

Plan Guide 2024

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, 2024 through December 31, 2024

Optum Rx[®]

UAW RETIREE
Medical Benefits Trust

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Introducing the Plan

UAW Trust MedicareRx (PDP) drug plan

Welcome to the Optum Rx® prescription drug coverage for Medicare-eligible members of the UAW Retiree Medical Benefits Trust (the “Trust”).

In this book, you will find:

- A description of this plan and how it works
- What you can expect after your enrollment

Enrollment

You do not need to do anything to enroll. You are automatically enrolled in the UAW MedicareRx (PDP) plan when you become Medicare eligible.

If you do not want to be enrolled in 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.

You can get 2024 plan information online by going to the website below.



Get a 3-month Supply



Over 67,000 Pharmacies



Optum® Home Delivery

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

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Plan information

Benefit Highlights

UAW Trust (PDP) 25530

Effective January 1, 2024 to December 31, 2024

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

Prescription drugs

	Your cost	
Initial coverage stage	Network pharmacy (31-day retail supply)^	Mail service pharmacy (90-day supply)^
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Preferred Brand ¹	\$33 copay	\$33 copay
Tier 3: Non-Preferred Drug ¹	\$115 copay	\$115 copay
Coverage gap stage	For Tier 1 drugs, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. For covered drugs on other tiers, after your total drug costs reach \$5,030, you pay 25% of the cost for generic drugs and 25% of the cost for brand name drugs during the coverage gap	
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	
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 or coinsurance for Tier 1 and Tier 2 drugs. Once your yearly out-of-pocket drug costs for drugs in other tiers reach \$8,000, you pay the copay listed under the Catastrophic coverage stage above until the end of the calendar year	

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

^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.

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

UAW Trust MedicareRx (PDP)

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

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

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 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 of your plan details.



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.

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 what tier the medication falls into 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 Medicare 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.

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 through Optum® Home Delivery Pharmacy. 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 2024

UAW Trust MedicareRx (PDP)

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

Group Number: 25530

S5820-823-000

Look inside to learn more about 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

Summary of Benefits

January 1, 2024 - December 31, 2024

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 call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UAW Trust MedicareRx (PDP)

Premium and limits	
Monthly plan contribution	\$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: †	\$0	\$0
Tier 2: † 1	\$33 copay	\$33 copay
Tier 3: 1	\$115 copay	\$115 copay

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Pharmacy out-of-pocket maximum

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

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

[†] Our plan covers most Part D vaccines at no cost to you. Please call Customer Service or see your Evidence of Coverage for detailed information.

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](https://www.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.

Required Information

UAW Trust MedicareRx (PDP) is 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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos en otros idiomas, braille, en letra grande o en audio. O bien, usted puede pedir un intérprete. Para obtener más información, llame a Servicio al Cliente al número que se encuentra en su tarjeta de ID de miembro o en la portada de la guía de su plan.

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

Civil Rights Notice

The company complies with applicable federal civil rights laws and 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 our Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
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 toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, please call us using the toll-free number listed on the front of the booklet. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al número de teléfono gratuito que figura en la portada del folleto. Una persona que habla su idioma podrá ayudarlo. Es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，解答您对我们的健康或药物计划的任何疑问。如需寻找一名口译员，请使用宣传册前面列出的免费电话号码联系我们。一名与您讲相同语言的人可以为您提供帮助。这是一项免费服务。

Chinese Cantonese: 我們提供免費的口譯服務，可回答您可能對我們的健康或藥物計劃的任何問題。如需口譯員，請撥打本手冊正面的免付費電話號碼聯絡我們。會說您的語言的人可協助您。這是免費服務。

Tagalog: Mayroon kaming libheng serbisyo ng interpreter para sagutin anumang tanong na maaaring mayroon ka tungkol sa kalusugan o plano ng gamot. Para makakuha ng interpreter, pakitawagan kami gamit ang libheng numerong nakalista sa harapan ng booklet. Sinumang nagsasalita ng wika mo ay puwedeng makatulong sa iyo. Ang serbisyonang ito ay libre.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser sur notre régime d'assurance maladie ou d'assurance-médicaments. Pour recevoir l'aide d'un interprète, veuillez nous appeler en composant le numéro gratuit figurant sur votre carte d'identification de membre. Quelqu'un parlant votre langue peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch viên miễn phí để trả lời các câu hỏi mà bạn có về chương trình sức khỏe hay thuốc của chúng tôi. Để gặp thông dịch viên, vui lòng gọi cho chúng tôi theo số điện thoại được liệt kê ở mặt trước của quyển sách nhỏ (booklet). Người nói cùng ngôn ngữ với bạn có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir verfügen über kostenlose Dolmetscherdienste, um alle Fragen zu beantworten, die Sie über unseren Gesundheits- oder Medikamentenplan haben mögen. Um einen Dolmetscher zu erhalten, rufen Sie uns bitte unter der kostenfreien Nummer an, die auf der Vorderseite der Broschüre aufgeführt ist. Jemand, der Ihre Sprache spricht, kann Ihnen helfen. Dies ist eine kostenlose Dienstleistung.

Korean: 건강 또는 의약품 플랜에 관한 질문에 답변해드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 이용하려면, 책자 앞면에 있는 수신자 부담 전화번호로 전화해 주십시오. 한국어를 사용하는 통역사가 도움을 드릴 수 있습니다. 이 서비스는 무료입니다.

Russian: Если у Вас возникнут какие-либо вопросы о нашем плане медицинского страхования или плане по приобретению препаратов, мы предоставим Вам бесплатные услуги устного перевода. Для того чтобы воспользоваться услугами устного перевода, пожалуйста, свяжитесь с нами по бесплатному номеру телефона, указанному на лицевой стороне брошюры. Сотрудник, который говорит на Вашем языке, сможет Вам помочь. Данная услуга предоставляется бесплатно.

Arabic: لدينا خدمات ترجمة فورية للرد على أي أسئلة قد تكون لديك حول الخطة الصحية أو خطة الأدوية الخاصة بنا . للحصول على مترجم، من فضلك اتصل بنا باستخدام رقم الهاتف المجاني الموجود على الجزء الأمامي من الكتيب . سيساعدك شخص ما يتحدث لغتك . هذه خدمة مجانية .

Hindi: हमारे स्वास्थ्य या दवा प्लान के बारे में आपके किसी भी परश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं मौजूद हैं। दुभाषिया पाने के लिए, कृपया इस बुकलेट के सामने वाले भाग में सूचीबद्ध टोल- फ्री नंबर का उपयोग करके हमें कॉल करें। आपकी भाषा बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Mettiamo a disposizione un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per avvalersi di un interprete, si prega di chiamare il numero verde riportato nella parte anteriore dell'opuscolo. Una persona che parla italiano potrà fornire l'assistenza richiesta. Il servizio è gratuito.

Portuguese: Dispomos de serviços de intérprete gratuitos para esclarecer quaisquer dúvidas que tenha sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número gratuito indicado na parte da frente da brochura. Alguém que fala a sua língua pode ajudá-lo(a). Este é um serviço gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou gendwa genyen konsènan plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, tanpri rele nou apati nimewo gratis pou apèl ki sou lis devan livrè an. Yon moun ki pale lang ou ka ede ou. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe, aby odpowiedzieć na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego lub planu refundacji leków. Aby skorzystać z pomocy tłumacza, proszę zadzwonić pod bezpłatny numer telefonu podany na pierwszej stronie broszury. Osoba posługująca się Pana/Pani językiem Panu/Pani pomoże. Usługa ta jest bezpłatna.

Japanese: 当社の医療または処方薬プランに関する質問にお答えするために、無料の通訳サービスをご利用いただけます。通訳が必要な場合には、本冊子の表面に記載されているフリーダイヤル番号を使用して、当社までお問い合わせください。お客様の言語を話す通訳者がお手伝いいたします。これは無料のサービスです。

Drug list

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2023. 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.
- ❑ 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	Acyclovir (Oral Tablet),T1
Abilify Maintena (Intramuscular Prefilled Syringe),T2 - SP; QL	Adacel (Intramuscular Suspension),T2 - QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T2 - SP; QL	Advair HFA (Inhalation Aerosol),T2 - QL
Abiraterone Acetate (250MG Oral Tablet),T1 - PA; QL	Aimovig (Subcutaneous Solution Auto-Injector),T2 - PA; QL
Acamprosate Calcium (Oral Tablet Delayed Release),T1	Albendazole (Oral Tablet),T1 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T1 - QL
Acetazolamide (Oral Tablet),T1	Alcohol Prep Pads,T2
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	Alecensa (Oral Capsule),T2 - PA; SP; QL
Actimmune (Subcutaneous Solution),T2 - SP	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1 - QL
Acyclovir (Oral Capsule),T1	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1 - QL
	Allopurinol (100MG Oral Tablet, 300MG 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.

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Alrex (Ophthalmic Suspension),T2

Alvesco (Inhalation Aerosol Solution),T2 - QL

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

Anastrozole (Oral Tablet),T1

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

Asmanex HFA (Inhalation Aerosol),T2 - QL

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

Atazanavir Sulfate (Oral Capsule),T1 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T1 - QL

Atorvastatin Calcium (Oral Tablet),T1 - QL

Atovaquone-Proguanil HCl (Oral Tablet),T1

Atrovent HFA (Inhalation Aerosol Solution),T2 - QL

Avonex Pen (Intramuscular Auto-Injector Kit),T2 - SP; QL

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T2 - SP; QL

Azasite (Ophthalmic Solution),T2

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

Azelastine HCl (0.1% Nasal Solution),T1 - QL

Azelastine HCl (Ophthalmic Solution),T1

Azithromycin (Oral Tablet),T1

Bold type = Brand name drug

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B	
BRIVIACT (Oral Solution),T2 - PA; QL	Bupropion HCl (Oral Tablet Immediate Release),T1
BRIVIACT (Oral Tablet),T2 - PA; QL	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1 - QL
Baclofen (Oral Tablet),T1	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1 - QL
Balsalazide Disodium (Oral Capsule),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1 - QL
Baqsimi One Pack (Nasal Powder),T2	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Belsomra (Oral Tablet),T2 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Benazepril HCl (Oral Tablet),T1 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Benzotropine Mesylate (Oral Tablet),T1 - HRM	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Berinert (Intravenous Kit),T2 - PA; SP	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Besivance (Ophthalmic Suspension),T2	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Betaseron (Subcutaneous Kit),T2 - SP; QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Bethanechol Chloride (Oral Tablet),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Bexarotene (Oral Capsule),T1 - PA; SP	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Bicalutamide (Oral Tablet),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Biktarvy (50MG-200MG-25MG Oral Tablet),T2 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Bisoprolol Fumarate (Oral Tablet),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Brilinta (Oral Tablet),T2 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Brimonidine Tartrate (Ophthalmic Solution),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Brukinsa (Oral Capsule),T2 - PA; SP; QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Budesonide (Inhalation Suspension),T1 - B/D,PA	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Budesonide (Oral Capsule Delayed Release Particles),T1	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Buprenorphine (Transdermal Patch Weekly),T1 - PA; 7D; DL; QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Buprenorphine HCl (Tablet Sublingual),T1 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour),T1 - QL
	C
	Cabergoline (Oral Tablet),T1
	Calcitriol (Oral Capsule),T1 - B/D,PA
	Calcium Acetate (667MG Oral Tablet),T1
	Calcium Acetate (Phosphate Binder) (Oral Capsule),T1
	Carbamazepine (Oral Tablet Immediate Release),T1
	Carbidopa (Oral Tablet),T1
	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1
	Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1
	Carbidopa-Levodopa-Entacapone (Oral Tablet),T1
	Carvedilol (Oral Tablet),T1
	Cefdinir (Oral Capsule),T1
	Cefuroxime Axetil (Oral Tablet),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Celecoxib (Oral Capsule),T1 - QL	- QL
Celontin (Oral Capsule),T2	Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T1 - ST; QL
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1	Clozapine ODT (150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T3 - ST; QL
Cephalexin (Oral Tablet),T1	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1 - QL
Chemet (Oral Capsule),T2 - SP	Colesevelam HCl (Oral Tablet),T1
Chlorhexidine Gluconate (Mouth Solution),T1	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Chlorthalidone (Oral Tablet),T1	Corlanor (Oral Solution),T2 - PA; QL
Chlorzoxazone (500MG Oral Tablet),T1 - HRM	Corlanor (Oral Tablet),T2 - PA; QL
Cholestyramine (Oral Packet),T1	Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL
Cholestyramine Light (Oral Packet),T1	Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL
Cilostazol (Oral Tablet),T1	Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL
Cimetidine (Oral Tablet),T1	Creon (Oral Capsule Delayed Release Particles),T2
Cimetidine HCl (300MG/5ML Oral Solution),T1	Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA
Cimzia (Subcutaneous Kit),T2 - PA; SP; QL	Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - HRM
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit),T2 - PA; SP; QL	Cyclophosphamide (Oral Capsule),T1 - B/D,PA
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	D
Ciprofloxacin-Dexamethasone (Otic Suspension),T1	Dabigatran Etexilate Mesylate (Oral Capsule),T1 - QL
Citalopram Hydrobromide (Oral Tablet),T1 - QL	Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL
Clarithromycin (Oral Tablet Immediate Release),T1	Dapsone (Oral Tablet),T1
Clonazepam (Oral Tablet),T1 - QL	DayVigo (Oral Tablet),T2 - QL
Clonazepam ODT (Oral Tablet Dispersible),T1 - QL	Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade),T1 - PA
Clonidine (Transdermal Patch Weekly),T1 - QL	Deferasirox (250MG Oral Tablet Soluble, 500MG
Clonidine HCl (Oral Tablet Immediate Release),T1	
Clopidogrel Bisulfate (75MG Oral Tablet),T1 - QL	
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	

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

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

Descovy (200MG-25MG Oral Tablet),T2 - QL

Desmopressin Acetate (Oral Tablet),T1

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

Dexamethasone (Oral Tablet),T1

Diazepam (Oral Solution),T1 - QL

Diazepam (Oral Tablet),T1 - QL

Diazepam Intensol (Oral Concentrate),T1 - QL

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

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

Dificid (Oral Tablet),T2 - SP; QL

Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T1 - HRM; QL

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

Dipentum (Oral Capsule),T2 - SP

Diphenoxylate-Atropine (Oral Tablet),T1 - 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

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

Dorzolamide HCl (Ophthalmic Solution),T1

Dorzolamide HCl-Timolol Maleate (22.3MG-6.8MG/ML Ophthalmic Solution),T1

Dovato (Oral Tablet),T2 - QL

Doxazosin Mesylate (Oral Tablet),T1 - QL

Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T1

Doxycycline Hyclate (Oral Capsule),T1

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

Dulera (Inhalation Aerosol),T2 - PA; QL

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

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

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Dutasteride (Oral Capsule),T1 - QL	Ergotamine-Caffeine (Oral Tablet),T1
E	Erivedge (Oral Capsule),T2 - PA; SP; QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL	Erleada (60MG Oral Tablet),T2 - PA; SP; QL
Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL	Ertapenem Sodium (Injection Solution Reconstituted),T1
Elmiron (Oral Capsule),T2	Erythromycin (Ophthalmic Ointment),T1
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T2 - PA; QL	Escitalopram Oxalate (Oral Tablet),T1 - QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T2 - PA; QL	Estradiol (Oral Tablet),T1 - HRM
Emgality (Subcutaneous Solution Auto-Injector),T2 - PA; QL	Estradiol (Transdermal Patch Twice Weekly),T1 - HRM; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL	Estradiol (Transdermal Patch Weekly),T1 - HRM; QL
Enalapril Maleate (Oral Tablet),T1 - QL	Estradiol (Vaginal Cream),T1
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Eszopiclone (Oral Tablet),T1 - HRM; QL
Enbrel (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL	Ethambutol HCl (400MG Oral Tablet),T1
Enbrel (Subcutaneous Solution),T2 - PA; SP; QL	Ethosuximide (Oral Capsule),T1
Enbrel Mini (Subcutaneous Solution Cartridge),T2 - PA; SP; QL	Ethosuximide (Oral Solution),T1
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL	Etravirine (200MG Oral Tablet),T1 - QL
Entacapone (Oral Tablet),T1	Extavia (Subcutaneous Kit),T2 - SP; QL
Entecavir (Oral Tablet),T1 - QL	Ezetimibe (Oral Tablet),T1 - QL
Entresto (Oral Tablet),T2 - QL	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
Epclusa (Oral Packet),T2 - PA; SP; QL	F
Epclusa (Oral Tablet),T2 - PA; SP; QL	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL	Fasenra (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL
Eplerenone (Oral Tablet),T1	Fasenra Pen (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL
Ergoloid Mesylates (Oral Tablet),T1 - HRM	Febuxostat (Oral Tablet),T1 - ST; QL
	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
	Flarex (Ophthalmic Suspension),T2
	Flovent Diskus (Inhalation Aerosol Powder

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Breath Activated),T2 - QL

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

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

Fluphenazine HCl (Oral Tablet),T1

Fluticasone Propionate (Nasal Suspension),T1 - QL

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

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution Reconstituted),T2 - SP; QL

G

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

Gabapentin (Oral Capsule),T1 - QL

Gammagard (2.5GM/25ML Injection Solution),T2 - PA; SP

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T2 - PA; SP

Gemfibrozil (Oral Tablet),T1

Gemtesa (Oral Tablet),T3

Genotropin (12MG Subcutaneous Cartridge),T2 - PA; SP

Genotropin (5MG Subcutaneous Cartridge),T2 - PA

Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe),T2 - PA

Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous

Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe),T2 - PA; SP

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

Genvoya (Oral Tablet),T2 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1 - SP; QL

Glatopa (Subcutaneous Solution Prefilled Syringe),T1 - SP; QL

Glucagon (Injection Kit) (Lilly),T2

Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet),T1 - PA

Glyxambi (Oral Tablet),T2 - QL

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

Gvoke Kit (Subcutaneous Solution),T2

Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2

H

Haloperidol (Oral Tablet),T1

Harvoni (90-400MG Oral Tablet),T2 - PA; SP; QL

Harvoni (Oral Packet),T2 - PA; SP; QL

Humalog (Injection Solution),T1

Humalog (Subcutaneous Solution Cartridge),T1

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T1

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T1

Humalog Mix 50/50 (Subcutaneous Suspension),T1

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T1

Humalog Mix 75/25 (Subcutaneous Suspension),T1

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T3 = Tier 3

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Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T1	Tablet),T1 - QL
Humira (Subcutaneous Prefilled Syringe Kit),T2 - PA; SP; QL	Hydroxyurea (Oral Capsule),T1
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T2 - PA; SP; QL	Hydroxyzine HCl (Oral Tablet),T1 - HRM
Humira Pen (Subcutaneous Pen-Injector Kit),T2 - PA; SP; QL	I
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T2 - PA; SP	Ibandronate Sodium (Oral Tablet),T1 - QL
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T2 - PA; SP	Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T2 - PA; SP; QL	Icatibant Acetate (Subcutaneous Solution Prefilled Syringe),T1 - PA; SP; QL
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T2 - PA; SP	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 Eliipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
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
Hydralazine HCl (Oral Tablet),T1	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T2 - SP
Hydrochlorothiazide (Oral Capsule),T1	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T2
Hydrochlorothiazide (Oral Tablet),T1	Invega Trinza (Intramuscular Suspension Prefilled Syringe),T2 - SP
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	Invokamet (Oral Tablet Immediate Release),T2 - QL
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Invokamet XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Hydroxychloroquine Sulfate (200MG Oral	Invokana (Oral Tablet),T2 - QL
	Ipratropium Bromide (Inhalation Solution),T1 - B/

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D,PA	Ketorolac Tromethamine (Ophthalmic Solution),T1
Ipratropium Bromide (Nasal Solution),T1 - QL	Klor-Con 10 (Oral Tablet Extended Release),T1
Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA	Klor-Con 8 (Oral Tablet Extended Release),T1
Irbesartan (Oral Tablet),T1 - QL	Klor-Con M10 (Oral Tablet Extended Release),T1
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Klor-Con M20 (Oral Tablet Extended Release),T1
Isentress (Oral Tablet),T2 - QL	Korlym (Oral Tablet),T2 - PA; SP; QL
Isoniazid (Oral Tablet),T1	L
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1	Lacosamide (Oral Tablet),T1 - QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet),T1 - QL	Lactulose (10GM/15ML Oral Solution),T1
Isosorbide Mononitrate (Oral Tablet Immediate Release),T1	Lamivudine (100MG Oral Tablet),T1 - QL
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL
Isturisa (Oral Tablet),T2 - PA; SP	Lamotrigine (Oral Tablet Immediate Release),T1
Ivermectin (Oral Tablet),T1 - PA	Lantus (Subcutaneous Solution),T2
J	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2
Janumet (Oral Tablet Immediate Release),T2 - QL	Latanoprost (Ophthalmic Solution),T1 - QL
Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Leflunomide (Oral Tablet),T1 - QL
Januvia (Oral Tablet),T2 - QL	Letrozole (Oral Tablet),T1 - QL
Jardiance (Oral Tablet),T2 - QL	Leucovorin Calcium (Oral Tablet),T1
Jentadueto (Oral Tablet Immediate Release),T2 - QL	Leukeran (Oral Tablet),T2 - SP
Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Levemir (Subcutaneous Solution),T2
Juluca (Oral Tablet),T2 - QL	Levetiracetam (Oral Tablet Immediate Release),T1
K	Levobunolol HCl (Ophthalmic Solution),T1
Ketoconazole (External Cream),T1 - QL	Levocarnitine (Oral Tablet),T1
	Levocetirizine Dihydrochloride (Oral Tablet),T1 - QL
	Levofloxacin (Oral Tablet),T1
	Levothyroxine Sodium (Oral Tablet),T1
	Lidocaine (5% External Ointment),T1 - QL
	Lidocaine (5% External Patch),T1 - PA; QL
	Lidocaine HCl (4% External Solution),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Lidocaine-Prilocaine (External Cream),T1 - QL	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
Linzess (Oral Capsule),T2 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Liothyronine Sodium (Oral Tablet),T1	Medroxyprogesterone Acetate (Oral Tablet),T1
Lisinopril (Oral Tablet),T1 - QL	Meloxicam (Oral Tablet),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Lithium Carbonate (Oral Capsule),T1	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Mercaptopurine (Oral Tablet),T1
Lokelma (Oral Packet),T2 - QL	Meropenem (Intravenous Solution Reconstituted),T2
Loperamide HCl (Oral Capsule),T1	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL
Lorazepam (Oral Tablet),T1 - QL	Mesnex (Oral Tablet),T2
Lorazepam Intensol (Oral Concentrate),T1 - QL	Methadone HCl (Oral Solution),T1 - PA; 7D; MME; DL; QL
Losartan Potassium (Oral Tablet),T1 - QL	Methadone HCl (Oral Tablet),T1 - PA; 7D; MME; DL; QL
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Methimazole (Oral Tablet),T1
Lotemax (Ophthalmic Ointment),T2	Methotrexate Sodium (Oral Tablet),T1
Lotemax SM (Ophthalmic Gel),T2	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL
Lovastatin (Oral Tablet),T1 - QL	Methylprednisolone (Oral Tablet),T1
Lumigan (Ophthalmic Solution),T2 - QL	Metoclopramide HCl (Oral Tablet),T1
Lupron Depot (1-Month) (Intramuscular Kit),T2 - PA; QL	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Lupron Depot (3-Month) (Intramuscular Kit),T2 - PA; QL	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Lupron Depot (4-Month) (Intramuscular Kit),T2 - PA; QL	Metronidazole (External Cream),T1
Lupron Depot (6-Month) (Intramuscular Kit),T2 - PA; QL	Metronidazole (External Gel),T1
Lurasidone HCl (Oral Tablet),T1 - ST; QL	Metronidazole (External Lotion),T1
Lysodren (Oral Tablet),T2 - SP	Metronidazole (Oral Tablet),T1
M	Midodrine HCl (Oral Tablet),T1
Malathion (External Lotion),T1	Minocycline HCl (Oral Capsule),T1
Maraviroc (Oral Tablet),T1 - QL	
Mavyret (Oral Packet),T2 - PA; SP; QL	
Mavyret (Oral Tablet),T2 - PA; SP; QL	
Mayzent (Oral Tablet),T2 - SP; QL	

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Minoxidil (Oral Tablet),T1	Neupogen (Injection Solution Prefilled Syringe),T2 - ST; SP
Mirtazapine (Oral Tablet),T1 - QL	Neupogen (Injection Solution),T2 - ST; SP
Mirtazapine ODT (Oral Tablet Dispensible),T1 - QL	Nevanac (Ophthalmic Suspension),T2 - QL
Misoprostol (Oral Tablet),T1	Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1
Modafinil (Oral Tablet),T1 - PA; QL	Nimodipine (Oral Capsule),T1
Montelukast Sodium (Oral Packet),T1 - QL	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM
Montelukast Sodium (Oral Tablet),T1 - QL	Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - PA; 7D; MME; DL; QL	Nitroglycerin (Tablet Sublingual),T1
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - PA; 7D; MME; DL; QL	Nivestym (Injection Solution Prefilled Syringe),T2 - ST; SP
Mounjaro (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Nivestym (Injection Solution),T2 - ST; SP
Movantik (Oral Tablet),T2 - QL	Nizatidine (Oral Capsule),T1
Multaq (Oral Tablet),T2	Norethindrone Acetate (5MG Oral Tablet),T1
Myrbetriq (Oral Suspension Reconstituted ER),T2	Nortriptyline HCl (Oral Capsule),T1 - HRM
Myrbetriq (Oral Tablet Extended Release 24 Hour),T2 - QL	NovoLog (Injection Solution),T2 - ST
N	NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2 - ST
Naloxone HCl (0.4MG/ML Injection Solution),T1	NovoLog Mix 70/30 (Subcutaneous Suspension),T2 - ST
Naloxone HCl (Injection Solution Cartridge),T1	NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST
Naloxone HCl (Injection Solution Prefilled Syringe),T1	NovoLog PenFill (Subcutaneous Solution Cartridge),T2 - ST
Naltrexone HCl (Oral Tablet),T1	Novolin 70/30 (Subcutaneous Suspension),T2 - ST
Naproxen (250MG Oral Tablet Immediate Release, 375MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release),T1	Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST
Nayzilam (Nasal Solution),T2 - PA; QL	Novolin N (Subcutaneous Suspension),T2 - ST
Neomycin Sulfate (Oral Tablet),T1	Novolin N FlexPen (Subcutaneous Suspension Pen-Injector),T2 - ST
Neomycin-Polymyxin-HC (Otic Suspension),T1	Novolin R (Injection Solution),T2 - ST
Neulasta (Subcutaneous Solution Prefilled Syringe),T2 - SP	Novolin R FlexPen (Injection Solution Pen-

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Injector),T2 - ST	B/D,PA
Nubeqa (Oral Tablet),T2 - PA; SP; QL	Opsumit (Oral Tablet),T2 - PA; SP; QL
Nucala (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL	Orgovyx (Oral Tablet),T2 - PA; SP; QL
Nucala (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL	Osetamivir Phosphate (Oral Capsule),T1 - QL
Nucala (Subcutaneous Solution Reconstituted),T2 - PA; SP; QL	Osphena (Oral Tablet),T2 - PA; QL
Nurtec ODT (Oral Tablet Dispersible),T3 - PA; SP; QL	Otezla (Oral Tablet Therapy Pack),T2 - PA; SP; QL
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Otezla (Oral Tablet),T2 - PA; SP; QL
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Oxcarbazepine (Oral Tablet),T1
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T2 - PA; SP	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1
Nystatin (External Cream),T1 - QL	Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL
Nystatin (External Ointment),T1 - QL	Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Nystatin (External Powder),T1 - QL	Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL
O	Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL
Odomzo (Oral Capsule),T2 - PA; SP; QL	Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL
Ofev (Oral Capsule),T2 - PA; SP; QL	P
Ofloxacin (Ophthalmic Solution),T1	Pantoprazole Sodium (Oral Tablet Delayed Release),T2 - QL
Ofloxacin (Otic Solution),T1	Pegasys (Subcutaneous Solution),T2 - SP; QL
Olanzapine (Oral Tablet),T1 - QL	Penicillamine (Oral Tablet),T1 - SP
Olopatadine HCl (0.1% Ophthalmic Solution),T1	Penicillin V Potassium (Oral Tablet),T1
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1 - QL	Pentasa (250MG Oral Capsule Extended Release),T2 - QL
Omeprazole (10MG Oral Capsule Delayed Release, 20MG Oral Capsule Delayed Release),T2 - QL	Permethrin (External Cream),T1
Omeprazole (40MG Oral Capsule Delayed Release),T2	Phenelzine Sulfate (Oral Tablet),T1
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T1 - B/D,PA	Phenytoin Sodium Extended (Oral Capsule),T1
Ondansetron ODT (Oral Tablet Dispersible),T1 -	

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Phoslyra (667MG/5ML Oral Solution),T2

Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - ST; QL

Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet),T1 - PA; SP; QL

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

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

Pomalyst (2MG Oral Capsule, 3MG Oral Capsule, 4MG 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 - HRM; QL

Premarin (Vaginal Cream),T2

Prenatal (27-1MG Oral Tablet),T1

Prezcobix (Oral Tablet),T2 - QL

Primidone (250MG Oral Tablet, 50MG Oral Tablet),T1

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

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

Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T2 - PA

Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T2 - PA; SP

Procto-Med HC (External Cream),T1

Proctosol HC (External Cream),T1

Progesterone (Oral Capsule),T1

Prograf (Oral Packet),T2 - B/D,PA

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

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

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

Pyridostigmine Bromide (Oral Solution),T1

Pyridostigmine Bromide ER (Oral Tablet Extended Release),T1

Q

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

Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release),T1 - QL

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

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

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

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

Retacrit (Injection Solution),T2 - PA

Rexulti (Oral Tablet),T2 - PA; QL

Rifabutin (Oral Capsule),T1

Rifampin (300MG Oral Capsule),T1

Riluzole (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

Roflumilast (500MCG Oral Tablet),T1 - PA; QL

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

Rukobia (Oral Tablet Extended Release 12 Hour),T2 - QL

Rybelsus (Oral Tablet),T2 - PA; 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

Selegiline HCl (Oral Tablet),T1

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

Sertraline HCl (Oral Tablet),T1 - QL

Sevelamer Carbonate (Oral Packet),T1

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

Sevelamer HCl (Oral Tablet),T1

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

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

Silver Sulfadiazine (External Cream),T1

Simbrinza (Ophthalmic Suspension),T2

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

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

Simvastatin (Oral Tablet),T1 - QL

Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge),T2 - PA; SP; QL

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

Skyrizi Pen (Subcutaneous Solution Auto-Injector),T2 - PA; SP; QL

Sodium Polystyrene Sulfonate (Oral Powder),T1

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

Sotalol HCl (Oral Tablet),T1

Sotalol HCl AF (Oral Tablet),T1

Spiriva HandiHaler (Inhalation Capsule),T2 - QL

Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL

Spironolactone (Oral Tablet),T1

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

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

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

Stiolto Respimat (Inhalation Aerosol Solution),T2 - QL

Striverdi Respimat (Inhalation Aerosol Solution),T2 - QL

Sucralfate (Oral Suspension),T1

Sucralfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T1

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

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate

Release),T1

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

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector),T1 - QL

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T1 - QL

Symbicort (Inhalation Aerosol),T2 - QL

Symjepi (Injection Solution Prefilled Syringe),T2 - QL

Symtuza (Oral Tablet),T2 - QL

Synjardy (Oral Tablet Immediate Release),T2 - QL

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

Synribo (Subcutaneous Solution Reconstituted),T2 - PA; SP

T

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

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

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1 - QL

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

Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Terazosin HCl (Oral Capsule),T1 - QL

Terbinafine HCl (Oral Tablet),T1 - QL

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

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T3 = Tier 3

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Testosterone Cypionate (Intramuscular Solution),T1 - PA	Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Tetrabenazine (12.5MG Oral Tablet),T1 - PA; QL	Tranexamic Acid (Oral Tablet),T1 - QL
Tetrabenazine (25MG Oral Tablet),T1 - PA; SP; QL	Tranylcypramine Sulfate (Oral Tablet),T1
Theophylline (Oral Solution),T1	Travoprost (BAK Free) (Ophthalmic Solution),T1 - QL
Theophylline ER (Oral Tablet Extended Release 12 Hour),T1	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Theophylline ER (Oral Tablet Extended Release 24 Hour),T1	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T1	Tresiba (Subcutaneous Solution),T2
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
Timolol Maleate (Oral Tablet),T1	Tretinoin (External Cream),T1 - PA
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1	Tretinoin (Oral Capsule),T1 - SP
Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T2 - QL	Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1
Tizanidine HCl (Oral Tablet),T1	Triamcinolone Acetonide (External Cream),T1
Tobramycin (300MG/5ML Inhalation Nebulization Solution),T1 - B/D,PA; SP; QL	Triamterene-HCTZ (Oral Capsule),T1
Tobramycin-Dexamethasone (Ophthalmic Suspension),T1	Triamterene-HCTZ (Oral Tablet),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T1	Trientine HCl (Oral Capsule),T1 - PA; SP; QL
Topiramate (Oral Tablet),T1	Trihexyphenidyl HCl (Oral Solution),T1 - HRM
Toremifene Citrate (Oral Tablet),T1 - SP	Trihexyphenidyl HCl (Oral Tablet),T1 - HRM
Torseamide (Oral Tablet),T1	Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trintellix (Oral Tablet),T2 - ST; QL
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trulicity (Subcutaneous Solution Pen-Injector),T2 - PA; QL
Tracleer (Oral Tablet Soluble),T2 - PA; SP; QL	
Tradjenta (Oral Tablet),T2 - QL	U
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Udenyca (Subcutaneous Solution Prefilled Syringe),T2 - SP
	Ursodiol (300MG Oral Capsule),T1
	Ursodiol (Oral Tablet),T1

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V	X
Valacyclovir HCl (Oral Tablet),T1 - QL	Xarelto (Oral Suspension Reconstituted),T2 - QL
Valganciclovir HCl (Oral Tablet),T1 - QL	Xarelto (Oral Tablet),T2 - QL
Valsartan (Oral Tablet),T1 - QL	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T2 - PA; QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack),T2 - PA; QL
Varenicline Tartrate (Oral Tablet),T1	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T2 - PA; QL
Veltassa (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; QL
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, 360MG Oral Capsule Extended Release 24 Hour),T1	Xiidra (Ophthalmic Solution),T2 - PA; QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xofluza (40MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Verquvo (Oral Tablet),T2 - PA; QL	Xofluza (80MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Versacloz (Oral Suspension),T2 - ST; SP; QL	Xolair (Subcutaneous Solution Prefilled Syringe),T2 - PA; SP; QL
Victoza (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Xolair (Subcutaneous Solution Reconstituted),T2 - PA; SP; QL
Vitlakvi (Oral Capsule),T2 - PA; SP; QL	Xtandi (Oral Capsule),T2 - PA; SP; QL
Vitlakvi (Oral Solution),T2 - PA; SP; QL	Xtandi (Oral Tablet),T2 - PA; SP; QL
Vosevi (Oral Tablet),T2 - PA; SP; QL	Xyrem (Oral Solution),T2 - PA; SP; QL
Vyvance (Oral Capsule),T2 - QL	
Vyvance (Oral Tablet Chewable),T2 - QL	
W	Z
Warfarin Sodium (Oral Tablet),T1	Zafirlukast (Oral Tablet),T1 - QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL	Zaleplon (Oral Capsule),T1 - HRM; QL
	Zarxio (Injection Solution Prefilled Syringe),T2 - SP

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.

Zenpep (Oral Capsule Delayed Release Particles),T2

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

Zirgan (Ophthalmic Gel),T2

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

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

Zonisamide (Oral Capsule),T1

Zylet (Ophthalmic Suspension),T2

Bold type = Brand name drug

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Plain type = Generic drug

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Additional Drug Coverage

Additional prescription drug coverage

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

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

Lower-cost Medicare supplies

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

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

\$0 copay

Alcohol Swabs

Insulin Syringes

Insulin Pen Needles

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		
Covid-19 Vaccine	B	\$0 copay
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.

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

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.**

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

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**
- ✓ **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.

- ✓ **I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.**

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UAWTrustPDP.com

Optum Rx[®]

Administered by UnitedHealthcare[®] Insurance
Company or one of its affiliates