



Your plan explained 2022



Take advantage of all your Medicare Advantage plan has to offer

Federal Reserve Banks

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13705

Effective: January 1, 2022 through December 31, 2022

**United
Healthcare**



Benefit highlights

Federal Reserve Banks 13705

Effective January 1, 2022 to December 31, 2022

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. Benefit limits and restrictions are combined in- and out-of-network.

Plan Costs

	In-Network	Out-of-Network
Annual medical deductible	No deductible	
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 each plan year.	

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Doctor's office visit	\$15 Primary care provider (PCP)	\$15 Primary care provider (PCP)
	\$0 Virtual doctor visits	\$0 Virtual doctor visits
	\$25 Specialist	\$25 Specialist
Preventive services Medicare-covered	\$0 copay	
Inpatient hospital care	\$100 copay per stay	\$100 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$25 copay per additional day up to 100 days	\$0 copay per day: days 1-20 \$25 copay per additional day up to 100 days
Outpatient surgery	\$0 copay	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	\$25 copay	\$25 copay
Mental health outpatient and virtual	\$15 Group therapy	\$15 Group therapy
	\$25 Individual therapy	\$25 Individual therapy
	\$25 Virtual visits	\$25 Virtual visits
Diagnostic radiology services such as MRIs, CT scans	\$25 copay	\$25 copay
Lab services	\$10 copay	\$10 copay

Medical Benefits

Medical Benefits Covered by the plan and Original Medicare

	In-Network	Out-of-Network
Outpatient x-rays	\$10 copay	\$10 copay
Therapeutic radiology services such as radiation treatment for cancer	\$25 copay	\$25 copay
Ambulance	\$50 copay	
Emergency care	\$50 copay (worldwide)	
Urgently needed services	\$25 copay (worldwide)	

Additional benefits and programs not covered by Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per plan year*	\$0 copay; 1 per plan year*
Acupuncture – routine	\$0 copay, 30 visits per plan year*	\$0 copay, 30 visits per plan year*
Foot care - routine	\$25 copay, 6 visits per plan year*	\$25 copay, 6 visits per plan year*
Hearing - routine exam	\$0 copay, 1 exam per plan year*	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a \$2,500 allowance (combined for both ears) for hearing aids every 4 years.	Hearing aids ordered through providers other than UnitedHealthcare Hearing are not covered.
Vision - routine eye exam	\$25 copay, 1 exam every 12 months*	\$25 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations	
Home Delivered Meals Mom's Meals	\$0 copay for 21 home-delivered meals one time per year	
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.	
In-Home non-medical care CareLinx	\$0 copay for 8 hours of personal care services each month.	
Routine transportation ModivCare	\$0 copay for 24 one-way trips to approved medically related appointments.	

*Benefits are combined in and out-of-network

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	\$7 copay	\$14 copay
Tier 2: Preferred Brand	30% coinsurance, with a \$45 maximum	25% coinsurance, with a \$100 maximum
Tier 3: Non-preferred Drug	30% coinsurance, with a \$50 maximum	25% coinsurance, with a \$100 maximum
Tier 4: Specialty Tier	30% coinsurance, with a \$50 maximum	25% coinsurance, with a \$100 maximum
Coverage gap stage	After your total drug costs reach \$4,430, 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 \$7,050, you will pay a \$3.95 copay for generic (including brand drugs treated as generic), and a \$9.85 copay for all other drugs	

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

The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plan details

UnitedHealthcare® Group Medicare Advantage (PPO)

The Federal Reserve Banks have chosen a UnitedHealthcare Group Medicare Advantage plan. The word “Group” means this is a plan designed just for a former employer or plan sponsor like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



Make sure you know what parts of Medicare you have

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

- If you’re not sure if you are enrolled in Medicare Part B, check with Social Security
- Visit www.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
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

Medicare Advantage coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and outpatient

+



Medicare Part D
Prescription drugs

+



Extra programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

✓ One plan at a time

- You may be enrolled in only 1 Medicare Advantage plan and 1 Medicare Part D prescription drug plan at a time.
- 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 Medicare Advantage plan or a standalone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor or former employer.



Remember: If you drop or are disenrolled from your group-sponsored retiree 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.



www.UHCRetiree.com/frb



Call toll-free **1-866-860-7708**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan

You have access to our nationwide coverage. You can see any provider (in-network or out-of-network) at the same cost share as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

	In-network	Out-of-network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
What is my copay or coinsurance?	Copays and coinsurance vary by service. ²	Copays and coinsurance vary by service. ²
Do I need to choose a primary care provider (PCP)?	No, but recommended.	No, but recommended.
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan. ¹
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard copay or coinsurance for the services you get. ²	You will pay your standard copay or coinsurance for the services you get. ²
Is there a limit on how much I can spend on medical services each year?	Yes ²	Yes ²
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing when seeing health care providers who have not opted out of or been excluded or precluded from the Medicare Program.	

View your plan information online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: www.UHCRetiree.com/frb

You'll be able to view plan documents, find a provider, locate a pharmacy and access lifestyle and learning articles, recipes, educational videos and more.

¹This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

²Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

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

Can I have more than 1 prescription drug plan?

No. You can only have 1 Medicare plan that includes prescription drug coverage at a time. If you enroll in another Medicare Part D prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you will be disenrolled from this plan.

Questions? We're here to help.

 www.UHCRetiree.com/frb



Call toll-free **1-866-860-7708**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

¹To learn more about your coverage, please refer to your Benefit Highlights or your Summary of Benefits.

Ways to 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 OptumRx® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
- ✓ **Get a 3-month¹ supply at retail pharmacies**
In addition to OptumRx® Home Delivery, 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**
Take some time during your Annual Wellness Visit 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.

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



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.

Questions? We're here to help.



www.UHCRetiree.com/frb



Call toll-free **1-866-860-7708**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week

Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network.
- Even though it's not required, it's important to have a primary care provider.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out of the network as long as they participate in Medicare or have not been excluded or precluded from the Medicare Program.
- With your UnitedHealthcare Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

Finding a doctor is easy

If you need help finding a doctor or specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

A network doctor or health care provider is one who contracts with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

An out-of-network provider does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

If a provider refuses to directly bill us, they may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.

Filling your prescriptions is convenient

UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.¹

¹2021 Internal Report Data

Take advantage of UnitedHealthcare's additional support and programs



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to start your year off and stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward for completing your Annual Wellness Visit through Renew Rewards*.



Enjoy a preventive care visit in the privacy of your own home

With UnitedHealthcare® HouseCalls², you get a yearly in-home visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

Every visit includes tailored recommendations on health care screenings and a chance to:

- Review current medications
- Receive education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave a personalized checklist and send a summary to your regular doctor.



Telephonic Nurse Support³

Speak to a registered nurse 24/7 about your medical concerns at no additional cost to you.



Special programs for people with chronic or complex health needs

UnitedHealthcare offers special programs to help members who are living with a chronic disease like diabetes or heart disease. You get personal attention and your doctors get up-to-date information to help them make decisions.



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone – anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Doctor On Demand™ or Amwell® app.

Virtual doctor visits

You can ask questions, get a diagnosis or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual doctor visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

Virtual behavioral health visits

May be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



Hear the moments that matter most with 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+⁴ UnitedHealthcare Hearing providers nationwide⁵ or delivered to your doorstep with Right2You 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.



And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

Tools and resources to help put you in control



Go online for valuable plan information

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Search for pharmacies
- Look up drugs and how much they cost under your plan
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



UnitedHealthcare fitness program

Renew Active^{®6} is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to the largest Medicare fitness network of gyms and fitness locations. This includes access to many premium gyms, on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit[®] Community for Renew Active and access to an online brain health program from AARP[®] Staying Sharp[®] (no Fitbit device is needed.)



Go beyond the plan benefits to help you live your best life

Explore Renew by UnitedHealthcare,^{®7} our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses, Rewards* and more — all at no additional cost

¹A copay or coinsurance may apply if you receive services that are not part of the Annual Physical/Wellness Visit.

²HouseCalls may not be available in all areas.

³The Telephonic Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your provider's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

⁴2021 Internal Data.

⁵Please refer to your Summary of Benefits for details regarding your benefit coverage.

⁶Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, discounts, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP Staying Sharp is the registered trademark of AARP. The largest gym network of all Medicare fitness programs is based upon comparison of competitors' website data as of March 2021. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan. Renew Active premium gym and fitness location network only available with certain plans.

⁷Renew by UnitedHealthcare is not available in all plans.

*Renew Rewards is not available in all plans with Renew by UnitedHealthcare.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions apply.

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Required Information

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

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

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 1-866-890-0562 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. CT, 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 1-866-890-0562, 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 del Centro, 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, features and/or devices vary by plan/area. Limitations and exclusions may apply.

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

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

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)**, udostępniłmy 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 हैं, आपको भाषा सहायता सेवाएं, निःशुल्क 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: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyanam. 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 jíik'eh, bee ná'ahóót'i'. T'áá shóqdí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí 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 xubinta ee telefonka bilaashka ah ee ku qoran xagga hore ee buugyaraha.

Drug list

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2021. 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.

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.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066_210423_093000_M

**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 having the pharmacy contact the plan.

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

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.

Alyq (Oral Tablet),T1 - PA	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - B/D,PA
Amantadine HCl (Oral Capsule),T1	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T3 - B/D,PA
Amantadine HCl (Oral Syrup),T1	Aranesp (Albumin Free) (200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - B/D,PA
Amantadine HCl (Oral Tablet),T1	Aripiprazole (Oral Tablet),T1 - QL
Ambrisentan (Oral Tablet),T1 - QL	Aristada (Intramuscular Prefilled Syringe),T4
Amiloride HCl (Oral Tablet),T1	Aristada Initio (Intramuscular Prefilled Syringe),T4
Amiodarone HCl (Oral Tablet),T1	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Amitriptyline HCl (Oral Tablet),T1 - HRM	Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - QL
Amlodipine Besylate (Oral Tablet),T1	Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - QL
Amlodipine-Benzazepril (Oral Capsule),T1 - QL	Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - QL
Ammonium Lactate (External Cream),T1	Asmanex HFA (Inhalation Aerosol),T3 - QL
Ammonium Lactate (External Lotion),T1	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL
Amoxicillin (Oral Capsule),T1	Atazanavir Sulfate (Oral Capsule),T1 - QL
Amoxicillin (Oral Tablet Immediate Release),T1	Atenolol (Oral Tablet),T1
Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL	Atomoxetine HCl (Oral Capsule),T1
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T1 - QL	Atorvastatin Calcium (Oral Tablet),T1 - QL
Ampyra (Oral Tablet Extended Release 12 Hour),T4 - QL	Atovaquone-Proguanil HCl (Oral Tablet),T1
Anagrelide HCl (Oral Capsule),T1	Atrovent HFA (Inhalation Aerosol Solution),T3
Anastrozole (Oral Tablet),T1	Aubagio (Oral Tablet),T4 - QL
Androderm (Transdermal Patch 24 Hour),T2	Auryxia (Oral Tablet),T4 - PA
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),T4 - B/D,PA	

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.

Austedo (Oral Tablet),T4 - QL	BiDiI (Oral Tablet),T2
Avonex Pen (Intramuscular Auto-Injector Kit),T4	Bicalutamide (Oral Tablet),T1
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4	Bisoprolol Fumarate (Oral Tablet),T1
Azasite (Ophthalmic Solution),T3	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azathioprine (Oral Tablet),T1 - B/D,PA	Bosentan (Oral Tablet),T1 - QL
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Azelastine HCl (Ophthalmic Solution),T1	Breztri Aerosphere (Inhalation Aerosol),T2 - QL
Azithromycin (Oral Packet),T1	Brilinta (Oral Tablet),T2 - QL
Azithromycin (Oral Tablet),T1	Brimonidine Tartrate (0.15% Ophthalmic Solution),T1
B	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
BRIVIACT (Oral Solution),T4	Budesonide (Inhalation Suspension),T1 - B/D,PA
BRIVIACT (Oral Tablet),T4	Budesonide (Oral Capsule Delayed Release Particles),T1
Baclofen (Oral Tablet),T1	Bumetanide (Oral Tablet),T1
Balsalazide Disodium (Oral Capsule),T1	Buprenorphine (Transdermal Patch Weekly),T1 - 7D; DL; QL
Baqsimi One Pack (Nasal Powder),T2	Buprenorphine HCl (Tablet Sublingual),T1 - QL
Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL
Belsomra (Oral Tablet),T2 - QL	Bupropion HCl (Oral Tablet Immediate Release),T1
Benazepril HCl (Oral Tablet),T1 - QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3
Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1
Benzotropine Mesylate (Oral Tablet),T1 - PA; HRM	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1
Bepreve (Ophthalmic Solution),T3	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1
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	
Bexarotene (Oral Capsule),T1	

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Plain type = Generic drug

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

Buspirone HCl (Oral Tablet),T1

Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly),T3 - 7D; DL; QL

Butrans (20MCG/HR Transdermal Patch Weekly),T4 - 7D; DL; QL

Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL

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

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

Bystolic (Oral Tablet),T2 - QL

C

Cabergoline (Oral Tablet),T1

Calcitriol (External Ointment),T1

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

Calcium Acetate (667MG Oral Tablet),T1

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

Captopril (Oral Tablet),T1 - QL

Carbaglu (Oral Tablet),T4

Carbamazepine (Oral Tablet Immediate Release),T1

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

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

Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T1

Carbidopa-Levodopa-Entacapone (Oral Tablet),T1

Carvedilol (Oral Tablet),T1

Cefuroxime Axetil (Oral Tablet),T1

Celecoxib (Oral Capsule),T1 - QL

Cephalexin (Oral Capsule),T1

Cephalexin (Oral Tablet),T1

Chantix (Oral Tablet),T2

Chantix Continuing Month Pak (Oral Tablet),T2

Chantix Starting Month Pak (Oral Tablet),T2

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Cholestyramine (Oral Packet),T1

Cholestyramine Light (Oral Packet),T1

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T1

Cimetidine HCl (300MG/5ML Oral Solution),T1

Cinacalcet HCl (Oral Tablet),T1 - B/D,PA; QL

Cinryze (Intravenous Solution Reconstituted),T4 - PA

Ciprodex (Otic Suspension),T3

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

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.

Clopidogrel Bisulfate (75MG Oral Tablet),T1	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1
Clozapine (Oral Tablet),T1	Delzicol (Oral Capsule Delayed Release),T3
Clozapine ODT (Oral Tablet Dispersible),T1	Depen Titratabs (Oral Tablet),T4
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2	Desmopressin Acetate (Oral Tablet),T1
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1
Colcrys (Oral Tablet),T3	Dexamethasone (Oral Tablet),T1
Colesevelam HCl (Oral Tablet),T1	Dextrose-NaCl (5-0.2% Intravenous Solution),T1
Combigan (Ophthalmic Solution),T2	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Combivent Respimat (Inhalation Aerosol Solution),T2 - QL	Diazepam (5MG/5ML Oral Solution),T1
Copaxone (Subcutaneous Solution Prefilled Syringe),T4	Diazepam Intensol (5MG/ML Oral Concentrate),T1 - QL
Corlanor (Oral Solution),T3 - QL	Diclofenac Potassium (Oral Tablet),T1
Corlanor (Oral Tablet),T3 - QL	Diclofenac Sodium (1% External Gel),T1 - QL
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - QL	Diclofenac Sodium (Oral Tablet Delayed Release),T1
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T4 - QL	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Cosopt PF (Ophthalmic Solution),T3	Dicyclomine HCl (Oral Capsule),T1 - HRM
Creon (Oral Capsule Delayed Release Particles),T2	Dicyclomine HCl (Oral Tablet),T1 - HRM
Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA	Dificid (Oral Suspension Reconstituted),T4
Cromolyn Sodium (Oral Concentrate),T1	Dificid (Oral Tablet),T4
Cyclophosphamide (Oral Capsule),T1 - B/D,PA	Digoxin (125MCG Oral Tablet),T1 - HRM; QL
Cyproheptadine HCl (Oral Tablet),T1 - PA; HRM	Digoxin (250MCG Oral Tablet),T1 - PA; HRM
D	Dihydroergotamine Mesylate (Nasal Solution),T1 - QL
DARAPRIM (Oral Tablet),T4	Diltiazem HCl (Oral Tablet Immediate Release),T1
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1
Dapsone (5% External Gel),T1	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral
Dapsone (Oral Tablet),T1	

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.

Capsule Extended Release 24 Hour),T1	E
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	Edarbi (Oral Tablet),T3 - QL
Dipentum (Oral Capsule),T4	Edarbyclor (Oral Tablet),T3 - QL
Diphenoxylate-Atropine (Oral Tablet),T1 - PA; HRM	Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL
Disulfiram (Oral Tablet),T1	Elidel (External Cream),T3 - QL
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1	Eliquis (Oral Tablet),T2 - QL
Divalproex Sodium (Oral Tablet Delayed Release),T1	Eliquis Starter Pack (Oral Tablet),T2 - QL
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1	Elmiron (Oral Capsule),T4
Donepezil HCl (Oral Tablet),T1 - QL	Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - QL
Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL	Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1	Emgality (Subcutaneous Solution Auto-Injector),T3 - QL
Doxazosin Mesylate (Oral Tablet),T1	Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T1	Enalapril Maleate (Oral Tablet),T1 - QL
Doxycycline Hyclate (Oral Capsule),T1	Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Dronabinol (Oral Capsule),T1 - PA	Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - QL
Dulera (Inhalation Aerosol),T3 - QL	Enbrel (Subcutaneous Solution Reconstituted),T4 - QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL	Enbrel (Subcutaneous Solution),T4 - QL
Dutasteride (Oral Capsule),T1	Enbrel Mini (Subcutaneous Solution Cartridge),T4 - QL
Dymista (Nasal Suspension),T3	Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - 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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Epclusa (Oral Tablet),T4 - PA; QL	Injector),T4 - PA
EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T1 - 7D; MME; DL; QL
Epiduo (External Gel),T3	
Epiduo Forte (External Gel),T3	
Epinephrine (Injection Solution Auto-Injector),T1 - QL	
Eplerenone (Oral Tablet),T1	Finacea (External Foam),T3 - QL
Equetro (Oral Capsule Extended Release 12 Hour),T3	Finacea (External Gel),T3 - QL
Ergotamine-Caffeine (Oral Tablet),T1	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Erleada (Oral Tablet),T4	Flac (Otic Oil),T1
Ertapenem Sodium (Injection Solution Reconstituted),T1	Flarex (Ophthalmic Suspension),T3
Escitalopram Oxalate (Oral Tablet),T1	Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2
Estradiol (Oral Tablet),T1 - PA; HRM	Flovent HFA (Inhalation Aerosol),T2 - QL
Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL	Fluconazole (Oral Tablet),T1
Estradiol (Vaginal Cream),T1	Fluocinolone Acetonide (External Cream),T1
Ethosuximide (Oral Capsule),T1	Fluocinolone Acetonide (External Ointment),T1
Ethosuximide (Oral Solution),T1	Fluocinolone Acetonide (Otic Oil),T1
Eucrisa (External Ointment),T3 - QL	Fluphenazine HCl (Oral Tablet),T1
Extavia (Subcutaneous Kit),T4	Fluticasone Propionate (External Cream),T1
Ezetimibe (Oral Tablet),T1	Fluticasone Propionate (External Lotion),T1
Ezetimibe-Simvastatin (Oral Tablet),T1 - QL	Fluticasone Propionate (External Ointment),T1
F	Fluticasone Propionate (Nasal Suspension),T1
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1	Forteo (Subcutaneous Solution Pen-Injector),T4
Farxiga (Oral Tablet),T2 - QL	Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous
Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA	
Fasenra Pen (Subcutaneous Solution Auto-	

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.

Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4	Glucagon (Injection Kit) (Lilly),T1
Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3	Glyxambi (Oral Tablet),T2 - QL
Furosemide (Oral Tablet),T1	Gocovri (Oral Capsule Extended Release 24 Hour),T4
Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL	Guanidine HCl (125MG Oral Tablet),T3
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T4 - QL	Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2
Fycompa (2MG Oral Tablet),T3 - QL	Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2
Fycompa (Oral Suspension),T4 - QL	H
G	Haegarda (Subcutaneous Solution Reconstituted),T4 - PA
Gabapentin (Oral Capsule),T1	Haloperidol (Oral Tablet),T1
Gabapentin (Oral Tablet),T1	Harvoni (90-400MG Oral Tablet),T4 - PA; QL
Gammagard (2.5GM/25ML Injection Solution),T4 - PA	Harvoni (Oral Packet),T4 - PA; QL
Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA	Humalog (Subcutaneous Solution Cartridge),T2
Gemfibrozil (Oral Tablet),T1	Humalog (Subcutaneous Solution),T2
Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA	Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2
Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA	Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2
Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA	Humalog Mix 50/50 (Subcutaneous Suspension),T2
Gentamicin Sulfate (Ophthalmic Solution),T1	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Gilenya (0.5MG Oral Capsule),T4 - QL	Humalog Mix 75/25 (Subcutaneous Suspension),T2
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Glatopa (Subcutaneous Solution Prefilled Syringe),T1	Humira (Subcutaneous Prefilled Syringe Kit),T4 - QL
Glipizide (Oral Tablet Immediate Release),T1 - QL	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - QL
Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL	Humira Pen (Subcutaneous Pen-Injector Kit),T4 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - QL	Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - QL	Imvexxy Starter Pack (Vaginal Insert),T2 - PA
Humulin 70/30 (Subcutaneous Suspension),T2	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Ingrezza (40MG Oral Capsule, 80MG Oral Capsule),T4 - QL
Humulin N (Subcutaneous Suspension),T2	Ingrezza (Oral Capsule Therapy Pack),T4 - QL
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2	Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2
Humulin R (Injection Solution),T2	Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2	Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2	Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2
Hydralazine HCl (Oral Tablet),T1	Insulin Syringes, Needles,T2
Hydrochlorothiazide (Oral Capsule),T1	Intrarosa (Vaginal Insert),T3 - PA; QL
Hydrochlorothiazide (Oral Tablet),T1	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
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4
Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL	Inveltys (Ophthalmic Suspension),T3
Hydroxyurea (Oral Capsule),T1	Invokamet (Oral Tablet Immediate Release),T3 - QL
Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM	Invokamet XR (Oral Tablet Extended Release
I	
Ibandronate Sodium (Oral Tablet),T1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1	
Ilevro (Ophthalmic Suspension),T2	
Imatinib Mesylate (Oral Tablet),T1 - QL	
Imiquimod (3.75% External Cream),T1	
Imiquimod (5% External Cream),T1 - QL	

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24 Hour),T3 - QL	Kalydeco (Oral Tablet),T4
Invokana (Oral Tablet),T3 - QL	Kazano (Oral Tablet),T3 - QL
Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA	Ketoconazole (External Cream),T1 - QL
Ipratropium Bromide (Nasal Solution),T1	Ketorolac Tromethamine (Ophthalmic Solution),T1
Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA	Klor-Con 10 (Oral Tablet Extended Release),T1
Irbesartan (Oral Tablet),T1 - QL	Klor-Con 8 (Oral Tablet Extended Release),T1
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Klor-Con M10 (Oral Tablet Extended Release),T1
Isentress (Oral Tablet),T4 - QL	Klor-Con M20 (Oral Tablet Extended Release),T1
Isoniazid (Oral Tablet),T1	Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - QL
Isosorbide Dinitrate (Oral Tablet Immediate Release),T1	Korlym (Oral Tablet),T4
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1	Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - QL
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1	L
Isturisa (Oral Tablet),T4	Lactulose (10GM/15ML Oral Solution),T1
Ivermectin (Oral Tablet),T1	Lactulose (Oral Packet),T1
J	Lamivudine (100MG Oral Tablet),T1
Janumet (Oral Tablet Immediate Release),T2 - QL	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL
Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Lamotrigine (Oral Tablet Immediate Release),T1
Januvia (Oral Tablet),T2 - QL	Lantus (Subcutaneous Solution),T2
Jardiance (Oral Tablet),T2 - QL	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2
Jentadueto (Oral Tablet Immediate Release),T2 - QL	Lastacaft (Ophthalmic Solution),T2
Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Latanoprost (Ophthalmic Solution),T1
Jublia (External Solution),T3	Latuda (Oral Tablet),T4 - QL
K	Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL
Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4	Leflunomide (Oral Tablet),T1
	Letrozole (Oral Tablet),T1
	Leucovorin Calcium (Oral Tablet),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Leukeran (Oral Tablet),T4	Losartan Potassium-HCTZ (Oral Tablet),T1 - QL
Levemir (Subcutaneous Solution),T2	Lotemax (Ophthalmic Gel),T3
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2	Lotemax (Ophthalmic Ointment),T3
Levetiracetam (Oral Tablet Immediate Release),T1	Lotemax (Ophthalmic Suspension),T3
Levocarnitine (Oral Tablet),T1	Lotemax SM (Ophthalmic Gel),T3
Levocetirizine Dihydrochloride (Oral Tablet),T1	Lovastatin (Oral Tablet),T1 - QL
Levofloxacin (Oral Tablet),T1	Lumigan (Ophthalmic Solution),T2
Levothyroxine Sodium (Oral Tablet),T1	Lupron Depot (1-Month) (Intramuscular Kit),T4
Lialda (Oral Tablet Delayed Release),T4 - QL	Lupron Depot (3-Month) (Intramuscular Kit),T4
Lidocaine (5% External Ointment),T1 - QL	Lupron Depot (4-Month) (Intramuscular Kit),T4
Lidocaine (5% External Patch),T1 - PA; QL	Lupron Depot (6-Month) (Intramuscular Kit),T4
Lidocaine HCl (4% External Solution),T1	Luzu (External Cream),T3 - QL
Lidocaine Viscous (2% Mouth/Throat Solution),T1	Lysodren (Oral Tablet),T4
Lidocaine-Prilocaine (External Cream),T1	Lyumjev (Injection Solution),T2
Lindane (External Shampoo),T1	Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2
Linzess (Oral Capsule),T2 - QL	
Liothyronine Sodium (Oral Tablet),T1	M
Lisinopril (Oral Tablet),T1 - QL	Mavyret (Oral Tablet),T4 - PA; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL
Lithium Carbonate (Oral Capsule),T1	Mayzent Starter Pack (Oral Tablet Therapy Pack),T4 - QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Meclizine HCl (12.5MG Oral Tablet),T1 - HRM
Livalo (Oral Tablet),T2 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lokelma (Oral Packet),T3 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lonhala Magnair (Inhalation Solution),T4 - QL	Meloxicam (Oral Tablet),T1
Loperamide HCl (Oral Capsule),T1	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Lorazepam (Oral Tablet),T1 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Lorazepam Intensol (Oral Concentrate),T1 - QL	
Losartan Potassium (Oral Tablet),T1 - QL	

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Mercaptopurine (Oral Tablet),T1	Metronidazole (Oral Tablet),T1
Meropenem (Intravenous Solution Reconstituted),T1	Migergot (Rectal Suppository),T4
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL	Minocycline HCl (Oral Capsule),T1
Metformin HCl (Oral Tablet Immediate Release),T1 - QL	Minocycline HCl (Oral Tablet Immediate Release),T1
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL	Minoxidil (Oral Tablet),T1
Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL	Mirtazapine (Oral Tablet),T1
Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL	Mirtazapine ODT (Oral Tablet Dispersible),T1
Methazolamide (Oral Tablet),T1	Mirvaso (External Gel),T3
Methimazole (Oral Tablet),T1	Misoprostol (Oral Tablet),T1
Methotrexate (Oral Tablet),T1	Mitigare (Oral Capsule),T2
Methylodopa (Oral Tablet),T1 - PA; HRM	Modafinil (Oral Tablet),T1 - PA; QL
Methylphenidate HCl (Oral Tablet Chewable),T1 - QL	Mometasone Furoate (Nasal Suspension),T1
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL	Montelukast Sodium (Oral Packet),T1 - QL
Methylprednisolone (Oral Tablet Therapy Pack),T1	Montelukast Sodium (Oral Tablet),T1 - QL
Methylprednisolone (Oral Tablet),T1	Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T1 - 7D; MME; DL; QL
Metoclopramide HCl (Oral Tablet),T1	Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	Motegrity (Oral Tablet),T3 - QL
Metrogel (External Gel),T3	Movantik (Oral Tablet),T2 - QL
Metronidazole (External Cream),T1	Moxeza (Ophthalmic Solution),T3
Metronidazole (External Gel),T1	Multaq (Oral Tablet),T2
Metronidazole (External Lotion),T1	Myrbetriq (Oral Tablet Extended Release 24
Metronidazole (Oral Capsule),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Hour),T2	
N	
Nadolol (Oral Tablet),T1	Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM
Naftifine HCl (2% External Cream),T1	Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM
Naftin (External Gel),T3	Nitroglycerin (Tablet Sublingual),T1
Naloxone HCl (0.4MG/ML Injection Solution),T1	Nivestym (Injection Solution Prefilled Syringe),T4
Naloxone HCl (Injection Solution Cartridge),T1	Nivestym (Injection Solution),T4
Naloxone HCl (Injection Solution Prefilled Syringe),T1	Nizatidine (Oral Capsule),T1
Naltrexone HCl (Oral Tablet),T1	Norethindrone Acetate (5MG Oral Tablet),T1
Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL	Nortriptyline HCl (Oral Capsule),T1 - PA; HRM
Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL	NovoLog (Subcutaneous Solution),T3
Naproxen (Oral Tablet Immediate Release),T1	NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3
Narcan (Nasal Liquid),T2	NovoLog Mix 70/30 (Subcutaneous Suspension),T3
Nayzilam (Nasal Solution),T3 - PA; QL	NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T1	NovoLog PenFill (Subcutaneous Solution Cartridge),T3
Neomycin-Polymyxin-HC (Otic Suspension),T1	Novolin 70/30 (Subcutaneous Suspension),T3
Nesina (Oral Tablet),T3 - QL	Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3
Neulasta (Subcutaneous Solution Prefilled Syringe),T4	Novolin N (Subcutaneous Suspension),T3
Neupro (Transdermal Patch 24 Hour),T3	Novolin R (Injection Solution),T3
Nevanac (Ophthalmic Suspension),T3	Nubeqa (Oral Tablet),T4
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2	Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL	Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T1	Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL
Nicotrol (Inhalation Inhaler),T3	Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL
Nitrofurantoin Macrocrystal (100MG Oral	Nuedexta (Oral Capsule),T4 - PA; QL

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Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA	2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA	Orilissa (Oral Tablet),T4 - QL
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA	Oseltamivir Phosphate (Oral Capsule),T1
Nystatin (External Cream),T1	Oseni (Oral Tablet),T3 - QL
Nystatin (External Ointment),T1	Osphena (Oral Tablet),T2 - PA; QL
Nystatin (External Powder),T1 - QL	Oxcarbazepine (Oral Tablet),T1
O	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1
Ofloxacin (Ophthalmic Solution),T1	Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL
Ofloxacin (Otic Solution),T1	Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Olanzapine (Oral Tablet),T1 - 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
Olmesartan Medoxomil (Oral Tablet),T1 - QL	Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL
Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL	Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T2 - QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet),T1 - QL	P
Olopatadine HCl (Ophthalmic Solution),T1	Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1	Penicillin V Potassium (Oral Tablet),T1
Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL	Pentasa (Oral Capsule Extended Release),T3 - QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1	Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL
Ondansetron HCl (Oral Tablet),T1 - B/D,PA	Permethrin (External Cream),T1
Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA	Perseris (Subcutaneous Prefilled Syringe),T4
Onglyza (Oral Tablet),T3 - QL	Phenytoin Sodium Extended (Oral Capsule),T1
Opsumit (Oral Tablet),T4 - PA	Phoslyra (Oral Solution),T2
Orenitram (0.125MG Oral Tablet Extended Release),T3	Pilocarpine HCl (Oral Tablet),T1
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release,	Pimecrolimus (External Cream),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Pioglitazone HCl (Oral Tablet),T1 - QL	Prolensa (Ophthalmic Solution),T3
Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL	Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL
Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL	Promethazine HCl (Oral Tablet),T1 - PA; HRM
Pomalyst (Oral Capsule),T4	Propranolol HCl (Oral Tablet),T1
Potassium Chloride CR (Oral Tablet Extended Release),T1	Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T1
Potassium Chloride ER (Oral Capsule Extended Release),T1	Propylthiouracil (Oral Tablet),T1
Potassium Citrate ER (Oral Tablet Extended Release),T1	Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3
Pradaxa (Oral Capsule),T3 - QL	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1
Praluent (Subcutaneous Solution Auto-Injector),T2 - QL	Q
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1	QVAR ReditHaler (Inhalation Aerosol Breath Activated),T3 - QL
Pravastatin Sodium (Oral Tablet),T1 - QL	Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL
Prazosin HCl (Oral Capsule),T1	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T1 - QL
Prednisolone Acetate (Ophthalmic Suspension),T1	Quinapril HCl (Oral Tablet),T1 - QL
Prednisone (5MG/5ML Oral Solution),T1	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Prednisone (Oral Tablet),T1	R
Premarin (Vaginal Cream),T2	Raloxifene HCl (Oral Tablet),T1
Prenatal (27-1MG Oral Tablet),T1	Ramipril (Oral Capsule),T1 - QL
Prezista (Oral Suspension),T4 - QL	Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T1
Privigen (20GM/200ML Intravenous Solution),T4 - PA	Rasagiline Mesylate (Oral Tablet),T1
ProAir HFA (Inhalation Aerosol Solution),T2	Rasuvo (Subcutaneous Solution Auto-Injector),T3
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2	Rayaldee (Oral Capsule Extended Release),T4 - QL
Proctosol HC (2.5% External Cream),T1	Rebif (Subcutaneous Solution Prefilled Syringe),T4
Progesterone (Oral Capsule),T1	Rebif Rebidose (Subcutaneous Solution Auto-
Prolastin-C (Intravenous Solution Reconstituted),T4	

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Injector),T4	Risperidone (Oral Tablet),T1
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T4	Ritonavir (Oral Tablet),T1 - QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4	Rivastigmine Tartrate (Oral Capsule),T1
Regranex (External Gel),T4 - PA	Rizatriptan Benzoate (Oral Tablet),T1 - QL
Relistor (Oral Tablet),T4	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL
Relistor (Subcutaneous Solution),T4	Rocklatan (Ophthalmic Solution),T2
Repatha (Subcutaneous Solution Prefilled Syringe),T2 - QL	Ropinirole HCl (Oral Tablet Immediate Release),T1
Repatha Pushtronex System (Subcutaneous Solution Cartridge),T2 - QL	Rosuvastatin Calcium (Oral Tablet),T1 - QL
Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - QL	Rybelsus (Oral Tablet),T2 - QL
Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL	Rytary (Oral Capsule Extended Release),T3
Retacrit (Injection Solution),T3 - B/D,PA	S
Rexulti (Oral Tablet),T4 - QL	SPS (Oral Suspension),T1
Reyataz (Oral Packet),T4 - QL	Sancuso (Transdermal Patch),T4 - QL
Rhopressa (Ophthalmic Solution),T2	Santyl (External Ointment),T3
Ribavirin (Oral Tablet),T1	Saphris (10MG Tablet Sublingual),T4
Rifabutin (Oral Capsule),T1	Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3
Rifampin (Oral Capsule),T1	Savella (Oral Tablet),T2
Riluzole (Oral Tablet),T1	Savella Titration Pack (Oral Tablet),T2
Rimantadine HCl (Oral Tablet),T1	Scopolamine (Transdermal Patch 72 Hour),T1 - PA; HRM
Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - QL	Selegiline HCl (Oral Capsule),T1
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3	Selegiline HCl (Oral Tablet),T1
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4	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 (800MG Oral Tablet),T1
	Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL

T1 = Tier 1

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T3 = Tier 3

T4 = Tier 4

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

Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA	Sunosi (Oral Tablet),T3 - QL
Silodosin (Oral Capsule),T1 - QL	Suprep Bowel Prep Kit (Oral Solution),T2
Silver Sulfadiazine (External Cream),T1	Symbicort (Inhalation Aerosol),T2 - QL
Simbrinza (Ophthalmic Suspension),T2	SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4
Simvastatin (Oral Tablet),T1 - QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - QL	Symproic (Oral Tablet),T3 - QL
Sodium Polystyrene Sulfonate (Oral Powder),T1	Synjardy (Oral Tablet Immediate Release),T2 - QL
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Solifenacin Succinate (Oral Tablet),T1 - QL	Synthroid (Oral Tablet),T2
Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL	T
Sotalol HCl (Oral Tablet),T1	TOBI Podhaler (Inhalation Capsule),T4 - QL
Sotalol HCl AF (Oral Tablet),T1	Tadalafil (PAH) (20MG Oral Tablet),T1 - PA
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Tamoxifen Citrate (Oral Tablet),T1
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Tamsulosin HCl (Oral Capsule),T1
Spironolactone (Oral Tablet),T1	Targetin (External Gel),T4 - PA; QL
Sprycel (Oral Tablet),T4	Tasigna (Oral Capsule),T4
Stiolto Respimat (Inhalation Aerosol Solution),T2	Tecfidera (Oral Capsule Delayed Release),T4 - QL
Striverdi Respimat (Inhalation Aerosol Solution),T3	Tecfidera Starter Pack (Oral),T4 - QL
Suboxone (Sublingual Film),T3 - QL	Telmisartan (Oral Tablet),T1 - QL
Sucralfate (Oral Suspension),T1	Telmisartan-HCTZ (Oral Tablet),T1 - QL
Sucralfate (Oral Tablet),T1	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL
Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1	Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL
Sulfasalazine (Oral Tablet Delayed Release),T1	Terazosin HCl (Oral Capsule),T1
Sulfasalazine (Oral Tablet Immediate Release),T1	Terbinafine HCl (Oral Tablet),T1
Sumatriptan Succinate (Oral Tablet),T1 - QL	Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4
	Testosterone (20.25MG/1.25GM 1.62%)

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Plain type = Generic drug

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Transdermal Gel, 25MG/2.5GM 1%	Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Transdermal Gel, 40.5MG/2.5GM 1.62%	Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1	Tranexamic Acid (Oral Tablet),T1
Testosterone Cypionate (Intramuscular Solution),T1	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Theophylline (Oral Solution),T1	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T1	Tremfya (Subcutaneous Solution Pen-Injector),T4 - QL
Theophylline ER (Oral Tablet Extended Release 24 Hour),T1	Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - QL
Timolol Maleate (Ophthalmic Solution),T1	Tresiba (Subcutaneous Solution),T2
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
Timoptic Ocudose (Ophthalmic Solution),T3	Tretinoin (External Cream),T1 - PA
Tivicay (25MG Oral Tablet),T3 - QL	Tretinoin (External Gel),T1 - PA
Tivicay (50MG Oral Tablet),T4 - QL	Tretinoin (Oral Capsule),T1
Tizanidine HCl (Oral Tablet),T1	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T1
Tobramycin (Ophthalmic Solution),T1	Triamcinolone Acetonide (External Cream),T1
Tobramycin-Dexamethasone (Ophthalmic Suspension),T1	Triamterene-HCTZ (Oral Capsule),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T1	Triamterene-HCTZ (Oral Tablet),T1
Topiramate (Oral Tablet),T1	Trihexyphenidyl HCl (Oral Solution),T1 - PA; HRM
Toremifene Citrate (Oral Tablet),T1	Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trintellix (Oral Tablet),T3
Toviaz (Oral Tablet Extended Release 24 Hour),T3 - QL	Trulance (Oral Tablet),T3
Tracleer (Oral Tablet Soluble),T4 - QL	Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL
Tracleer (Oral Tablet),T4 - QL	Tymlos (Subcutaneous Solution Pen-
Tradjenta (Oral Tablet),T2 - QL	

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Injector),T4	Injector),T2 - QL
U	Viibryd (Oral Tablet),T3
Uceris (Rectal Foam),T3	Viibryd Starter Pack (Oral Kit),T3
Uptravi (Oral Tablet Therapy Pack),T4 - QL	Vimpat (Oral Solution),T3 - QL
Uptravi (Oral Tablet),T4 - QL	Vimpat (Oral Tablet),T3 - QL
Ursodiol (Oral Capsule),T1	Vosevi (Oral Tablet),T4 - PA; QL
Ursodiol (Oral Tablet),T1	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - QL
V	Vyvanse (Oral Capsule),T3
Valacyclovir HCl (Oral Tablet),T1 - QL	Vyvanse (Oral Tablet Chewable),T3
Valganciclovir HCl (Oral Tablet),T1 - QL	Vyzulta (Ophthalmic Solution),T3
Valproic Acid (Oral Capsule),T1	W
Valproic Acid (Oral Solution),T1	Warfarin Sodium (Oral Tablet),T1
Valsartan (Oral Tablet),T1 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	X
Vascepa (Oral Capsule),T3	Xarelto (Oral Tablet),T2 - QL
Velphoro (Oral Tablet Chewable),T4	Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T3 - QL
Veltassa (8.4GM Oral Packet),T3 - QL	Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - QL
Ventolin HFA (Inhalation Aerosol Solution),T3	Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xcopri (200MG Oral Tablet),T4 - QL
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	Xcopri (250MG Daily Dose) (50 & 200MG Oral Tablet Therapy Pack),T4 - QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack),T4 - QL
Versacloz (Oral Suspension),T4	Xeljanz (Oral Tablet Immediate Release),T4 - QL
Viberzi (Oral Tablet),T4 - QL	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - QL
Victoza (Subcutaneous Solution Pen-	

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

Xenleta (Oral Tablet),T4 - QL	Zarxio (Injection Solution Prefilled Syringe),T4
Xifaxan (550MG Oral Tablet),T4	Zelapar ODT (Oral Tablet Dispersible),T4
Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Zenpep (Oral Capsule Delayed Release Particles),T2
Xiidra (Ophthalmic Solution),T3 - QL	Zeposia (Oral Capsule),T4 - QL
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack),T4 - QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Zeposia Starter Kit (Oral Capsule Therapy Pack),T4 - QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL	Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4
Xtandi (Oral Capsule),T4	Zioptan (Ophthalmic Solution),T3
Xyosted (Subcutaneous Solution Auto-Injector),T3	Zirgan (Ophthalmic Gel),T3
Xyrem (Oral Solution),T4 - QL	Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - PA; HRM; QL
Y	Zonisamide (Oral Capsule),T1
Yupelri (Inhalation Solution),T4 - B/D,PA; QL	Zontivity (Oral Tablet),T3
Z	Zubsolv (Tablet Sublingual),T3 - QL
Zafirlukast (Oral Tablet),T1	Zylet (Ophthalmic Suspension),T3
Zaleplon (Oral Capsule),T1 - HRM; QL	

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Additional drug coverage

Additional prescription drug coverage

Your plan includes extra coverage for certain supplies as shown below. These supplies are either not generally covered under Medicare Part D or are covered at a different cost level than the one shown on your plan's drug list (formulary).

This is not a complete list of supplies covered by our plan. For a complete list, please call Customer Service using the information on the cover of this book.

Lower-cost Medicare supplies

Your plan covers some of your Medicare supplies at a lower copay than in your drug list (formulary).

These supplies are part of your Medicare prescription drug coverage.¹

Drug name
Certain diabetic supplies for the administration of insulin

Lower-cost non-Medicare supplies

These supplies are covered in addition to the drugs in your plan's drug list (formulary).²

If you get Extra Help from Medicare to pay for your drugs, it will not apply to these additional covered supplies.

\$0 copay

Certain diabetic supplies

¹Information about the appeals and grievance process for these supplies can be found in your Evidence of Coverage.

²This non-Medicare supply coverage is in addition to your Medicare drug coverage. Unlike your Medicare drug coverage, you cannot file a Medicare appeal or grievance for non-Medicare supply coverage. If you have questions, please call Customer Service using the information on the cover of this book.

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 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 having the pharmacy contact the plan.

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	
Anorexiant - drugs to promote weight loss		
Phentermine	1	
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Itching or Pain		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
Devices		
Metered Dose Inhaler (MDI) Spacer/Holding Chamber		
AeroChamber	3	
Inspirease	3	
OptiChamber	3	
Valvd Holding Chamber	3	
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	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 8 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 8 tablets per month)
Tadalafil	1	QL (maximum of 8 tablets per month)
Vardenafil	1	QL (maximum of 8 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Urinary Tract Infection		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate Cap 118 mg	1	
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		

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione	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	
Smoking cessation agents		
Nicotine Replacement		
Nicotine Polacrilex (chewing gum, lozenge)	1	
Nicotine Transdermal Patch	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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Call toll-free **1-866-860-7708**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



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