



Plan Guide 2023

**Take advantage of all your
Prescription Drug plan has to
offer**

Shell

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Number: 25535



Effective: January 1, 2023 through December 31, 2023

**United
Healthcare**

Shell US Benefits

Table of Contents

Introduction 3

Plan Information

Benefit Highlights 6
Plan Details 7
Summary of Benefits..... 14

Drug List

Drug List..... 24
Additional Drug Coverage 47

What's Next

Here's What You Can Expect Next 54
Statements of Understanding 55

Introducing the Plan

UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Retiree,

Effective January 1, 2023, the Shell Medicare Complementary plan is simplifying the participant experience for Medicare-eligible retirees and their Medicare-eligible dependents. Prescription drug coverage under the Shell Medicare Complementary plan is transitioning from SilverScript to UnitedHealthcare MedicareRx for Groups PDP. You are encouraged to review the Shell US Benefits Annual Enrollment Guide for Retirees (available on www.netbenefits.com and mailed to your home) for an overview of the changes. The enclosed information is specifically about your 2023 prescription drug coverage administered by UnitedHealthcare MedicareRx. For information about your 2023 medical coverage, please log into www.myuhc.com or call UnitedHealthcare at **1-888-831-2645**.

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



Get a 3-month Supply¹



Over 67,000 Pharmacies



Optum® Home Delivery

Questions? We're here to help.

 retiree.uhc.com/shellmedcomprx



Call toll-free **1-844-600-7913**, TTY 711
8 a.m.-8 p.m. local time, 7 days a week

How to enroll

The annual enrollment period for 2023 benefits is October 25–November 8, 2022. You need to take action if you: want to change any of your benefit elections for 2023, need to update your dependent information, and/or a covered dependent has recently become Medicare-eligible due to a disability. Log on to www.netbenefits.com to review the Benefits Elections page, even if you do not want to make any changes to your benefits. Please see the Annual Enrollment Guide for Retirees for complete information. The Guide is accessible on www.netbenefits.com and was mailed to your home. If you have questions or prefer to handle your enrollment with a Shell Benefits Service Center Representative, please call **1-800-30-SHELL (1-800-307-4355)**.

The Shell Medicare Complementary Option is closed to new participants. If you are currently enrolled in the plan, you may continue to participate. If you disenroll from the plan, you will not be able to re-enroll at a later date. Contact the Shell Benefits Service Center at **1-800-30-SHELL (1-800-307-4355)** for information on your eligibility and enrollment opportunity.

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.

Plan Information

Benefit Highlights

Shell 25535

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 (34-day retail supply)	Mail service pharmacy (90-day supply)
Tier 1: Preferred Generic	\$7 copay	\$15 copay
Tier 2: Preferred Brand	\$47 copay	\$90 copay
Tier 3: Non-preferred Drug	\$80 copay	\$125 copay
Tier 4: Specialty Tier	\$80 copay	\$125 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 out-of-pocket costs (what you pay including coverage gap discount program payments) reach \$7,400, you will pay the greater of \$4.15 copay for generic (including brand drugs treated as generic), \$10.35 copay for all other drugs, or 5% coinsurance	
Pharmacy out-of-pocket maximum	When your total out-of-pocket costs (what you pay) reach \$2,950 you will not pay any copay or coinsurance	

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.

Y0066_GRPDPBH_2023_M

UHEX23PD0085268_000

Plan Details

UnitedHealthcare® MedicareRx for Groups (PDP)

Shell has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan for your prescription drug coverage. This is a plan designed just for Shell's eligible retirees and their dependents. 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/shellmedcomprx



Call toll-free **1-844-600-7913**, TTY **711**, 8 a.m.–8 p.m. local time, 7 days a week

How your UnitedHealthcare MedicareRx plan works

Here are Medicare's rules about what types of coverage you can have either as an addition to or combined with UnitedHealthcare MedicareRx 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 the UnitedHealthcare MedicareRx prescription drug plan, you will be disenrolled from this plan
- Any eligible family members may also be disenrolled from the UnitedHealthcare MedicareRx prescription drug plan, and you and your family may not have drug coverage through Shell.

✓ You must have employer group-sponsored coverage

Your UnitedHealthcare MedicareRx prescription drug plan includes only drug coverage. It does not include medical care coverage. Your medical care coverage continues through your Medicare Complementary plan, administered by UnitedHealthcare.

- If you want a Shell-sponsored Medicare Advantage plan instead, check your eligibility status and enrollment opportunity with the Shell Benefits Service Center at 1-800-30-SHELL (1-800-307-4355).
- If you enroll in an individual Medicare Advantage plan, you may be disenrolled from the UnitedHealthcare MedicareRx prescription drug plan



Remember: If you drop or are disenrolled from the UnitedHealthcare MedicareRx prescription drug coverage, you may not be able to re-enroll.

Questions? We're here to help.



retiree.uhc.com/shellmedcomprx



Call toll-free **1-844-600-7913**, 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 Shell 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 pharmacy¹ 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 nationwide³ 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/shellmedcomprx



Call toll-free **1-844-600-7913**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

¹Network size varies by market.

²Network size varies by market.

³Please 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 UnitedHealthcare MedicareRx prescription drug plan 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/shellmedcomprx




Call toll-free **1-844-600-7913**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

¹Refer 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	Most generic drugs
Tier 2		Many common brand-name drugs, called preferred brands and some higher-cost generic drugs
Tier 3		Non-preferred generic and non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3
Tier 4 (Specialty)		High

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
<p>In this drug payment stage:</p> <ul style="list-style-type: none"> 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 	<p>Your plan provides additional coverage through the gap.</p> <ul style="list-style-type: none"> 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 	<p>After your out-of-pocket costs reach \$7,400:</p> <ul style="list-style-type: none"> 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 Optum Rx® pharmacy. 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 Optum Home Delivery through Optum Rx 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.

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.



Summary of Benefits 2023

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Name (Plan Sponsor): Shell

Group Number: 25535

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 **1-844-600-7913**, TTY **711**

8 a.m.-8 p.m. local time, 7 days a week



retiree.uhc.com/shellmedcomprx

United Healthcare

Y0066_SB_S5820_803_000_2023_M

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/shellmedcomprx 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/shellmedcomprx 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/shellmedcomprx 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 34-day supply as a 34-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 or CVS Retail Pharmacy Cost-Sharing
	Up to a 34-day supply	69 to 90-day supply
Tier 1: Preferred Generic	\$7 copay	\$15 copay
Tier 2: Preferred Brand	\$47 copay	\$90 copay
Tier 3: Non-preferred Drug	\$80 copay	\$125 copay
Tier 4: Specialty Tier	\$80 copay	\$125 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 yearly out-of-pocket drug costs (what you pay including coverage gap discount program payments) reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. 	

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.

Pharmacy Out-of-Pocket Maximum

When your **total** Out-of-Pocket costs (what you pay) reach \$2,950 you will not pay any copay or coinsurance.

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 1-844-600-7913 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 1-844-600-7913, 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 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 kenyan. 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.

This page left intentionally blank.

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

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T2

Ambrisentan (Oral Tablet),T4 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T3

Amiodarone HCl (200MG Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T3 - 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),T2 - QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T2 - QL

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

Anagrelide HCl (Oral Capsule),T2

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),T3 - QL

Atazanavir Sulfate (Oral Capsule),T3 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T3

Atorvastatin Calcium (Oral Tablet),T1 - QL

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.

Atovaquone-Proguanil HCl (Oral Tablet),T3	Bethanechol Chloride (Oral Tablet),T2
Atrovent HFA (Inhalation Aerosol Solution),T3	Betimol (Ophthalmic Solution),T3
Aubagio (Oral Tablet),T4 - QL	Bevespi Aerosphere (Inhalation Aerosol),T3 - ST
Auryxia (Oral Tablet),T4 - PA	Bexarotene (Oral Capsule),T4 - PA
Austedo (Oral Tablet),T4 - PA; QL	Bicalutamide (Oral Tablet),T1
Avonex Pen (Intramuscular Auto-Injector Kit),T4	Bijuva (Oral Capsule),T3 - PA; HRM
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4	Bisoprolol Fumarate (Oral Tablet),T1
Azasite (Ophthalmic Solution),T3	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azathioprine (50MG Oral Tablet),T1 - B/D,PA	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2	Breztri Aerosphere (Inhalation Aerosol),T2 - QL
Azelastine HCl (Ophthalmic Solution),T1	Brilinta (Oral Tablet),T2 - QL
Azithromycin (Oral Packet),T1	Brimonidine Tartrate (0.15% Ophthalmic Solution),T3
Azithromycin (Oral Tablet),T1	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
B	Budesonide (Inhalation Suspension),T3 - B/D,PA
BRIVIACT (Oral Solution),T4 - PA	Budesonide (Oral Capsule Delayed Release Particles),T2
BRIVIACT (Oral Tablet),T4 - PA	Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL
Baclofen (Oral Tablet),T1	Buprenorphine HCl (Tablet Sublingual),T1 - QL
Balsalazide Disodium (Oral Capsule),T3	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T3 - QL
Baqsimi One Pack (Nasal Powder),T2	Bupropion HCl (Oral Tablet Immediate Release),T1
Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3
Belsomra (Oral Tablet),T2 - QL	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1
Benazepril HCl (Oral Tablet),T1 - QL	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1
Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL	
Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM	
Bepreve (Ophthalmic Solution),T3	
Berinert (Intravenous Kit),T4 - PA	
Besivance (Ophthalmic Suspension),T3	
Betaseron (Subcutaneous Kit),T4	

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.

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-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),T2

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

Calcium Acetate (667MG Oral Tablet),T2

Calcium Acetate (Phosphate Binder) (Oral Capsule),T2

Calquence (Oral Capsule),T4 - PA; QL

Carbamazepine (Oral Tablet Immediate Release),T1

Carbidopa (Oral Tablet),T3

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T3

Carbidopa-Levodopa-Entacapone (Oral Tablet),T3

Carvedilol (Oral Tablet),T1

Cefdinir (Oral Capsule),T1

Celecoxib (Oral Capsule),T2 - QL

Celontin (Oral Capsule),T3

Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1

Cephalexin (750MG Oral Capsule),T3

Cephalexin (Oral Tablet),T2

Chemet (Oral Capsule),T4

Chlorhexidine Gluconate (Mouth Solution),T1

Chlorthalidone (Oral Tablet),T1

Chlorzoxazone (500MG Oral Tablet, 750MG Oral Tablet),T3 - PA; HRM

Cholestyramine (Oral Packet),T3

Cholestyramine Light (Oral Packet),T3

Cilostazol (Oral Tablet),T1

Cimetidine (Oral Tablet),T2

Cimetidine HCl (Oral Solution),T2

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

Ciprofloxacin-Dexamethasone (Otic Suspension),T3

Citalopram Hydrobromide (Oral Tablet),T1

Clarithromycin (Oral Tablet Immediate Release),T2

Clenpiq (Oral Solution),T2

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

Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1 - QL

Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T2 - QL

Clonidine (0.1MG/24HR Transdermal Patch Weekly),T2

Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),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.

Clonidine HCl (Oral Tablet Immediate Release),T1	D
Clopidogrel Bisulfate (75MG Oral Tablet),T1	DARAPRIM (Oral Tablet),T4
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2	Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T2 - QL
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T3	Daliresp (Oral Tablet),T3 - PA
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2	Dapsone (Oral Tablet),T2
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T2	DayVigo (Oral Tablet),T2 - QL
Colesevelam HCl (Oral Tablet),T3	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T4 - PA
Combigan (Ophthalmic Solution),T2	Deferiprone (500MG Oral Tablet),T4 - PA
Combivent Respimat (Inhalation Aerosol Solution),T2 - QL	Delzicol (Oral Capsule Delayed Release),T3 - ST
Copaxone (Subcutaneous Solution Prefilled Syringe),T4	Depen Titratabs (Oral Tablet),T4
Corlanor (Oral Solution),T3 - PA; QL	Desmopressin Acetate (Oral Tablet),T2
Corlanor (Oral Tablet),T3 - PA; QL	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Dexamethasone (Oral Tablet),T1
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Dextrose-NaCl (5-0.2% Intravenous Solution),T2
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Cosopt PF (Ophthalmic Solution),T3	Diazepam (5MG/5ML Oral Solution),T1
Creon (Oral Capsule Delayed Release Particles),T2	Diazepam Intensol (Oral Concentrate),T2 - QL
Cromolyn Sodium (Inhalation Nebulization Solution),T3 - B/D,PA	Diazoxide (Oral Suspension),T3
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T3 - PA; HRM	Diclofenac Potassium (50MG Oral Tablet),T2
Cyclophosphamide (Oral Capsule),T2 - B/D,PA	Diclofenac Sodium (1% External Gel),T2
	Diclofenac Sodium (Oral Tablet Delayed Release),T1
	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2
	Dicyclomine HCl (Oral Capsule),T1 - HRM
	Dicyclomine HCl (Oral Tablet),T1 - HRM
	Dificid (Oral Suspension Reconstituted),T4
	Dificid (Oral Tablet),T4

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.

Digoxin (125MCG Oral Tablet),T3 - HRM; QL

Digoxin (250MCG Oral Tablet),T3 - PA; HRM

Dihydroergotamine Mesylate (Nasal Solution),T4 - PA; QL

Diltiazem HCl (Oral Tablet Immediate Release),T1

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2

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),T4 - QL

Dipentum (Oral Capsule),T4

Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL

Donepezil HCl (23MG Oral Tablet),T2 - 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

Bold type = Brand name drug

Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2

Doxycycline Hyclate (150MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3

Doxycycline Hyclate (Oral Capsule),T2

Dronabinol (Oral Capsule),T3 - 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),T2

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

Edarbyclor (Oral Tablet),T3 - QL

Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T4 - 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

Plain type = Generic drug

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

(100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet),T4 - QL

Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet),T3 - 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),T3

Entecavir (Oral Tablet),T3

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

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

Epiduo (External Gel),T3 - ST

Epiduo Forte (External Gel),T3 - ST

Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T2 - QL

Eplerenone (Oral Tablet),T2

Ergoloid Mesylates (Oral Tablet),T3 - PA; HRM

Ergotamine-Caffeine (Oral Tablet),T2

Erivedge (Oral Capsule),T4 - PA

Erleada (Oral Tablet),T4 - PA

Ertapenem Sodium (Injection Solution Reconstituted),T3

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),T2 - QL

Estradiol (Oral Tablet),T3 - PA; HRM

Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL

Estradiol (Transdermal Patch Weekly),T3 - PA; HRM; QL

Estradiol (Vaginal Cream),T1

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

Ethambutol HCl (400MG Oral Tablet),T2

Ethosuximide (Oral Capsule),T2

Ethosuximide (Oral Solution),T2

Etravirine (200MG Oral Tablet),T4 - QL

Eucrisa (External Ointment),T3 - PA; QL

Extavia (Subcutaneous Kit),T4

Ezetimibe (Oral Tablet),T1

Ezetimibe-Simvastatin (Oral Tablet),T2 - 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),T2

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.

Fenofibrate (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),T3

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 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),T4

Glatopa (Subcutaneous Solution Prefilled Syringe),T4

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

Glipizide (Oral Tablet Immediate Release),T1 - QL

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

Glucagon (Injection Kit) (Lilly),T2

Glycopyrrolate (Oral Solution) (Generic Cuvposa),T3 - 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

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.

Humalog (Subcutaneous Solution Cartridge),T2	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydroxyurea (Oral Capsule),T1
Humalog Mix 50/50 (Subcutaneous Suspension),T2	Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxyzine HCl (Oral Tablet),T3 - PA; HRM
Humalog Mix 75/25 (Subcutaneous Suspension),T2	I
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Ibandronate Sodium (Oral Tablet),T2
Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL	Icatibant Acetate (Subcutaneous Solution),T4 - PA; QL
Humulin 70/30 (Subcutaneous Suspension),T2	Ilevro (Ophthalmic Suspension),T2
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imatinib Mesylate (Oral Tablet),T3 - PA
Humulin N (Subcutaneous Suspension),T2	Imbruvica (Oral Capsule),T4 - PA; QL
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imbruvica (Oral Tablet),T4 - PA; QL
Humulin R (Injection Solution),T2	Imiquimod (5% External Cream),T1 - QL
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2	Imiquimod Pump (3.75% External Cream),T4 - PA
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2	Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA
Hydralazine HCl (Oral Tablet),T1	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Hydrochlorothiazide (Oral Capsule),T1	Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL
Hydrochlorothiazide (Oral Tablet),T1	Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; 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

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.

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),T2

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 (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet

Immediate Release, 5MG Oral Tablet Immediate Release),T1

Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T4

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),T2

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

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.

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),T3 - QL

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

Lactulose (Oral Packet),T3

Lamivudine (100MG Oral Tablet),T2

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - 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),T2

Letrozole (Oral Tablet),T1

Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2

Leucovorin Calcium (25MG Oral Tablet),T3

Leucovorin Calcium (5MG Oral Tablet),T1

Leukeran (Oral Tablet),T4

Levemir (Subcutaneous Solution),T2

Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2

Levetiracetam (Oral Tablet Immediate Release),T1

Levobunolol HCl (Ophthalmic Solution),T1

Levocarnitine (Oral Tablet),T2

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),T2 - QL

Lidocaine (5% External Patch),T3 - PA; QL

Lidocaine HCl (4% External Solution),T3

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

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.

Lumigan (Ophthalmic Solution),T2	Reconstituted),T2
Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL
Lupron Depot (3-Month) (Intramuscular Kit),T3 - PA	Mesnex (Oral Tablet),T3
Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA	Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1 - QL
Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL
Luzu (External Cream),T3 - QL	Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL
Lysodren (Oral Tablet),T4	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lyumjev (Injection Solution),T2	Methamphetamine HCl (Oral Tablet),T4 - PA; QL
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2	Methimazole (Oral Tablet),T1
M	Methotrexate Sodium (Oral Tablet),T1
Malathion (External Lotion),T3	Methscopolamine Bromide (Oral Tablet),T3 - PA; HRM
Maraviroc (Oral Tablet),T4 - QL	Methylphenidate HCl (Oral Tablet Chewable),T3 - QL
Mavyret (Oral Packet),T4 - PA; QL	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T2 - QL
Mavyret (Oral Tablet),T4 - PA; QL	Methylprednisolone (Oral Tablet),T1
Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL	Metoclopramide HCl (Oral Tablet),T1
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Medroxyprogesterone Acetate (Intramuscular Suspension),T1	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Medroxyprogesterone Acetate (Oral Tablet),T1	Metrogel (External Gel),T3
Meloxicam (Oral Tablet),T1	Metronidazole (0.75% External Cream),T2
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL	Metronidazole (0.75% External Gel, 1% External Gel),T3
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL	Metronidazole (0.75% External Lotion),T3
Mercaptopurine (Oral Tablet),T2	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1
Meropenem (1GM Intravenous Solution Reconstituted),T3	
Meropenem (500MG Intravenous Solution	

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.

Metronidazole (375MG Oral Capsule),T3	N	
Midodrine HCl (Oral Tablet),T2		
Minocycline HCl (Oral Capsule),T1		
Minocycline HCl (Oral Tablet Immediate Release),T3		
Minoxidil (Oral Tablet),T1		
Mirtazapine (Oral Tablet),T1		
Mirtazapine ODT (Oral Tablet Dispersible),T2		
Mirvaso (External Gel),T3		
Misoprostol (Oral Tablet),T2		
Mitigare (Oral Capsule),T2		
Modafinil (Oral Tablet),T2 - PA; QL		
Mometasone Furoate (Nasal Suspension),T3		
Montelukast Sodium (Oral Packet),T2 - QL		
Montelukast Sodium (Oral Tablet),T1 - QL		
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL		
Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL		
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian),T3 - 7D; MME; DL; QL		
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 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		
		Naftin (External Gel),T3
		Naloxone HCl (0.4MG/ML Injection Solution),T1
		Naloxone HCl (Injection Solution Cartridge),T1
		Naloxone HCl (Injection Solution Prefilled Syringe),T1
		Naltrexone HCl (Oral Tablet),T2
	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),T2	
	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),T3	
	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T2 - HRM	
	Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM	

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.

Nitroglycerin (Tablet Sublingual),T1	Release 12 Hour),T3 - PA; 7D; MME; DL; QL
Nivestym (Injection Solution Prefilled Syringe),T4 - ST	Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL
Nivestym (Injection Solution),T4 - ST	Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA
Nizatidine (Oral Capsule),T2	Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA
Norethindrone Acetate (5MG Oral Tablet),T1	Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA
Nortriptyline HCl (Oral Capsule),T1 - PA; HRM	Nuzyra (Intravenous Solution Reconstituted),T4 - PA
NovoLog (Injection Solution),T3 - PA	Nuzyra (Oral Tablet),T4 - PA; QL
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA	Nystatin (External Cream),T1
NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA	Nystatin (External Ointment),T1
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA	Nystatin (External Powder),T1 - QL
NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA	O
Novolin 70/30 (Subcutaneous Suspension),T3 - PA	Odomzo (Oral Capsule),T4 - PA
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA	Ofev (Oral Capsule),T4 - PA; QL
Novolin N (Subcutaneous Suspension),T3 - PA	Ofloxacin (Ophthalmic Solution),T1
Novolin R (Injection Solution),T3 - PA	Ofloxacin (Otic Solution),T2
Nubeqa (Oral Tablet),T4 - PA	Olanzapine (Oral Tablet),T1 - QL
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Olopatadine HCl (Ophthalmic Solution),T2
Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T2
Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL	Omeprazole (10MG Oral Capsule Delayed Release),T1 - 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	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1
Nucynta ER (50MG Oral Tablet Extended	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

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.

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

Osetamivir Phosphate (Oral Capsule),T2

Osphena (Oral Tablet),T2 - PA; QL

Oxandrolone (10MG Oral Tablet),T3 - PA

Oxandrolone (2.5MG Oral Tablet),T2 - PA

Oxcarbazepine (Oral Tablet),T2

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

Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Oxycodone HCl (5MG Oral Capsule),T2 - 7D; MME; DL; QL

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 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),T2

Perseris (Subcutaneous Prefilled Syringe),T4

Phenelzine Sulfate (Oral Tablet),T2

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Pilocarpine HCl (Oral Tablet),T2

Pimecrolimus (External Cream),T3 - 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),T3

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),T2

Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1

Prednisone (5MG/5ML Oral Solution),T3

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

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.

Premarin (Vaginal Cream),T2	Extended Release),T3
Premphase (Oral Tablet),T3 - PA; HRM; QL	Q
Prempro (Oral Tablet),T3 - PA; HRM; QL	QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL
Prenatal (27-1MG Oral Tablet),T1	Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL
Primidone (Oral Tablet),T1	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T2 - QL
Privigen (20GM/200ML Intravenous Solution),T4 - PA	Quinapril HCl (Oral Tablet),T1 - QL
ProAir HFA (Inhalation Aerosol Solution),T2	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2	R
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - PA	Raloxifene HCl (Oral Tablet),T2
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - PA	Ramipril (Oral Capsule),T1 - QL
Proctosol HC (External Cream),T1	Ranolazine ER (Oral Tablet Extended Release 12 Hour),T2
Progesterone (Oral Capsule),T2	Rasagiline Mesylate (Oral Tablet),T3
Prolastin-C (Intravenous Solution Reconstituted),T4 - PA	Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA
Prolensa (Ophthalmic Solution),T3	Rayaldee (Oral Capsule Extended Release),T4 - QL
Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL	Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST
Propranolol HCl (Oral Tablet),T1	Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2	Regranex (External Gel),T4 - PA
Propylthiouracil (Oral Tablet),T1	Relistor (Oral Tablet),T4 - PA
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST	Relistor (Subcutaneous Solution),T4 - PA
Pulmozyme (Inhalation Solution),T4 - B/D,PA; QL	Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T2	Repatha Pushtronex System (Subcutaneous Solution Cartridge),T2 - PA; QL
Pyridostigmine Bromide (Oral Solution),T4	Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL
Pyridostigmine Bromide ER (Oral Tablet	Restasis MultiDose (Ophthalmic Emulsion),T2

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.

- QL	ST
Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL	S
Retacrit (Injection Solution),T3 - PA	SPS (Oral Suspension),T2
Rexulti (Oral Tablet),T4 - QL	Sancuso (Transdermal Patch),T4 - QL
Reyvow (Oral Tablet),T3 - PA; QL	Santyl (External Ointment),T3
Rhopressa (Ophthalmic Solution),T2 - ST	Saphris (10MG Tablet Sublingual),T4
Ribavirin (Oral Tablet),T2	Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3
Rifabutin (Oral Capsule),T3	Savella (Oral Tablet),T2
Riluzole (Oral Tablet),T2	Selegiline HCl (Oral Capsule),T2
Rimantadine HCl (Oral Tablet),T3	Selegiline HCl (Oral Tablet),T2
Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL	Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3	Sertraline HCl (Oral Tablet),T1
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4	Sevelamer Carbonate (Oral Packet),T4
Risperidone (Oral Tablet),T1	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T2
Ritonavir (Oral Tablet),T2 - QL	Sevelamer HCl (Oral Tablet),T3
Rivastigmine (Transdermal Patch 24 Hour),T3 - ST; QL	Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL
Rivastigmine Tartrate (Oral Capsule),T2	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA
Rizatriptan Benzoate (Oral Tablet),T2 - QL	Silver Sulfadiazine (External Cream),T1
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL	Simbrinza (Ophthalmic Suspension),T2
Rocklatan (Ophthalmic Solution),T2 - ST	Simvastatin (Oral Tablet),T1 - QL
Ropinirole HCl (Oral Tablet Immediate Release),T1	Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL
Rosuvastatin Calcium (Oral Tablet),T1 - QL	Skyrizi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Rybelsus (Oral Tablet),T2 - QL	Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Rytary (Oral Capsule Extended Release),T3 -	Sodium Polystyrene Sulfonate (Oral Powder),T2
	Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL
	Solifenacin Succinate (Oral Tablet),T2 - QL

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.

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

Soolantra (External Cream),T3 - QL

Sotalol HCl (Oral Tablet),T1

Sotalol HCl AF (Oral Tablet),T2

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),T3

Sucralfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T3

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

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate Release),T1

Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL

Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector),T3 - QL

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T2 - 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

Tabrecta (Oral Tablet),T4 - PA; QL

Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T3 - 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),T2 - HRM; QL

Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - 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

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.

Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T3

Testosterone Cypionate (Intramuscular Solution),T1

Tetrabenazine (12.5MG Oral Tablet),T3 - PA

Tetrabenazine (25MG Oral Tablet),T4 - PA

Theophylline (Oral Solution),T3

Theophylline ER (Oral Tablet Extended Release 12 Hour),T3

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

Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T3

Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1

Timolol Maleate (Oral Tablet),T2

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2

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),T4 - B/D,PA; QL

Tobramycin-Dexamethasone (Ophthalmic Suspension),T2

Topiramate (Oral Capsule Sprinkle Immediate Release),T3

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T4

Toremide (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),T2

Tranlycypromine Sulfate (Oral Tablet),T3

Travoprost (BAK Free) (Ophthalmic Solution),T3

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 Syringe),T4 - PA; QL

Tresiba (Subcutaneous Solution),T2

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2

Tretinoin (External Cream),T3 - PA

Tretinoin (External Gel),T3 - PA

Tretinoin (Oral Capsule),T4

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),T3 - PA; HRM

Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM

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

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.

Trintellix (Oral Tablet),T3	Hour),T3
Trulance (Oral Tablet),T3	Verapamil HCl ER (Oral Tablet Extended Release),T1
Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL	Versacloz (Oral Suspension),T4
Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA	Viberzi (Oral Tablet),T4 - PA; QL
U	Victoza (Subcutaneous Solution Pen-Injector),T2 - QL
Ubrelvy (Oral Tablet),T4 - PA; QL	Viibryd (Oral Tablet),T3
Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA	Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T4 - QL
Ursodiol (300MG Oral Capsule),T2	Vimpat (50MG Oral Tablet),T3 - QL
Ursodiol (Oral Tablet),T3	Vimpat (Oral Solution),T4 - QL
V	Vitrakvi (Oral Capsule),T4 - PA; QL
Valacyclovir HCl (Oral Tablet),T2 - QL	Vosevi (Oral Tablet),T4 - PA; QL
Valganciclovir HCl (Oral Tablet),T2 - QL	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL
Valsartan (Oral Tablet),T1 - QL	Vyvanse (Oral Capsule),T3
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Vyvanse (Oral Tablet Chewable),T3
Varenicline Tartrate (Oral Tablet),T3	Vyzulta (Ophthalmic Solution),T3
Vascepa (Oral Capsule),T3	W
Velphoro (Oral Tablet Chewable),T4	Warfarin Sodium (Oral Tablet),T1
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL
Veltassa (8.4GM Oral Packet),T3 - QL	X
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1	Xarelto (Oral Tablet),T2 - QL
Ventolin HFA (Inhalation Aerosol Solution),T3 - ST	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - PA; QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - PA; 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	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

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.

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),T2

Zaleplon (Oral Capsule),T2 - 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),T3 - PA; HRM; QL

Zonisamide (Oral Capsule),T1

Zubsolv (Tablet Sublingual),T3 - QL

Zylet (Ophthalmic Suspension),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

This page intentionally left blank.

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	
Anorexiant - 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.

This page left intentionally blank.

What's Next

Here's What You Can Expect Next

UnitedHealthcare will process your enrollment

Quick Start Guide and UnitedHealthcare member ID card

In December 2022, we will mail you a Quick Start Guide and a new UnitedHealthcare prescription drug ID card. Please note, your member ID card will be attached to the front cover of your guide. This new ID card will be used only for your prescription drug coverage, so for prescriptions filled on or after January 1, 2023, you will need to discard your SilverScript ID card and ensure your pharmacy has your updated UnitedHealthcare prescription drug ID card. Retain your UnitedHealthcare medical ID card for medical coverage under the Shell Medicare Complementary plan.

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 Customer Service know that you are calling about the Shell UnitedHealthcare Prescription drug 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/shellmedcomprx



Call toll-free **1-844-600-7913**, 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 by calling the Shell Benefit Service Center at 1-800-30-SHELL. Customer Service Representatives are available during business days (excluding most New York Stock Exchange holidays), 7:30 a.m.-7 p.m. CT at 1-800-30-SHELL (1-800-307-4355).

- ✓ **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 UniteHealthcare Group MedicareRx 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.

This page left intentionally blank.



Call toll-free **1-844-600-7913**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



retiree.uhc.com/shellmedcomprx

**United
Healthcare**

Shell US Benefits