

2019 PLAN GUIDE

What you need to know about your prescription drug plan.

Employees Retirement System of Texas

HealthSelectSM Medicare Rx (PDP) Plan

Effective: January 1, 2019 through December 31, 2019

Group Number: 24731



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Dear Retiree,

As the plan administrator for HealthSelectSM Medicare Rx (PDP), we at UnitedHealthcare[®] are pleased to offer prescription drug coverage for all eligible retirees. We believe you should get more than simply a good plan — and that's why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:

- Find ways to save money, so you can spend more on what matters most to you
- Get the tools and resources you need to be in more control of your health

In this book you will find:

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

Enrolling is easy

- 1 You're enrolled and coverage will begin on your effective date, noted in the paperwork you receive.
- 2 If you do not want to be enrolled in the prescription drug plan, you must notify ERS.
- 3 If you decline this coverage, you will not have any prescription drug coverage through the Texas Employees Group Benefits Program (GBP).

You can get 2019 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your materials.

Healthy extras by UnitedHealthcare



**GET A 90-DAY
SUPPLY**



**OVER 68,000
PHARMACIES**



**OPTUMRx HOME
DELIVERY**

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609** (TTY: **711**)
7 a.m. – 7 p.m. CT, Monday – Friday,
7 a.m. – 3 p.m. CT, Saturday

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Plan Information

Benefit Highlights

HealthSelectSM Medicare Rx (PDP)

Group Number: 24731

Effective January 1, 2019 to December 31, 2019

This is a short description of your plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage, if you need additional information. Limitations, exclusions and restrictions may apply.

You can choose where and how often to fill your prescriptions. There are retail pharmacies offering 30-, 60- and 90-day supplies. Or, you can have your medications mailed to you. See the chart below for cost information.

Prescription Drugs

| | Your costs | | | |
|--|--|--|--|------------------------|
| Annual prescription deductible | \$50 | | | |
| Initial coverage stage (After you pay your deductible) | Retail Cost-Sharing* | | Retail Cost Share* in the Extended Days Supply (EDS) Network | |
| | (30-day supply of non-maintenance drugs) | (30-day supply of maintenance drugs [†]) | (31- to 60-day supply) | (61- to 90-day supply) |
| Tier 1 – Preferred Generic | \$10 copay | \$10 copay | \$20 copay | \$30 copay |
| Tier 2 – Preferred Brand | \$35 copay | \$45 copay | \$70 copay | \$105 copay |
| Tier 3 – Non-preferred Drug | \$60 copay | \$75 copay | \$120 copay | \$180 copay |
| Initial coverage stage | Mail Order Cost-Sharing* | | | |
| | (31- to 60-day supply) | | (61- to 90-day supply) | |
| Tier 1 – Preferred Generic | \$20 copay | | \$30 copay | |
| Tier 2 – Preferred Brand | \$70 copay | | \$105 copay | |
| Tier 3 – Non-preferred Drug | \$120 copay | | \$180 copay | |
| Coverage gap stage | After your total drug costs reach \$3,820, the plan covers all formulary drugs through the coverage gap at the same copays listed above. | | | |

| | Your costs |
|------------------------------------|--|
| Catastrophic coverage stage | <p>When your out-of-pocket costs reach the \$5,100 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.</p> <p>The catastrophic coverage will go towards Part D covered medications.</p> |

* Cost-Sharing or Cost Share refer to amounts that a member has to pay when drugs are received.

† Please see Additional Drug Coverage for a list of the plan's maintenance drugs.

ERS continues to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact UnitedHealthcare Customer Service for more information. Limitations, copays, and restrictions may apply. Benefits, premium and/or copays/coinsurance may change each plan year.

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Plan Details

HealthSelectSM Medicare Rx (PDP)

UnitedHealthcare® is the administrator for the HealthSelect Medicare Rx (PDP) plan, a Medicare Part D prescription drug plan. Original Medicare (Parts A and B) helps pay for some of the costs of hospital stays and doctor visits, but it doesn't cover prescription drugs. Medicare Part D plans help with prescription drugs costs. The HealthSelect Medicare Rx (PDP) plan could help you save time and money when it comes to your prescription drugs.

Make sure you are signed up for Medicare



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

- If you're not sure if you are enrolled, check with your local Social Security office. To find an office where you live, visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- If you are enrolled in Part B, you need to continue to pay your Part B monthly premium to Social Security to keep your 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.

When to enroll in a Medicare Part D plan:

- **You turn 65 or become Medicare eligible.** This is your Initial Enrollment Period. It's your first chance to enroll in Medicare Part D.
- **You need a Medicare Part D plan but have never had one before.** Or, you want to change to a different plan option. You may make changes to your coverage during ERS' Fall Enrollment period.
- **You are a retiree and move out of a different group-sponsored plan, or you move out of the plan's service area.** These are examples of Special Election Periods and may happen for various reasons.

Medicare has certain 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 prescription plan at a time

You may be enrolled in only one Medicare Part D prescription drug plan at a time. If you enroll in another stand-alone Medicare Part D plan or a medical plan that includes prescription drug coverage, you may be disenrolled from this plan.

Prescription drug coverage plan basics

Here are some of the highlights of your new plan:

Dedicated service

UnitedHealthcare is here for you. Our trained Customer Service team knows the details about your plan.

Comprehensive drug list

The plan's drug list (also called a "formulary list") includes most brand name and generic drugs covered by Medicare Part D. Your plan also includes drug coverage beyond what Medicare allows.

Filling your prescriptions is convenient

There are more than 68,000 national, regional, local chains and independent neighborhood pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy can help make sure you are getting the lowest cost available through your plan.



**OVER 68,000
PHARMACIES¹**

¹2018 Optum Internal Report Data

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609** (TTY: **711**)
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday



What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from two 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)?

Most people first become eligible for Medicare when they turn 65. This is your Initial Enrollment Period. If a late enrollment penalty occurs, it is usually because:

- The individual was eligible to enroll in a Part D plan;
- The individual was not covered under any creditable prescription drug coverage; and
- The individual was not enrolled in a Part D plan

Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium which you may have to pay. If you receive a letter from UnitedHealthcare asking for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC).

Call Medicare to see if you qualify for Extra Help

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



For more information, call toll-free **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday

How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check the complete drug list online or the partial drug list in this book to see if your drugs are covered.



What pharmacies can I use?

You can choose from over 68,000 national, regional, local chains and independent neighborhood pharmacies.



What is a drug cost tier?

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Drugs are divided into different tiers. Generics are typically in Tier 1, which is the lowest copay tier. In general, the higher the tier, the higher the cost of the drug.



What will I pay for my prescription drugs?

In most cases, you will pay a copay for your medication. Please refer to the Benefit Highlights or Summary of Benefits to see the different copay levels. Your cost may also change during the year based on the total cost of the drugs you have taken.¹



EASY ACCESS TO PHARMACIES NATIONWIDE

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

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609** (TTY: **711**)
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday

Ways to save on your prescription drugs

Find local pharmacies from UnitedHealthcare's nationwide network with ease.

Simply go to www.HSMedicareRx.com or call UnitedHealthcare customer service at the number in this booklet to find participating pharmacies located in popular retailers and local drugstores. Your pharmacist and UnitedHealthcare will work with you to make sure you're taking the right prescriptions at the right times.

You could save on the medications you take regularly

If you prefer the convenience of mail order, you could save time by receiving your maintenance medications through the OptumRx[®] mail service pharmacy program. You'll get automatic refill reminders and access to licensed pharmacists if you have a question.

Ask your doctor about trial supplies

A trial supply allows you to fill a prescription for less than 30 days. This way you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month supply.

Explore lower cost options

Each covered drug in your drug list is assigned to a drug cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.

Have an annual medication review

Make an appointment to have an annual medication review with your doctor, to make sure you are only taking the drugs you need.

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

The UnitedHealthcare Savings Promise



UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

HealthSelectSM Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

2019 SUMMARY OF BENEFITS



Overview of your plan

HealthSelectSM Medicare Rx (PDP) provided through the Employees Retirement System of Texas (ERS)

S5805-833

Group Name: HealthSelect Medicare Rx

Group Number: 24731

Look inside to learn more about your prescription drug coverage.
Call Customer Service or go online for more information about the plan.



Toll-free (866) 868-0609 (TTY: 711)

7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday



www.HSMedicareRx.com



Summary of Benefits

January 1, 2019 – December 31, 2019

The benefit information in this document is a summary of what you will pay for covered drugs. It does not include details about your plan. You can find detailed information about your rights and responsibilities, what we cover, and what you'll pay in the Evidence of Coverage (EOC). You can find the EOC at www.HSMedicareRx.com, or you can call Customer Service to have one mailed to you.

About this plan.

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor.

To join HealthSelect Medicare Rx you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, live within the 50 United States, the District of Columbia and all US territories, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of ERS.

Use network 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.

Go to www.HSMedicareRx.com and use the online directory to find a network pharmacy. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

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.

ERS continues to offer additional coverage on some prescription drugs that are normally excluded under Medicare Part D drug coverage. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

| | | | | |
|---|---|---|---|-------------------------------|
| Stage 1: Annual Prescription Drug Deductible | \$50 | | | |
| Stage 2: Initial Coverage (After you pay your deductible) | Retail Cost-Sharing* | | Retail Cost Share* in the Extended Days Supply (EDS) Network | |
| | (30-day supply of non-maintenance drugs) | (30-day supply of maintenance drugs[†]) | (31- to 60-day supply) | (61- to 90-day supply) |
| Tier 1: Preferred Generic | \$10 copay | \$10 copay | \$20 copay | \$30 copay |
| Tier 2: Preferred Brand | \$35 copay | \$45 copay | \$70 copay | \$105 copay |
| Tier 3: Non-preferred Drug | \$60 copay | \$75 copay | \$120 copay | \$180 copay |
| | Mail Order Cost-Sharing* | | | |
| | (31- to 60-day supply) | | (61- to 90-day supply) | |
| Tier 1: Preferred Generic | \$20 copay | | \$30 copay | |
| Tier 2: Preferred Brand | \$70 copay | | \$105 copay | |
| Tier 3: Non-preferred Drug | \$120 copay | | \$180 copay | |
| Stage 3: Coverage Gap Stage | After your total drug costs reach \$3,820, the plan covers all formulary drugs through the coverage gap at the same copays listed above. | | | |
| Stage 4: Catastrophic Coverage | When your out-of-pocket costs reach the \$5,100 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage. The catastrophic coverage will go towards Part D covered medications. | | | |

* Cost-Sharing or Cost Share refer to amounts that a member has to pay when drugs are received.

[†] Please see Additional Drug Coverage for a list of the plan's maintenance drugs.

Required Information

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-855-814-6894 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (TTY: 711)。

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

Premium and/or copayments/coinsurance may change each plan year.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

You are not required to use our mail order program through OptumRx, an affiliate of UnitedHealthcare Insurance Company, to obtain a 90-day supply of your maintenance medications. You can purchase your prescriptions at a network retail pharmacy. If you have not used OptumRx mail service, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Please call OptumRx toll-free at (855) 798-5674 (TTY: 711), if you have questions about how to approve your first prescription. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days.

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

You must continue to pay your Medicare Part B premium.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2018. 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 **(866) 868-0609** (TTY: **711**), 7a.m. – 7p.m. CT, Monday – Friday and 7a.m. – 3p.m. CT, Saturday.

- 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 or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

| | |
|--|--|
| PA Prior authorization | The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered. |
| QL Quantity limits | The plan only covers a certain amount of this drug for one copay. 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. |

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3
 Y0066_180627_035701

| | |
|--|--|
| HRM High-risk medication | This drug is known as a high-risk medication (HRM) for Medicare members 65 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 one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity. |
| 7D 7-Day limit | An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan. |
| DL Dispensing limit | Dispensing limits apply to this drug. This drug is limited to a one month supply per prescription. |
| SP Specialty drugs | This drug is considered a “specialty drug,” meaning it’s not eligible for a lower cost-sharing level. |

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

| A | |
|---|---|
| Abacavir/Lamivudine (Tablet),T1 - QL | Acetazolamide ER (Capsule Extended-Release 12 Hour),T1 |
| Acamprosate Calcium DR (Tablet Delayed-Release),T1 | Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet, 5% Ointment),T1 |
| Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet),T1 - 7D,DL,QL,MME | Adacel (Injection),T2 |
| Acetazolamide (Tablet Immediate-Release),T1 | Advair HFA (Aerosol),T2 - QL |
| | Albenza (Tablet),T3 - QL,SP |

Bold type = Brand name drug

Plain type = Generic drug

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Alcohol Prep Pads,T1

Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet, 70mg/75ml Oral Solution),T1

Alendronate Sodium (35mg Tablet, 70mg Tablet),T1 - QL

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

Allopurinol (Tablet),T1

Alosetron HCl (Tablet),T1 - PA

Alprazolam (Tablet Immediate-Release),T1 - QL

Alrex (Suspension),T3

Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup),T1

Amiloride HCl (Tablet),T1

Amiodarone HCl (Tablet),T1

Amitiza (Capsule),T2 - QL

Amitriptyline HCl (Tablet),T1 - PA,HRM

Amlodipine Besylate (Tablet),T1

Amlodipine Besylate/Benazepril HCl (Capsule),T1 - QL

Ammonium Lactate (12% Cream, 12% Lotion),T1

Amoxicillin (Tablet Chewable, Suspension, Capsule, Tablet),T1

Amphetamine/Dextroamphetamine (Capsule Extended-Release 24 Hour, Tablet Immediate-Release),T1 - QL

Anagrelide HCl (Capsule),T1

Anastrozole (Tablet),T1

Androderm (Patch 24 Hour),T2

Anoro Ellipta (Aerosol Powder),T2 - QL

Apriso (Capsule Extended-Release 24 Hour),T2 - QL

Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution),T1 - QL

Arnuity Ellipta (Aerosol Powder),T2 - QL

Atazanavir Sulfate (Capsule),T1 - QL

Atenolol (Tablet),T1

Atomoxetine (Capsule),T1 - QL

Atorvastatin Calcium (Tablet),T1 - QL

Atovaquone/Proguanil HCl (Tablet) (Generic Malarone),T1

Atripla (Tablet),T2 - QL,SP

Atrovent HFA (Aerosol Solution),T3

Aubagio (Tablet),T3 - QL,LA,SP

Auryxia (Tablet),T3 - PA,SP

Avonex (Injection),T2 - SP

Azasite (Ophthalmic Solution),T3

Azathioprine (Tablet),T1 - B/D,PA

Azelastine HCl (0.05% Ophthalmic Solution),T1

Azelastine HCl (Nasal Solution),T1

Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection),T1

Azithromycin (1gm Packet),T1

Azopt (Suspension),T2

B

Baclofen (Tablet),T1

Balsalazide Disodium (Capsule),T1

Belsomra (Tablet),T2 - QL

Benazepril HCl (Tablet),T1 - QL

Benazepril HCl/Hydrochlorothiazide (Tablet),T1 - QL

Benzotropine Mesylate (Tablet),T1 - PA,HRM

Bepreve (Ophthalmic Solution),T3

Berinert (Injection),T2 - PA,LA,SP

Betaseron (Injection),T2 - SP

Bethanechol Chloride (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.

Betimol (Ophthalmic Solution),T3

Bevespi Aerosphere (Aerosol),T3

Bicalutamide (Tablet),T1

Binosto (Tablet Effervescent),T3 - QL

Bisoprolol Fumarate (Tablet),T1

Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T1 - QL

Breo Ellipta (Aerosol Powder),T2 - QL

Brilinta (Tablet),T2 - QL

Brimonidine Tartrate (0.15% Ophthalmic Solution),T1

Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution),T3 - QL,SP

Budesonide (3mg Capsule Delayed-Release),T1

Budesonide (Inhalation Suspension),T1 - B/D,PA

Bumetanide (0.25mg/ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet),T1

Buprenorphine HCl (Tablet Sublingual),T1 - QL

Bupropion HCl (Tablet Immediate-Release),T1

Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent),T1

Bupropion HCl SR, Bupropion HCl XL (Tablet),T1

Buspironone HCl (Tablet),T1

Butrans (Patch Weekly),T3 - 7D,DL,QL

Bydureon Bcise (Auto injector),T2 - QL

Bydureon Injection (Pen, Vial),T2 - QL

Bystolic (Tablet),T2 - QL

C

Cabergoline (Tablet),T1

Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution),T1 - B/D,PA

Calcitriol (3mcg/gm Ointment),T1

Calcium Acetate (667mg Capsule, 667mg Tablet),T1

Captopril (Tablet),T1 - QL

Carafate (1gm/10ml Suspension),T3

Carbaglu (Tablet),T2 - LA,SP

Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T1

Carbidopa/Levodopa (Tablet Immediate-Release),T1

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

Carbidopa/Levodopa ODT (Tablet Dispersible),T1

Carbidopa/Levodopa/Entacapone (Tablet),T1

Carvedilol (Tablet),T1

Cayston (Inhalation Solution),T3 - PA,LA,SP

Cefuroxime Axetil (Tablet),T1

Celecoxib (Capsule),T1 - QL

Cephalexin (Suspension, Capsule, Tablet),T1

Chantix (Tablet),T2

Chlorhexidine Gluconate Oral Rinse (Solution),T1

Chlorthalidone (Tablet),T1

Cholestyramine Light (Powder),T1

Cilostazol (Tablet),T1

Cimetidine (Tablet),T1

Cinryze (Injection),T2 - PA,LA,SP

Ciprodex (Otic Suspension),T2

Ciprofloxacin HCl (Tablet Immediate-Release),T1

Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral Solution),T1

Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg

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| |
|--|
| Tablet),T1 |
| Climara Pro (Patch Weekly),T2 - PA,HRM |
| Clonazepam (Tablet Immediate-Release),T1 - QL |
| Clonazepam ODT (Tablet Dispersible),T1 - QL |
| Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release, 0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly),T1 |
| Clopidogrel (75mg Tablet),T1 - QL |
| Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T1 |
| Clozapine ODT (Tablet Dispersible),T1 - QL |
| Colchicine (0.6mg Capsule) (Generic Mitigare),T3 - QL |
| Colchicine (0.6mg Tablet) (Generic Colcrys),T2 - QL |
| Combigan (Ophthalmic Solution),T2 |
| Combivent Respimat (Aerosol Solution),T2 |
| Cosentyx (Injection), Cosentyx Sensoready Pen (Injection),T3 - PA,LA,SP |
| Cosopt PF (Ophthalmic Solution),T3 |
| Creon (Capsule Delayed-Release),T2 |
| Crixivan (Capsule),T2 - QL |
| Cromolyn Sodium (100mg/5ml Concentrate),T1 |
| Cromolyn Sodium (20mg/2ml Nebulized Solution),T1 - B/D,PA |
| Cromolyn Sodium (4% Ophthalmic Solution),T1 |
| Cyclophosphamide (Capsule),T1 - B/D,PA |
| D |
| Daliresp (Tablet),T3 - PA |
| Dapsone (100mg Tablet, 25mg Tablet),T1 |
| Dapsone (5% Gel),T1 |
| Desmopressin Acetate (0.01% Nasal Rhinal |

| |
|---|
| Tube Solution),T1 |
| Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet),T1 |
| Dexilant (Capsule Delayed-Release),T2 - QL |
| Dextrose 5%/NaCl 0.2% (Injection),T1 |
| Dextrose 5%/NaCl 0.225% (Injection),T1 |
| Dextrose 5%/NaCl 0.33% (Injection),T1 |
| Dextrose 5%/NaCl 0.45% (Injection),T1 |
| Dextrose 5%/NaCl 0.9% (Injection),T1 - B/D,PA |
| Diazepam (1mg/ml Oral Solution),T1 |
| Diazepam Intensol (5mg/ml Concentrate),T1 - QL |
| Diclofenac, Diclofenac DR, Diclofenac ER (Tablet),T1 |
| Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet),T1 - HRM |
| Digoxin (0.05mg/ml Oral Solution),T1 - PA,QL,HRM |
| Digoxin (125mcg Tablet),T1 - QL,HRM |
| Digoxin (250mcg Tablet),T1 - PA,HRM |
| Dihydroergotamine Mesylate (Nasal Solution),T1 |
| Diltiazem HCl (Capsule Extended-Release, Tablet Immediate-Release),T1 |
| Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid),T1 - PA,HRM |
| Disulfiram (Tablet),T1 |
| Divalproex Sodium (Capsule Sprinkle Delayed-Release),T1 |
| Divalproex Sodium DR (Tablet Delayed-Release),T1 |
| Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T1 |
| Donepezil HCl (Tablet),T1 - QL |
| Donepezil HCl ODT (Tablet Dispersible),T1 - QL |

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Tablet),T1

Doxycycline Hyclate (Capsule, Tablet Immediate-Release),T1

Dronabinol (Capsule),T1 - PA

Duavee (Tablet),T2 - PA,HRM

Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release),T1 - QL

Durezol (Emulsion),T3

Dutasteride (Capsule),T1 - QL

Dymista (Suspension),T2

E

Edarbi (Tablet),T3 - QL

Edarbyclor (Tablet),T3 - QL

Elidel (Cream),T2 - ST

Eliquis (Tablet),T2 - QL

Elmiron (Capsule),T2 - SP

Embeda (Capsule Extended-Release),T2 - 7D,DL,QL,MME

Enalapril Maleate (Tablet),T1 - QL

Enalapril Maleate/Hydrochlorothiazide (Tablet),T1 - QL

Enbrel (Injection),T2 - PA,SP

Entacapone (Tablet),T1

Entecavir (Tablet),T1

Epclusa (Tablet),T2 - PA,QL,SP

Eplerenone (Tablet),T1

Equetro (Capsule Extended-Release 12 Hour),T3

Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1

Estradiol (0.1mg/gm Cream, 10mcg Tablet),T1

Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace),T1 - PA,HRM

Estradiol (Patch Twice Weekly, Patch Weekly),T1 - PA,QL,HRM

Eszopiclone (Tablet),T1 - PA,QL,HRM

Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution),T1

Exjade (Tablet Soluble),T3 - PA,SP

Ezetimibe (Tablet),T1

F

Famotidine (20mg Tablet, 40mg Tablet, 40mg/5ml Suspension),T1

Fareston (Tablet),T2 - SP

Fenofibrate (Tablet),T1

Fentanyl (Patch 72 Hour),T1 - 7D,DL,QL,MME

Finasteride (5mg Tablet) (Generic Proscar),T1

Firazyr (Injection),T2 - PA,QL,LA,SP

Flovent Diskus (Aerosol Powder),T2 - QL

Flovent HFA (Aerosol),T2 - QL

Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension),T1

Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment),T1

Fluocinolone Acetonide (0.01% Otic Oil),T1

Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/5ml Elixir, 2.5mg/ml Injection, 5mg/ml Concentrate),T1

Fluticasone Propionate (0.005% Ointment, 0.05% Cream, 0.05% Lotion),T1

Fluticasone Propionate (50mcg/act Suspension),T1

Forteo (Injection),T2 - PA,SP

Furosemide (10mg/ml Injection),T1 - B/D,PA

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Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet),T1

Fuzeon (Injection),T2 - QL,SP

Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet),T3

G

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet),T1

Gammagard Liquid (Injection),T2 - PA,SP

Gemfibrozil (Tablet),T1

Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution),T1

Gilenya (Capsule),T3 - QL,SP

Glatiramer Acetate (Solution Prefilled Syringe),T1

Glimepiride (Tablet),T1 - QL

Glipizide, Glipizide ER (Tablet),T1 - QL

GlucaGen HypoKit (Injection),T2

Glucagon Emergency Kit (Injection),T2

Guanidine HCl (Tablet),T2

H

Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate),T1

Harvoni (Tablet),T2 - PA,QL,SP

Humalog (Injection),T2

Humalog Mix (Injection),T2

Humira (Injection),T2 - PA,SP

Humulin (Injection),T2

Hydralazine HCl (Tablet),T1

Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet),T1

Hydrocodone Bitartrate/Acetaminophen (Tablet),T1 - 7D,DL,QL,MME

Hydrocodone/Acetaminophen (Tablet),T1 - 7D,DL,QL,MME

Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection),T1 - 7D,DL

Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release),T1 - 7D,DL,QL,MME

Hydromorphone HCl (2mg/ml Injection),T1 - 7D,DL

Hydroxychloroquine Sulfate (Tablet),T1

Hydroxyurea (Capsule),T1

Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup),T1 - PA,HRM

Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T2 - 7D,DL,QL,MME

I

Ibandronate Sodium (150mg Tablet),T1 - QL

Ibuprofen (Tablets, Suspension),T1

Ilevro (Suspension),T3

Imatinib Mesylate (Tablet),T1 - PA,QL

Imiquimod (Cream),T1

Incruse Ellipta (Aerosol Powder),T2 - QL

Insulin Syringes, Needles,T1

Intelence (100mg Tablet, 200mg Tablet),T2 - QL,SP

Intron A (Injection),T3 - PA,LA,SP

Invanz (Injection),T3 - SP

Invokamet, Invokamet XR (Tablet),T2 - QL

Invokana (Tablet),T2 - QL

Ipratropium Bromide (0.02% Inhalation Solution),T1 - B/D,PA

Ipratropium Bromide (0.03% Nasal Solution,

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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0.06% Nasal Solution),T1

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

Irbesartan (Tablet),T1 - QL

Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL

Isentress (400mg Tablet),T2 - QL,SP

Isoniazid (100mg Tablet, 300mg Tablet, 50mg/5ml Syrup),T1

Isosorbide Dinitrate (Tablet Immediate-Release, Tablet Extended-Release),T1

Isosorbide Mononitrate (Tablet Immediate-Release, Tablet Extended-Release 24 Hour),T1

Ivermectin (Tablet),T1

J

Jadenu (Tablet),T3 - PA,SP

Janumet, Janumet XR (Tablet),T2 - QL

Januvia (Tablet),T2 - QL

Jardiance (Tablet),T2 - QL

Jentadueto, Jentadueto XR (Tablet),T2 - QL

Jublia (External Solution),T3

K

Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet),T3 - PA,LA,SP

Ketoconazole (2% Cream, 2% Foam, 2% Shampoo, 200mg Tablet),T1

Ketorolac Tromethamine (10mg Tablet),T1 - PA,HRM

Ketorolac Tromethamine (Ophthalmic Solution),T1

Klor-Con 10, Klor-Con 8 (Tablet),T1

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

Korlym (Tablet),T3 - PA,QL,LA,SP

L

Lactulose (Oral Solution),T1

Lamivudine (100mg Tablet),T1

Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet),T1 - QL

Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable),T1

Lantus Injection (SoloStar, Vial),T2

Lastacaft (Ophthalmic Solution),T3

Latanoprost (Ophthalmic Solution),T1

Latuda (Tablet),T3 - QL,SP

Leflunomide (Tablet),T1

Letrozole (Tablet),T1

Leucovorin Calcium (Tablet),T1

Leukeran (Tablet),T2 - SP

Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution),T1

Levocarnitine (1gm/10ml Oral Solution),T1

Levocarnitine (330mg Tablet),T1

Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution, 5mg Tablet),T1

Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution),T1

Levothyroxine Sodium (Tablet),T1

Lidocaine (5% Patch),T1 - PA,QL

Lidocaine HCl (4% External Solution, 2% Viscous Solution),T1

Lidocaine/Prilocaine (Cream),T1

Lindane (Shampoo),T1

Linzess (Capsule),T2 - QL

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| | |
|---|---|
| Liothyronine Sodium (Tablet),T1 | 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection),T1 |
| Lisinopril (Tablet),T1 - QL | |
| Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL | Meloxicam (Tablet),T1 |
| Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T1 | Memantine HCl (Tablet),T1 - PA,QL |
| Loperamide HCl (Capsule),T1 | Mercaptopurine (Tablet),T1 |
| Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate),T1 - QL | Meropenem (Injection),T1 |
| Losartan Potassium (Tablet),T1 - QL | Metformin HCl (Tablet Immediate-Release),T1 - QL |
| Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL | Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Fortamet), (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL |
| Lotemax (0.5% Ointment, 0.5% Suspension),T3 | |
| Lovastatin (Tablet),T1 - QL | Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME |
| Lumigan (Ophthalmic Solution),T2 | |
| Lupron Depot (1-Month) (3.75mg Injection),T3 - PA,SP | Methazolamide (Tablet),T1 |
| Lupron Depot (1-Month) (7.5mg Injection),T2 - PA,SP | Methimazole (Tablet),T1 |
| Lupron Depot (3-Month) (11.25mg Injection),T3 - PA,SP | Methotrexate (Tablet),T1 |
| Lupron Depot (3-Month) (22.5mg Injection),T2 - PA,SP | Methscopolamine Bromide (Tablet),T1 |
| Lupron Depot (4-Month) (Injection),T2 - PA,SP | Methyldopa (Tablet),T1 - PA,HRM |
| Lupron Depot (6-Month) (Injection),T2 - PA,SP | Methylphenidate HCl (Tablet Chewable, Tablet Immediate-Release),T1 - QL |
| Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule),T2 - QL | Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1 |
| Lyrica (20mg/ml Oral Solution),T3 - QL | Metoprolol Succinate ER (Tablet Extended-Release 24 Hour),T1 |
| Lysodren (Tablet),T2 - SP | Metoprolol Tartrate (Tablet Immediate-Release),T1 |
| M | Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 375mg Capsule Immediate-Release),T1 |
| Mavyret (Tablet),T2 - PA,QL,SP | Migergot (Suppository),T3 - SP |
| Meclizine HCl (Tablet),T1 - PA,HRM | Minocycline HCl (Capsule, Tablet Immediate- |
| Medroxyprogesterone Acetate (10mg Tablet, | |

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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Release),T1

Minoxidil (Tablet),T1

Mirtazapine, Mirtazapine ODT (Tablet),T1

Misoprostol (Tablet),T1

Modafinil (Tablet),T1 - PA,QL

Mometasone Furoate (Suspension),T1

Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable),T1 - QL

Morphine Sulfate ER (Capsule Extended-Release 24 Hour) (Generic Kadian), (Tablet Extended-Release) (Generic MS Contin), (Capsule Extended-Release 24 Hour) (Generic Avinza),T1 - 7D,DL,QL,MME

Multaq (Tablet),T3

Myrbetriq (Tablet Extended-Release 24 Hour),T2

N

Nadolol (Tablet),T1

Naftin (1% Gel, 2% Gel),T3

Naloxone (Injection),T1

Naltrexone HCl (Tablet),T1

Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour),T2 - PA,QL

Naproxen (125mg/5ml Suspension, Tablet Immediate-Release),T1

Narcan (Nasal Spray),T2

Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension),T1

Nevanac (Suspension),T3

Niacin ER (Tablet Extended-Release),T1

Niacor (Tablet),T1

Nicotrol (Inhaler),T3

Nitrofurantoin Macrocrystals (Capsule) (Generic Macrochantin),T1 - HRM

Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid),T1 - HRM

Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution),T1

Norethindrone Acetate (5mg Tablet),T1

Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution),T1 - PA,HRM

Norvir (100mg Capsule, 80mg/ml Oral Solution),T2 - QL

Nuedexta (Capsule),T3 - PA

Nutropin AQ (Injection),T2 - PA,SP

Nystatin (Cream, Ointment, Powder, Suspension, Tablet),T1

O

Olanzapine (10mg Injection),T1

Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet),T1 - QL

Olmesartan Medoxomil (Tablet),T1 - QL

Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet),T1 - QL

Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T1 - QL

Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza),T1

Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T1 - QL

Omeprazole (20mg Capsule Delayed-Release),T1

Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution),T1 - B/D,PA

Ondansetron ODT (Tablet Dispersible),T1 - B/D,PA

Opsumit (Tablet),T2 - PA,LA,SP

Orenitram (0.125mg Tablet Extended-

Bold type = Brand name drug

Plain type = Generic drug

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

Release),T3 - PA,LA

Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release),T3 - PA,LA,SP

Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension),T1 - QL

Osphena (Tablet),T3 - PA,QL

Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet, 300mg/5ml Suspension),T1

OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent),T2 - 7D,DL,QL,MME

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

Oxycodone HCl (100mg/5ml Concentrate, Tablet Immediate-Release, Capsule, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME

Oxycodone/Acetaminophen (Tablet),T1 - 7D,DL,QL,MME

P

Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release),T1 - QL

Pazeo (Ophthalmic Solution),T2

Pegasys (Injection),T2 - PA,SP

Penicillin V Potassium (Oral Solution, Tablet),T1

Perforomist (Nebulized Solution),T3 - B/D,PA,QL

Permethrin (Cream),T1

Phenytoin Sodium Extended (Capsule),T1

Phoslyra (Oral Solution),T3

Picato (Gel),T3

Pilocarpine HCl (5mg Tablet, 7.5mg Tablet),T1

Pilocarpine HCl (Ophthalmic Solution),T1

Pioglitazone HCl (Tablet),T1 - QL

Polyethylene Glycol 3350 Powder (Generic MiraLAX),T1

Pomalyst (Capsule),T3 - PA,QL,SP

Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release),T1

Potassium Citrate ER (Tablet Extended-Release),T1

Pradaxa (Capsule),T3 - QL

Pramipexole Dihydrochloride (Tablet Immediate-Release),T1

Pravastatin Sodium (Tablet),T1 - QL

Prazosin HCl (Capsule),T1

Prednisolone Acetate (Suspension),T1

Prednisone (Therapy Pack, Tablet, Oral Solution),T1

Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet),T2 - PA,QL,HRM

Premarin (Vaginal Cream),T2

Premphase (Tablet),T2 - PA,QL,HRM

Prempro (Tablet),T2 - PA,QL,HRM

Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet),T2 - QL,SP

Prezista (150mg Tablet, 75mg Tablet),T2 - QL

ProAir RespiClick (Aerosol Powder),T2

Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T2 - PA

Procrit (20000unit/ml Injection, 40000unit/ml Injection),T2 - PA,SP

Proctosol HC (Cream),T1

Progesterone (Capsule),T1

Prolensa (Ophthalmic Solution),T3

Prolia (Injection),T2 - QL

Promethazine HCl (Suppository, 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.

PA,HRM
 Promethazine HCl Plain (Syrup),T1 - PA,HRM
 Propranolol HCl (Oral Solution, Tablet Immediate-Release, Capsule Extended-Release 24 Hour),T1

Propylthiouracil (Tablet),T1

Pulmicort Flexhaler (Aerosol Powder),T2 - QL

Pyridostigmine Bromide (Tablet Immediate-Release),T1

Q

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

Quinapril HCl (Tablet),T1 - QL

Quinapril/Hydrochlorothiazide (Tablet),T1 - QL

R

Raloxifene HCl (Tablet),T1

Ramipril (Capsule),T1 - QL

Ranexa (Tablet Extended-Release 12 Hour),T2

Ranitidine HCl (150mg Capsule, 300mg Capsule, 150mg Tablet, 300mg Tablet, 75mg/5ml Syrup),T1

Rapaflo (Capsule),T2 - QL

Rasagiline Mesylate (Tablet),T1

Rasuvo (Injection),T2 - PA

Renagel (400mg Tablet),T3

Renagel (800mg Tablet),T3 - SP

Restasis (Emulsion),T2 - QL

Revlimid (Capsule),T3 - PA,QL,LA,SP

Reyataz (50mg Packet),T2 - QL,SP

Rifabutin (Capsule),T1

Rifampin (150mg Capsule, 300mg Capsule, 600mg Injection),T1

Riluzole (Tablet),T1

Rimantadine HCl (Tablet),T1

Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet, 1mg/ml Oral Solution),T1

Rivastigmine Tartrate (Capsule),T1 - QL

Rizatriptan, Rizatriptan ODT (Tablet),T1 - QL

Ropinirole HCl (Tablet Immediate-Release),T1

Rosuvastatin Calcium (Tablet),T1 - QL

Rozerem (Tablet),T3 - QL

S

Santyl (Ointment),T3

Saphris (Tablet Sublingual),T2 - QL,SP

Savella (Tablet),T3

Scopolamine (Patch 72 Hour),T1 - PA,HRM

Selegiline HCl (5mg Capsule, 5mg Tablet),T1

Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T2 - QL,SP

Sensipar (Tablet),T3 - B/D,PA,QL,SP

Serevent Diskus (Aerosol Powder),T2 - QL

Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate),T1

Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet),T1

Shingrix (Injection),T2 - PA

Sildenafil (20mg Tablet) (Generic Revatio),T1 - PA,QL

Silver Sulfadiazine (Cream),T1

Simbrinza (Suspension),T2

Simvastatin (Tablet),T1 - QL

Sodium Polystyrene Sulfonate (Powder),T1

Sotalol HCl, Sotalol HCl AF (Tablet),T1

Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL

Bold type = Brand name drug

Plain type = Generic drug

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

Spironolactone (Tablet),T1

Sprycel (Tablet),T2 - PA,SP

Stiolto Respiat (Aerosol Solution),T2 - QL

Suboxone (Film),T2 - QL

Sucralfate (Tablet),T1

Sulfamethoxazole/Trimethoprim DS (Tablet),T1

Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T1

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

Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T3

Suprax (400mg Capsule, 500mg/5ml Suspension),T3

Symbicort (Aerosol),T2 - QL

SymlinPen (Injection),T3 - PA,SP

Synjardy (Tablet),T2 - QL

T

Tamoxifen Citrate (Tablet),T1

Tamsulosin HCl (Capsule),T1

Targretin (1% Gel),T3 - PA,SP

Tasigna (Capsule),T3 - PA,QL,SP

Tecfidera (Capsule Delayed-Release),T2 - QL,LA,SP

Telmisartan (Tablet),T1 - QL

Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL

Temazepam (Capsule),T1 - QL,HRM

Tenofovir Disoproxil Fumarate (Tablet),T1 - QL

Terazosin HCl (Capsule),T1

Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel),T1

Testosterone Cypionate (Injection),T1

Testosterone Pump (1% Gel),T1

Theophylline (Oral Solution),T1

Theophylline CR, Theophylline ER (Tablet),T1

Timolol Maleate Ophthalmic Gel Forming (Solution),T1

Timoptic Ocudose (Ophthalmic Solution),T2

Tivicay (25mg Tablet, 50mg Tablet),T2 - QL,SP

Tizanidine HCl (Capsule, Tablet),T1

Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection),T1

Tobramycin/Dexamethasone (Ophthalmic Suspension),T1

Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release),T1

Toujeo SoloStar (Injection),T2

Tradjenta (Tablet),T2 - QL

Tramadol HCl (Tablet Immediate-Release),T1 - 7D,DL,QL,MME

Tranexamic Acid (Tablet),T1

Travatan Z (Ophthalmic Solution),T2

Trazodone HCl (Tablet),T1

Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream),T1 - PA

Tretinoin (10mg Capsule),T1

Triamcinolone Acetonide (55mcg/act Aerosol),T1

Triamcinolone Acetonide (Cream, Lotion, Ointment, Aerosol Solution),T1

Triamterene/Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet),T1

Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet),T1 - PA,HRM

Trintellix (Tablet),T3 - 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.

Trulicity (Injection),T2 - QL

Truvada (Tablet),T2 - QL,SP

Tymlos (Injection),T2 - PA,QL,SP

U

Uloric (Tablet),T2 - ST

Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule),T1

V

Valacyclovir HCl (Tablet),T1 - QL

Valganciclovir (Tablet),T1 - QL

Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T1

Valsartan (Tablet),T1 - QL

Valsartan/Hydrochlorothiazide (Tablet),T1 - QL

Vascepa (Capsule),T2

Velphoro (Tablet Chewable),T3 - SP

Verapamil HCl (Tablet Immediate-Release, Tablet Extended-Release, Capsule Extended-Release),T1

Versacloz (Suspension),T3 - SP

Vesicare (Tablet),T2 - QL

Victoza (Injection),T2 - QL

Viibryd (Tablet),T3 - QL

Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution),T3 - QL

Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder),T2 - QL,SP

Vosevi (Tablet),T2 - PA,QL,SP

Vyvanse (Capsule, Tablet Chewable),T2

W

Warfarin Sodium (Tablet),T1

X

Xarelto (Tablet),T2 - QL

Xiidra (Ophthalmic Solution),T2 - QL

Xolair (Injection),T2 - PA,LA,SP

Xtandi (Capsule),T3 - PA,LA,SP

Z

Zafirlukast (Tablet),T1

Zaleplon (Capsule),T1 - PA,QL,HRM

Zenpep (Capsule Delayed-Release),T2

Zirgan (Gel),T3

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

Zolpidem Tartrate (Tablet Sublingual),T1 - PA,HRM

Zonisamide (Capsule),T1

Bold type = Brand name drug

Plain type = Generic drug

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Additional Drug Coverage

Additional prescription drug coverage

Your plan includes extra coverage for certain drugs and supplies as shown below.

This is not a complete list of prescription drugs and supplies covered by our plan. For a complete list, please call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

Lower-cost Medicare prescription drugs and supplies

Your plan covers some of your Medicare prescription drugs and supplies at a lower drug tier or copay than in your drug list (formulary). If you have questions, see your Evidence of Coverage or call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

The amount you pay for these prescription drugs and supplies **does apply to your Medicare prescription drug out-of-pocket costs**. Payments for these prescription drugs (made by you or the plan) are treated the same as payments made for drugs in your plan's drug list (formulary).¹

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

\$0 Copay: Certain cholesterol-lowering medications

Atorvastatin 10mg & 20mg Tablet
Lovastatin 10mg, 20mg & 40mg Tablet
Simvastatin 5mg, 10mg, 20mg & 40mg Tablet

\$0 Copay: Certain colon prep products

GaviLyte-C
GaviLyte-G
PEG-3350/Electrolytes
PEG-3350/NaCl/Na Bicarbonate/KCl
TriLyte

\$0 Copay: Certain diabetic supplies for the administration of insulin

Insulin Syringes & Pen Needles

\$0 Copay: Shingles vaccine

Shingrix
Zostavax

\$0 Copay: Tobacco cessation medications

Buproban 150mg
Chantix
Nicotrol Inhaler
Nicotrol Nasal Spray

Lower-cost non-Medicare over-the-counter drugs

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

The amount you pay for these additional drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments made for these drugs (made by you or the plan) are treated differently from payments made for the drugs in your plan's drug list (formulary).

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

\$0 Copay: Certain colon preparation products

Bisacodyl Tablets

Magnesium Citrate Solution

Polyethylene Glycol Powder

\$0 Copay: Tobacco cessation medications

Nicotine Gum

Nicotine Lozenges

Nicotine Patches

¹Information about the appeals and grievance process for these prescription drugs and 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 us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday and 7 a.m. – 3 p.m. CT, Saturday.

Bonus Drug List (The Wrap)

The prescription drugs on this list are covered in addition to the drugs on the plan's drug list (formulary).

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

Although you pay the same copay for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently than payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

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 us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

| | |
|------------------------|---|
| 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. |
| DL Dispensing limit | Dispensing limits apply to this drug. This drug is limited to a one month supply per prescription. |

| Drug | Tier | Coverage Rules or Limits on use |
|--|------|---------------------------------|
| Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions | | |
| Inflammation | | |
| Choline & Magnesium Salicylates Liquid | 1 | |
| Urinary Tract Pain | | |
| Phenazopyridine 200mg | 1 | |
| Anticoagulants - drugs to prevent clotting | | |
| Heparin Lock Flush | 1 | |

Bold type = Brand name drug Plain type = Generic drug

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| Drug | Tier | Coverage Rules or Limits on use |
|---|------|---------------------------------------|
| Dermatological agents - drugs to treat skin conditions | | |
| Dry, Itchy Scalp | | |
| Sulfacetamide Sodium Liquid 10% Wash | 1 | |
| Sulfacetamide Sodium w/Sulfur Foam 10-5% | 1 | |
| Dry Skin | | |
| Urea 40% Cream | 1 | |
| Fungal Infections | | |
| Iodoquinol-Hydrocortisone Cream 1% | 1 | |
| Fertility agents - drugs to ovulation disorders | | |
| Clomiphene Citrate | 1 | |
| Cetrotide Kit | 2 | |
| Gonal-F | 2 | |
| Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions | | |
| Hemorrhoids | | |
| Analpram HC Cream 2.5-1% | 3 | |
| Irritable Bowel | | |
| Clidinium & Chlordiazepoxide | 1 | |
| Hyoscyamine Sulfate | 1 | |
| Genitourinary agents - drugs to treat bladder, genital and kidney conditions | | |
| Erectile Dysfunction | | |
| Cialis | 2 | QL (maximum of 8 tablets per 30 days) |
| Sildenafil | 1 | QL (maximum of 8 tablets per 30 days) |
| Kidney & Urinary Conditions | | |
| Potassium & Sodium Citrate with Citric Acid Solution | 1 | |

Bold type = Brand name drug Plain type = Generic drug

| Drug | Tier | Coverage Rules or Limits on use |
|---|------|----------------------------------|
| Sexual Desire Disorder | | |
| Addyi | 3 | QL (maximum of 1 tablet per day) |
| Urinary Tract Infection | | |
| Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate | 1 | |
| Uryl | 3 | |
| Hormonal agents - hormone replacement/modifying drugs | | |
| Thyroid Supplement | | |
| Armour Thyroid | 3 | |
| Nutritional supplements - drugs to treat vitamin & mineral deficiencies | | |
| Cyanocobalamin Injection (Vitamin B12) | 1 | |
| Folic Acid 1mg (Rx only) | 1 | |
| Galzin | 3 | |
| Phytonadione | 1 | |
| Vitamin D (Rx only) | 1 | |
| Potassium Supplement | | |
| K-Phos | 3 | |
| Potassium Bicarbonate & Chloride Effervescent Tablet | 1 | |
| Otic agents - drugs to treat ear conditions | | |
| Ear Infection | | |
| Cortane-B Lotion | 3 | |
| Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions | | |
| Cough and Cold | | |
| Benzonatate | 1 | |
| Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup | 1 | |

Bold type = Brand name drug Plain type = Generic drug

| Drug | Tier | Coverage Rules or Limits on use |
|--|------|---------------------------------|
| Guaifenesin/Codeine Syrup | 1 | DL |
| Hydrocodone Polst/Chlorphen CR Susp (generic for Tussionex) | 1 | DL |
| Hydrocodone/Homatropine | 1 | DL |
| Promethazine/Codeine Syrup | 1 | DL |
| Promethazine/Dextromethorphan Syrup | 1 | |

Bold type = Brand name drug Plain type = Generic drug

Maintenance Drug List

The following drugs and supplies may be dispensed in quantities up to but not more than a 90-day supply for members covered under the HealthSelect Medicare Rx plan. Prior authorization may be required for certain drugs. See your Evidence of Coverage for information about copays.

| Drug Name | Drug Name |
|---|---|
| Abacavir Solution & Tablet | Alogliptin Tablet |
| Abacavir/Lamivudine Tablet | Alogliptin/Metformin Tablet |
| Abacavir/Lamivudine/Zidovudine Tablet | Alogliptin/Pioglitazone Tablet |
| Abilify Maintena | Alora Patch |
| Acamprosate DR Tablet | Alosetron Tablet |
| Acarbose Tablet | Alphagan P Ophthalmic Solution |
| Acebutolol Capsule | Amantadine Capsule, Syrup & Tablet |
| Acetazolamide ER Capsule & Tablet | Amiloride Tablet |
| Aciphex Sprinkle | Amiloride/Hydrochlorothiazide Tablet |
| Actemra Injection | Amiodarone Tablet |
| Actimmune Injection | Amitiza Capsule |
| Actoplus Met XR Tablet | Amitriptyline Tablet |
| Adefovir Dipivoxil Tablet | Amlodipine Tablet |
| Adempas Tablet | Amlodipine/Atorvastatin Tablet |
| Advair HFA | Amlodipine/Benazepril Capsule |
| Adzenys XR-ODT Tablet | Amlodipine/Olmesartan Tablet |
| Aerospan Aerosol | Amlodipine/Valsartan Tablet |
| Afrezza | Amlodipine/Valsartan/Hydrochlorothiazide Tablet |
| Albuterol Inhalation, Syrup & (ER) Tablet | Amphetamine/Dextroamphetamine ER Capsule & Tablet |
| Alcohol Pads | Anagrelide Capsule |
| Aldactazide Tablet | Anastrozole Tablet |
| Alendronate Solution & Tablet | Androderm Patch |
| Alfuzosin ER Tablet | Androxy Tablet |
| Allopurinol Tablet | |

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| Drug Name |
|--------------------------------------|
| Angeliq Tablet |
| Anoro Ellipta |
| Antara Capsule |
| Aplenzin Tablet |
| Apri Tablet |
| Apriso Capsule |
| Aptiom Tablet |
| Aptivus Capsule & Solution |
| Arcalyst Injection |
| Arcapta Neohaler |
| Aripiprazole Solution & (ODT) Tablet |
| Aristada Injection |
| Armodafinil Tablet |
| Armonair Respiclick |
| Arnuity Ellipta |
| Aspirin/Dipyridamole Capsule |
| Astagraf XL Capsule |
| Atazanavir Capsule |
| Atenolol Tablet |
| Atenolol/Chlorthalidone Tablet |
| Atomoxetine Capsule |
| Atorvastatin Tablet |
| Atripla Tablet |
| Atropine Sulfate Ophthalmic Solution |
| Atrovent HFA |
| Aubagio Tablet |
| Auryxia Tablet |
| Austedo Tablet |

| Drug Name |
|--|
| Avandia Tablet |
| Avonex |
| Azasan Tablet |
| Azathioprine Tablet |
| Azopt Ophthalmic Suspension |
| Baclofen Tablet |
| Banzel Suspension & Tablet |
| Baraclude Solution |
| Benazepril Tablet |
| Benazepril/Hydrochlorothiazide Tablet |
| Benlysta Injection |
| Benzotropine Tablet |
| Betaseron |
| Betaxolol Ophthalmic Solution & Tablet |
| Betimol Ophthalmic Solution |
| Betoptic-S Ophthalmic Suspension |
| Bevespi Aerosphere |
| Bevyxxa Capsule |
| Bidil Tablet |
| Biktarvy Tablet |
| Bimatoprost Ophthalmic Solution |
| Binosto Tablet |
| Bisoprolol Fumarate Tablet |
| Bisoprolol/Hydrochlorothiazide Tablet |
| Breo Ellipta |
| Brilinta Tablet |
| Brimonidine Ophthalmic Solution |
| Briviact Oral Solution & Tablet |

| Drug Name |
|--|
| Bromocriptine Capsule & Tablet |
| Brovana Inhalation |
| Budesonide Inhalation |
| Bumetanide Tablet |
| Bupropion (ER, SR & XL) Tablet |
| Bydureon Injection |
| Bystolic Tablet |
| Byvalson Tablet |
| Calcitonin Spray |
| Calcitriol Capsule & Solution |
| Calcium Acetate Capsule & Tablet |
| Candesartan Tablet |
| Candesartan/Hydrochlorothiazide Tablet |
| Captopril Tablet |
| Captopril/Hydrochlorothiazide Tablet |
| Carafate Suspension |
| Carbaglu Tablet |
| Carbamazepine ER Capaule, Suspension & (ER) Tablet |
| Carbidopa Tablet |
| Carbidopa/Levodopa (ER & ODT) Tablet |
| Carbidopa/Levodopa/Entacapone Tablet |
| Cardizem LA Tablet |
| Cardura XL Tablet |
| Carteolol Ophthalmic Solution |
| Cartia XL Capsule |
| Carvedilol ER Capsule & Tablet |
| Celecoxib Capsule |

| Drug Name |
|---------------------------------------|
| Celontin Capsule |
| Cerdelga Capsule |
| Cevimeline Capsule |
| Chlordiazepoxide/Amitriptyline Tablet |
| Chloroquine Tablet |
| Chlorothiazide Tablet |
| Chlorpromazine Tablet |
| Chlorpropamide Tablet |
| Chlorthalidone Tablet |
| Cholbam Capsule |
| Cholestyramine (Light) Powder |
| Cilostazol Tablet |
| Cimduo Tablet |
| Cimetidine Solution & Tablet |
| Cimzia |
| Cinqair Injection |
| Citalopram Solution & Tablet |
| Climara Pro Patch |
| Clomipramine Tablet |
| Clonazepam (ODT) Tablet |
| Clonidine Patch & (ER) Tablet |
| Clopidrogel Tablet |
| Colesevelam Tablet |
| Colestipol Granules & Tablet |
| Combigan Ophthalmic Solution |
| Combipatch |
| Combivent Respimat |
| Complera Tablet |

| Drug Name |
|---|
| Corlanor Tablet |
| Cosentyx Injection |
| Cosopt PF Ophthalmic Solution |
| Cotempla Tablet |
| Creon Capsule |
| Crixivan Capsule |
| Cromolyn Inhalation & Oral Concentrate |
| Cuvposa Solution |
| Cyclopentolate Ophthalmic Solution |
| Cycloset Tablet |
| Cyclosporine Capsule & Solution |
| Cystadane Powder for Oral Solution |
| Cystagon Capsule |
| Cystaran Ophthalmic Solution |
| Daliresp Tablet |
| Dapsone Tablet |
| Darifenacin ER Tablet |
| Descovy Tablet |
| Desipramine Tablet |
| Desmopressin Nasal Spray & Tablet |
| Desogestrel/Ethinyl Estradiol Tablet |
| Desvenlafaxine ER Tablet |
| Dexilant DR Capsule |
| Dexmethylphenidate ER Capsule & Tablet |
| Dextroamphetamine ER Capsule, Solution & Tablet |
| Diclofenac (DR & ER) Tablet |
| Diclofenac/Misoprostol Tablet |

| Drug Name |
|--|
| Didanosine Capsule |
| Diflunisal Tablet |
| Digoxin Oral Solution & Tablet |
| Dilantin Capsule |
| Dilatrate SR Capsule |
| Diltiazem CD & ER Capsule and (ER) Tablet |
| Dilt-XR Capsule |
| Dipentum Capsule |
| Dipyridamole Tablet |
| Disulfiram Tablet |
| Diuril Suspension |
| Divalproex Capsule, DR & ER Tablet |
| Divigel |
| Dofetilide Capsule |
| Donepezil (ODT) Tablet |
| Dorzolamide Ophthalmic Solution |
| Dorzolamide/Timolol Ophthalmic Solution |
| Doxazosin Tablet |
| Doxepin Capsule & Concentrate |
| Doxercalciferol Capsule |
| Drospirenone/Ethinyl Estradiol Tablet |
| Drospirenone/Ethinyl Estradiol/Levomefolate Tablet |
| Droxia Capsule |
| Duavee Tablet |
| Duloxetine Capsule |
| Duopa Suspension |
| Dutasteride Capsule |

| Drug Name |
|--------------------------------------|
| Dutasteride/Tamsulosin Capsule |
| Dutoprol Tablet |
| Duzallo Tablet |
| Dyanavel XR Suspension |
| Dyrenium Capsule |
| Edarbi Tablet |
| Edarbyclor Tablet |
| Edurant Tablet |
| Efavirenz Capsule & Tablet |
| Egrifta Solution |
| Elestrin Gel |
| Eliquis Tablet |
| Elixophyllin Elixir |
| Emsam Patch |
| Emtriva Capsule & Solution |
| Enalapril Tablet |
| Enalapril/Hydrochlorothiazide Tablet |
| Enbrel |
| Enbrel Injection |
| Entacapone Tablet |
| Entecavir Tablet |
| Entresto Tablet |
| Envarsus XR Tablet |
| Epitol Tablet |
| Epivir HBV Solution |
| Eplerenone Tablet |
| Eprosartan Tablet |
| Equetro Capsule |

| Drug Name |
|---|
| Ergoloid Mesylates Tablet |
| Esbriet Capsule & Tablet |
| Escitalopram Solution & Tablet |
| Esomeprazole DR Capsule |
| Esomeprazole Strontium DR Capsule |
| Estradiol Patch, Tablet & Vaginal Cream |
| Estradiol/Norethindrone Tablet |
| Estring |
| Estropipate |
| Ethacrynic Acid Tablet |
| Ethosuximide Capsule & Solution |
| Ethinodiol Diacetate/Ethinyl Estradiol Tablet |
| Etodolac Capsule & (ER) Tablet |
| Evamist Spray |
| Evekeo Tablet |
| Evotaz Tablet |
| Exemestane Tablet |
| Exjade Tablet |
| Ezetimibe Tablet |
| Ezetimibe/Simvastatin Tablet |
| Famotidine Suspension & Tablet |
| Fareston Tablet |
| Felbamate Suspension & Tablet |
| Felodipine ER Tablet |
| Femring |
| Fenofibrate Capsule & Tablet |
| Fenofibric Acid DR Capsule & Tablet |
| Ferriprox Solution & Tablet |

| Drug Name |
|--|
| Fetzima Capsule |
| Finasteride Tablet |
| Flavoxate Tablet |
| Flecainide Tablet |
| Flolipid Suspension |
| Flovent Diskus & HFA |
| Fludrocortisone Tablet |
| Fluoxetine (DR) Capsule, Solution & Tablet |
| Fluphenazine Concentrate, Elixir & Tablet |
| Flurbiprofen Tablet |
| Fluticasone/Salmeterol Inhaler |
| Fluvastatin Capsule & ER Tablet |
| Fluvoxamine ER Capsule & Tablet |
| Forfivo XL Tablet |
| Forteo Injection |
| Fosamax + D Tablet |
| Fosamprenavi Tablet |
| Fosinopril Tablet |
| Fosinopril/Hydrochlorothiazide Tablet |
| Fosrenol Oral Powder |
| Fulyzaq Tablet |
| Furosemide Solution & Tablet |
| Fuzeon Injection |
| Fycompa Suspension & Tablet |
| Gabapentin Capsule, Solution & Tablet |
| Galantamine ER Capsule, Solution & Tablet |
| Gattex Powder for Injection |
| Gauze Pads |

| Drug Name |
|--------------------------------------|
| Gelnique Gel |
| Gemfibrozil Tablet |
| Gengraf Capsule & Solution |
| Genotropin Injection |
| Genvoya Tablet |
| Gilenya Capsule |
| Glatiramer Injection |
| Glatopa Injection |
| Glimepiride Tablet |
| Glipizide (ER & XL) Tablet |
| Glipizide/Metformin Tablet |
| Glyburide Tablet |
| Glyburide/Metformin Tablet |
| Glyxambi Tablet |
| Gonitro Sublingual Powder |
| Gralise Tablet |
| Guanfacine Tablet |
| Haloperidol Concentrate & Tablet |
| Hemangeol Oral Solution |
| Hetlioz Capsule |
| Horizant Tablet |
| Humalog |
| Humira Injection |
| Humulin |
| Hydralazine Tablet |
| Hydrochlorothiazide Capsule & Tablet |
| Hydroxychloroquine Sulfate Tablet |
| Ibandronate Tablet |

| Drug Name |
|---|
| Ibuprofen Tablet |
| Imipramine HCl Tablet |
| Imipramine Pamoate Capsule |
| Increlex Injection |
| Incruse Ellipta |
| Indapamide Tablet |
| Inderal XL Capsule |
| Indocin Suppository & Suspension |
| Indomethacin (ER) Capsule |
| Ingrezza Capsule |
| Innopran XL Capsule |
| Insulin Syringes |
| Intelence Tablet |
| Intron A Injection |
| Invega Trinza Injection |
| Invirase Capsule & Tablet |
| Invokamet (XR) Tablet |
| Invokana Tablet |
| Ipratropium Bromide Inhalation & Nasal Solution |
| Ipratropium Bromide/Albuterol Inhalation |
| Irbesartan Tablet |
| Irbesartan/Hydrochlorothiazide Tablet |
| Isentress Suspension & (HD) Tablet |
| Isoniazid Syrup & Tablet |
| Isordil Tablet |
| Isosorbide (ER) Tablet |
| Isradipine Capsule |

| Drug Name |
|------------------------------------|
| Jadenu Sprinkles & Tablet |
| Janumet (XR) Tablet |
| Januvia Tablet |
| Jardiance Tablet |
| Jentadueto (XR) Tablet |
| Juluca Tablet |
| Juxtapid Capsule |
| Kaletra Tablet |
| Kalydeco Granules & Tablet |
| Ketoprofen (ER) Capsule |
| Kevzara Injection |
| Khedeza ER Tablet |
| Kineret Injection |
| Klor-Con Capsule & ER Tablet |
| Korlym Tablet |
| Kristalose Packet |
| Kuvan Powder for Solution & Tablet |
| Kynamra Injection |
| Labetalol Tablet |
| Lactulose Solution |
| Lamivudine Solution & Tablet |
| Lamivudine/Zidovudine Tablet |
| Lamotrigine (ER & ODT) Tablet |
| Lanoxin Tablet |
| Lansoprazole DR Capsule |
| Lanthanum Tablet |
| Lantus |
| Latanoprost Ophthalmic Solution |

| Drug Name |
|---|
| Latuda Tablet |
| Leflunomide Tablet |
| Letrozole Tablet |
| Levalbuterol Inhalation |
| Levetiracetam Solution & (ER) Tablet |
| Levobunolol Ophthalmic Solution |
| Levocarnitine Solution & Tablet |
| Levonorgestrel/Ethinyl Estradiol Tablet |
| Levothyroxine Tablet |
| Levoxyl Tablet |
| Lexiva Tablet |
| Linzess Capsule |
| Liothyronine Tablet |
| Lipofen Capsule |
| Lisinopril Tablet |
| Lisinopril/Hydrochlorothiazide Tablet |
| Lithium Carbonate Capsule, Solution & (ER) Tablet |
| Livalo Tablet |
| Lo Loestrin Tablet |
| Lopinavir/Ritonavir Solution |
| Losartan Tablet |
| Losartan/Hydrochlorothiazide Tablet |
| Lovastatin Tablet |
| Loxapine Capsule |
| Lumigan Ophthalmic Solution |
| Lyrica Capsule & Solution |
| Maprotiline Tablet |

| Drug Name |
|---|
| Marplan Tablet |
| Matzim LA Tablet |
| Meclofenamate Capsule |
| Medroxyprogesterone Acetate Tablet |
| Mefenamic Acid Capsule |
| Mefloquine Tablet |
| Megestrol Suspension |
| Meloxicam Tablet |
| Memantine ER Capsule, Solution & Tablet |
| Menest Tablet |
| Menostar Patch |
| Metadate ER Tablet |
| Metaproterenol Syrup & Tablet |
| Metformin (ER) Tablet |
| Methamphetamine Tablet |
| Methazolamide Tablet |
| Methimazole Tablet |
| Methitest Tablet |
| Methyclothiazide Tablet |
| Methyldopa Tablet |
| Methyldopa/Hydrochlorothiazide Tablet |
| Methylphenidate CD & ER Capsule, Solution and (ER) Tablet |
| Methyltestosterone Capsule |
| Metipranolol Ophthalmic Solution |
| Metolazone Tablet |
| Metoprolol (ER) Tablet |
| Metoprolol/Hydrochlorothiazide Tablet |

| Drug Name |
|--|
| Mexiletine Capsule |
| Miglitol Tablet |
| Miglustat Capsule |
| Minitran Patch |
| Minivelle Patch |
| Minoxidil Tablet |
| Mirtazapine (ODT) Tablet |
| Misoprostol Tablet |
| Modafinil Tablet |
| Moexipril Tablet |
| Moexipril/Hydrochlorothiazide Tablet |
| Molindone Tablet |
| Montelukast Granules & Tablet |
| Multaq Tablet |
| Myalept Injection |
| Mycophenolate Capsule, Suspension & Tablet |
| Mycophenolic Acid DR Tablet |
| Mydayis Capsule |
| Myrbetriq Tablet |
| Mytesi Tablet |
| Nabumetone Tablet |
| Nadolol Tablet |
| Nadolol/Bendroflumethiazide Tablet |
| Namzaric Capsule |
| Naproxen Suspension and (CR, DR & ER) Tablet |
| Natazia Tablet |
| Nateglinide Tablet |

| Drug Name |
|---|
| Natesto Gel |
| Natpara Injection |
| Nefazodone Tablet |
| Neupro Patch |
| Nevirapine (ER) Tablet |
| Niacin ER Tablet |
| Nicardipine Capsule |
| Nifedipine Capsule & ER Tablet |
| Nimodipine Capsule |
| Nisoldipine ER Tablet |
| Nitro-Bid Ointment |
| Nitro-Dur Patch |
| Nitroglycerin Aerosol, ER Capsule, Patch, Spray & Sublingual Tablet |
| Nizatidine Capsule & Solution |
| Norditropin Injection |
| Norethindrone Tablet |
| Norethindrone/Ethinyl Estradiol (Fe) Tablet |
| Norethindrone/Mestranol Tablet |
| Norgestimate/Ethinyl Estradiol Tablet |
| Norgestrel/Ethinyl Estradiol Tablet |
| Norpace CR Capsule |
| Norvir Capsule, Oral Solution & Powder for Suspension |
| Noxafil Injection, Suspension & Tablet |
| Nucala Injection |
| Nuedexta Capsule |
| Nuplazid Tablet |

| Drug Name |
|--|
| Nutropin AQ Injection |
| Nuvaring |
| Nymalize Solution |
| Ocaliva Tablet |
| Octreotide Injection |
| Odefsey Tablet |
| Ofev Capsule |
| Olanzapine (ODT) Tablet |
| Olanzapine/Fluoxetine Capsule |
| Olmesartan Tablet |
| Olmesartan/Amlodipine/Hydrochlorothiazide Tablet |
| Omega-3-Acid Ethyl Esters Capsule |
| Omeprazole Capsule |
| Onfi Suspension & Tablet |
| Opsumit Tablet |
| Oralair IR Sublingual Tablet |
| Orencia Injection |
| Orenitram Tablet |
| Orfadin Capsule & Suspension |
| Orkambi Tablet |
| Otezla Tablet |
| Otrexup Injection |
| Oxaprozin Tablet |
| Oxcarbazepine Tablet & Suspension |
| Oxtellar XR Tablet |
| Oxybutynin Syrup and (ER) Tablet |
| Oxytrol Patch |

| Drug Name |
|--|
| Pacerone Tablet |
| Paliperidone ER Tablet |
| Pantoprazole (DR) Tablet |
| Paricalcitol Capsule |
| Paroxetine Capsule & (ER) Tablet |
| Paxil Susp |
| Peganone Tablet |
| Pen Needles |
| Pentasa Capsule |
| Pentoxifylline ER Tablet |
| Perforomist Inhalation |
| Perindopril Tablet |
| Perphenazine Tablet |
| Perphenazine/Amitriptyline Tablet |
| Pexeva Tablet |
| Phenelzine Tablet |
| Phenobarbital Elixir & Tablet |
| Phenyton EX Capsule, Suspension & Tablet |
| Phoslyra Solution |
| Phospholine Iodide Ophthalmic Solution |
| Pilocarpine Ophthalmic Solution & Tablet |
| Pimozide Tablet |
| Pindolol Tablet |
| Pioglitazone Tablet |
| Pioglitazone/Glimepiride Tablet |
| Pioglitazone/Metformin Tablet |
| Piroxicam Capsule |
| Potassium Chloride ER Capsule, Packets, |

| Drug Name |
|---------------------------------|
| Solution and CR, ER & SR Tablet |
| Potiga Tablet |
| Pradaxa Capsule |
| Praluent Injection |
| Pramiprexole (ER) Tablet |
| Prasugrel Tablet |
| Pravastatin Tablet |
| Prazosin Capsule |
| Prefest Tablet |
| Premarin Tablet & Vaginal Cream |
| Premphase Tablet |
| Prempro Tablet |
| Prestalia Tablet |
| Prevacid Tablet |
| Prevalite |
| Prezcobix Tablet |
| Prezista Suspension & Tablet |
| Prilosec Powder for Suspension |
| Primidone Tablet |
| Proair RespiClick |
| Probenecid Tablet |
| Probenecid/Colchicine Tablet |
| Prochlorperazine Tablet |
| Procysbi Capsule |
| Progesterone Capsule |
| Proglycem Suspension |
| Promacta Tablet |
| Propafenone ER Capsule & Tablet |

| Drug Name |
|---|
| Propranolol ER Capsule, Solution & Tablet |
| Propranolol/Hydrochlorothiazide Tablet |
| Propylthiouracil Tablet |
| Protonix Granules for Suspension |
| Protriptyline Tablet |
| Pulmicort Inhaler |
| Pulmozyme Solution |
| Quetiapine (ER) Tablet |
| Quillivant Suspension |
| Quinapril Tablet |
| Quinapril/Hydrochlorothiazide Tablet |
| Quinidine Gluconate CR & ER Tablet |
| Quinidine Sulfate Tablet |
| Rabeprazole Tablet |
| Radicava Injection |
| Raloxifene Tablet |
| Ramipril Capsule |
| Ranexa Tablet |
| Ranitidine Capsule, Syrup & Tablet |
| Rapaflo Capsule |
| Rapamune Solution |
| Rasagiline Tablet |
| Rasuvo Injection |
| Ravicti Liquid |
| Rayaldee Capsule |
| Renagel Tablet |
| Repaglinide Tablet |
| Repaglinide/Metformin Tablet |

| Drug Name |
|---------------------------------------|
| Repatha Injection |
| Rescriptor Tablet |
| Restasis Ophthalmic Emulsion |
| Revatio Suspension |
| Rexulti Tablet |
| Reyataz Powder for Suspension |
| Ridaura Capsule |
| Riluzole Tablet |
| Riomet Solution |
| Risedronate (DR) Tablet |
| Risperidone Solution and (ODT) Tablet |
| Ritonavir Tablet |
| Rivastigmine Capsule & Patch |
| Ropinirole (ER) Tablet |
| Rosuvastatin Tablet |
| Rozerem Tablet |
| Sabril Tablet |
| Sandimmune Solution |
| Saphris Sublingual Tablet |
| Savaysa Tablet |
| Savella Tablet |
| Seebri Neohaler |
| Selegiline Capsule & Tablet |
| Selzentry Solution & Tablet |
| Sensipar Tablet |
| Serevent Diskus |
| Serostim Injection |
| Sertraline Concentrate & Tablet |

| Drug Name |
|---|
| Sevelamer Powder for Suspension & Tablet |
| Signifor (LAR) Injection |
| Sildenafil Tablet |
| Silenor Tablet |
| Siliq Injection |
| Simbrinza Ophthalmic Suspension |
| Simponi Injection & Aria Solution |
| Simvastatin Tablet |
| Sirolimus Tablet |
| Sodium Fluoride Oral Solution & (Chewable) Tablet |
| Sodium Phenylbutyrate Oral Powder & Tablet |
| Soliqua Injection |
| Soltamox Oral Solution |
| Somavert Injection |
| Sorine Tablet |
| Sotalol (AF) Tablet |
| Sotylike Oral Solution |
| Spinraza Injection |
| Spiriva HandiHaler & Respimat |
| Spironolactone Tablet |
| Spironolactone/Hydrochlorothiazide Tablet |
| Spritam Tablet |
| Stavudine Capsule |
| Stelara Injection |
| Stimate Nasal Solution |
| Stiolto Respimat |
| Strensiq Injection |

| Drug Name |
|--|
| Striant Buccal System |
| Stribild Tablet |
| Striverdi Respimat |
| Sucraid Solution |
| Sucralfate Suspension & Tablet |
| Sulfasalazine (DR) Tablet |
| Sulindac Tablet |
| Sylatron Injection |
| Symbicort Aerosol |
| Symfi (Lo) Tablet |
| SymlinPen |
| Synjardy (XR) Tablet |
| Tacrolimus Capsule |
| Tamoxifen Tablet |
| Tamsulosin Capsule |
| Taytulla Capsule |
| Taztia XT Capsule |
| Tecfidera Capsule |
| Tekturna (HCT) Tablet |
| Telmisartan Tablet |
| Telmisartan/Amlodipine Tablet |
| Telmisartan/Hydrochlorothiazide Tablet |
| Tenofovir Tablet |
| Terazosin Capsule |
| Terbutaline Tablet |
| Testosterone Gel |
| Tetrabenazine Tablet |
| Thalomid Capsule |

| Drug Name |
|---|
| Theo-24 Capsule |
| Theophylline Soluton, CR & ER Tablet |
| Thioridazine Tablet |
| Thiothixene Capsule |
| Thyrolar Tablet |
| Tiagabine Tablet |
| Timolol Ophthalmic Gel & Solution, Tablet |
| Timoptic Ocudose Ophthalmic Solution |
| Tirosint Capsule |
| Tivicay Tablet |
| Tizanidine Capsule & Tablet |
| Tolazamide Tablet |
| Tolbutamide Tablet |
| Tolcapone Tablet |
| Tolmetin Capsule & Tablet |
| Tolterodine ER Capsule & Tablet |
| Topiramate (ER) Capsule & Tablet |
| Torseamide Tablet |
| Toujeo |
| Toviaz Tablet |
| Tracleer Tablet |
| Tradjenta Tablet |
| Trandolapril Tablet |
| Trandolapril/Verapamil ER Tablet |
| Tranlycypromine Tablet |
| Travatan Z Ophthalmic Solution |
| Trazodone Tablet |
| Tremfya Injection |

| Drug Name |
|--|
| Triamterene/Hydrochlorothiazide Capsule & Tablet |
| Trifluoperazine Tablet |
| Triglide Tablet |
| Trihexyphenidyl Elixir & Tablet |
| Trimipramine Capsule |
| Trintellix Tablet |
| Triumeq Tablet |
| Trokendi XR Capsule |
| Trospium ER Capsule |
| Trulance Tablet |
| Trulicity Injection |
| Truvada Tablet |
| Tybost Tablet |
| Tymlos Injection |
| Tyvaso Inhalation |
| Uloric Tablet |
| Unithroid Tablet |
| Upravi Tablet |
| Ursodiol Capsule & Tablet |
| Utibron Neohaler |
| Valganciclovir Oral Solution & Tablet |
| Valproic Acid Capsule & Solution |
| Valsartan Tablet |
| Valsartan/Hydrochlorothiazide Tablet |
| Vascepa Capsule |
| Vecamyl Tablet |
| Velphoro Chewable Tablet |

| Drug Name |
|--|
| Vemlidy Tablet |
| Venlafaxine ER Capsule & (ER) Tablet |
| Ventavis Inhalation |
| Verapamil ER & SR Capsule, (ER) Tablet |
| Vesicare Tablet |
| Viberzi Tablet |
| Victoza Injection |
| Videx Oral Solution |
| Vigabatrin Powder for Solution |
| Viibryd Tablet |
| Vimpat Oral Soluton & Tablet |
| Viracept Tablet |
| Viramune Suspension |
| Viread Powder & Tablet |
| Vivlodex Capsule |
| Vraylar Capsule |
| Vyvanse Capsule & Tablet |
| Warfarin Tablet |
| Xadago Tablet |
| Xarelto Tablet |
| Xeljanz (XR) Tablet |
| Xermelo Tablet |
| Xifaxin Tablet |
| Xiidra Ophthalmic Solution |
| Xulane Patch |
| Xultophy Injection |
| Xuriden Oral Granules |
| Yuvafem Vaginal Tablet |

| Drug Name |
|------------------------------------|
| Zafirlukast Tablet |
| Zelapar Tablet |
| Zenpep Capsule |
| Zenzedi Tablet |
| Zerit Solution |
| Zidovudine Capsule, Syrup & Tablet |
| Zileuton ER Tablet |
| Zinbryta Injection |

| Drug Name |
|---------------------|
| Ziprasidone Capsule |
| Zonisamide Capsule |
| Zontivity Tablet |
| Zorbtive Injection |
| Zortress Tablet |
| Zurampic Tablet |
| Zyflo Tablet |

This is not a complete list of prescription drugs and supplies covered by our plan. For a complete list, please call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday and 7 a.m. – 3 p.m. CT, Saturday.

This information is not a complete description of benefits. Contact UnitedHealthcare Customer Service for more information. Limitations, copays, and restrictions may apply.

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

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

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment

This chart shows you what we will be sending and how we will be contacting you in the coming months.

| Material Name | Description | Delivery Method |
|----------------|---|---|
| Member ID Card | We will mail you your member ID card. |  |
| Welcome Packet | Once you're enrolled in the plan, we will mail you a Welcome Packet to review. |  |
| Website Access | Once your coverage is effective, you can register online at www.HSMedicareRx.com for access to all your plan information. |  |

Start using your plan on your effective date, noted in the paperwork you receive.


Remember to use your member ID card.

We're here for you

When you call, be sure to let the Customer Service advocate know that you are calling about a HealthSelectSM Medicare Rx (PDP). In addition, it will be helpful to have:

 **Your group number on the front of this book**

 **Name and address of your pharmacy**

 **Medicare number and Medicare effective date — you can find this on your red, white and blue Medicare card**

 **Please have a list of your current prescriptions and dosages ready**

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609**, (TTY: **711**),
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday

Statements of Understanding

As a member of this plan, I understand the following:

I need to keep my Medicare Part A and/or Part B, and I must continue to pay my Medicare Part B premium if I have Medicare Part B. HealthSelectSM Medicare Rx (PDP) is a Medicare Prescription Drug plan provided through the Employees Retirement System of Texas (ERS). This prescription drug coverage is in addition to my health plan medical coverage.

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. If I have prescription drug coverage or if I get it from somewhere other than this plan, I will inform ERS and UnitedHealthcare. Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

I may have to pay a late enrollment penalty for Medicare's prescription drug coverage.

This applies if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare, or if I leave this plan and don't have or get other prescription drug coverage within 63 days. If I have a late enrollment penalty, I will get a letter making me aware of the penalty and my next steps.

I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies. HealthSelect Medicare Rx is available in all U.S. states and territories and the District of Columbia.

I will get a Welcome Guide that includes information on how to get an Evidence of Coverage (EOC). The EOC will have more information about the drug coverage offered by the plan, as well as the terms and conditions. I have the right to appeal plan decisions about payment or services if I disagree.

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.

Questions? We're here to help.



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HealthSelectSM Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

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Important plan information.
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