhalation Aerosol),T2 - QL

Symproic (Oral Tablet),T3 - PA; QL

Synjardy (Oral Tablet Immediate Release),T2 - QL

Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Synribo (Subcutaneous Solution Reconstituted),T4 - PA

Synthroid (Oral Tablet),T2

T

TOBI Podhaler (Inhalation Capsule),T4 - PA; QL

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Tabrecta (Oral Tablet),T4 - PA; QL

Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1

Tasigna (Oral Capsule),T4 - PA

Tecfidera (Oral Capsule Delayed Release),T4 - QL

Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL

Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Terazosin HCl (Oral Capsule),T1

Terbinafine HCl (Oral Tablet),T1

Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA

Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1

Testosterone Cypionate (Intramuscular Solution),T1

Tetrabenazine (Oral Tablet),T1 - PA

Theophylline (Oral Solution),T1

Theophylline ER (Oral Tablet Extended Release 12 Hour),T1

Theophylline ER (Oral Tablet Extended Release 24 Hour),T1

Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T1

Timolol Maleate (Ophthalmic Solution),T1

Timolol Maleate (Oral Tablet),T1

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1

Timoptic Ocudose (Ophthalmic Solution),T3

Tivicay (25MG Oral Tablet),T3 - QL

Tivicay (50MG Oral Tablet),T4 - QL

Tizanidine HCl (Oral Tablet),T1

TobraDex ST (Ophthalmic Suspension),T3

Tobramycin (300MG/5ML Inhalation Nebulization Solution),T1 - B/D,PA; QL

Tobramycin-Dexamethasone (Ophthalmic Suspension),T1

Topiramate (Oral Capsule Sprinkle Immediate Release),T1

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T1

Torsemide (Oral Tablet),T1

Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2

Tracleer (Oral Tablet Soluble),T4 - PA; QL

Tracleer (Oral Tablet),T4 - PA; QL

Tradjenta (Oral Tablet),T2 - QL

Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL

Tranexamic Acid (Oral Tablet),T1

Tranylcypromine Sulfate (Oral Tablet),T1

Travoprost (BAK Free) (Ophthalmic Solution),T1

Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1

Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL

Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL

Tremfya (Subcutaneous Solution Prefilled

Bold type = Brand name drug Plain type = Generic drug

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Syringe),T4 - PA; QL

Tresiba (Subcutaneous Solution),T2

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2

Tretinoin (External Cream),T1 - PA

Tretinoin (External Gel),T1 - PA

Tretinoin (Oral Capsule),T1

Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1

Triamcinolone Acetonide (External Cream),T1

Triamterene-HCTZ (Oral Capsule),T1

Triamterene-HCTZ (Oral Tablet),T1

Trihexyphenidyl HCl (Oral Solution),T1 - PA; HRM

Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM

Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Trintellix (Oral Tablet),T3

Trulance (Oral Tablet),T3

Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL

Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA

U

Ubrelvy (Oral Tablet),T4 - PA; QL

Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA

Ursodiol (300MG Oral Capsule),T1

Ursodiol (Oral Tablet),T1

V

Valacyclovir HCl (Oral Tablet),T1 - QL

Valganciclovir HCl (Oral Tablet),T1 - QL

Valsartan (Oral Tablet),T1 - QL

Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Varenicline Tartrate (Oral Tablet),T1

Vascepa (Oral Capsule),T3

Velphoro (Oral Tablet Chewable),T4

Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL

Veltassa (8.4GM Oral Packet),T3 - QL

Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1

Ventolin HFA (Inhalation Aerosol Solution),T3 - ST

Verapamil HCl (Oral Tablet Immediate Release),T1

Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T1

Verapamil HCl ER (Oral Tablet Extended Release),T1

Versacloz (Oral Suspension),T4

Viberzi (Oral Tablet),T4 - PA; QL

Victoza (Subcutaneous Solution Pen-Injector),T2 - QL

Viibryd (Oral Tablet),T3

Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T4 - QL

Vimpat (50MG Oral Tablet),T3 - QL

Vimpat (Oral Solution),T4 - QL

Vitrakvi (Oral Capsule),T4 - PA; QL

Vosevi (Oral Tablet),T4 - PA; QL

Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL

Vyvanse (Oral Capsule),T3

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3 T4 = Tier 4

This is a partial alphabetical list. This is not a complete list of the prescription drugs we cover.

Vyvanse (Oral Tablet Chewable),T3

Vyzulta (Ophthalmic Solution),T3

W

Warfarin Sodium (Oral Tablet),T1

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL

X

Xarelto (Oral Tablet),T2 - QL

Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - PA; QL

Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - PA; QL

Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - PA; QL

Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T4 - PA; QL

Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T4 - PA; QL

Xeljanz (Oral Solution),T4 - PA; QL

Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL

Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - PA; QL

Xenleta (Oral Tablet),T4 - PA; QL

Xifaxan (Oral Tablet),T4 - PA

Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL

Xiidra (Ophthalmic Solution),T3 - QL

Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T2 - QL

Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T2 - QL

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3 - 7D; MME; DL; QL

Xtandi (Oral Capsule),T4 - PA

Xtandi (Oral Tablet),T4 - PA

Xyosted (Subcutaneous Solution Auto-Injector),T3 - PA

Xyrem (Oral Solution),T4 - PA; QL

Y

Yupelri (Inhalation Solution),T4 - B/D,PA; QL

Z

Zafirlukast (Oral Tablet),T1

Zaleplon (Oral Capsule),T1 - HRM; QL

Zarxio (Injection Solution Prefilled Syringe),T4

Zelapar ODT (Oral Tablet Dispersible),T4

Zenpep (Oral Capsule Delayed Release Particles),T2

Zeposia (Oral Capsule),T4 - PA; QL

Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA

Zioptan (Ophthalmic Solution),T3

Zirgan (Ophthalmic Gel),T3

Zolinza (Oral Capsule),T4 - PA

Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - PA; HRM; QL

Zonisamide (Oral Capsule),T1

Zubsolv (Tablet Sublingual),T3 - QL

Zylet (Ophthalmic Suspension),T3

Bold type = Brand name drug Plain type = Generic drug

Additional Drug Coverage

Bonus drug list

Your employer group or plan sponsor offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan's Drug List (Formulary).

The drug tier for each prescription drug is shown on the list.

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently from payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage rules or limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

QL - Quantity limits
The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.

MME - Morphine milligram equivalent
Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-day limit
An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

DL - Dispensing limit
Dispensing limits apply to this drug. This drug is limited to a one-month supply per prescription.

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anorexiants - drugs to promote weight loss		
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Itching or Pain		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Perianal Cream 3%-0.5%	1	
Irritable Bowel or Ulcers		
Hyoscyamine Sulfate	1	
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Vyleesi	3	QL (maximum of 8 injections per 30 days)
Urinary Tract Infection		
Uro-MP 118 mg	3	
Urinary Tract Spasm and Pain		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos Tab	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
Vitamins and Minerals		
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione Tab	1	
Reno Cap	1	
Vitamin D 50,000 unit (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits and/or copayments/coinsurance may change each plan/benefit year.

The Drug List may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number on the cover.

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What's Next

Here's What You Can Expect Next

UnitedHealthcare will process your enrollment

Quick Start Guide and UnitedHealthcare member ID card	We will mail you a Quick Start Guide 7–10 days after your enrollment is approved and a UnitedHealthcare member ID card. **Please note, your member ID card will be attached to the front cover of your guide.**
Website access	After you receive your member ID card, you can register online at the website listed below to get access to plan information.

Start using your plan on your effective date. Remember to use your UnitedHealthcare member ID card.

We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about a group-sponsored plan. In addition, it will be helpful to have:

- ✔ **Your group number found on the front of this book**
- ✔ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✔ **Name and address of your pharmacy**
- ✔ **Please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.

retiree.uhc.com

Call toll-free **1-877-558-4749,** TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Statements of Understanding

By enrolling in this plan, I agree to the following:

✔ **UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium if I have one, and if not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

✔ **UnitedHealthcare MedicareRx for Groups (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

✔ **I can only be in one Medicare Part D Prescription Drug plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

✔ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

✔ **For members of the Group Medicare Part D Prescription Drug plan.**

I understand that when my coverage begins, I must get all of my prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

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