



# Plan guide 2022

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

**Connecticut Teachers' Retirement Board**

UnitedHealthcare® MedicareRx for Groups (PDP)

**Group Number:** 25419



**Effective:** January 1, 2022 through December 31, 2022

**United  
Healthcare**



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# Introducing the plan

## UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Connecticut Teacher retiree,

The Connecticut Teachers' Retirement Board (TRB) has selected UnitedHealthcare to offer prescription drug coverage for all eligible retirees. We believe you should get more than a good plan and that's why we have the people, tools and resources in place to help you live a healthier life.

### Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money so you can focus more on what matters to you

### In this book, you will find:

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

### How to enroll

If you are currently enrolled in an Anthem Medicare Supplement plan, you do not need to take any action. You will be automatically enrolled into a UnitedHealthcare® Senior Supplement® plan with a UnitedHealthcare® MedicareRx for Groups (PDP) plan for coverage beginning January 1, 2022.

### If you do not want this plan

If you do not wish to be enrolled in this plan, call TRB at **1-800-504-1102** or go online to **[www.ct.gov/trb](http://www.ct.gov/trb)** and complete the Health Insurance Cancellation form by November 22, 2021.



**Get a 3-month supply<sup>1</sup>**



**Over 67,000 pharmacies**



**OptumRx® Home Delivery**

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

### Questions? We're here to help.



**[www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB)**



Call toll-free **1-866-794-3033**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

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# **Plan information**

# Benefit highlights

## Connecticut Teachers' Retirement Board

Effective January 1, 2022 to December 31, 2022

This is a short highlight 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	
<b>Annual prescription (Part D) deductible</b>	\$200	
<b>Initial Coverage Stage</b>	Network Pharmacy (31-day retail supply)	Mail Service Pharmacy (90-day supply)
<b>Tier 1: Preferred Generic</b>	5% coinsurance	5% coinsurance
<b>Tier 2: Preferred Brand</b>	20% coinsurance	20% coinsurance
<b>Tier 3: Non-preferred Drug</b>	30% coinsurance	30% coinsurance
<b>Tier 4: Specialty Tier</b>	30% coinsurance	30% coinsurance
<b>Coverage gap stage</b>	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. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	
<b>Catastrophic coverage stage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,050 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	
<b>Pharmacy Out-of-Pocket Maximum</b>	When your total Out-of-Pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance	

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Drug lists (formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year.

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# Plan details

## UnitedHealthcare® MedicareRx for Groups (PDP)

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

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



### Make sure you are signed up for Medicare

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

- If you're not sure if you are enrolled, check with Social Security
- Visit **[www.ssa.gov/locator](http://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
- 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.



**[www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB)**



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

# How your Group Medicare Part D plan works

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

## ✓ One plan at a time

- You may be enrolled in only 1 Medicare Part D prescription drug plan at a time. This means you may have 1 Medicare Part D plan or 1 Medicare Advantage plan that includes prescription drug coverage, but not both
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you enroll in another plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan

## ✓ You must have employer group-sponsored coverage

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

- If you enroll in an individual Medicare Advantage plan, you may be disenrolled from this group-sponsored Part D prescription drug plan



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

Questions? We're here to help.



[www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week



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



### **Dedicated service**

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



### **Complete drug list**

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



### **Filling your prescriptions is convenient**

There are thousands of national chain, regional and independent local retail pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy<sup>1</sup> can help make sure you are getting the lowest cost available through your plan.



### **Preferred diabetic prescriptions**

Members pay no deductible up to a \$25 maximum copay for a 31-day supply or up to a \$50 maximum copay for a 90-day supply.

## Questions? We're here to help.



[www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

<sup>1</sup>Please refer to your Summary of Benefits for details regarding your benefit coverage.



## What is IRMAA?

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



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

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

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

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



## Call Social Security to see if you qualify for Extra Help

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

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

## How your prescription drug coverage works

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

### Here are answers to common questions:

- ✓ **What pharmacies can I use?**  
You can choose from thousands of national chain, regional and independent local retail pharmacies.
- ✓ **What is a drug-cost tier?**  
Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.
- ✓ **What will I pay for my prescription drugs?**  
What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug-cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled.<sup>1</sup>

### Questions? We're here to help.



[www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week


<sup>1</sup>Refer to the Summary of Benefits or Benefit Highlights for more information.

# The price you pay for a covered drug

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Deductible stage</b>	You pay a \$200 yearly deductible. The deductible <b>does</b> count toward your member out-of-pocket maximum.			
<b>Member Out-of-Pocket Maximum</b>	After you have met your deductible, this plan has a yearly member out-of-pocket maximum (costs paid by you) of \$3,500. Once you reach this amount, you will pay \$0 for covered prescription drugs for the remainder of the plan year. This amount <b>includes</b> your yearly deductible.			
<b>Initial Coverage stage</b>	After you pay your yearly deductible, you will pay the following until you reach the member out-of-pocket maximum of \$3,500, or until your total drug costs (what you and the plan pay) reach \$4,430, whichever comes first:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>OptumRx® Home Delivery* (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	5% coinsurance	5% coinsurance	5% coinsurance
	Tier 2: <b>Preferred Brand Drugs</b>	20% coinsurance	20% coinsurance	20% coinsurance
	Tier 3: <b>Non-Preferred Drugs</b>	30% coinsurance	30% coinsurance	30% coinsurance
	Tier 4: <b>Specialty Drugs</b>	30% coinsurance	30% coinsurance	30% coinsurance
If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost share rate based on the actual number of days of the drug that you receive.				
*Your cost share amount may differ from the information shown in this chart if you use a home delivery pharmacy other than OptumRx® Home Delivery.				
<b>Coverage Gap stage</b>	If you have not met the member out-of-pocket maximum of \$3,500, but your total yearly drug costs reach \$4,430, you will generally pay the same cost share amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$7,050.			
<b>Catastrophic Coverage stage</b>	If you have not met your member out-of-pocket maximum of \$3,500, but your yearly out-of-pocket drug costs—including manufacturer discounts—exceed \$7,050, you will pay <b>the greater of 5% coinsurance or:</b> <ul style="list-style-type: none"> <li>• a \$3.95 copayment for covered generic drugs (including drugs treated as generics), or</li> <li>• a \$9.85 copayment for all other covered drugs.</li> </ul>			

## 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-month<sup>1</sup> 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**  
 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.

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

# Summary of benefits 2022

Prescription drug plan

## **UnitedHealthcare® MedicareRx for Groups (PDP)**

Group Name (Plan Sponsor): Connecticut Teachers' Retirement Board

Group Number: 25419

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 1-866-794-3033, TTY 711**

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



**[www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB)**



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# Summary of benefits

## January 1, 2022 - December 31, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB) or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

## About this plan

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug Plan 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 [www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB) 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
<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Annual Prescription Drug Deductible</b>	\$200 per year for Part D prescription drugs
<b>Pharmacy Out-of-Pocket Maximum</b>	When your total Out-of-Pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance.



## 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 [www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB) or call Customer Service to have a hard copy sent to you.

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

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	\$200	
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>31-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic	5% coinsurance	5% coinsurance
Tier 2: Preferred Brand	20% coinsurance	20% coinsurance
Tier 3: Non-preferred Drug	30% coinsurance	30% coinsurance
Tier 4: Specialty Tier	30% coinsurance	30% coinsurance
<b>Stage 3: Coverage Gap Stage</b>	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. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	
<b>Stage 4: Catastrophic Coverage</b>	After your out-of-pocket costs (what you pay including coverage gap discount program payments) reach the \$7,050 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	

### **Pharmacy Out-of-Pocket Maximum**

When your **total** Out-of-Pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance.

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

## 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](http://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 1-866-794-3033 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 1-866-794-3033, 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 ten 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](mailto: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.

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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 jíík'eh, bee ná'ahóót'i'. T'áá shqódi 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.

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# Drug list

# 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 (the last page).

- ❑ **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

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## **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.

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## **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.

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## **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.

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## **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.

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T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066\_210423\_093000\_M



<b>HRM High-risk medication</b>	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.
<b>LA Limited access</b>	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
<b>MME Morphine milligram equivalent</b>	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.
<b>7D 7-day limit</b>	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.
<b>DL Dispensing limit</b>	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

<b>A</b>	
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Tablet),T1 - 7D; MME; DL; QL
<b>Abilify Maintena (Intramuscular Prefilled Syringe),T4</b>	Acetazolamide (Oral Tablet),T1
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4</b>	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1
Abiraterone Acetate (250MG Oral Tablet),T1 - PA	<b>Acthar (Injection Gel),T4 - PA</b>
Acamprosate Calcium (Oral Tablet Delayed Release),T1	Acyclovir (Oral Capsule),T1
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral	Acyclovir (Oral Tablet),T1
	<b>Adacel (Intramuscular Suspension),T2 - QL</b>
	<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated),T1 - QL</b>
	<b>Advair HFA (Inhalation Aerosol),T2 - QL</b>

**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.**

<b>Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>	<b>Hour),T4 - ST; QL</b>
Albendazole (Oral Tablet),T1 - QL	Anagrelide HCl (Oral Capsule),T1
Alcohol Prep Pads,T2	Anastrozole (Oral Tablet),T1
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1	<b>Androderm (Transdermal Patch 24 Hour),T2</b>
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1	<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
Allopurinol (Oral Tablet),T1	<b>Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL</b>
Alosetron HCl (Oral Tablet),T1 - PA	<b>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 - PA</b>
<b>Alphagan P (0.1% Ophthalmic Solution),T2</b>	<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA</b>
<b>Alphagan P (0.15% Ophthalmic Solution),T3</b>	<b>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 - PA</b>
Alprazolam (Oral Tablet Immediate Release),T1 - QL	<b>Aranesp (Albumin Free) (200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - PA</b>
<b>Alrex (Ophthalmic Suspension),T3</b>	Aripiprazole (Oral Tablet),T1 - QL
Alyq (Oral Tablet),T1 - PA	<b>Aristada (Intramuscular Prefilled Syringe),T4</b>
Amantadine HCl (Oral Capsule),T1	<b>Aristada Initio (Intramuscular Prefilled Syringe),T4</b>
Amantadine HCl (Oral Syrup),T1	<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
Amantadine HCl (Oral Tablet),T1	<b>Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL</b>
Ambrisentan (Oral Tablet),T1 - PA; QL	<b>Asmanex (30 Metered Doses) (Inhalation</b>
Amiloride HCl (Oral Tablet),T1	
Amiodarone HCl (Oral Tablet),T1	
Amitriptyline HCl (Oral Tablet),T1 - HRM	
Amlodipine Besylate (Oral Tablet),T1	
Amlodipine-Benazepril (Oral Capsule),T1 - QL	
Ammonium Lactate (External Cream),T1	
Ammonium Lactate (External Lotion),T1	
Amoxicillin (Oral Capsule),T1	
Amoxicillin (Oral Tablet Immediate Release),T1	
Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T1 - QL	
<b>Ampyra (Oral Tablet Extended Release 12</b>	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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<b>Aerosol Powder Breath Activated),T3 - ST; QL</b>	<b>Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST</b>
<b>Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL</b>	<b>Belsomra (Oral Tablet),T2 - QL</b>
<b>Asmanex HFA (Inhalation Aerosol),T3 - ST; QL</b>	Benazepril HCl (Oral Tablet),T1 - QL
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL	Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Atazanavir Sulfate (Oral Capsule),T1 - QL	Benzotropine Mesylate (Oral Tablet),T1 - PA; HRM
Atenolol (Oral Tablet),T1	<b>Bepreve (Ophthalmic Solution),T3</b>
Atomoxetine HCl (Oral Capsule),T1	<b>Berinert (Intravenous Kit),T4 - PA</b>
Atorvastatin Calcium (Oral Tablet),T1 - QL	<b>Besivance (Ophthalmic Suspension),T3</b>
Atovaquone-Proguanil HCl (Oral Tablet),T1	<b>Betaseron (Subcutaneous Kit),T4</b>
<b>Atrovent HFA (Inhalation Aerosol Solution),T3</b>	Bethanechol Chloride (Oral Tablet),T1
<b>Aubagio (Oral Tablet),T4 - QL</b>	<b>Betimol (Ophthalmic Solution),T3</b>
<b>Auryxia (Oral Tablet),T4 - PA</b>	<b>Bevespi Aerosphere (Inhalation Aerosol),T3 - ST</b>
<b>Austedo (Oral Tablet),T4 - PA; QL</b>	Bexarotene (Oral Capsule),T1 - PA
<b>Avonex Pen (Intramuscular Auto-Injector Kit),T4</b>	<b>BiDil (Oral Tablet),T2</b>
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4</b>	Bicalutamide (Oral Tablet),T1
<b>Azasite (Ophthalmic Solution),T3</b>	<b>Bijuva (Oral Capsule),T3 - PA; HRM</b>
Azathioprine (Oral Tablet),T1 - B/D,PA	Bisoprolol Fumarate (Oral Tablet),T1
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azelastine HCl (Ophthalmic Solution),T1	Bosentan (Oral Tablet),T1 - PA; QL
<b>Azithromycin (Oral Packet),T1</b>	<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
Azithromycin (Oral Tablet),T1	<b>Breztri Aerosphere (Inhalation Aerosol),T2 - QL</b>
<b>B</b>	<b>Brilinta (Oral Tablet),T2 - QL</b>
<b>BRIVIACT (Oral Solution),T4 - PA</b>	<b>Brimonidine Tartrate (0.15% Ophthalmic Solution),T1</b>
<b>BRIVIACT (Oral Tablet),T4 - PA</b>	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
Baclofen (Oral Tablet),T1	Budesonide (Inhalation Suspension),T1 - B/D,PA
Balsalazide Disodium (Oral Capsule),T1	Budesonide (Oral Capsule Delayed Release
<b>Baqsimi One Pack (Nasal Powder),T2</b>	

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Particles),T1	<b>Calcitriol (External Ointment),T1</b>
Bumetanide (Oral Tablet),T1	Calcitriol (Oral Capsule),T1 - B/D,PA
Buprenorphine (Transdermal Patch Weekly),T1 - 7D; DL; QL	Calcium Acetate (667MG Oral Tablet),T1
Buprenorphine HCl (Tablet Sublingual),T1 - QL	Calcium Acetate (Phosphate Binder) (Oral Capsule),T1
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL	Captopril (Oral Tablet),T1 - QL
Bupropion HCl (Oral Tablet Immediate Release),T1	<b>Carbaglu (Oral Tablet),T4</b>
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3	Carbamazepine (Oral Tablet Immediate Release),T1
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1	Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T1
Buspirone HCl (Oral Tablet),T1	Carbidopa-Levodopa-Entacapone (Oral Tablet),T1
<b>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</b>	Carvedilol (Oral Tablet),T1
<b>Butrans (20MCG/HR Transdermal Patch Weekly),T4 - 7D; DL; QL</b>	Cefuroxime Axetil (Oral Tablet),T1
<b>Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL</b>	Celecoxib (Oral Capsule),T1 - QL
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL</b>	Cephalexin (Oral Capsule),T1
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL</b>	Cephalexin (Oral Tablet),T1
<b>Bystolic (Oral Tablet),T2 - QL</b>	<b>Chantix (Oral Tablet),T2</b>
<b>C</b>	<b>Chantix Continuing Month Pak (Oral Tablet),T2</b>
Cabergoline (Oral Tablet),T1	<b>Chantix Starting Month Pak (Oral Tablet),T2</b>
	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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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<b>Cinryze (Intravenous Solution Reconstituted),T4 - PA</b>	<b>Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
<b>Ciprodex (Otic Suspension),T3</b>	<b>Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	<b>Cosopt PF (Ophthalmic Solution),T3</b>
Citalopram Hydrobromide (Oral Tablet),T1	<b>Creon (Oral Capsule Delayed Release Particles),T2</b>
Clarithromycin (Oral Tablet Immediate Release),T1	Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA
<b>Clenpiq (Oral Solution),T2</b>	Cromolyn Sodium (Oral Concentrate),T1
<b>Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM</b>	Cyclophosphamide (Oral Capsule),T1 - B/D,PA
Clonazepam (Oral Tablet),T1 - QL	Cyproheptadine HCl (Oral Tablet),T1 - PA; HRM
Clonazepam ODT (Oral Tablet Dispersible),T1 - QL	<b>D</b>
Clonidine (Transdermal Patch Weekly),T1	<b>DARAPRIM (Oral Tablet),T4</b>
Clonidine HCl (Oral Tablet Immediate Release),T1	Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL
Clopidogrel Bisulfate (75MG Oral Tablet),T1	Dapsone (5% External Gel),T1
Clozapine (Oral Tablet),T1	Dapsone (Oral Tablet),T1
Clozapine ODT (Oral Tablet Dispersible),T1	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1 - PA
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2</b>	<b>Delzicol (Oral Capsule Delayed Release),T3</b>
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1	<b>Depen Titratabs (Oral Tablet),T4</b>
<b>Colcrys (Oral Tablet),T3 - PA</b>	Desmopressin Acetate (Oral Tablet),T1
Colesevelam HCl (Oral Tablet),T1	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1
<b>Combigan (Ophthalmic Solution),T2</b>	Dexamethasone (Oral Tablet),T1
<b>Combivent Respimat (Inhalation Aerosol Solution),T2 - QL</b>	<b>Dextrose-NaCl (5-0.2% Intravenous Solution),T1</b>
<b>Copaxone (Subcutaneous Solution Prefilled Syringe),T4</b>	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
<b>Corlanor (Oral Solution),T3 - PA; QL</b>	Diazepam (5MG/5ML Oral Solution),T1
<b>Corlanor (Oral Tablet),T3 - PA; QL</b>	Diazepam Intensol (5MG/ML Oral Concentrate),T1 - QL
	Diclofenac Potassium (Oral Tablet),T1

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Diclofenac Sodium (1% External Gel),T1 - QL	Donepezil HCl (Oral Tablet),T1 - QL
Diclofenac Sodium (Oral Tablet Delayed Release),T1	Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1
Dicyclomine HCl (Oral Capsule),T1 - HRM	Doxazosin Mesylate (Oral Tablet),T1
Dicyclomine HCl (Oral Tablet),T1 - HRM	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T1
<b>Difacid (Oral Suspension Reconstituted),T4</b>	Doxycycline Hyclate (Oral Capsule),T1
<b>Difacid (Oral Tablet),T4</b>	Dronabinol (Oral Capsule),T1 - PA
Digoxin (125MCG Oral Tablet),T1 - HRM; QL	<b>Duavee (Oral Tablet),T3 - PA; HRM</b>
Digoxin (250MCG Oral Tablet),T1 - PA; HRM	<b>Dulera (Inhalation Aerosol),T3 - QL</b>
Dihydroergotamine Mesylate (Nasal Solution),T1 - PA; QL	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL
Diltiazem HCl (Oral Tablet Immediate Release),T1	Dutasteride (Oral Capsule),T1
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1	<b>Dymista (Nasal Suspension),T3</b>
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1	<b>E</b>
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	<b>Edarbi (Oral Tablet),T3 - QL</b>
<b>Dipentum (Oral Capsule),T4</b>	<b>Edarbyclor (Oral Tablet),T3 - QL</b>
Diphenoxylate-Atropine (Oral Tablet),T1 - PA; HRM	Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL
Disulfiram (Oral Tablet),T1	<b>Elidel (External Cream),T3 - ST; QL</b>
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1	<b>Eliquis (Oral Tablet),T2 - QL</b>
Divalproex Sodium (Oral Tablet Delayed Release),T1	<b>Eliquis Starter Pack (Oral Tablet),T2 - QL</b>
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1	<b>Elmiron (Oral Capsule),T4</b>
	<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL</b>
	<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL</b>

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



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<b>Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>	Ertapenem Sodium (Injection Solution Reconstituted),T1
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	Escitalopram Oxalate (Oral Tablet),T1
Enalapril Maleate (Oral Tablet),T1 - QL	Estradiol (Oral Tablet),T1 - PA; HRM
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL
<b>Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Estradiol (Transdermal Patch Weekly),T1 - PA; HRM; QL
<b>Enbrel (Subcutaneous Solution Reconstituted),T4 - PA; QL</b>	Estradiol (Vaginal Cream),T1
<b>Enbrel (Subcutaneous Solution),T4 - PA; QL</b>	Eszopiclone (Oral Tablet),T1 - PA; HRM; QL
<b>Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL</b>	Ethosuximide (Oral Capsule),T1
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>	Ethosuximide (Oral Solution),T1
Entacapone (Oral Tablet),T1	<b>Eucrisa (External Ointment),T3 - PA; QL</b>
Entecavir (Oral Tablet),T1	<b>Extavia (Subcutaneous Kit),T4</b>
<b>Entresto (Oral Tablet),T2 - QL</b>	Ezetimibe (Oral Tablet),T1
<b>Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA</b>	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
<b>Epclusa (Oral Tablet),T4 - PA; QL</b>	<b>F</b>
<b>EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL</b>	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL</b>	<b>Farxiga (Oral Tablet),T2 - QL</b>
<b>Epiduo (External Gel),T3</b>	<b>Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>
<b>Epiduo Forte (External Gel),T3 - ST</b>	<b>Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA</b>
Epinephrine (Injection Solution Auto-Injector),T1 - QL	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
Eplerenone (Oral Tablet),T1	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
<b>Equetro (Oral Capsule Extended Release 12 Hour),T3</b>	<b>Finacea (External Foam),T3 - QL</b>
Ergotamine-Caffeine (Oral Tablet),T1	<b>Finacea (External Gel),T3 - QL</b>
<b>Erleada (Oral Tablet),T4 - PA</b>	

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Finasteride (5MG Oral Tablet) (Generic Proscar),T1	<b>G</b>
Flac (Otic Oil),T1	Gabapentin (Oral Capsule),T1
<b>Flarex (Ophthalmic Suspension),T3</b>	Gabapentin (Oral Tablet),T1
<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2</b>	<b>Gammagard (2.5GM/25ML Injection Solution),T4 - PA</b>
<b>Flovent HFA (Inhalation Aerosol),T2 - QL</b>	<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA</b>
Fluconazole (Oral Tablet),T1	Gemfibrozil (Oral Tablet),T1
Fluocinolone Acetonide (External Cream),T1	<b>Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA</b>
Fluocinolone Acetonide (External Ointment),T1	<b>Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA</b>
Fluocinolone Acetonide (Otic Oil),T1	<b>Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA</b>
Fluphenazine HCl (Oral Tablet),T1	Gentamicin Sulfate (Ophthalmic Solution),T1
Fluticasone Propionate (External Cream),T1	<b>Gilenya (0.5MG Oral Capsule),T4 - QL</b>
Fluticasone Propionate (External Lotion),T1	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1
Fluticasone Propionate (External Ointment),T1	Glatopa (Subcutaneous Solution Prefilled Syringe),T1
Fluticasone Propionate (Nasal Suspension),T1	Glimepiride (Oral Tablet),T1 - PA; HRM; QL
<b>Forteo (Subcutaneous Solution Pen-Injector),T4 - PA</b>	Glipizide (Oral Tablet Immediate Release),T1 - QL
<b>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 Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4</b>	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL
<b>Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3</b>	Glucagon (Injection Kit) (Lilly),T1
Furosemide (Oral Tablet),T1	<b>Glyxambi (Oral Tablet),T2 - QL</b>
<b>Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL</b>	<b>Gocovri (Oral Capsule Extended Release 24 Hour),T4 - PA</b>
<b>Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T4 - QL</b>	<b>Guanidine HCl (125MG Oral Tablet),T3</b>
<b>Fycompa (2MG Oral Tablet),T3 - QL</b>	<b>Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2</b>
<b>Fycompa (Oral Suspension),T4 - QL</b>	<b>Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2</b>

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



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H	
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2
Haloperidol (Oral Tablet),T1	Humulin R (Injection Solution),T2
Harvoni (90-400MG Oral Tablet),T4 - PA; QL	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2
Harvoni (Oral Packet),T4 - PA; QL	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Humalog (Subcutaneous Solution Cartridge),T2	Hydralazine HCl (Oral Tablet),T1
Humalog (Subcutaneous Solution),T2	Hydrochlorothiazide (Oral Capsule),T1
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydrochlorothiazide (Oral Tablet),T1
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL
Humalog Mix 50/50 (Subcutaneous Suspension),T2	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL
Humalog Mix 75/25 (Subcutaneous Suspension),T2	Hydroxyurea (Oral Capsule),T1
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM
Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Hydroxyzine HCl (Oral Tablet),T1 - PA; HRM
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	I
Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL	Ibandronate Sodium (Oral Tablet),T1
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL	Ilevro (Ophthalmic Suspension),T2
Humulin 70/30 (Subcutaneous Suspension),T2	Imatinib Mesylate (Oral Tablet),T1 - PA; QL
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	Imiquimod (3.75% External Cream),T1 - PA
Humulin N (Subcutaneous Suspension),T2	Imiquimod (5% External Cream),T1 - QL
	Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA
	Imvexxy Starter Pack (Vaginal Insert),T2 - PA
	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
	Ingrezza (40MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL
	Ingrezza (Oral Capsule Therapy Pack).T4 - PA;

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<b>QL</b>	Irbesartan (Oral Tablet),T1 - QL
<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2</b>	Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
<b>Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2</b>	<b>Isentress (Oral Tablet),T4 - QL</b>
<b>Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2</b>	Isoniazid (Oral Tablet),T1
<b>Insulin Lispro Prot &amp; Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2</b>	Isosorbide Dinitrate (Oral Tablet Immediate Release),T1
Insulin Syringes, Needles,T2	Isosorbide Mononitrate (Oral Tablet Immediate Release),T1
<b>Intrarosa (Vaginal Insert),T3 - PA; QL</b>	Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1
<b>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</b>	<b>Isturisa (Oral Tablet),T4 - PA</b>
<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3</b>	Ivermectin (Oral Tablet),T1
<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4</b>	<b>J</b>
<b>Inveltys (Ophthalmic Suspension),T3</b>	<b>Janumet (Oral Tablet Immediate Release),T2 - QL</b>
<b>Invokamet (Oral Tablet Immediate Release),T3 - ST; QL</b>	<b>Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL</b>	<b>Januvia (Oral Tablet),T2 - QL</b>
<b>Invokana (Oral Tablet),T3 - ST; QL</b>	<b>Jardiance (Oral Tablet),T2 - QL</b>
Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA	<b>Jentadueto (Oral Tablet Immediate Release),T2 - QL</b>
Ipratropium Bromide (Nasal Solution),T1	<b>Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>
Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA	<b>Jublia (External Solution),T3</b>
	<b>K</b>
	<b>Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA</b>
	<b>Kalydeco (Oral Tablet),T4 - PA</b>
	<b>Kazano (Oral Tablet),T3 - ST; QL</b>
	Ketoconazole (External Cream),T1 - QL
	Ketorolac Tromethamine (Ophthalmic Solution),T1
	Ketorolac Tromethamine (Oral Tablet),T1 - PA; HRM

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<b>Klor-Con 10 (Oral Tablet Extended Release),T1</b>	Release),T1
<b>Klor-Con 8 (Oral Tablet Extended Release),T1</b>	<b>Levocarnitine (Oral Tablet),T1</b>
Klor-Con M10 (Oral Tablet Extended Release),T1	Levocetirizine Dihydrochloride (Oral Tablet),T1
Klor-Con M20 (Oral Tablet Extended Release),T1	Levofloxacin (Oral Tablet),T1
<b>Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL</b>	Levothyroxine Sodium (Oral Tablet),T1
<b>Korlym (Oral Tablet),T4 - PA</b>	<b>Lialda (Oral Tablet Delayed Release),T4 - ST; QL</b>
<b>Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL</b>	Lidocaine (5% External Ointment),T1 - QL
<b>L</b>	Lidocaine (5% External Patch),T1 - PA; QL
Lactulose (10GM/15ML Oral Solution),T1	Lidocaine HCl (4% External Solution),T1
Lactulose (Oral Packet),T1	Lidocaine Viscous (2% Mouth/Throat Solution),T1
Lamivudine (100MG Oral Tablet),T1	Lidocaine-Prilocaine (External Cream),T1
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL	Lindane (External Shampoo),T1
Lamotrigine (Oral Tablet Immediate Release),T1	<b>Linzess (Oral Capsule),T2 - QL</b>
<b>Lantus (Subcutaneous Solution),T2</b>	Liothyronine Sodium (Oral Tablet),T1
<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2</b>	Lisinopril (Oral Tablet),T1 - QL
<b>Lastacft (Ophthalmic Solution),T2</b>	Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Latanoprost (Ophthalmic Solution),T1	Lithium Carbonate (Oral Capsule),T1
<b>Latuda (Oral Tablet),T4 - QL</b>	Lithium Carbonate ER (Oral Tablet Extended Release),T1
Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL	<b>Livalo (Oral Tablet),T2 - QL</b>
Leflunomide (Oral Tablet),T1	<b>Lokelma (Oral Packet),T3 - QL</b>
Letrozole (Oral Tablet),T1	<b>Lonhala Magnair (Inhalation Solution),T4 - QL</b>
Leucovorin Calcium (Oral Tablet),T1	Loperamide HCl (Oral Capsule),T1
<b>Leukeran (Oral Tablet),T4</b>	Lorazepam (Oral Tablet),T1 - QL
<b>Levemir (Subcutaneous Solution),T2</b>	Lorazepam Intensol (Oral Concentrate),T1 - QL
<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2</b>	Losartan Potassium (Oral Tablet),T1 - QL
Levetiracetam (Oral Tablet Immediate	Losartan Potassium-HCTZ (Oral Tablet),T1 - QL
	<b>Lotemax (Ophthalmic Gel),T3</b>
	<b>Lotemax (Ophthalmic Ointment),T3</b>
	<b>Lotemax (Ophthalmic Suspension),T3</b>

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<b>Lotemax SM (Ophthalmic Gel),T3</b>	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL
Lovastatin (Oral Tablet),T1 - QL	Metformin HCl (Oral Tablet Immediate Release),T1 - QL
<b>Lumigan (Ophthalmic Solution),T2</b>	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL
<b>Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA</b>	Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL
<b>Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA</b>	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
<b>Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA</b>	Methazolamide (Oral Tablet),T1
<b>Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA</b>	Methimazole (Oral Tablet),T1
<b>Luzu (External Cream),T3 - QL</b>	Methotrexate (Oral Tablet),T1
<b>Lysodren (Oral Tablet),T4</b>	Methscopolamine Bromide (Oral Tablet),T1 - PA; HRM
<b>Lyumjev (Injection Solution),T2</b>	Methyldopa (Oral Tablet),T1 - PA; HRM
<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2</b>	Methylphenidate HCl (Oral Tablet Chewable),T1 - QL
<b>M</b>	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL
<b>Mavyret (Oral Tablet),T4 - PA; QL</b>	Methylprednisolone (Oral Tablet Therapy Pack),T1
<b>Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL</b>	Methylprednisolone (Oral Tablet),T1
<b>Mayzent Starter Pack (Oral Tablet Therapy Pack),T4 - QL</b>	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	<b>Metrogel (External Gel),T3</b>
Meloxicam (Oral Tablet),T1	Metronidazole (External Cream),T1
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL	Metronidazole (External Gel),T1
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL	Metronidazole (External Lotion),T1
Mercaptopurine (Oral Tablet),T1	Metronidazole (Oral Capsule),T1
Meropenem (Intravenous Solution Reconstituted),T1	Metronidazole (Oral Tablet),T1

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Migergot (Rectal Suppository),T4	<b>N</b>
Minocycline HCl (Oral Capsule),T1	Nadolol (Oral Tablet),T1
Minocycline HCl (Oral Tablet Immediate Release),T1	Naftifine HCl (2% External Cream),T1
Minoxidil (Oral Tablet),T1	<b>Naftin (External Gel),T3</b>
Mirtazapine (Oral Tablet),T1	Naloxone HCl (0.4MG/ML Injection Solution),T1
Mirtazapine ODT (Oral Tablet Dispersible),T1	Naloxone HCl (Injection Solution Cartridge),T1
<b>Mirvaso (External Gel),T3</b>	Naloxone HCl (Injection Solution Prefilled Syringe),T1
Misoprostol (Oral Tablet),T1	Naltrexone HCl (Oral Tablet),T1
<b>Mitigare (Oral Capsule),T2</b>	<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL</b>
Modafinil (Oral Tablet),T1 - PA; QL	<b>Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL</b>
Mometasone Furoate (Nasal Suspension),T1	Naproxen (Oral Tablet Immediate Release),T1
Montelukast Sodium (Oral Packet),T1 - QL	<b>Narcan (Nasal Liquid),T2</b>
Montelukast Sodium (Oral Tablet),T1 - QL	<b>Nayzilam (Nasal Solution),T3 - PA; QL</b>
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	Neomycin-Polymyxin-HC (Ophthalmic Suspension),T1
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL	Neomycin-Polymyxin-HC (Otic Suspension),T1
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL	<b>Nesina (Oral Tablet),T3 - ST; QL</b>
<b>Motegrity (Oral Tablet),T3 - QL</b>	<b>Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>
<b>Movantik (Oral Tablet),T2 - QL</b>	<b>Neupro (Transdermal Patch 24 Hour),T3</b>
<b>Moxeza (Ophthalmic Solution),T3</b>	<b>Nevanac (Ophthalmic Suspension),T3</b>
<b>Multaq (Oral Tablet),T2</b>	<b>Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2</b>
<b>Myrbetriq (Oral Tablet Extended Release 24 Hour),T2</b>	<b>Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL</b>
	Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T1
	<b>Nicotrol (Inhalation Inhaler),T3</b>
	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic

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Macrochantin),T1 - HRM	<b>Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA</b>
Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM	<b>Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA</b>
Nitroglycerin (Tablet Sublingual),T1	<b>Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA</b>
<b>Nivestym (Injection Solution Prefilled Syringe),T4 - ST</b>	Nystatin (External Cream),T1
<b>Nivestym (Injection Solution),T4 - ST</b>	Nystatin (External Ointment),T1
Nizatidine (Oral Capsule),T1	Nystatin (External Powder),T1 - QL
Norethindrone Acetate (5MG Oral Tablet),T1	<b>O</b>
Nortriptyline HCl (Oral Capsule),T1 - PA; HRM	Ofloxacin (Ophthalmic Solution),T1
<b>NovoLog (Subcutaneous Solution),T3 - PA</b>	Ofloxacin (Otic Solution),T1
<b>NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA</b>	Olanzapine (Oral Tablet),T1 - QL
<b>NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA</b>	Olmesartan Medoxomil (Oral Tablet),T1 - QL
<b>NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA</b>	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL
<b>NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA</b>	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T1 - QL
<b>Novolin 70/30 (Subcutaneous Suspension),T3 - PA</b>	Olopatadine HCl (Ophthalmic Solution),T1
<b>Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA</b>	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1
<b>Novolin N (Subcutaneous Suspension),T3 - PA</b>	Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL
<b>Novolin R (Injection Solution),T3 - PA</b>	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1
<b>Nubeqa (Oral Tablet),T4 - PA</b>	Ondansetron HCl (Oral Tablet),T1 - B/D,PA
<b>Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>	Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA
<b>Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	<b>Onglyza (Oral Tablet),T3 - ST; QL</b>
<b>Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL</b>	<b>Opsumit (Oral Tablet),T4 - PA</b>
<b>Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL</b>	<b>Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA</b>
<b>Nuedexta (Oral Capsule),T4 - PA; QL</b>	<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release,</b>

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<b>2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA</b>	Pioglitazone HCl (Oral Tablet),T1 - QL
<b>Orilissa (Oral Tablet),T4 - PA; QL</b>	<b>Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL</b>
Oseltamivir Phosphate (Oral Capsule),T1	<b>Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL</b>
<b>Oseni (Oral Tablet),T3 - ST; QL</b>	<b>Pomalyst (Oral Capsule),T4 - PA</b>
<b>Osphena (Oral Tablet),T2 - PA; QL</b>	Potassium Chloride CR (Oral Tablet Extended Release),T1
Oxcarbazepine (Oral Tablet),T1	Potassium Chloride ER (Oral Capsule Extended Release),T1
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1	Potassium Citrate ER (Oral Tablet Extended Release),T1
Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL	<b>Pradaxa (Oral Capsule),T3 - ST; QL</b>
Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	<b>Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; QL</b>
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	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1
<b>Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL</b>	Pravastatin Sodium (Oral Tablet),T1 - QL
<b>Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T2 - QL</b>	Prazosin HCl (Oral Capsule),T1
<b>P</b>	Prednisolone Acetate (Ophthalmic Suspension),T1
Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL	Prednisone (5MG/5ML Oral Solution),T1
Penicillin V Potassium (Oral Tablet),T1	Prednisone (Oral Tablet),T1
<b>Pentasa (Oral Capsule Extended Release),T3 - QL</b>	<b>Premarin (Oral Tablet),T3 - PA; HRM; QL</b>
<b>Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL</b>	<b>Premarin (Vaginal Cream),T2</b>
Permethrin (External Cream),T1	<b>Premphase (Oral Tablet),T3 - PA; HRM; QL</b>
<b>Perseris (Subcutaneous Prefilled Syringe),T4</b>	<b>Prempro (Oral Tablet),T3 - PA; HRM; QL</b>
Phenytoin Sodium Extended (Oral Capsule),T1	Prenatal (27-1MG Oral Tablet),T1
<b>Phoslyra (Oral Solution),T2</b>	<b>Prezista (Oral Suspension),T4 - QL</b>
Pilocarpine HCl (Oral Tablet),T1	<b>Privigen (20GM/200ML Intravenous Solution),T4 - PA</b>
Pimecrolimus (External Cream),T1 - ST; QL	<b>ProAir HFA (Inhalation Aerosol Solution),T2</b>
	<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2</b>
	Proctosol HC (2.5% External Cream),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.**

Progesterone (Oral Capsule),T1	Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST
<b>Prolastin-C (Intravenous Solution Reconstituted),T4 - PA</b>	Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST
<b>Prolensa (Ophthalmic Solution),T3</b>	Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T4 - ST
<b>Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL</b>	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4 - ST
Promethazine HCl (Oral Tablet),T1 - PA; HRM	Regranex (External Gel),T4 - PA
Propranolol HCl (Oral Tablet),T1	Relistor (Oral Tablet),T4 - PA
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T1	Relistor (Subcutaneous Solution),T4 - PA
Propylthiouracil (Oral Tablet),T1	Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL
<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST</b>	Repatha Pushtronex System (Subcutaneous Solution Cartridge),T2 - PA; QL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1	Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL
<b>Q</b>	Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL
<b>QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL</b>	Retacrit (Injection Solution),T3 - PA
Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL	Rexulti (Oral Tablet),T4 - QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T1 - QL	Reyataz (Oral Packet),T4 - QL
Quinapril HCl (Oral Tablet),T1 - QL	<b>Rhopressa (Ophthalmic Solution),T2 - ST</b>
Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Ribavirin (Oral Tablet),T1
<b>R</b>	Rifabutin (Oral Capsule),T1
Raloxifene HCl (Oral Tablet),T1	Rifampin (Oral Capsule),T1
Ramipril (Oral Capsule),T1 - QL	Riluzole (Oral Tablet),T1
Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T1	Rimantadine HCl (Oral Tablet),T1
Rasagiline Mesylate (Oral Tablet),T1	<b>Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL</b>
<b>Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA</b>	<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3</b>
<b>Royaldee (Oral Capsule Extended Release),T4 - QL</b>	<b>Risperdal Consta (37.5MG Intramuscular</b>

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4



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<b>Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4</b>	Renvela),T1
Risperidone (Oral Tablet),T1	Sevelamer HCl (800MG Oral Tablet),T1
Ritonavir (Oral Tablet),T1 - QL	<b>Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL</b>
Rivastigmine Tartrate (Oral Capsule),T1	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA
Rizatriptan Benzoate (Oral Tablet),T1 - QL	Silodosin (Oral Capsule),T1 - QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL	Silver Sulfadiazine (External Cream),T1
<b>Rocklatan (Ophthalmic Solution),T2 - ST</b>	<b>Simbrinza (Ophthalmic Suspension),T2</b>
Ropinirole HCl (Oral Tablet Immediate Release),T1	Simvastatin (Oral Tablet),T1 - QL
Rosuvastatin Calcium (Oral Tablet),T1 - QL	<b>Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL</b>
<b>Rybelsus (Oral Tablet),T2 - QL</b>	Sodium Polystyrene Sulfonate (Oral Powder),T1
<b>Rytary (Oral Capsule Extended Release),T3 - ST</b>	Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL
<b>S</b>	Solifenacin Succinate (Oral Tablet),T1 - QL
SPS (Oral Suspension),T1	<b>Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL</b>
<b>Sancuso (Transdermal Patch),T4 - QL</b>	Sotalol HCl (Oral Tablet),T1
<b>Santyl (External Ointment),T3</b>	Sotalol HCl AF (Oral Tablet),T1
<b>Saphris (10MG Tablet Sublingual),T4</b>	<b>Spiriva HandiHaler (Inhalation Capsule),T2 - QL</b>
<b>Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3</b>	<b>Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL</b>
<b>Savella (Oral Tablet),T2</b>	Spironolactone (Oral Tablet),T1
<b>Savella Titration Pack (Oral Tablet),T2</b>	<b>Sprycel (Oral Tablet),T4 - PA</b>
Scopolamine (Transdermal Patch 72 Hour),T1 - PA; HRM	<b>Stiolto Respimat (Inhalation Aerosol Solution),T2</b>
Selegiline HCl (Oral Capsule),T1	<b>Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST</b>
Selegiline HCl (Oral Tablet),T1	<b>Suboxone (Sublingual Film),T3 - QL</b>
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>	Sucalfate (Oral Suspension),T1
Sertraline HCl (Oral Tablet),T1	Sucalfate (Oral Tablet),T1
Sevelamer Carbonate (Oral Packet),T1	Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1
Sevelamer Carbonate (Oral Tablet) (Generic	

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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	<b>Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA</b>
<b>Sunosi (Oral Tablet),T3 - PA; QL</b>	Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1
<b>Suprep Bowel Prep Kit (Oral Solution),T2</b>	Testosterone Cypionate (Intramuscular Solution),T1
<b>Symbicort (Inhalation Aerosol),T2 - QL</b>	Theophylline (Oral Solution),T1
<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA</b>	Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T1
<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA</b>	Theophylline ER (Oral Tablet Extended Release 24 Hour),T1
<b>Symproic (Oral Tablet),T3 - PA; QL</b>	Timolol Maleate (Ophthalmic Solution),T1
<b>Synjardy (Oral Tablet Immediate Release),T2 - QL</b>	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1
<b>Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	<b>Timoptic Ocudose (Ophthalmic Solution),T3</b>
<b>Synthroid (Oral Tablet),T2</b>	<b>Tivicay (25MG Oral Tablet),T3 - QL</b>
<b>T</b>	<b>Tivicay (50MG Oral Tablet),T4 - QL</b>
<b>TOBI Podhaler (Inhalation Capsule),T4 - PA; QL</b>	Tizanidine HCl (Oral Tablet),T1
Tadalafil (PAH) (20MG Oral Tablet),T1 - PA	Tobramycin (Ophthalmic Solution),T1
Tamoxifen Citrate (Oral Tablet),T1	Tobramycin-Dexamethasone (Ophthalmic Suspension),T1
Tamsulosin HCl (Oral Capsule),T1	Topiramate (Oral Capsule Sprinkle Immediate Release),T1
<b>Targretin (External Gel),T4 - PA; QL</b>	Topiramate (Oral Tablet),T1
<b>Tasigna (Oral Capsule),T4 - PA</b>	Toremifene Citrate (Oral Tablet),T1
<b>Tecfidera (Oral Capsule Delayed Release),T4 - QL</b>	<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2</b>
<b>Tecfidera Starter Pack (Oral),T4 - QL</b>	<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2</b>
Telmisartan (Oral Tablet),T1 - QL	
Telmisartan-HCTZ (Oral Tablet),T1 - QL	
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - HRM; QL	
Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	

T1 = Tier 1

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T4 = Tier 4

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<b>Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL</b>	<b>Trintellix (Oral Tablet),T3</b>
<b>Tracleer (Oral Tablet Soluble),T4 - PA; QL</b>	<b>Trulance (Oral Tablet),T3</b>
<b>Tracleer (Oral Tablet),T4 - PA; QL</b>	<b>Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL</b>
<b>Tradjenta (Oral Tablet),T2 - QL</b>	<b>Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA</b>
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	<b>U</b>
Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL	<b>Uceris (Rectal Foam),T3</b>
Tranexamic Acid (Oral Tablet),T1	<b>Uptravi (Oral Tablet Therapy Pack),T4 - PA; QL</b>
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1	<b>Uptravi (Oral Tablet),T4 - PA; QL</b>
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>	Ursodiol (Oral Capsule),T1
<b>Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL</b>	Ursodiol (Oral Tablet),T1
<b>Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	<b>V</b>
<b>Tresiba (Subcutaneous Solution),T2</b>	Valacyclovir HCl (Oral Tablet),T1 - QL
<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2</b>	Valganciclovir HCl (Oral Tablet),T1 - QL
Tretinoin (External Cream),T1 - PA	Valproic Acid (Oral Capsule),T1
Tretinoin (External Gel),T1 - PA	Valproic Acid (Oral Solution),T1
Tretinoin (Oral Capsule),T1	Valsartan (Oral Tablet),T1 - QL
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T1	Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Triamcinolone Acetonide (External Cream),T1	<b>Vascepa (Oral Capsule),T3</b>
Triamterene-HCTZ (Oral Capsule),T1	<b>Velphoro (Oral Tablet Chewable),T4</b>
Triamterene-HCTZ (Oral Tablet),T1	<b>Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL</b>
Trihexyphenidyl HCl (Oral Solution),T1 - PA; HRM	<b>Veltassa (8.4GM Oral Packet),T3 - QL</b>
Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM	<b>Ventolin HFA (Inhalation Aerosol Solution),T3 - ST</b>
<b>Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	Verapamil HCl (Oral Tablet Immediate Release),T1
	<b>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</b>

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Verapamil HCl ER (Oral Tablet Extended Release),T1	Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack),T4 - PA; QL
<b>Versacloz (Oral Suspension),T4</b>	<b>Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL</b>
<b>Viberzi (Oral Tablet),T4 - PA; QL</b>	<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - PA; QL</b>
<b>Victoza (Subcutaneous Solution Pen-Injector),T2 - QL</b>	<b>Xenleta (Oral Tablet),T4 - PA; QL</b>
<b>Viibryd (Oral Tablet),T3</b>	<b>Xifaxan (550MG Oral Tablet),T4 - PA</b>
<b>Viibryd Starter Pack (Oral Kit),T3</b>	<b>Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>
<b>Vimpat (Oral Solution),T3 - QL</b>	<b>Xiidra (Ophthalmic Solution),T3 - QL</b>
<b>Vimpat (Oral Tablet),T3 - QL</b>	<b>Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL</b>
<b>Vosevi (Oral Tablet),T4 - PA; QL</b>	<b>Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL</b>
<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - QL</b>	<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL</b>
<b>Vyvanse (Oral Capsule),T3</b>	<b>Xtandi (Oral Capsule),T4 - PA</b>
<b>Vyvanse (Oral Tablet Chewable),T3</b>	<b>Xyosted (Subcutaneous Solution Auto-Injector),T3 - PA</b>
<b>Vyzulta (Ophthalmic Solution),T3</b>	<b>Xyrem (Oral Solution),T4 - PA; QL</b>
<b>W</b>	<b>Y</b>
Warfarin Sodium (Oral Tablet),T1	<b>Yupelri (Inhalation Solution),T4 - B/D,PA; QL</b>
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL	<b>Z</b>
<b>X</b>	<b>Zafirlukast (Oral Tablet),T1</b>
<b>Xarelto (Oral Tablet),T2 - QL</b>	<b>Zaleplon (Oral Capsule),T1 - HRM; QL</b>
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL</b>	<b>Zarxio (Injection Solution Prefilled Syringe),T4</b>
<b>Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T3 - PA; QL</b>	<b>Zelapar ODT (Oral Tablet Dispersible),T4</b>
<b>Xcopri (14x12.5MG &amp; 14x25MG Oral Tablet Therapy Pack),T3 - PA; QL</b>	<b>Zenpep (Oral Capsule Delayed Release Particles),T2</b>
<b>Xcopri (14x150MG &amp; 14x200MG Oral Tablet Therapy Pack, 14x50MG &amp; 14x100MG Oral Tablet Therapy Pack),T4 - PA; QL</b>	<b>Zeposia (Oral Capsule),T4 - QL</b>
<b>Xcopri (200MG Oral Tablet),T4 - PA; QL</b>	<b>Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack),T4 - QL</b>
<b>Xcopri (250MG Daily Dose) (50 &amp; 200MG Oral Tablet Therapy Pack),T4 - PA; QL</b>	<b>Zeposia Starter Kit (Oral Capsule Therapy Pack),T4 - QL</b>

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T3 = Tier 3

T4 = Tier 4

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<b>Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>	Release),T1 - PA; HRM; QL
<b>Zioptan (Ophthalmic Solution),T3</b>	Zonisamide (Oral Capsule),T1
<b>Zirgan (Ophthalmic Gel),T3</b>	<b>Zontivity (Oral Tablet),T3 - PA</b>
Zolpidem Tartrate (Oral Tablet Immediate	<b>Zubsolv (Tablet Sublingual),T3 - QL</b>
	<b>Zylet (Ophthalmic Suspension),T3</b>

**Bold type = Brand name drug**

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# Additional drug coverage

## Additional prescription drug coverage

Your plan includes extra coverage for certain drugs as shown below. These drugs 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 prescription drugs covered by our plan. For a complete list, please call Customer Service using the information on the cover of this book (the last page).

## Lower-cost Medicare preferred insulin products

Your plan covers preferred insulin products at a reduced cost share. The lower cost share will apply even if you have not yet met your annual prescription (Part D) deductible. See your Evidence of Coverage and Summary of Benefits for information about your cost share for these drugs.

The amount you pay for these preferred insulin products **applies to your Medicare Part D out-of-pocket costs and to your annual drug out-of-pocket maximum.**<sup>1</sup>

Drug name
Humalog
Humulin
Insulin Lispro (brand equivalent Humalog)
Lantus
Levemir
Lyumjev
Toujeo
Tresiba

Additional drug coverage

<sup>1</sup>Information about the appeals and grievance process for these prescription drugs can be found in your Evidence of 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 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**. However, these costs will apply to your annual drug out-of-pocket maximum.

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 (the last page).

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 (the last page).

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

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Drug name	Drug tier	Coverage rules or limits on use
<b>Edex</b>	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)
<b>Sexual Desire Disorder</b>		
<b>Addyi</b>	3	QL (maximum of 1 tablet per day)
<b>Urinary Tract Infection</b>		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate Cap 118 mg	1	
<b>Urinary Tract Spasm and Pain</b>		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	
NP Thyroid	1	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
<b>Vitamins and Minerals</b>		
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	
Folic Acid 1 mg (Rx only)	1	

**Bold type = Brand name drug** Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
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	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

**Bold type = Brand name drug** Plain type = Generic drug

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

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

The drug list may change at any time. You will receive notice when necessary.

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

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# What's next

# Here's what you can expect next

## UnitedHealthcare will process your enrollment

### Quick Start Guide and UnitedHealthcare member ID card

Once you're enrolled, we will mail you a Quick Start Guide and a UnitedHealthcare member ID card within 7–10 days. **Please note, your member ID card will be attached to the front cover of your guide.**

### Website access

After you receive your member ID card, you can register online at the website listed below to get access to plan information.

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

## We're here for you

When you call, it will be helpful to have:

- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses of your pharmacy**
- ✓ **Please have a list of your current prescriptions and dosages ready**

## Questions? We're here to help.



[www.UHCRetiree.com/TRB](http://www.UHCRetiree.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, 7 days a week

# Statements of understanding

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

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

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

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

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

- ✓ **I can only be in one Medicare Part D Prescription Drug Plan at a time.**

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

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

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

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

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

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