



Your Plan Explained 2023



**Take advantage of all your
Medicare Advantage plan has to
offer**

Federal Reserve Banks

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13705

Effective: January 1, 2023 through December 31, 2023

**United
Healthcare**



Benefit Highlights

Federal Reserve Banks 13705

Effective January 1, 2023 to December 31, 2023

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	In-network and out-of-network
Annual medical deductible	No deductible
Annual medical out-of-pocket maximum (The most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,000 for this plan year.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	\$15 copay
Specialist	\$25 copay
Virtual visits	\$0 copay
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$100 copay per stay
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$25 copay per additional day up to 100 days
Outpatient surgery	\$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	\$25 copay
Outpatient mental health	
Group therapy	\$15 copay
Individual therapy	\$25 copay
Virtual visits	\$25 copay
Diagnostic radiology services such as MRIs, CT scans	\$25 copay
Lab services	\$10 copay
Outpatient X-rays	\$10 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Therapeutic radiology services such as radiation treatment for cancer	\$25 copay
Ambulance	\$50 copay
Emergency care	\$50 copay (worldwide)
Urgently needed services	\$25 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	\$0 copay; 1 per plan year*
Acupuncture – routine	\$0 copay, 30 visits per plan year*
Foot care - routine	\$25 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home	\$0 copay for 28 meals, 12 rides, and 6 hours of in-home personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing - routine exam	\$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a \$2,500 allowance for hearing aids (combined for both ears) every 4 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
Vision - routine eye exam	\$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	\$0 copay for a standard gym membership at participating locations
Home delivered meals Mom's Meals	\$0 copay for 21 home-delivered meals one time per year
Telephonic nurse services	Receive access to nurse consultations and additional clinical resources at no additional cost.
In-home non-medical care CareLinx	\$0 copay for 8 hours of personal care services each month.
Routine transportation ModivCare	\$0 copay for 24 one-way trips to approved medically related appointments and the pharmacy.
Personal Emergency Response System (PERS) Lifeline	\$0 copay for a personal emergency response system.

*Benefits are combined in and out-of-network

Prescription drugs

	Your cost	
Initial coverage stage	Network pharmacy (30-day retail supply)	Mail service pharmacy (90-day supply)
Tier 1: Preferred Generic	\$7 copay	\$14 copay
Tier 2: Preferred Brand	30% coinsurance, with a \$45 maximum	25% coinsurance, with a \$100 maximum
Tier 3: Non-preferred Drug	30% coinsurance, with a \$50 maximum	25% coinsurance, with a \$100 maximum
Tier 4: Specialty Tier	30% coinsurance, with a \$50 maximum	25% coinsurance, with a \$100 maximum
Coverage gap stage	After your total drug costs reach \$4,660, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,400, you will pay a \$4.15 copay for generic (including brand drugs treated as generic), and a \$10.35 copay for all other drugs	

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

The Drug List (Formulary), pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

The Federal Reserve Banks have chosen a UnitedHealthcare Group Medicare Advantage plan. The word “Group” means this is a plan designed just for a former employer or plan sponsor like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan.

“Medicare Advantage” is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).



Make sure you know what parts of Medicare you have

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

- If you’re not sure if you are enrolled in Medicare Part B, 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
- You must continue paying your Medicare Part B premium to be eligible for coverage under this group-sponsored plan
- If you stop paying your Medicare Part B premium, you may be disenrolled from this plan

Medicare Advantage Coverage:



Medicare Part A
Hospital

+



Medicare Part B
Doctor and Outpatient

+



Medicare Part D
Prescription Drugs

+



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

✓ One plan at a time

- You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time.
- 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 Medicare Advantage plan or a standalone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from this group-sponsored plan. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor or former employer.



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

Questions? We're here to help.



retiree.uhc.com/frb



Call toll-free **1-866-860-7708**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan

You have access to our nationwide coverage. You can see any provider (in-network or out-of-network) at the same cost share as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program.

	In-network	Out-of-network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan ¹
What is my copay or coinsurance?	Copays and coinsurance vary by service ²	Copays and coinsurance vary by service ²
Do I need to choose a primary care provider (PCP)?	No, but recommended	No, but recommended
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan ¹
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard copay or coinsurance for the services you get ²	You will pay your standard copay or coinsurance for the services you get ²
Is there a limit on how much I can spend on medical services each year?	Yes ²	Yes ²
Are there any situations when a doctor will balance bill me?	Under this plan, you are not responsible for any balance billing when seeing health care providers who have not opted out of or been excluded or precluded from the Medicare Program	

View Your Plan Information Online

Once you receive your UnitedHealthcare member ID card, you can create your secure online account at: retiree.uhc.com/frb

You'll be able to view plan documents, find a provider, locate a pharmacy and access lifestyle and learning articles, recipes, educational videos and more.

¹This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

²Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

How your prescription drug coverage works

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

Here are answers to common questions:

What pharmacies can I use?

You can choose from thousands of national chain, regional and independent local retail pharmacies.

What is a drug-cost tier?

Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.

What will I pay for my prescription drugs?

What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug-cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

Can I have more than one prescription drug plan?

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

Questions? We're here to help.

 retiree.uhc.com/frb



Call toll-free **1-866-860-7708**, TTY **711**,
8 a.m.–8 p.m. local time, 7 days a week

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

Ways to help save on your prescription drugs

- ✓ **You may save on the medications you take regularly**
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications from Optum® Home Delivery through OptumRx. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
- ✓ **Get a 3-month¹ supply at retail pharmacies**
In addition to Optum Home Delivery through OptumRx pharmacy, most retail pharmacies offer 3-month supplies for some prescription drugs.
- ✓ **Ask your doctor about trial supplies**
A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.
- ✓ **Explore lower-cost options**
Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.
- ✓ **Have an annual medication review**
Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.
- ✓ **Filling your prescriptions is convenient**
UnitedHealthcare has thousands of national chain, regional and independent local retail pharmacies in our network.²



The UnitedHealthcare Savings Promise

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

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

²Network 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 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)?

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

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

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



Call Social Security to see if you qualify for Extra Help

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

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

Questions? We're here to help.



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Getting the health care coverage you may need

Your care begins with your doctor

- With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network.
- Even though it's not required, it's important to have a primary care provider.
- Unlike most PPO plans, with this plan, you pay the same share of cost in and out of the network as long as they participate in Medicare and have not been excluded or precluded from the Medicare Program.
- With your UnitedHealthcare Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.

Finding a doctor is easy

If you need help finding a doctor or specialist, just give us a call. We can even help schedule that first appointment.

Why use a UnitedHealthcare network doctor?

A network doctor or health care provider is one who contracts with us to provide services to our members. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions. You pay your copay or coinsurance according to your plan benefits. Your provider will bill us for the rest.

An out-of-network provider does not have a contract with us. With the UnitedHealthcare Group Medicare Advantage (PPO) plan, you can see any out-of-network provider as long as they accept the plan and have not opted out of or been excluded or precluded from the Medicare Program. We will pay for the rest of the cost of your covered service(s), including any charges up to the limit set by Medicare. If your provider won't accept the plan, we will contact them on your behalf.

If a provider refuses to directly bill us, they may ask that you pay the full allowable amount upfront. In that case, you can pay the doctor and then submit a claim to us. You'll be reimbursed for the cost of the claim minus your cost share.

Take advantage of UnitedHealthcare's additional support and programs



Annual Physical and Wellness Visit

An Annual Wellness Visit with your doctor and many preventive services at \$0 copay is one of the best ways to start your year off and stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward* for completing and reporting your Annual Wellness Visit.



In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

With UnitedHealthcare® HouseCalls, you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

The visit takes up to an hour and is tailored to your needs. It includes health screenings and a chance to:

- Review current medications
- Receive health education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more

At the end of the visit, our health care practitioner will leave you with a personalized checklist and send a summary to your regular doctor.



24/7 Nurse Support

Speak to a registered nurse 24/7 over the phone about your medical concerns at no additional cost to you.



Chronic Conditions Programs

UnitedHealthcare offers special programs to help members who are living with a chronic disease like diabetes or heart disease or complex health needs. You get personal attention and your doctors get up-to-date information to help them make decisions.



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ and Teladoc® (medical visits only) apps.

Virtual Doctor Visits

You can ask questions, get a diagnosis or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual doctor visits may be good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

Virtual Behavioral Health Visits

May be best for:

- Initial evaluation
- Behavioral Health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

Mental and Behavioral Health

Nothing is more important than your health, which includes your mental health. You have access to many resources that may help improve your emotional and mental health, including:

- Personalized virtual therapy programs with AbleTo
- Ongoing mental health support with Optum® Behavioral Health
- Health and wellness resources with Renew by UnitedHealthcare



Custom-Programmed Hearing Aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+ UnitedHealthcare Hearing providers nationwide or delivered to your doorstep with direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.



UnitedHealthcare Fitness Program

Renew Active® is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to our nationwide network of gyms and fitness locations. This includes access to many premium gyms, on-demand workout videos and live streaming fitness classes, social activities, an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online brain health program from AARP® Staying Sharp®.



And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

Tools and resources to help put you in control



Go online for valuable plan information

As a UnitedHealthcare member, you will have access to a safe, secure website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary ID card and request a new one
- Search for network doctors
- Search for pharmacies
- Look up drugs and how much they cost under your plan
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



Live Healthier with Renew

Explore Renew by UnitedHealthcare,[®] our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

- Brain games, healthy recipes, fitness activities, learning courses and more – all at no additional cost

¹A copay or coinsurance may apply if you receive services that are not part of the Annual Physical/Wellness Visit.

²HouseCalls may not be available in all areas.

³Network size varies by market.

⁴Please refer to your Summary of Benefits for details regarding your benefit coverage.

⁵Renew by UnitedHealthcare is not available in all plans.

*Reward offerings will vary by member and terms of participation apply. Rewards are not available in all plans.

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Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C and Part D benefits.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-844-320-5021 for additional information (TTY users should call 711). Hours are 8 a.m. - 8 p.m. local time, Monday - Friday.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-844-320-5021, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

This information is available for free in other languages. Please call our Customer Service number located on the first page of this book.

Benefits, features and/or devices vary by plan/area. Limitations and exclusions may apply.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-524-3784, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

You must continue to pay your Medicare Part B premium.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Telephonic Nurse Services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other offerings. Fitness membership, equipment, classes, personalized fitness plans, caregiver access and events may vary by location. Certain services, classes, events and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services are subject to your acceptance of their respective terms and policies. AARP® Staying Sharp is the registered trademark of AARP. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area. Access to gym and fitness location network may vary by location and plan.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Covered drugs are placed in tiers. Each tier has a different cost:
 - Tier 1: Preferred generic
 - Tier 2: Preferred brand
 - Tier 3: Non-preferred drug
 - Tier 4: Specialty tier
- Each tier has a copay or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as prior authorization or step therapy. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

PA
Prior authorization

The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered.

QL
Quantity limits

The plan only covers a certain amount of this drug for 1 copay or over a certain number of days. Limits help make sure the drug is used safely. If your doctor prescribes more than the limit, you or your doctor can ask the plan to cover the additional quantity.

B/D
Medicare Part B
or Part D

Depending on how this drug is used, it may be covered by Medicare Part B or Part D. Your doctor may need to give the plan more information about how this drug will be used to make sure it's covered correctly.

HRM
High-risk
medication

This drug is known as a high-risk medication (HRM) for patients 65 years and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

LA
Limited access

The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.

**MME
Morphine
milligram
equivalent**

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

**7D
7-day limit**

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

**DL
Dispensing limit**

Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

A	
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Adacel (Intramuscular Suspension),T2 - QL
Abilify Maintena (Intramuscular Prefilled Syringe),T4	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T1 - QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4	Advair HFA (Inhalation Aerosol),T2 - QL
Abiraterone Acetate (250MG Oral Tablet),T1	Aimovig (Subcutaneous Solution Auto-Injector),T3 - 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	Alcohol Prep Pads,T2
Acetazolamide (Oral Tablet),T1	Alecensa (Oral Capsule),T4
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
Actimmune (Subcutaneous Solution),T4	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
Acyclovir (Oral Capsule),T1	Allopurinol (Oral Tablet),T1
Acyclovir (Oral Tablet),T1	Alphagan P (0.1% Ophthalmic Solution),T2
	Alphagan P (0.15% Ophthalmic Solution),T3
	Alprazolam (Oral Tablet Immediate Release),T1 - QL
	Alrex (Ophthalmic Suspension),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - 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

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

Anagrelide HCl (Oral Capsule),T1

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T2

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

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

Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - B/D,PA

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T4 - B/D,PA

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe),T3 - B/D,PA

Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - B/D,PA

Aripiprazole (Oral Tablet),T1 - QL

Aristada (Intramuscular Prefilled Syringe),T4

Aristada Initio (Intramuscular Prefilled Syringe),T4

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

Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - QL

Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - QL

Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - QL

Asmanex HFA (Inhalation Aerosol),T3 - 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

Atorvastatin Calcium (Oral Tablet),T1 - QL

Atovaquone-Proguanil HCl (Oral Tablet),T1

Atrovent HFA (Inhalation Aerosol Solution),T3

Aubagio (Oral Tablet),T4 - QL

Auryxia (Oral Tablet),T4 - PA

Austedo (Oral Tablet),T4 - QL

Avonex Pen (Intramuscular Auto-Injector

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.

Kit),T4

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4

Azasite (Ophthalmic Solution),T3

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

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1

Azelastine HCl (Ophthalmic Solution),T1

Azithromycin (Oral Packet),T1

Azithromycin (Oral Tablet),T1

B

BRIVIACT (Oral Solution),T4

BRIVIACT (Oral Tablet),T4

Baclofen (Oral Tablet),T1

Balsalazide Disodium (Oral Capsule),T1

Baqsimi One Pack (Nasal Powder),T2

Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3

Belsomra (Oral Tablet),T2 - QL

Benazepril HCl (Oral Tablet),T1 - QL

Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Benzotropine Mesylate (Oral Tablet),T1 - PA; HRM

Bepreve (Ophthalmic Solution),T3

Berinert (Intravenous Kit),T4 - PA

Besivance (Ophthalmic Suspension),T3

Betaseron (Subcutaneous Kit),T4

Bethanechol Chloride (Oral Tablet),T1

Betimol (Ophthalmic Solution),T3

Bevespi Aerosphere (Inhalation Aerosol),T3

Bexarotene (Oral Capsule),T1

Bicalutamide (Oral Tablet),T1

Bisoprolol Fumarate (Oral Tablet),T1

Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL

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

Breztri Aerosphere (Inhalation Aerosol),T2 - QL

Brilinta (Oral Tablet),T2 - QL

Brimonidine Tartrate (Ophthalmic Solution),T1

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

Budesonide (Oral Capsule Delayed Release Particles),T1

Buprenorphine (Transdermal Patch Weekly),T1 - 7D; DL; QL

Buprenorphine HCl (Tablet Sublingual),T1 - QL

Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL

Bupropion HCl (Oral Tablet Immediate Release),T1

Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3

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

Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1

Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1

Bupirone HCl (Oral Tablet),T1

Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL

Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - QL

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - QL

Bystolic (Oral Tablet),T3 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

C	
Cabergoline (Oral Tablet),T1	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1
Calcitriol (Oral Capsule),T1 - B/D,PA	Ciprofloxacin-Dexamethasone (Otic Suspension),T1
Calcium Acetate (667MG Oral Tablet),T1	Citalopram Hydrobromide (Oral Tablet),T1
Calcium Acetate (Phosphate Binder) (Oral Capsule),T1	Clarithromycin (Oral Tablet Immediate Release),T1
Calquence (Oral Capsule),T4 - QL	Clenpiq (Oral Solution),T2
Carbamazepine (Oral Tablet Immediate Release),T1	Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM
Carbidopa (Oral Tablet),T1	Clonazepam (Oral Tablet),T1 - QL
Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	Clonazepam ODT (Oral Tablet Dispersible),T1 - QL
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1	Clonidine (Transdermal Patch Weekly),T1
Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1	Clonidine HCl (Oral Tablet Immediate Release),T1
Carbidopa-Levodopa-Entacapone (Oral Tablet),T1	Clopidogrel Bisulfate (75MG Oral Tablet),T1
Carvedilol (Oral Tablet),T1	Clozapine (Oral Tablet),T1
Cefdinir (Oral Capsule),T1	Clozapine ODT (Oral Tablet Dispersible),T1
Celecoxib (Oral Capsule),T1 - QL	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2
Celontin (Oral Capsule),T3	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1
Cephalexin (Oral Capsule),T1	Colesevelam HCl (Oral Tablet),T1
Cephalexin (Oral Tablet),T1	Combigan (Ophthalmic Solution),T2
Chemet (Oral Capsule),T4	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Chlorhexidine Gluconate (Mouth Solution),T1	Copaxone (Subcutaneous Solution Prefilled Syringe),T4
Chlorthalidone (Oral Tablet),T1	Corlanor (Oral Solution),T3 - QL
Chlorzoxazone (500MG Oral Tablet),T1 - PA; HRM	Corlanor (Oral Tablet),T3 - QL
Cholestyramine (Oral Packet),T1	Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - QL
Cholestyramine Light (Oral Packet),T1	
Cilostazol (Oral Tablet),T1	
Cimetidine (Oral Tablet),T1	
Cimetidine HCl (Oral Solution),T1	

Bold type = Brand name drug

Plain type = Generic drug

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

Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - QL	Diclofenac Sodium (1% External Gel),T1
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - QL	Diclofenac Sodium (Oral Tablet Delayed Release),T1
Cosopt PF (Ophthalmic Solution),T3	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Creon (Oral Capsule Delayed Release Particles),T2	Dicyclomine HCl (Oral Capsule),T1 - HRM
Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA	Dicyclomine HCl (Oral Tablet),T1 - HRM
Cyclophosphamide (Oral Capsule),T1 - B/D,PA	Dificid (Oral Suspension Reconstituted),T4
D	Dificid (Oral Tablet),T4
DARAPRIM (Oral Tablet),T4	Digoxin (125MCG Oral Tablet),T1 - HRM; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL	Digoxin (250MCG Oral Tablet),T1 - PA; HRM
Daliresp (Oral Tablet),T3	Dihydroergotamine Mesylate (Nasal Solution),T1 - QL
Dapsone (Oral Tablet),T1	Diltiazem HCl (Oral Tablet Immediate Release),T1
DayVigo (Oral Tablet),T2 - QL	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1
Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1
Deferiprone (500MG Oral Tablet),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
Delzicol (Oral Capsule Delayed Release),T3	Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL
Depen Titratabs (Oral Tablet),T4	Dipentum (Oral Capsule),T4
Desmopressin Acetate (Oral Tablet),T1	Diphenoxylate-Atropine (Oral Tablet),T1 - PA; HRM
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1
Dexamethasone (Oral Tablet),T1	Divalproex Sodium (Oral Tablet Delayed Release),T1
Dextrose-NaCl (5-0.2% Intravenous Solution),T1	Divalproex Sodium ER (Oral Tablet Extended
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL	
Diazepam (5MG/5ML Oral Solution),T1	
Diazepam Intensol (Oral Concentrate),T1 - QL	
Diazoxide (Oral Suspension),T1	
Diclofenac Potassium (50MG Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Release 24 Hour),T1	Subcutaneous Solution Prefilled Syringe),T3 - QL
Donepezil HCl (Oral Tablet),T1 - QL	
Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL	Emgality (Subcutaneous Solution Auto-Injector),T3 - QL
Dorzolamide HCl (Ophthalmic Solution),T1	Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1	Enalapril Maleate (Oral Tablet),T1 - QL
Doxazosin Mesylate (Oral Tablet),T1	Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Doxycycline Hyclate (Oral Capsule),T1	Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - QL
Doxycycline Hyclate (Oral Tablet Immediate Release),T1	Enbrel (Subcutaneous Solution Reconstituted),T4 - QL
Dronabinol (Oral Capsule),T1 - PA	Enbrel (Subcutaneous Solution),T4 - QL
Dulera (Inhalation Aerosol),T3 - QL	Enbrel Mini (Subcutaneous Solution Cartridge),T4 - QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL	Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - QL
Dupixent (Subcutaneous Solution Pen-Injector),T4 - PA	Entacapone (Oral Tablet),T1
Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA	Entecavir (Oral Tablet),T1
Dutasteride (Oral Capsule),T1	Entresto (Oral Tablet),T2 - QL
Dymista (Nasal Suspension),T3	Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA
E	Epclusa (Oral Packet),T4 - PA; QL
Edarbi (Oral Tablet),T3 - QL	Epclusa (Oral Tablet),T4 - PA; QL
Edarbyclor (Oral Tablet),T3 - QL	EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL	EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL
Elidel (External Cream),T3 - QL	Epiduo (External Gel),T3
Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL	Epiduo Forte (External Gel),T3
Elmiron (Oral Capsule),T4	Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - QL	Eplerenone (Oral Tablet),T1
Emgality (300MG Dose) (100MG/ML	

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.

Ergotamine-Caffeine (Oral Tablet),T1	Finacea (External Gel),T3 - QL
Erivedge (Oral Capsule),T4	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Erleada (Oral Tablet),T4	Flarex (Ophthalmic Suspension),T3
Ertapenem Sodium (Injection Solution Reconstituted),T1	Flector (External Patch),T3 - QL
Erythromycin (Ophthalmic Ointment),T1	FloLipid (Oral Suspension),T3 - QL
Esbriet (Oral Capsule),T4 - QL	Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2
Esbriet (Oral Tablet),T4 - QL	Flovent HFA (Inhalation Aerosol),T2 - QL
Escitalopram Oxalate (Oral Tablet),T1	Fluconazole (Oral Tablet),T1
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1
Estradiol (Oral Tablet),T1 - PA; HRM	Fluphenazine HCl (Oral Tablet),T1
Estradiol (Transdermal Patch Twice Weekly),T1 - PA; HRM; QL	Fluticasone Propionate (Nasal Suspension),T1
Estradiol (Vaginal Cream),T1	Forteo (Subcutaneous Solution Pen-Injector),T4
Ethambutol HCl (400MG Oral Tablet),T1	Fragmin (Subcutaneous Solution Prefilled Syringe),T4
Ethosuximide (Oral Capsule),T1	Fragmin (Subcutaneous Solution),T4
Ethosuximide (Oral Solution),T1	Furosemide (Oral Tablet),T1
Etravirine (200MG Oral Tablet),T1 - QL	Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL
Eucrisa (External Ointment),T3 - QL	G
Extavia (Subcutaneous Kit),T4	Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1
Ezetimibe (Oral Tablet),T1	Gabapentin (Oral Capsule),T1
Ezetimibe-Simvastatin (Oral Tablet),T1 - QL	Gammagard (2.5GM/25ML Injection Solution),T4 - PA
F	Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1	Gemfibrozil (Oral Tablet),T1
Farxiga (Oral Tablet),T2 - QL	Genotropin (12MG Subcutaneous Cartridge),T4 - PA
Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA	
Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA	
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1	
Finacea (External Foam),T3 - QL	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Genotropin (5MG Subcutaneous Cartridge),T3 - PA

Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T4 - PA

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

Gilenya (0.5MG Oral Capsule),T4 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1

Glatopa (Subcutaneous Solution Prefilled Syringe),T1

Glipizide (Oral Tablet Immediate Release),T1 - QL

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

Glucagon (Injection Kit) (Lilly),T1

Glycopyrrolate (Oral Solution) (Generic Cuvposa),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

Haegarda (Subcutaneous Solution Reconstituted),T4 - PA

Haloperidol (Oral Tablet),T1

Harvoni (90-400MG Oral Tablet),T4 - PA; QL

Harvoni (Oral Packet),T4 - PA; QL

Humalog (Injection Solution),T2

Humalog (Subcutaneous Solution Cartridge),T2

Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog Mix 50/50 (Subcutaneous Suspension),T2

Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humalog Mix 75/25 (Subcutaneous Suspension),T2

Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humira (Subcutaneous Prefilled Syringe Kit),T4 - QL

Humira Pen (Subcutaneous Pen-Injector Kit),T4 - QL

Humulin 70/30 (Subcutaneous Suspension),T2

Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin N (Subcutaneous Suspension),T2

Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2

Humulin R (Injection Solution),T2

Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2

Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2

Hydralazine HCl (Oral Tablet),T1

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

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

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

Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL

Bold type = Brand name drug

Plain type = Generic drug

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

Hydroxyurea (Oral Capsule),T1

Hydroxyzine HCl (Oral Syrup),T1 - PA; HRM

I

Ibandronate Sodium (Oral Tablet),T1

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1

Icatibant Acetate (Subcutaneous Solution),T1 - PA; QL

Ilevro (Ophthalmic Suspension),T2

Imatinib Mesylate (Oral Tablet),T1

Imbruvica (Oral Capsule),T4 - QL

Imbruvica (Oral Tablet),T4 - QL

Imiquimod (5% External Cream),T1 - QL

Imiquimod Pump (3.75% External Cream),T1

Invexy Maintenance Pack (Vaginal Insert),T2 - PA

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - QL

Ingrezza (40MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule),T4 - QL

Ingrezza (Oral Capsule Therapy Pack),T4 - QL

Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2

Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2

Insulin Syringes, Needles,T2

Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4

Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4

Inveltys (Ophthalmic Suspension),T3

Invokamet (Oral Tablet Immediate Release),T3 - QL

Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - QL

Invokana (Oral Tablet),T3 - QL

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

Ipratropium Bromide (Nasal Solution),T1

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

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

Isentress (Oral Tablet),T4 - QL

Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (Oral Tablet Immediate Release),T1

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

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

Isturisa (Oral Tablet),T4

Ivermectin (Oral Tablet),T1 - PA

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

J	
Janumet (Oral Tablet Immediate Release),T2 - QL	Lactulose (10GM/15ML Oral Solution),T1
Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Lactulose (Oral Packet),T1
Januvia (Oral Tablet),T2 - QL	Lamivudine (100MG Oral Tablet),T1
Jardiance (Oral Tablet),T2 - QL	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T1 - QL
Jentadueto (Oral Tablet Immediate Release),T2 - QL	Lamotrigine (Oral Tablet Immediate Release),T1
Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Lantus (Subcutaneous Solution),T2
Jublia (External Solution),T3	Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2
K	
Ketoconazole (External Cream),T1 - QL	Latanoprost (Ophthalmic Solution),T1
Ketorolac Tromethamine (Ophthalmic Solution),T1	Latuda (Oral Tablet),T4 - QL
Kevzara (Subcutaneous Solution Auto-Injector),T4 - QL	Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL
Kevzara (Subcutaneous Solution Prefilled Syringe),T4 - QL	Leflunomide (Oral Tablet),T1
Klisyri (External Ointment),T4 - QL	Letrozole (Oral Tablet),T1
Klor-Con 10 (Oral Tablet Extended Release),T1	Leucovorin Calcium (Oral Tablet),T1
Klor-Con 8 (Oral Tablet Extended Release),T1	Leukeran (Oral Tablet),T4
Klor-Con M10 (Oral Tablet Extended Release),T1	Levemir (Subcutaneous Solution),T2
Klor-Con M20 (Oral Tablet Extended Release),T1	Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2
Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - QL	Levetiracetam (Oral Tablet Immediate Release),T1
Korlym (Oral Tablet),T4	Levobunolol HCl (Ophthalmic Solution),T1
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - QL	Levocarnitine (Oral Tablet),T1
L	
Lacosamide (Oral Tablet),T1 - QL	Levocetirizine Dihydrochloride (Oral Tablet),T1
	Levofloxacin (Oral Tablet),T1
	Levothyroxine Sodium (Oral Tablet),T1
	Lialda (Oral Tablet Delayed Release),T4 - QL
	Licart (External Patch 24 Hour),T3 - QL
	Lidocaine (5% External Ointment),T1 - QL
	Lidocaine (5% External Patch),T1 - PA; QL
	Lidocaine HCl (4% External Solution),T1
	Lidocaine-Prilocaine (External Cream),T1
	Linzess (Oral Capsule),T2 - QL

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Liothyronine Sodium (Oral Tablet),T1	M
Lisinopril (Oral Tablet),T1 - QL	Malathion (External Lotion),T1
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Maraviroc (Oral Tablet),T1 - QL
Lithium Carbonate (Oral Capsule),T1	Mavyret (Oral Packet),T4 - PA; QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Mavyret (Oral Tablet),T4 - PA; QL
Livalo (Oral Tablet),T2 - QL	Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL
Lokelma (Oral Packet),T3 - QL	Meclizine HCl (12.5MG Oral Tablet),T1 - HRM
Lonhala Magnair (Inhalation Solution),T4 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Loperamide HCl (Oral Capsule),T1	Medroxyprogesterone Acetate (Oral Tablet),T1
Lorazepam (Oral Tablet),T1 - QL	Meloxicam (Oral Tablet),T1
Lorazepam Intensol (Oral Concentrate),T1 - QL	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Losartan Potassium (Oral Tablet),T1 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Mercaptopurine (Oral Tablet),T1
Lotemax (Ophthalmic Gel),T3	Meropenem (Intravenous Solution Reconstituted),T1
Lotemax (Ophthalmic Ointment),T3	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL
Lotemax (Ophthalmic Suspension),T3	Mesnex (Oral Tablet),T3
Lotemax SM (Ophthalmic Gel),T3	Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1 - QL
Lovastatin (Oral Tablet),T1 - QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL
Lumigan (Ophthalmic Solution),T2	Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL
Lupron Depot (1-Month) (Intramuscular Kit),T3	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit),T3	Methamphetamine HCl (Oral Tablet),T1 - PA; QL
Lupron Depot (4-Month) (Intramuscular Kit),T3	Methimazole (Oral Tablet),T1
Lupron Depot (6-Month) (Intramuscular Kit),T3	Methotrexate Sodium (Oral Tablet),T1
Luzu (External Cream),T3 - QL	
Lysodren (Oral Tablet),T4	
Lyumjev (Injection Solution),T2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2	

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Methylphenidate HCl (Oral Tablet Chewable),T1 - QL

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

Methylprednisolone (Oral Tablet),T1

Metoclopramide HCl (Oral Tablet),T1

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

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

Metrogel (External Gel),T3

Metronidazole (External Cream),T1

Metronidazole (External Gel),T1

Metronidazole (External Lotion),T1

Metronidazole (Oral Capsule),T1

Metronidazole (Oral Tablet),T1

Midodrine HCl (Oral Tablet),T1

Minocycline HCl (Oral Capsule),T1

Minocycline HCl (Oral Tablet Immediate Release),T1

Minoxidil (Oral Tablet),T1

Mirtazapine (Oral Tablet),T1

Mirtazapine ODT (Oral Tablet Dispersible),T1

Mirvaso (External Gel),T3

Misoprostol (Oral Tablet),T1

Mitigare (Oral Capsule),T2

Modafinil (Oral Tablet),T1 - PA; QL

Mometasone Furoate (Nasal Suspension),T1

Montelukast Sodium (Oral Packet),T1 - QL

Montelukast Sodium (Oral Tablet),T1 - QL

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

Morphine Sulfate ER (Oral Tablet Extended

Release) (Generic MS Contin),T1 - 7D; MME; DL; QL

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

Motegrity (Oral Tablet),T3 - QL

Movantik (Oral Tablet),T2 - QL

MoviPrep (Oral Solution Reconstituted),T3

Multaq (Oral Tablet),T2

Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Naftin (External Gel),T3

Naloxone HCl (0.4MG/ML Injection Solution),T1

Naloxone HCl (Injection Solution Cartridge),T1

Naloxone HCl (Injection Solution Prefilled Syringe),T1

Naltrexone HCl (Oral Tablet),T1

Namzarcic (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL

Namzarcic (Oral Capsule Extended Release 24 Hour),T2 - PA; QL

Naproxen (Oral Tablet Immediate Release),T1

Narcan (Nasal Liquid),T2

Nayzilam (Nasal Solution),T3 - PA; QL

Neomycin Sulfate (Oral Tablet),T1

Neomycin-Polymyxin-HC (Otic Suspension),T1

Neulasta (Subcutaneous Solution Prefilled Syringe),T4

Neupro (Transdermal Patch 24 Hour),T3

Nevanac (Ophthalmic Suspension),T3

Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2

Nexium (20MG Oral Capsule Delayed Release,

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40MG Oral Capsule Delayed Release),T2 - QL	Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Nexletol (Oral Tablet),T3 - QL	Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL
Nexlizet (Oral Tablet),T3 - QL	Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour),T4 - 7D; MME; DL; QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	Nucynta ER (50MG Oral Tablet Extended Release 12 Hour),T3 - 7D; MME; DL; QL
Nimodipine (Oral Capsule),T1	Nurtec ODT (Oral Tablet Dispersible),T4 - QL
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM	Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA
Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM	Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA
Nitroglycerin (Tablet Sublingual),T1	Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA
Nivestym (Injection Solution Prefilled Syringe),T4	Nuzyra (Intravenous Solution Reconstituted),T4
Nivestym (Injection Solution),T4	Nuzyra (Oral Tablet),T4 - QL
Nizatidine (Oral Capsule),T1	Nystatin (External Cream),T1
Norethindrone Acetate (5MG Oral Tablet),T1	Nystatin (External Ointment),T1
Nortriptyline HCl (Oral Capsule),T1 - PA; HRM	Nystatin (External Powder),T1 - QL
NovoLog (Injection Solution),T3	O
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3	Odomzo (Oral Capsule),T4
NovoLog Mix 70/30 (Subcutaneous Suspension),T3	Ofev (Oral Capsule),T4 - QL
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3	Ofloxacin (Ophthalmic Solution),T1
NovoLog PenFill (Subcutaneous Solution Cartridge),T3	Ofloxacin (Otic Solution),T1
Novolin 70/30 (Subcutaneous Suspension),T3	Olanzapine (Oral Tablet),T1 - QL
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3	Olopatadine HCl (Ophthalmic Solution),T1
Novolin N (Subcutaneous Suspension),T3	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T1
Novolin R (Injection Solution),T3	Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL
Nubeqa (Oral Tablet),T4	
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1

Ondansetron HCl (Oral Tablet),T1 - B/D,PA

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

Onglyza (Oral Tablet),T3 - QL

Opsumit (Oral Tablet),T4 - PA

Orenitram (0.125MG Oral Tablet Extended Release),T3

Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4

Orgovyx (Oral Tablet),T4

Orilissa (Oral Tablet),T4 - QL

Oseltamivir Phosphate (Oral Capsule),T1

Osphena (Oral Tablet),T2 - PA; QL

Oxandrolone (Oral Tablet),T1

Oxcarbazepine (Oral Tablet),T1

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

Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL

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

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

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

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

Bold type = Brand name drug

P

Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL

Pegasys (Subcutaneous Solution),T4

Penicillin V Potassium (Oral Tablet),T1

Pentasa (250MG Oral Capsule Extended Release),T3 - QL

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

Permethrin (External Cream),T1

Perseris (Subcutaneous Prefilled Syringe),T4

Phenelzine Sulfate (Oral Tablet),T1

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - QL

Pioglitazone HCl (Oral Tablet),T1 - QL

Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL

Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL

Pomalyst (Oral Capsule),T4

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 - QL

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

Prednisolone Acetate (Ophthalmic

Plain type = Generic drug

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

Suspension),T1

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

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

Premarin (Vaginal Cream),T2

Prenatal (27-1MG Oral Tablet),T1

Primidone (Oral Tablet),T1

Privigen (20GM/200ML Intravenous Solution),T4 - PA

ProAir HFA (Inhalation Aerosol Solution),T2

ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2

Proctosol HC (External Cream),T1

Progesterone (Oral Capsule),T1

Prolastin-C (Intravenous Solution Reconstituted),T4

Prolensa (Ophthalmic Solution),T3

Prolia (Subcutaneous Solution Prefilled Syringe),T3 - 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),T3

Pulmozyme (Inhalation Solution),T4 - B/D,PA; 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),T3 - QL

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

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

Ramipril (Oral Capsule),T1 - QL

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

Rasagiline Mesylate (Oral Tablet),T1

Rasuvo (Subcutaneous Solution Auto-Injector),T3

Rayaldee (Oral Capsule Extended Release),T4 - QL

Rebif (Subcutaneous Solution Prefilled Syringe),T4

Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4

Regranex (External Gel),T4 - PA

Relistor (Oral Tablet),T4

Relistor (Subcutaneous Solution),T4

Repatha (Subcutaneous Solution Prefilled Syringe),T2 - QL

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

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

Restasis MultiDose (Ophthalmic Emulsion),T2 - QL

Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

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Plain type = Generic drug

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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),T4

Stelara (Subcutaneous Solution Prefilled Syringe),T4 - QL

Stelara (Subcutaneous Solution),T4 - QL

Stiolto Respimat (Inhalation Aerosol Solution),T2

Striverdi Respimat (Inhalation Aerosol Solution),T3

Suboxone (Sublingual Film),T3 - QL

Sucralfate (Oral Suspension),T1

Sucralfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T1

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

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate Release),T1

Sumatriptan Succinate (Oral Tablet),T1 - QL

Sumatriptan Succinate (Subcutaneous Solution Auto-Injector),T1 - QL

Sumatriptan Succinate (Subcutaneous Solution),T1 - QL

Sunosi (Oral Tablet),T3 - QL

Suprep Bowel Prep Kit (Oral Solution),T2

Sutab (Oral Tablet),T3

Symbicort (Inhalation Aerosol),T2 - QL

Symproic (Oral Tablet),T3 - QL

Synjardy (Oral Tablet Immediate Release),T2 - QL

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

Synribo (Subcutaneous Solution Reconstituted),T4

Synthroid (Oral Tablet),T2

T

TOBI Podhaler (Inhalation Capsule),T4 - QL

Tabrecta (Oral Tablet),T4 - QL

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

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1

Tasigna (Oral Capsule),T4

Tecfidera (Oral Capsule Delayed Release),T4 - QL

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

Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Terazosin HCl (Oral Capsule),T1

Terbinafine HCl (Oral Tablet),T1

Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4

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

Testosterone Cypionate (Intramuscular Solution),T1

Tetrabenazine (Oral Tablet),T1

Theophylline (Oral Solution),T1

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

Theophylline ER (Oral Tablet Extended Release

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

24 Hour),T1	Travoprost (BAK Free) (Ophthalmic Solution),T1
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol),T1	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic),T1	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Timolol Maleate (Oral Tablet),T1	Tremfya (Subcutaneous Solution Pen-Injector),T4 - QL
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1	Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - QL
Timoptic Ocudose (Ophthalmic Solution),T3	Tresiba (Subcutaneous Solution),T2
Tivicay (25MG Oral Tablet),T3 - QL	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
Tivicay (50MG Oral Tablet),T4 - QL	Tretinoin (External Cream),T1 - PA
Tizanidine HCl (Oral Tablet),T1	Tretinoin (External Gel),T1 - PA
TobraDex ST (Ophthalmic Suspension),T3	Tretinoin (Oral Capsule),T1
Tobramycin (300MG/5ML Inhalation Nebulization Solution),T1 - B/D,PA; QL	Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1
Tobramycin-Dexamethasone (Ophthalmic Suspension),T1	Triamcinolone Acetonide (External Cream),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T1	Triamterene-HCTZ (Oral Capsule),T1
Topiramate (Oral Tablet),T1	Triamterene-HCTZ (Oral Tablet),T1
Toremifene Citrate (Oral Tablet),T1	Trihexyphenidyl HCl (Oral Solution),T1 - PA; HRM
Torseamide (Oral Tablet),T1	Trihexyphenidyl HCl (Oral Tablet),T1 - PA; HRM
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trintellix (Oral Tablet),T3
Tracleer (Oral Tablet Soluble),T4 - QL	Trulance (Oral Tablet),T3
Tracleer (Oral Tablet),T4 - QL	Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL
Tradjenta (Oral Tablet),T2 - QL	Tymlos (Subcutaneous Solution Pen-Injector),T4
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	U
Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL	Ubrelvy (Oral Tablet),T4 - QL
Tranexamic Acid (Oral Tablet),T1	Udenyca (Subcutaneous Solution Prefilled Syringe),T4
Tranylcypromine Sulfate (Oral Tablet),T1	

Bold type = Brand name drug

Plain type = Generic drug

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Ursodiol (300MG Oral Capsule),T1	Vimpat (Oral Solution),T4 - QL
Ursodiol (Oral Tablet),T1	Vitrakvi (Oral Capsule),T4 - QL
V	Vosevi (Oral Tablet),T4 - PA; QL
Valacyclovir HCl (Oral Tablet),T1 - QL	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - QL
Valganciclovir HCl (Oral Tablet),T1 - QL	Vyvanse (Oral Capsule),T3
Valsartan (Oral Tablet),T1 - QL	Vyvanse (Oral Tablet Chewable),T3
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Vyzulta (Ophthalmic Solution),T3
Varenicline Tartrate (Oral Tablet),T1	W
Vascepa (Oral Capsule),T3	Warfarin Sodium (Oral Tablet),T1
Velphoro (Oral Tablet Chewable),T4	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL	X
Veltassa (8.4GM Oral Packet),T3 - QL	Xarelto (Oral Tablet),T2 - QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - QL
Ventolin HFA (Inhalation Aerosol Solution),T3	Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - QL
Verapamil HCl (Oral Tablet Immediate Release),T1	Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - 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	Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T4 - QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T4 - QL
Versacloz (Oral Suspension),T4	Xeljanz (Oral Solution),T4 - QL
Viberzi (Oral Tablet),T4 - QL	Xeljanz (Oral Tablet Immediate Release),T4 - QL
Victoza (Subcutaneous Solution Pen-Injector),T2 - QL	Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - QL
Viibryd (Oral Tablet),T3	Xenleta (Oral Tablet),T4 - QL
Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T4 - QL	Xifaxan (Oral Tablet),T4
Vimpat (50MG Oral Tablet),T3 - QL	Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Xiidra (Ophthalmic Solution),T3 - QL

Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T2 - QL

Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T2 - QL

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3 - 7D; MME; DL; QL

Xtandi (Oral Capsule),T4

Xtandi (Oral Tablet),T4

Xyosted (Subcutaneous Solution Auto-Injector),T3

Xyrem (Oral Solution),T4 - PA; QL

Y

Yupelri (Inhalation Solution),T4 - B/D,PA; QL

Z

Zafirlukast (Oral Tablet),T1

Zaleplon (Oral Capsule),T1 - HRM; QL

Zarxio (Injection Solution Prefilled Syringe),T4

Zelapar ODT (Oral Tablet Dispersible),T4

Zenpep (Oral Capsule Delayed Release Particles),T2

Zeposia (Oral Capsule),T4 - QL

Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4

Zioptan (Ophthalmic Solution),T3

Zirgan (Ophthalmic Gel),T3

Zolinza (Oral Capsule),T4

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

Zonisamide (Oral Capsule),T1

Zubsolv (Tablet Sublingual),T3 - QL

Zylet (Ophthalmic Suspension),T3

Bold type = Brand name drug

Plain type = Generic drug

Additional Drug Coverage

Additional prescription drug coverage

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

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

Lower-cost Medicare supplies

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

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

\$0 copay

Certain diabetic supplies for the administration of insulin

Lower-cost non-Medicare supplies

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

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

\$0 copay

Certain diabetic supplies

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

²This non-Medicare supply 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 supply coverage. If you have questions, please call Customer Service using the information on the cover of this book.

Bonus drug list

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

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

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

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage rules or limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

QL - Quantity limits

The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than one opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

DL - Dispensing limit

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

Drug name	Drug tier	Coverage rules or limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		
Phenazopyridine	1	
Anorexiant - drugs to promote weight loss		
Phentermine	1	
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Itching or Pain		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
Devices		
Metered Dose Inhaler (MDI) Spacer/Holding Chamber		
AeroChamber	3	
Inspirease	3	
OptiChamber	3	
Valvd Holding Chamber	3	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Perianal Cream 3%-0.5%	1	
Irritable Bowel or Ulcers		
Hyoscyamine Sulfate	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 8 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 8 tablets per month)
Tadalafil	1	QL (maximum of 8 tablets per month)
Vardenafil	1	QL (maximum of 8 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Vyleesi	3	QL (maximum of 8 injections per 30 days)
Urinary Tract Infection		
Uro-MP 118 mg	3	
Urinary Tract Spasm and Pain		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos Tab	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
Vitamins and Minerals		

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione	1	
Reno Cap	1	
Vitamin D 50,000 unit (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	
Smoking cessation agents		
Nicotine Replacement		
Nicotine Polacrilex (chewing gum, lozenge)	1	
Nicotine Transdermal Patch	1	

Bold type = Brand name drug Plain type = Generic drug

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

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

The Drug List may change at any time. You will receive notice when necessary.

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

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Call toll-free **1-866-860-7708**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



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