

Plan Guide 2023

Take advantage of all
your Prescription Drug plan
has to offer

UAW Retiree Medical Benefits Trust

UAW Trust MedicareRx (PDP)

Group Number: 25530



Effective: January 1, 2023 through December 31, 2023

Optum Rx[®]

UAW RETIREE
Medical Benefits Trust

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Introducing the Plan

UAW Trust MedicareRx (PDP) drug plan

The UAW Retiree Medical Benefits Trust (the “Trust”) has selected Optum Rx,[®] (Administered by UnitedHealthcare Insurance Company or one of its affiliates) to offer prescription drug coverage for Medicare-eligible Trust members.

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
- What you can expect after your enrollment

How to enroll

There is no action required by you. You and your Medicare-eligible dependents will be automatically enrolled into the UAW Trust MedicareRx (PDP) plan effective January 1, 2023. If you do not want to be enrolled and would like to Opt-Out of this plan, you need to contact Retiree Health Care Connect (RHCC) at **1-866-637-7555**, TTY **711**, Monday–Friday, 8:30 a.m.–4:30 p.m. ET. Please note that if you choose to opt out of this coverage, you will have no Trust-provided prescription drug coverage.

You can get 2023 plan information online by going to the website below.

Questions? We’re here to help.

 UAWTrustPDP.com



Call toll-free **1-855-409-0219**, TTY **711**
8 a.m.-8 p.m. local time, Monday - Friday



Get a 3-month Supply



**Over 67,000
Pharmacies**



Optum[®] Home Delivery

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Plan Information

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Plan Details

UAW Trust MedicareRx (PDP)

The Trust has selected a MedicareRx (PDP) plan for your prescription drug coverage. The Trust worked with Optum Rx® to design a plan specifically for its members and tailored to your needs. 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.



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.



UAWTrustPDP.com



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8 a.m.–8 p.m. local time, Monday–Friday

How your Medicare Part D plan works

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

✓ **One plan at a time**

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

✓ **You must have employer group-sponsored coverage**

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

- If you want a Medicare Advantage plan, it must be a group-sponsored plan, like the Trust sponsored Part D prescription drug plan
- If you enroll in an individual Medicare Advantage plan, you may be disenrolled from this group-sponsored Part D prescription drug plan

Questions? We're here to help.



UAWTrustPDP.com



Call toll-free **1-855-409-0219**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

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 most generic and commonly used brand name drugs covered by Medicare Part D. Your plan includes 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 plan's offered network. Using a Optum Rx network pharmacy¹ can help make sure you are getting the lowest cost available through your plan.

Questions? We're here to help.



[UAWTrustPDP.com](https://www.UAWTrustPDP.com)



Call toll-free **1-855-409-0219**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

¹Network size varies by market.



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.

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. 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.

The Trust has also contracted with Public Consulting Group (PCG) to provide assistance if you think that you qualify for Extra Help. Contact PCG at **1-888-690-1008** (representatives are available Monday through Friday, 9 a.m. through 5 p.m., ET), or by email at **PCGUAW@pcgus.com**.

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 located within this guide 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. You will also have mail order available to you and it allows you to purchase up to a 90-day supply of your prescription drugs for the same copay as one-month supply at retail.

What is a drug-cost tier?

In general, your prescriptions under this plan will be similar to your current benefit. Medications are assigned to one of three copay categories called tiers. The copay amount for each prescription order or refill is based on whether the drug is generic or brand name and how the drug is dispensed (retail pharmacy or mail order). Copay amounts are established annually and announced in the Benefit Highlights sent out by the Trust every fall.

To find more information on prescription drugs

What you pay for prescription drugs is defined in the Summary of benefits, under prescription drugs. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

Can I have more than one prescription drug plan?

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

Will I have a separate prescription drug ID card?

Yes. You will have an ID card to use for prescription drugs.

Questions? We're here to help.



[UAWTrustPDP.com](https://www.UAWTrustPDP.com)




Call toll-free **1-855-409-0219**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

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

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

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	High	Non-preferred generic and non-preferred brand-name drugs.


Total drug costs – The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2023.

Out-of-pocket costs – The amount you pay (or others pay on your behalf) for prescription drugs starting January 2023.

Ways to help save on your prescription drugs

-  **You will save on the medications you take regularly**
If you prefer the convenience of mail order, you will save time and money by receiving your maintenance medications from Optum® Home Delivery through Optum Rx.® You will pay the same amount for a 3-month mail order supply as you would for a one-month order at a retail pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.

-  **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.

Summary of Benefits 2023

UAW Trust MedicareRx (PDP)

Group Name (Plan Sponsor): UAW Trust (PDP)

Group Number: 25530

S5820-823-000

Look inside to take advantage of the drug coverage the plan provides.

Call Customer Service or go online for more information about the plan.



Toll-free **1-855-409-0219**, TTY **711**

8 a.m.-8 p.m. local time, Monday - Friday



UAWTrustPDP.com

Optum Rx[®]

UAW RETIREE
Medical Benefits Trust

Y0066_SB_S5820_823_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 **UAWTrustPDP.com** or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

About this plan

UAW Retiree Medical Benefits Trust has selected Optum Rx,[®] (Administered by UnitedHealthcare Insurance Company or one of its affiliates) to offer UAW Trust MedicareRx (PDP) drug plan, a Medicare Prescription Drug Plan with a Medicare contract.

To be eligible for UAW Trust MedicareRx (PDP) drug plan, 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

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

UAW Trust MedicareRx (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	\$0
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 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.

Initial Coverage	Retail Cost-Sharing	Mail Order Cost-Sharing
	31-day supply [^]	90-day supply [^]
Tier 1: Preferred Generic [†]	\$5 copay	\$5 copay
Tier 2: Preferred Brand [†]	\$40 copay	\$40 copay
Tier 3: Non-preferred Drug	\$115 copay	\$115 copay

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

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

Pharmacy Out-of-Pocket Maximum

When your total Out-of-Pocket costs (what you pay) for Tier 1 and Tier 2 drugs reach \$1,500, you will not pay any copay for Tier 1 and Tier 2 drugs.

[^]Most specialty drugs are limited to a 31-day supply through retail and mail order.

[†]Select vaccines are covered. Please see your Evidence of Coverage for detailed information.

Required Information

Plans are provided by 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 1-855-409-0219 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 1-855-409-0219, 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 1-877-629-3123, 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.



Administered by UnitedHealthcare® Insurance Company or one of its affiliates

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

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

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the member toll-free phone number listed in the front of this booklet.

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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

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

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

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

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

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nakalista sa harapan ng booklet na ito.

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

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

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

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

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

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

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

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer für Mitglieder auf der Vorderseite dieser Broschüre an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本冊子の表紙に記載されているメンバー用フリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان اعضا که بر روی جلد این کتابچه قید شده تماس بگیرید.

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (**Khmer**) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខសមាជិកឥតចេញថ្លៃ បានកត់នៅខាងមុខនៃកូនសៀវភៅនេះ។

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

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

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

Drug List

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. This is not a complete list of the drugs we cover. For a complete list, please call Customer Service toll-free at **1(855) 409-0219** (TTY: **711**), 8 a.m. – 8 p.m. local time, Monday – Friday.

- 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
- Each tier has a copay 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.
SP Specialty drugs	Most specialty drugs are limited to a 31-day supply through retail and mail.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Release),T1
Abilify Maintena (Intramuscular Prefilled Syringe),T2 - SP; QL	Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T2 - SP; QL	Acetazolamide (Oral Tablet),T1
Abiraterone Acetate (250MG Oral Tablet),T1 - PA; QL	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1
Acamprosate Calcium (Oral Tablet Delayed	Actimmune (Subcutaneous Solution),T2 - SP
	Acyclovir (Oral Capsule),T1
	Acyclovir (Oral Tablet),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Adacel (Intramuscular Suspension),T1 - QL

Advair HFA (Inhalation Aerosol),T2 - QL

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

Albendazole (Oral Tablet),T1

Alcohol Prep Pads,T1

Alecensa (Oral Capsule),T2 - PA; SP; QL

Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1 - QL

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

Allopurinol (Oral Tablet),T1

Alphagan P (0.1% Ophthalmic Solution),T2

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Alex (Ophthalmic Suspension),T2

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - PA; SP; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T1 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL

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

Anagrelide HCl (Oral Capsule),T1

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T2 - PA; QL

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),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),T3 - PA; SP

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T3 - PA; SP

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),T2 - SP; QL

Aristada Initio (Intramuscular Prefilled Syringe),T2 - SP; QL

Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T2 - QL

Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T2 - QL

Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T2 - QL

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

Bold type = Brand name drug

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

Atazanavir Sulfate (Oral Capsule),T1 - QL	Bexarotene (Oral Capsule),T1 - PA; SP
Atenolol (Oral Tablet),T1	Bicalutamide (Oral Tablet),T1
Atomoxetine HCl (Oral Capsule),T1 - QL	Bisoprolol Fumarate (Oral Tablet),T1
Atorvastatin Calcium (Oral Tablet),T1 - QL	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1
Atovaquone-Proguanil HCl (Oral Tablet),T1	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Atrovent HFA (Inhalation Aerosol Solution),T2 - QL	Brilinta (Oral Tablet),T2 - QL
Aubagio (Oral Tablet),T2 - SP; QL	Brimonidine Tartrate (Ophthalmic Solution),T1
Avonex Pen (Intramuscular Auto-Injector Kit),T2 - SP; QL	Budesonide (Inhalation Suspension),T1 - B/D,PA
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T2 - SP; QL	Budesonide (Oral Capsule Delayed Release Particles),T1
Azasite (Ophthalmic Solution),T2	Buprenorphine (Transdermal Patch Weekly),T1 - PA; 7D; DL; QL
Azathioprine (50MG Oral Tablet),T1 - B/D,PA	Buprenorphine HCl (Tablet Sublingual),T1 - QL
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1 - QL	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL
Azelastine HCl (Ophthalmic Solution),T1	Bupropion HCl (Oral Tablet Immediate Release),T1
Azithromycin (Oral Tablet),T1	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1 - QL
B	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1 - QL
BRIVIACT (Oral Solution),T2 - PA; QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1 - QL
BRIVIACT (Oral Tablet),T2 - PA; QL	Bupirone HCl (Oral Tablet),T1
Baclofen (Oral Tablet),T1	Bydureon BCise (Subcutaneous Auto-Injector),T2 - QL
Balsalazide Disodium (Oral Capsule),T1	Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T2 - QL
Baqsimi One Pack (Nasal Powder),T2	Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T2 - QL
Belsomra (Oral Tablet),T2 - QL	C
Benazepril HCl (Oral Tablet),T1 - QL	Cabergoline (Oral Tablet),T1
Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL	
Benzotropine Mesylate (Oral Tablet),T1 - PA; HRM	
Berinert (Intravenous Kit),T2 - PA; SP	
Besivance (Ophthalmic Suspension),T2	
Betaseron (Subcutaneous Kit),T2 - SP; QL	
Bethanechol Chloride (Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Calcitriol (Oral Capsule),T1 - B/D,PA	Immediate Release, 500MG Oral Tablet
Calcium Acetate (667MG Oral Tablet),T1	Immediate Release, 750MG Oral Tablet
Calcium Acetate (Phosphate Binder) (Oral Capsule),T1	Immediate Release),T1
Calquence (Oral Capsule),T2 - PA; SP; QL	Ciprofloxacin-Dexamethasone (Otic Suspension),T1
Carbamazepine (Oral Tablet Immediate Release),T1	Citalopram Hydrobromide (Oral Tablet),T1 - QL
Carbidopa (Oral Tablet),T1	Clarithromycin (Oral Tablet Immediate Release),T1
Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	Clonazepam (Oral Tablet),T1 - QL
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1	Clonazepam ODT (Oral Tablet Dispersible),T1 - QL
Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1	Clonidine (Transdermal Patch Weekly),T1 - QL
Carbidopa-Levodopa-Entacapone (Oral Tablet),T1	Clonidine HCl (Oral Tablet Immediate Release),T1
Carvedilol (Oral Tablet),T1	Clopidogrel Bisulfate (75MG Oral Tablet),T1 - QL
Cefdinir (Oral Capsule),T1	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL
Celecoxib (Oral Capsule),T1 - QL	Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T1 - ST; QL
Celontin (Oral Capsule),T2	Clozapine ODT (150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T3 - ST; QL
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1 - QL
Cephalexin (Oral Tablet),T1	Colesevelam HCl (Oral Tablet),T1
Chemet (Oral Capsule),T2 - SP	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Chlorhexidine Gluconate (Mouth Solution),T1	Corlanor (Oral Solution),T2 - PA; QL
Chlorthalidone (Oral Tablet),T1	Corlanor (Oral Tablet),T2 - PA; QL
Chlorzoxazone (500MG Oral Tablet),T1 - PA; HRM	Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP
Cholestyramine (Oral Packet),T1	Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T2 - PA; SP
Cholestyramine Light (Oral Packet),T1	Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T2 -
Cilostazol (Oral Tablet),T1	
Cimetidine (Oral Tablet),T1	
Cimetidine HCl (Oral Solution),T1	
Ciprofloxacin HCl (250MG Oral Tablet	

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PA; SP

Creon (Oral Capsule Delayed Release Particles),T2

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

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

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

D

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

Daliresp (Oral Tablet),T2 - PA; QL

Dapsone (Oral Tablet),T1

DayVigo (Oral Tablet),T2 - QL

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

Deferiprone (500MG Oral Tablet),T1 - PA; SP

Desmopressin Acetate (Oral Tablet),T1

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

Dexamethasone (Oral Tablet),T1

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

Diazepam (Oral Solution),T1 - PA; QL

Diazepam (Oral Tablet),T1 - PA; QL

Diazepam Intensol (Oral Concentrate),T1 - PA; QL

Diazoxide (Oral Suspension),T1

Diclofenac Potassium (50MG Oral Tablet),T1

Diclofenac Sodium (1% External Gel),T1 - QL

Diclofenac Sodium (Oral Tablet Delayed Release),T1

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

Dicyclomine HCl (Oral Capsule),T1 - HRM

Dicyclomine HCl (Oral Tablet),T1 - HRM

Difcid (Oral Suspension Reconstituted),T2 - SP; QL

Difcid (Oral Tablet),T2 - SP; QL

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

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

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

Diltiazem HCl (Oral Tablet Immediate Release),T1

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

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

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

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

Dipentum (Oral Capsule),T2 - SP

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

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Dorzolamide HCl (Ophthalmic Solution),T1	QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1	Enbrel (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL
Doxazosin Mesylate (Oral Tablet),T1 - QL	Enbrel (Subcutaneous Solution Reconstituted),T2 - PA; SP; QL
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T1	Enbrel (Subcutaneous Solution),T2 - PA; SP; QL
Doxycycline Hyclate (Oral Capsule),T1	Enbrel Mini (Subcutaneous Solution Cartridge),T2 - PA; SP; QL
Dronabinol (Oral Capsule),T1 - B/D,PA	Enbrel SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL
Dulera (Inhalation Aerosol),T2 - PA; QL	Entacapone (Oral Tablet),T1
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL	Entecavir (Oral Tablet),T1 - QL
Dupixent (Subcutaneous Solution Pen-Injector),T2 - PA; SP; QL	Entresto (Oral Tablet),T2 - QL
Dupixent (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL	Epclusa (Oral Packet),T2 - PA; SP; QL
Dutasteride (Oral Capsule),T1 - ST; QL	Epclusa (Oral Tablet),T2 - PA; SP; QL
E	Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL	Eplerenone (Oral Tablet),T1
Elquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL	Ergoloid Mesylates (Oral Tablet),T1 - PA; HRM
Elmiron (Oral Capsule),T2 - SP	Ergotamine-Caffeine (Oral Tablet),T1
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T2 - PA; QL	Erivedge (Oral Capsule),T2 - PA; SP; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T2 - PA; QL	Erleada (Oral Tablet),T2 - PA; SP; QL
Emgality (Subcutaneous Solution Auto-Injector),T2 - PA; QL	Ertapenem Sodium (Injection Solution Reconstituted),T1
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	Erythromycin (Ophthalmic Ointment),T1
Enalapril Maleate (Oral Tablet),T1 - QL	Esbriet (Oral Tablet),T2 - PA; SP; QL
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 -	Escitalopram Oxalate (Oral Tablet),T1 - QL
	Estradiol (Oral Tablet),T1 - PA; HRM
	Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL
	Estradiol (Transdermal Patch Weekly),T1 - PA; HRM; QL
	Estradiol (Vaginal Cream),T1

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Eszopiclone (Oral Tablet),T1 - PA; HRM; QL	Reconstituted),T2 - SP; QL
Ethambutol HCl (400MG Oral Tablet),T1	G
Ethosuximide (Oral Capsule),T1	Gabapentin (Oral Capsule),T1 - QL
Ethosuximide (Oral Solution),T1	Gabapentin (Oral Tablet),T1 - QL
Etravirine (200MG Oral Tablet),T1 - QL	Gammagard (2.5GM/25ML Injection Solution),T2 - PA; SP
Extavia (Subcutaneous Kit),T2 - SP; QL	Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T2 - PA; SP
Ezetimibe (Oral Tablet),T1 - QL	Gemfibrozil (Oral Tablet),T1
Ezetimibe-Simvastatin (Oral Tablet),T1 - QL	Genotropin (12MG Subcutaneous Cartridge),T2 - PA; SP
F	Genotropin (5MG Subcutaneous Cartridge),T2 - PA
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1	Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T2 - PA; SP
Fasenra (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL	Gentamicin Sulfate (40MG/ML Injection Solution),T1
Fasenra Pen (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL	Gilenya (0.5MG Oral Capsule),T2 - SP; QL
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1 - SP; QL
Finasteride (5MG Oral Tablet) (Generic Proscar),T1	Glatopa (Subcutaneous Solution Prefilled Syringe),T1 - SP; QL
Flarex (Ophthalmic Suspension),T2	Glimepiride (Oral Tablet),T1 - HRM; QL
Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL	Glipizide (Oral Tablet Immediate Release),T1 - QL
Flovent HFA (Inhalation Aerosol),T2 - QL	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL
Fluconazole (Oral Tablet),T1	Glucagon (Injection Kit) (Lilly),T2
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1 - QL	Glyxambi (Oral Tablet),T2 - QL
Fluphenazine HCl (Oral Tablet),T1	Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2
Fluticasone Propionate (Nasal Suspension),T1 - QL	Gvoke Kit (Subcutaneous Solution),T2
Forteo (Subcutaneous Solution Pen-Injector),T2 - PA; SP; QL	Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2
Furosemide (Oral Tablet),T1	
Fuzeon (Subcutaneous Solution	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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H	
Haloperidol (Oral Tablet),T1	Hydralazine HCl (Oral Tablet),T1
Harvoni (90-400MG Oral Tablet),T2 - PA; SP; QL	Hydrochlorothiazide (Oral Capsule),T1
Harvoni (Oral Packet),T2 - PA; SP; QL	Hydrochlorothiazide (Oral Tablet),T1
Humalog (Injection Solution),T1	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL
Humalog (Subcutaneous Solution Cartridge),T1	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T1	Hydroxychloroquine Sulfate (200MG Oral Tablet),T1
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T1	Hydroxyurea (Oral Capsule),T1
Humalog Mix 50/50 (Subcutaneous Suspension),T1	Hydroxyzine HCl (Oral Tablet),T1 - PA; HRM
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T1	I
Humalog Mix 75/25 (Subcutaneous Suspension),T1	Ibandronate Sodium (Oral Tablet),T1 - QL
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T1	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humira (Subcutaneous Prefilled Syringe Kit),T2 - PA; SP; QL	Icatibant Acetate (Subcutaneous Solution),T1 - PA; SP; QL
Humira Pen (Subcutaneous Pen-Injector Kit),T2 - PA; SP; QL	Ilevro (Ophthalmic Suspension),T2 - QL
Humulin 70/30 (Subcutaneous Suspension),T1	Imatinib Mesylate (Oral Tablet),T1 - PA; QL
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T1	Imbruvica (Oral Capsule),T2 - PA; SP; QL
Humulin N (Subcutaneous Suspension),T1	Imbruvica (Oral Tablet),T2 - PA; SP; QL
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T1	Imiquimod (5% External Cream),T1 - QL
Humulin R (Injection Solution),T1	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T2
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T1	Insulin Syringes, Needles,T2 - QL
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T1	Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T2 - SP
	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),T2 - SP
	Invega Sustenna (39MG/0.25ML

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Intramuscular Suspension Prefilled Syringe),T2

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T2 - SP

Invokamet (Oral Tablet Immediate Release),T2 - QL

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

Invokana (Oral Tablet),T2 - QL

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

Ipratropium Bromide (Nasal Solution),T1 - QL

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

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Isentress (Oral Tablet),T2 - 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 Mononitrate (Oral Tablet Immediate Release),T1

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

Isturisa (Oral Tablet),T2 - PA; SP

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

K

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T1

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

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

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

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

Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T2 - ST; QL

Korlym (Oral Tablet),T2 - PA; SP; QL

Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T2 - PA; SP; QL

L

Lacosamide (Oral Tablet),T1 - QL

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

Lamivudine (100MG Oral Tablet),T1 - QL

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

Lamotrigine (Oral Tablet Immediate Release),T1

Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

Latanoprost (Ophthalmic Solution),T1 - QL

Latuda (Oral Tablet),T2 - QL

Leflunomide (Oral Tablet),T1 - QL

Letrozole (Oral Tablet),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Leucovorin Calcium (Oral Tablet),T1	Lotemax SM (Ophthalmic Gel),T2
Leukeran (Oral Tablet),T2 - SP	Lovastatin (Oral Tablet),T1 - QL
Levemir (Subcutaneous Solution),T2	Lumigan (Ophthalmic Solution),T2 - QL
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2	Lupron Depot (1-Month) (Intramuscular Kit),T2 - PA
Levetiracetam (Oral Tablet Immediate Release),T1	Lupron Depot (3-Month) (Intramuscular Kit),T2 - PA
Levobunolol HCl (Ophthalmic Solution),T1	Lupron Depot (4-Month) (Intramuscular Kit),T2 - PA
Levocarnitine (Oral Tablet),T1	Lupron Depot (6-Month) (Intramuscular Kit),T2 - PA
Levocetirizine Dihydrochloride (Oral Tablet),T1 - QL	Lysodren (Oral Tablet),T2 - SP
Levofloxacin (Oral Tablet),T1	M
Levothyroxine Sodium (Oral Tablet),T1	Malathion (External Lotion),T1
Lidocaine (5% External Ointment),T1 - QL	Maraviroc (Oral Tablet),T1 - QL
Lidocaine (5% External Patch),T1 - PA; QL	Mavyret (Oral Packet),T2 - PA; SP; QL
Lidocaine HCl (4% External Solution),T1	Mavyret (Oral Tablet),T2 - PA; SP; QL
Lidocaine-Prilocaine (External Cream),T1 - QL	Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T2 - SP; QL
Linzess (Oral Capsule),T2 - QL	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
Liothyronine Sodium (Oral Tablet),T1	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lisinopril (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Meloxicam (Oral Tablet),T1
Lithium Carbonate (Oral Capsule),T1	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Lokelma (Oral Packet),T2	Mercaptopurine (Oral Tablet),T1
Loperamide HCl (Oral Capsule),T1	Meropenem (Intravenous Solution Reconstituted),T1
Lorazepam (Oral Tablet),T1 - PA; QL	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1
Lorazepam Intensol (Oral Concentrate),T1 - PA; QL	Mesnex (Oral Tablet),T2
Losartan Potassium (Oral Tablet),T1 - QL	
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	
Lotemax (Ophthalmic Gel),T3	
Lotemax (Ophthalmic Ointment),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.

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

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

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

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

Methimazole (Oral Tablet),T1

Methotrexate Sodium (Oral Tablet),T1

Methylphenidate HCl (Oral Tablet Chewable),T1 - QL

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

Methylprednisolone (Oral Tablet),T1

Metoclopramide HCl (Oral Tablet),T1

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

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

Metronidazole (External Cream),T1

Metronidazole (External Gel),T1

Metronidazole (External Lotion),T1

Metronidazole (Oral Tablet),T1

Midodrine HCl (Oral Tablet),T1

Minocycline HCl (Oral Capsule),T1

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1 - QL

Mirtazapine ODT (Oral Tablet Dispersible),T1 - QL

Misoprostol (Oral Tablet),T1

Modafinil (Oral Tablet),T1 - PA; QL

Montelukast Sodium (Oral Packet),T1 - QL

Montelukast Sodium (Oral Tablet),T1 - QL

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

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

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

Movantik (Oral Tablet),T2 - QL

Multaq (Oral Tablet),T2

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

N

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),T1

Naproxen (Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

Nayzilam (Nasal Solution),T2 - PA

Neomycin Sulfate (Oral Tablet),T1

Neomycin-Polymyxin-HC (Otic Suspension),T1

Neulasta (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP

Neupro (Transdermal Patch 24 Hour),T2 - QL

Nevanac (Ophthalmic Suspension),T2 - QL

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

Nimodipine (Oral Capsule),T1

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM	Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T2 - PA; SP
Nitroglycerin (Tablet Sublingual),T1	Nystatin (External Cream),T1 - QL
Nivestym (Injection Solution Prefilled Syringe),T1 - PA; SP	Nystatin (External Ointment),T1 - QL
Nivestym (Injection Solution),T1 - PA; SP	Nystatin (External Powder),T1
Nizatidine (Oral Capsule),T1	O
Norethindrone Acetate (5MG Oral Tablet),T1	Odomzo (Oral Capsule),T2 - PA; SP; QL
Nortriptyline HCl (Oral Capsule),T1 - PA; HRM	Ofev (Oral Capsule),T2 - PA; SP; QL
NovoLog (Injection Solution),T2 - ST	Ofloxacin (Ophthalmic Solution),T1
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2 - ST	Ofloxacin (Otic Solution),T1
NovoLog Mix 70/30 (Subcutaneous Suspension),T2 - ST	Olanzapine (Oral Tablet),T1 - QL
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST	Olopatadine HCl (Ophthalmic Solution),T1
NovoLog PenFill (Subcutaneous Solution Cartridge),T2 - ST	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1 - QL
Novolin 70/30 (Subcutaneous Suspension),T2 - ST	Omeprazole (10MG Oral Capsule Delayed Release, 20MG Oral Capsule Delayed Release),T2 - QL
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST	Omeprazole (40MG Oral Capsule Delayed Release),T2
Novolin N (Subcutaneous Suspension),T2 - ST	Ondansetron HCl (Oral Tablet),T1 - B/D,PA
Novolin R (Injection Solution),T2 - ST	Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA
Nubeqa (Oral Tablet),T2 - PA; SP; QL	Onglyza (Oral Tablet),T2 - ST; QL
Nucala (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL	Opsumit (Oral Tablet),T2 - PA; SP; QL
Nucala (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL	Orgovyx (Oral Tablet),T2 - PA; SP; QL
Nucala (Subcutaneous Solution Reconstituted),T2 - PA; SP; QL	Oseltamivir Phosphate (Oral Capsule),T1 - QL
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Osphena (Oral Tablet),T2 - PA; QL
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Oxandrolone (Oral Tablet),T1 - PA; QL
	Oxcarbazepine (Oral Tablet),T1
	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1
	Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL
	Oxycodone HCl (Oral Tablet Immediate

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Release),T1 - 7D; MME; DL; QL

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

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

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

P

Pantoprazole Sodium (20MG Oral Tablet Delayed Release),T2 - QL

Pantoprazole Sodium (40MG Oral Tablet Delayed Release),T2

Pegasys (Subcutaneous Solution),T2 - SP; QL

Penicillin V Potassium (Oral Tablet),T1

Pentasa (250MG Oral Capsule Extended Release),T2

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

Permethrin (External Cream),T1

Phenelzine Sulfate (Oral Tablet),T1

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - ST; QL

Pioglitazone HCl (Oral Tablet),T1 - QL

Plegridy (Subcutaneous Solution Pen-Injector),T2 - SP; QL

Plegridy (Subcutaneous Solution Prefilled Syringe),T2 - SP; QL

Pomalyst (Oral Capsule),T2 - PA; SP; QL

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Chloride ER (Oral Tablet Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T1

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

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

Prednisolone Acetate (Ophthalmic Suspension),T1

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

Prednisone (Oral Tablet),T1

Premarin (Oral Tablet),T2 - PA; HRM

Premarin (Vaginal Cream),T2

Prenatal (27-1MG Oral Tablet),T1

Primidone (Oral Tablet),T1

Privigen (20GM/200ML Intravenous Solution),T2 - PA; SP

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2 - ST; QL

Proctosol HC (External Cream),T1

Progesterone (Oral Capsule),T1

Prolastin-C (Intravenous Solution Reconstituted),T2 - PA; SP

Prolensa (Ophthalmic Solution),T3

Prolia (Subcutaneous Solution Prefilled Syringe),T2 - QL

Propranolol HCl (Oral Tablet),T1

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

Propylthiouracil (Oral Tablet),T1

Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T2 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Pulmozyme (Inhalation Solution),T2 - B/D,PA; SP

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

Pyridostigmine Bromide (Oral Solution),T1 - SP

Pyridostigmine Bromide ER (Oral Tablet Extended Release),T1

Q

QVAR RediHaler (Inhalation Aerosol Breath Activated),T2 - QL

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

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

Quinapril HCl (Oral Tablet),T1 - QL

Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

R

Raloxifene HCl (Oral Tablet),T1 - QL

Ramipril (Oral Capsule),T1 - QL

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

Rasagiline Mesylate (Oral Tablet),T1

Rebif (Subcutaneous Solution Prefilled Syringe),T2 - SP; QL

Rebif Rebidose (Subcutaneous Solution Auto-Injector),T2 - SP; QL

Regranex (External Gel),T2 - PA; SP

Relistor (Oral Tablet),T2 - PA; SP; QL

Relistor (Subcutaneous Solution),T2 - PA; SP; QL

Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL

Repatha Pushtonex System (Subcutaneous Solution Cartridge),T2 - PA; QL

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

Retacrit (Injection Solution),T2 - PA

Rexulti (Oral Tablet),T2 - QL

Rifabutin (Oral Capsule),T1

Riluzole (Oral Tablet),T1

Rimantadine HCl (Oral Tablet),T1

Rinvoq (Oral Tablet Extended Release 24 Hour),T2 - PA; SP; QL

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T2

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T2 - SP

Risperidone (Oral Tablet),T1 - QL

Ritonavir (Oral Tablet),T1 - QL

Rivastigmine (Transdermal Patch 24 Hour),T1 - QL

Rivastigmine Tartrate (Oral Capsule),T1 - QL

Rizatriptan Benzoate (Oral Tablet),T1 - QL

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Rybelsus (Oral Tablet),T2 - QL

S

SPS (Oral Suspension),T1

Sancuso (Transdermal Patch),T2 - SP; QL

Santyl (External Ointment),T2

Savella (Oral Tablet),T2 - QL

Selegiline HCl (Oral Capsule),T1

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Selegiline HCl (Oral Tablet),T1	Stiolto Respimat (Inhalation Aerosol Solution),T2 - QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL	Striverdi Respimat (Inhalation Aerosol Solution),T2 - QL
Sertraline HCl (Oral Tablet),T1 - QL	Sucralfate (Oral Suspension),T1
Sevelamer Carbonate (Oral Packet),T1 - SP	Sucralfate (Oral Tablet),T1
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T1	Sulfadiazine (Oral Tablet),T1
Sevelamer HCl (Oral Tablet),T1	Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1
Shingrix (Intramuscular Suspension Reconstituted),T1 - PA; QL	Sulfasalazine (Oral Tablet Delayed Release),T1
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA; QL	Sulfasalazine (Oral Tablet Immediate Release),T1
Silver Sulfadiazine (External Cream),T1	Sumatriptan Succinate (Oral Tablet),T1 - QL
Simbrinza (Ophthalmic Suspension),T2	Sumatriptan Succinate (Subcutaneous Solution Auto-Injector),T1 - QL
Simvastatin (Oral Tablet),T1 - QL	Sumatriptan Succinate (Subcutaneous Solution),T1 - QL
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T2 - PA; SP	Symbicort (Inhalation Aerosol),T2 - QL
Skyrizi (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP	Synjardy (Oral Tablet Immediate Release),T2 - QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector),T2 - PA; SP	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Sodium Polystyrene Sulfonate (Oral Powder),T1	Synribo (Subcutaneous Solution Reconstituted),T2 - PA; SP
Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL	T
Sotalol HCl (Oral Tablet),T1	Tabrecta (Oral Tablet),T2 - PA; SP; QL
Sotalol HCl AF (Oral Tablet),T1	Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA; QL
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Tamoxifen Citrate (Oral Tablet),T1
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Tamsulosin HCl (Oral Capsule),T1 - QL
Spironolactone (Oral Tablet),T1	Tasigna (Oral Capsule),T2 - PA; SP; QL
Sprycel (Oral Tablet),T2 - PA; SP; QL	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T1 - PA; HRM; QL
Stelara (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP	Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL
Stelara (Subcutaneous Solution),T2 - PA; SP	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Terazosin HCl (Oral Capsule),T1 - QL

Terbinafine HCl (Oral Tablet),T1

Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T2 - PA; SP; QL

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 - PA; QL

Testosterone Cypionate (Intramuscular Solution),T1 - PA

Tetrabenazine (12.5MG Oral Tablet),T1 - PA; QL

Tetrabenazine (25MG Oral Tablet),T1 - PA; SP; QL

Theophylline (Oral Solution),T1

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

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

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

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

Timolol Maleate (Oral Tablet),T1

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

Timoptic Ocudose (0.25% Ophthalmic Solution),T2

Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T2 - QL

Tizanidine HCl (Oral Tablet),T1

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

Tobramycin-Dexamethasone (Ophthalmic Suspension),T1

Topiramate (Oral Capsule Sprinkle Immediate Release),T1

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T1 - SP

Torsemide (Oral Tablet),T1

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

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2

Tracleer (Oral Tablet Soluble),T2 - PA; SP; QL

Tradjenta (Oral Tablet),T2 - QL

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

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

Tranexamic Acid (Oral Tablet),T1 - QL

Tranylcypramine Sulfate (Oral Tablet),T1

Travoprost (BAK Free) (Ophthalmic Solution),T1 - QL

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

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

Tresiba (Subcutaneous Solution),T2

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2

Tretinoin (External Cream),T1 - PA

Tretinoin (External Gel),T1 - PA

Tretinoin (Oral Capsule),T1 - SP

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

Triamcinolone Acetonide (External Cream),T1

Triamterene-HCTZ (Oral Capsule),T1

Triamterene-HCTZ (Oral Tablet),T1

Trihexyphenidyl HCl (Oral Solution),T1 - PA;

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HRM	360MG Oral Capsule Extended Release 24 Hour),T1
Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM	Verapamil HCl ER (Oral Tablet Extended Release),T1
Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Versacloz (Oral Suspension),T2 - ST; SP; QL
Trintellix (Oral Tablet),T2 - ST; QL	Victoza (Subcutaneous Solution Pen-Injector),T2 - QL
Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL	Viibryd (Oral Tablet),T2 - ST; QL
Tymlos (Subcutaneous Solution Pen-Injector),T2 - PA; SP; QL	Vimpat (Oral Solution),T2 - QL
U	Vitrakvi (Oral Capsule),T2 - PA; SP; QL
Udenyca (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP	Vosevi (Oral Tablet),T2 - PA; SP; QL
Ursodiol (300MG Oral Capsule),T1	Vyvance (Oral Capsule),T2 - QL
Ursodiol (Oral Tablet),T1	Vyvance (Oral Tablet Chewable),T2 - QL
V	W
Valacyclovir HCl (Oral Tablet),T1 - QL	Warfarin Sodium (Oral Tablet),T1
Valganciclovir HCl (Oral Tablet),T1 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL
Valsartan (Oral Tablet),T1 - QL	X
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Xarelto (Oral Tablet),T2 - QL
Varenicline Tartrate (Oral Tablet),T1	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T2 - PA; QL
Vascepa (Oral Capsule),T2 - QL	Xcopri (14x12.5MG & 14X25MG Oral Tablet Therapy Pack, 14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T2 - PA; QL
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T2 - SP; QL	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T2 - PA; QL
Veltassa (8.4GM Oral Packet),T2 - QL	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T2 - PA; QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - QL	Xeljanz (Oral Solution),T2 - PA; SP
Ventolin HFA (Inhalation Aerosol Solution),T2 - QL	Xeljanz (Oral Tablet Immediate Release),T2 - PA; SP; QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T2 - PA; SP; 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,	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Xifaxan (Oral Tablet),T2 - PA; SP; QL	- PA; SP
Xiidra (Ophthalmic Solution),T2 - PA; QL	Zenpep (Oral Capsule Delayed Release Particles),T2
Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T2	Zeposia (Oral Capsule),T2 - PA; SP; QL
Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T2	Ziextenzo (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP
Xtandi (Oral Capsule),T2 - PA; SP; QL	Zioptan (Ophthalmic Solution),T2
Xtandi (Oral Tablet),T2 - PA; SP; QL	Zirgan (Ophthalmic Gel),T2
Xyrem (Oral Solution),T2 - PA; SP; QL	Zolinza (Oral Capsule),T2 - PA; SP; QL
Z	Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - PA; HRM; QL
Zafirlukast (Oral Tablet),T1 - QL	Zonisamide (Oral Capsule),T1
Zaleplon (Oral Capsule),T1 - HRM; QL	Zylet (Ophthalmic Suspension),T2
Zarxio (Injection Solution Prefilled Syringe),T1	

Bold type = Brand name drug

Plain type = Generic drug

Additional Drug Coverage

Additional prescription drug coverage

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

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

Lower-cost Medicare supplies

Your plan covers some of your Medicare supplies at a lower copay than in your Drug List (Formulary).

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

\$0 copay

Insulin Syringes

Insulin Pen Needles

Lower-cost non-Medicare prescription drugs

These prescription drugs are covered in addition to the drugs in the plan's Drug List (Formulary).²

Drug name	Brand or Generic	Drug tier
Antineoplastics		
Alkylating Agents		
Myleran Tablet	B	2
Temozolamide Capsule	G	1
Antimetabolites		
Capecitabine Tablet	G	1
Mitotic Inhibitors		
Etoposide Tablet	G	1
Topoisomerase Inhibitors		
Hycamtin Capsule	B	2
Respiratory Tract/Pulmonary Agents		
Respiratory Tract Agents, Other		
Hypersal Inhalation Nebulization Solution	B	2
Sodium Chloride Inhalation Nebulization Solution	G	1

Bold type = Brand name drug Plain type = Generic drug

Preventive drugs

Your plan covers some preventive drugs at a lower drug copay than in your Drug List (Formulary).

Drug name	Brand or Generic	Copay
Vaccines		
Flu Vaccine	B	\$0 copay
Pneumonia Vaccine	B	\$0 copay

Bold type = Brand name drug Plain type = Generic drug

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

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

Bonus drug list

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

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

Although you pay the same copay for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. 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.

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	
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Urinary Alkalizer		
Oracit Solution	2	
Sodium Citrate/Citric Acid Solution	1	
Urinary Tract Infection		
Methenamine Mandelate	1	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	2	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos Tab	2	
Effer-K Tab	1	
Klor-Con EF Tab	1	
Vitamins and Minerals		
Phytonadione Tab	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	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Guaifenesin/Codeine Syrup	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	
Promethazine/Phenylephrine/Codeine Syrup	1	DL
Virtussin DAC Solution	1	DL

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

Quick Start Guide and a member ID card

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

Website access

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

Starting January 1, 2023 show your new member ID card at your local pharmacy to obtain your prescriptions.

We're here for you

When you call the Trust's dedicated number, it will be helpful to have:

- ✓ **Name and address of your pharmacy**
- ✓ **Please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.



UAWTrustPDP.com



Call toll-free **1-855-409-0219**, TTY **711**,
8 a.m.–8 p.m. local time, Monday–Friday

Statements of Understanding

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

- ✓ **UAW Retiree Medical Benefits Trust has selected Optum Rx® (Administered by UnitedHealthcare Insurance Company or one of its affiliates) to offer UAW Trust MedicareRx (PDP) drug plan, a Medicare Prescription Drug plan and has a Medicare 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.

- ✓ **UAW Trust MedicareRx (PDP) drug plan 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.
- You may disenroll from this plan at any time if you are not satisfied. To disenroll from this plan or enroll in a different Trust sponsored plan, you must call Retiree Health Care Connect (RHCC) at 866-637-7555.

- ✓ **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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UAWTrustPDP.com

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Company or one of its affiliates