



Your Plan Explained 2024

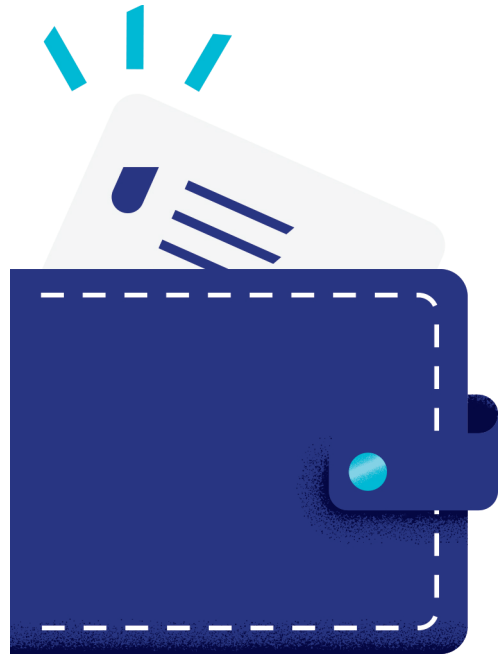
Take advantage of all your Medicare Advantage plan has to offer

Federal Reserve Banks

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Number: 13705

Effective: January 1, 2024 through December 31, 2024



United
Healthcare®
Group Medicare Advantage



Benefit Highlights

Federal Reserve Banks 13705

Effective January 1, 2024 to December 31, 2024

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

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Outpatient X-rays	\$10 copay
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, and 30 visits per plan year*
Foot care – routine	\$25 copay, 6 visits per plan year*
UnitedHealthcare Healthy at Home post-discharge program	\$0 copay for 28 meals, 12 rides, and 6 hours of non-medical 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	\$0 copay for 21 home-delivered meals one time per year
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.
Non-medical personal care CareLinx	\$0 copay for 8 hours of non-medical 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 ¹	30% coinsurance, with a \$45 maximum	25% coinsurance, with a \$100 maximum
Tier 3: Non-Preferred Drug ¹	30% coinsurance, with a \$50 maximum	25% coinsurance, with a \$100 maximum
Tier 4: Specialty Tier ¹	30% coinsurance, with a \$50 maximum	25% coinsurance, with a \$100 maximum
Coverage gap stage	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

¹ Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

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.

Please note, Customer Service hours of operation will be **7 days a week October 15 – December 7.**



retiree.uhc.com/frb



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

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.

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

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

Additional information about 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 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)?

An LEP is a late fee Medicare charges if you had **63 days** or more without prescription drug coverage. This can happen if:

- You didn't enroll in a Medicare Prescription Drug plan when you were first eligible.
- You didn't have a plan that met Medicare's minimum standards.

The LEP is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

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

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



Call Social Security to see if you qualify for Extra Help

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

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

Questions? We're here to help.

Please note, Customer Service hours of operation will be **7 days a week October 15 – December 7**.



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

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-network as long as they participate in 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 contracted 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. 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:

- Ongoing mental health support with Optum® Behavioral Health
- Health and wellness resources with Renew by UnitedHealthcare



Hearing Aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national^{<3>} network of 7,000+^{<4>} hearing providers and a wide variety of prescription hearing aid models to choose from, as well as a selection of audiologist-selected non-prescription hearing aids at **UHChearing.com** and virtual appointment options. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you – so you 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 the largest Medicare fitness network of gyms and fitness locations. This includes access to on-demand digital workout videos and live streaming classes, social activities and access to an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online program offering content about brain health 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.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. 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 documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

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

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

Benefits, 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 five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, 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.

Civil Rights Notice

The company complies with applicable federal civil rights laws and does not treat members differently because of sex, age, race, color, disability, or national origin.

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

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**).

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

- **Online:** <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>
- **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)
- **Mail:** U.S. Department of Health and Human Services
200 Independence Ave SW
HHH Building, Room 509F
Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on the front of the booklet or your membership identification card (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2023. This list can change throughout the year. 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	Syringe),T4 - 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	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T1
Acetazolamide (Oral Tablet),T1	Alcohol Prep Pads,T2
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	Alecensa (Oral Capsule),T4
Actimmune (Subcutaneous Solution),T4	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
Acyclovir (Oral Capsule),T1	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
Acyclovir (Oral Tablet),T1	Allopurinol (100MG Oral Tablet, 300MG Oral Tablet),T1
Adacel (Intramuscular Suspension),T2 - QL	Alphagan P (Ophthalmic Solution),T3
Adbry (Subcutaneous Solution Prefilled	

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.

Alprazolam (Oral Tablet Immediate Release),T1 - QL

Alrex (Ophthalmic Suspension),T3

Alvesco (Inhalation Aerosol Solution),T3 - QL

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

Anastrozole (Oral Tablet),T1

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

Astagraf XL (Oral Capsule Extended Release 24 Hour),T3 - B/D,PA

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

Austedo (Oral Tablet),T4 - QL

Avonex Pen (Intramuscular Auto-Injector Kit),T4

Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4

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.

Azasite (Ophthalmic Solution),T3

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

Azelastine HCl (0.1% Nasal Solution),T1

Azelastine HCl (Ophthalmic Solution),T1

Azelastine-Fluticasone (Nasal Suspension),T1

Azithromycin (Oral Packet),T1

Azithromycin (Oral Tablet),T1

B

BRIVIACT (Oral Solution),T4

BRIVIACT (Oral Tablet),T4

Baclofen (Oral Tablet),T1

Bafiertam (Oral Capsule Delayed Release),T4 - QL

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 - 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

Bijuva (Oral Capsule),T3 - HRM

Biktarvy (50MG-200MG-25MG Oral Tablet),T4 - QL

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

Brukinsa (Oral Capsule),T4 - QL

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

Buspironone HCl (Oral Tablet),T1

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

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

Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - PA; 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	Cimzia (Subcutaneous Kit),T4 - QL
Calcitriol (Oral Capsule),T1 - B/D,PA	Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit),T4 - QL
Calcium Acetate (667MG Oral Tablet),T1	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1
Calcium Acetate (Phosphate Binder) (Oral Capsule),T1	Ciprofloxacin-Dexamethasone (Otic Suspension),T1
Carbamazepine (Oral Tablet Immediate Release),T1	Citalopram Hydrobromide (Oral Tablet),T1
Carbidopa (Oral Tablet),T1	Clarithromycin (Oral Tablet Immediate Release),T1
Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	Clenpiq (10MG-3.5GM-12GM/160ML Oral Solution),T2
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T1	Climara Pro (Transdermal Patch Weekly),T3 - HRM
Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1	Clobex (External Lotion),T4 - QL
Carbidopa-Levodopa-Entacapone (Oral Tablet),T1	Clobex (External Shampoo),T4
Carvedilol (Oral Tablet),T1	Clobex Spray (External Liquid),T3 - QL
Cefdinir (Oral Capsule),T1	Clonazepam (Oral Tablet),T1 - QL
Cefuroxime Axetil (Oral Tablet),T1	Clonazepam ODT (Oral Tablet Dispersible),T1 - QL
Celecoxib (Oral Capsule),T1 - QL	Clonidine (Transdermal Patch Weekly),T1
Celontin (Oral Capsule),T3	Clonidine HCl (Oral Tablet Immediate Release),T1
Cephalexin (Oral Capsule),T1	Clopidogrel Bisulfate (75MG Oral Tablet),T1
Cephalexin (Oral Tablet),T1	Clozapine (Oral Tablet),T1
Chemet (Oral Capsule),T4	Clozapine ODT (Oral Tablet Dispersible),T1
Chlorhexidine Gluconate (Mouth Solution),T1	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2
Chlorthalidone (Oral Tablet),T1	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1
Chlorzoxazone (500MG Oral Tablet, 750MG Oral Tablet),T1 - HRM	Colesevelam HCl (Oral Tablet),T1
Cholestyramine (Oral Packet),T1	Combigan (Ophthalmic Solution),T2
Cholestyramine Light (Oral Packet),T1	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Cibinqo (Oral Tablet),T4 - QL	
Cilostazol (Oral Tablet),T1	
Cimetidine (Oral Tablet),T1	
Cimetidine HCl (300MG/5ML Oral Solution),T1	

Bold type = Brand name drug

Plain type = Generic drug

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Copaxone (Subcutaneous Solution Prefilled Syringe),T4	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Corlanor (Oral Solution),T3 - QL	Diazepam (5MG/5ML Oral Solution),T1
Corlanor (Oral Tablet),T3 - QL	Diazepam Intensol (Oral Concentrate),T1 - QL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - QL	Diclofenac Potassium (50MG Oral Tablet),T1
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
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - HRM	Dificid (Oral Suspension Reconstituted),T4
Cyclophosphamide (Oral Capsule),T1 - B/D,PA	Dificid (Oral Tablet),T4
D	Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T1 - HRM
DARAPRIM (Oral Tablet),T4	Dihydroergotamine Mesylate (Nasal Solution),T1 - QL
Dabigatran Etexilate Mesylate (Oral Capsule),T1 - QL	Diltiazem HCl (Oral Tablet Immediate Release),T1
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1
Daliresp (Oral Tablet),T3	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1
Dapsone (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
DayVigo (Oral Tablet),T2 - QL	Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL
Deferasirox (Oral Tablet Soluble) (Generic Exjade),T1	Dipentum (Oral Capsule),T4
Deferiprone (500MG Oral Tablet),T1	Diphenoxylate-Atropine (Oral Tablet),T1 - HRM
Depen Titratabs (Oral Tablet),T4	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1
Descovy (200MG-25MG Oral Tablet),T4 - QL	
Desmopressin Acetate (Oral Tablet),T1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1	
Dexamethasone (Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Divalproex Sodium (Oral Tablet Delayed Release),T1

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

Donepezil HCl (Oral Tablet),T1 - QL

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

Doptelet (Oral Tablet),T4 - QL

Dorzolamide HCl (Ophthalmic Solution),T1

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

Dovato (Oral Tablet),T4 - QL

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (Oral Capsule),T1

Doxycycline Hyclate (Oral Tablet Immediate Release),T1

Dronabinol (Oral Capsule),T1 - PA

Duavee (Oral Tablet),T3 - HRM

Dulera (Inhalation Aerosol),T3 - QL

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

Dupixent (Subcutaneous Solution Pen-Injector),T4 - PA

Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA

Dutasteride (Oral Capsule),T1

Dymista (Nasal Suspension),T3

E

Edarbi (Oral Tablet),T3 - QL

Edarbyclor (Oral Tablet),T3 - QL

Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T1 - QL

Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet),T2 - QL

Elmiron (Oral Capsule),T3

Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - QL

Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - QL

Emgality (Subcutaneous Solution Auto-Injector),T3 - QL

Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - QL

Enbrel (Subcutaneous Solution),T4 - QL

Enbrel Mini (Subcutaneous Solution Cartridge),T4 - QL

Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - QL

Entacapone (Oral Tablet),T1

Entecavir (Oral Tablet),T1

Entresto (Oral Tablet),T2 - QL

Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA

Epclusa (Oral Packet),T4 - PA; QL

Epclusa (Oral Tablet),T4 - PA; QL

EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL

EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL

Epiduo (External Gel),T3

Epiduo Forte (External Gel),T3

Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL

Eplerenone (Oral Tablet),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.

Ergoloid Mesylates (Oral Tablet),T1 - HRM	Febuxostat (Oral Tablet),T1
Ergotamine-Caffeine (Oral Tablet),T1	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
Erivedge (Oral Capsule),T4	Finacea (External Foam),T3 - QL
Erleada (60MG Oral Tablet),T4	Finacea (External Gel),T3 - QL
Ertapenem Sodium (Injection Solution Reconstituted),T1	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Erythromycin (Ophthalmic Ointment),T1	Flarex (Ophthalmic Suspension),T3
Esbriet (Oral Capsule),T4 - QL	FloLipid (Oral Suspension),T3 - QL
Esbriet (Oral Tablet),T4 - QL	Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2
Escitalopram Oxalate (Oral Tablet),T1	Flovent HFA (Inhalation Aerosol),T2 - QL
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL	Fluconazole (Oral Tablet),T1
Estradiol (Oral Tablet),T1 - HRM	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1
Estradiol (Transdermal Patch Twice Weekly),T1 - HRM; QL	Fluphenazine HCl (Oral Tablet),T1
Estradiol (Transdermal Patch Weekly),T1 - HRM; QL	Fluticasone Propionate (Nasal Suspension),T1
Estradiol (Vaginal Cream),T1	Forteo (Subcutaneous Solution Pen-Injector),T4
Eszopiclone (Oral Tablet),T1 - HRM; QL	Furosemide (Oral Tablet),T1
Ethambutol HCl (400MG Oral Tablet),T1	Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL
Ethosuximide (Oral Capsule),T1	
Ethosuximide (Oral Solution),T1	G
Etravirine (200MG Oral Tablet),T1 - QL	Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1
Eucria (External Ointment),T3 - QL	Gabapentin (Oral Capsule),T1
Extavia (Subcutaneous Kit),T4	Gammagard (2.5GM/25ML Injection Solution),T4 - PA
Ezetimibe (Oral Tablet),T1	Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA
Ezetimibe-Simvastatin (Oral Tablet),T1 - QL	Gemfibrozil (Oral Tablet),T1
F	Gemtesa (Oral Tablet),T3
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1	Genotropin (12MG Subcutaneous Cartridge),T4 - PA
Farxiga (Oral Tablet),T2 - QL	
Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA	
Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Genotropin (5MG Subcutaneous Cartridge),T3 - PA	Cartridge),T2
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe),T3 - PA	Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe),T4 - PA	Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2
Gentamicin Sulfate (40MG/ML Injection Solution),T1	Humalog Mix 50/50 (Subcutaneous Suspension),T2
Genvoya (Oral Tablet),T4 - QL	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1	Humalog Mix 75/25 (Subcutaneous Suspension),T2
Glatopa (Subcutaneous Solution Prefilled Syringe),T1	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Glucagon (Injection Kit) (Lilly),T1	Humira (Subcutaneous Prefilled Syringe Kit),T4 - QL
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet),T1 - PA	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - QL
Glyxambi (Oral Tablet),T2 - QL	Humira Pen (Subcutaneous Pen-Injector Kit),T4 - QL
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4
Gvoke Kit (Subcutaneous Solution),T2	Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T4
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2	Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T4 - QL
H	Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T4
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA	Humulin 70/30 (Subcutaneous Suspension),T2
Haloperidol (Oral Tablet),T1	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Harvoni (90-400MG Oral Tablet),T4 - PA; QL	Humulin N (Subcutaneous Suspension),T2
Harvoni (Oral Packet),T4 - PA; QL	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2
Humalog (Injection Solution),T2	Humulin R (Injection Solution),T2
Humalog (Subcutaneous Solution	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2

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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

Hydroxyurea (Oral Capsule),T1

Hydroxyzine HCl (Oral Syrup),T1 - HRM

Hydroxyzine HCl (Oral Tablet),T1 - HRM

I

Ibandronate Sodium (Oral Tablet),T1

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

Icatibant Acetate (Subcutaneous Solution Prefilled Syringe),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

Invexxy Maintenance Pack (Vaginal Insert),T2 - PA

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

Ingrezza (Oral Capsule Therapy Pack),T4 - QL

Ingrezza (Oral Capsule),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

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Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (Oral Tablet Immediate Release),T1

Isosorbide Dinitrate-Hydralazine (Oral Tablet),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

J

Janumet (Oral Tablet Immediate Release),T2 - QL

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

Januvia (Oral Tablet),T2 - QL

Jardiance (Oral Tablet),T2 - QL

Jentadueto (Oral Tablet Immediate Release),T2 - QL

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

Jublia (External Solution),T3

Juluca (Oral Tablet),T4 - QL

K

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T1

Kevzara (Subcutaneous Solution Auto-Injector),T4 - QL

Kevzara (Subcutaneous Solution Prefilled Syringe),T4 - QL

Klisyri (External Ointment),T4 - QL

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

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

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

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

Korlym (Oral Tablet),T4

L

Lacosamide (Oral Tablet),T1 - QL

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

Lactulose (Oral Packet),T1

Lamivudine (100MG Oral Tablet),T1

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

Lamotrigine (Oral Tablet Immediate Release),T1

Lantus (Subcutaneous Solution),T2

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2

Latanoprost (Ophthalmic Solution),T1

Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL

Leflunomide (Oral Tablet),T1

Letrozole (Oral Tablet),T1

Leucovorin Calcium (Oral Tablet),T1

Leukeran (Oral Tablet),T4

Levemir (Subcutaneous Solution),T2

Levetiracetam (Oral Tablet Immediate Release),T1

Levobunolol HCl (Ophthalmic Solution),T1

Levocarnitine (Oral Tablet),T1

Levocetirizine Dihydrochloride (Oral Tablet),T1

Levofloxacin (Oral Tablet),T1

Levothyroxine Sodium (Oral Tablet),T1

Lialda (Oral Tablet Delayed Release),T3 - 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 (Oral Tablet),T4 - QL
Lokelma (Oral Packet),T3 - QL	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
Loperamide HCl (Oral Capsule),T1	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lorazepam (Oral Tablet),T1 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lorazepam Intensol (Oral Concentrate),T1 - QL	Meloxicam (Oral Tablet),T1
Losartan Potassium (Oral Tablet),T1 - QL	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Lotemax (Ophthalmic Gel),T3	Mercaptopurine (Oral Tablet),T1
Lotemax (Ophthalmic Ointment),T3	Meropenem (Intravenous Solution Reconstituted),T1
Lotemax (Ophthalmic Suspension),T3	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL
Lotemax SM (Ophthalmic Gel),T3	Mesnex (Oral Tablet),T3
Lovastatin (Oral Tablet),T1 - QL	Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL
Lumigan (Ophthalmic Solution),T2	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lupron Depot (1-Month) (Intramuscular Kit),T3 - QL	Methamphetamine HCl (Oral Tablet),T1 - PA; QL
Lupron Depot (3-Month) (Intramuscular Kit),T3 - QL	Methimazole (Oral Tablet),T1
Lupron Depot (4-Month) (Intramuscular Kit),T3 - QL	Methotrexate Sodium (Oral Tablet),T1
Lupron Depot (6-Month) (Intramuscular Kit),T3 - QL	Methscopolamine Bromide (Oral Tablet),T1 - HRM
Lurasidone HCl (Oral Tablet),T1 - QL	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL
Luzu (External Cream),T3 - QL	Methylprednisolone (Oral Tablet),T1
Lysodren (Oral Tablet),T4	Metoclopramide HCl (Oral Tablet),T1
Lyumjev (Injection Solution),T2	Metoprolol Succinate ER (Oral Tablet Extended
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2	

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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 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

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

Movantik (Oral Tablet),T2 - QL

MoviPrep (Oral Solution Reconstituted),T3

Multaq (Oral Tablet),T2

Myrbetriq (Oral Suspension Reconstituted ER),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 (250MG Oral Tablet Immediate Release, 375MG Oral Tablet Immediate Release, 500MG 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

Neupogen (Injection Solution Prefilled Syringe),T4

Neupogen (Injection Solution),T4

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, 40MG Oral Capsule Delayed Release),T2 - QL

Nexletol (Oral Tablet),T3 - QL

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Nexlizet (Oral Tablet),T3 - QL

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

Nimodipine (Oral Capsule),T1

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

Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM

Nitroglycerin (Tablet Sublingual),T1

Nivestym (Injection Solution Prefilled Syringe),T4

Nivestym (Injection Solution),T4

Nizatidine (Oral Capsule),T1

Norethindrone Acetate (5MG Oral Tablet),T1

Nortriptyline HCl (Oral Capsule),T1 - HRM

NovoLog (Injection Solution),T2

NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2

NovoLog Mix 70/30 (Subcutaneous Suspension),T2

NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2

NovoLog PenFill (Subcutaneous Solution Cartridge),T2

Novolin 70/30 (Subcutaneous Suspension),T2

Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2

Novolin N (Subcutaneous Suspension),T2

Novolin N FlexPen (Subcutaneous Suspension Pen-Injector),T2

Novolin R (Injection Solution),T2

Novolin R FlexPen (Injection Solution Pen-Injector),T2

Nubeqa (Oral Tablet),T4

Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL

Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL

Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL

Nurtec ODT (Oral Tablet Dispersible),T4 - QL

Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA

Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA

Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA

Nuzyra (Intravenous Solution Reconstituted),T4

Nuzyra (Oral Tablet),T4 - QL

Nystatin (External Cream),T1

Nystatin (External Ointment),T1

Nystatin (External Powder),T1 - QL

Nyvepria (Subcutaneous Solution Prefilled Syringe),T4

O

Odomzo (Oral Capsule),T4

Ofev (Oral Capsule),T4 - QL

Ofloxacin (Ophthalmic Solution),T1

Ofloxacin (Otic Solution),T1

Olanzapine (Oral Tablet),T1 - QL

Olopatadine HCl (0.1% Ophthalmic Solution),T1

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

Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL

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

Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T1 - B/D,PA; QL

Ondansetron ODT (Oral Tablet Dispersible),T1 -

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B/D,PA; QL	Pentasa (Oral Capsule Extended Release),T3 - QL
Opsumit (Oral Tablet),T4 - PA	Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL
Orenitram (0.125MG Oral Tablet Extended Release),T3	Permethrin (External Cream),T1
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4	Perseris (Subcutaneous Prefilled Syringe),T4
Orgovyx (Oral Tablet),T4 - QL	Phenelzine Sulfate (Oral Tablet),T1
Orilissa (Oral Tablet),T4 - QL	Phenytoin Sodium Extended (Oral Capsule),T1
Oseltamivir Phosphate (Oral Capsule),T1	Phoslyra (667MG/5ML Oral Solution),T2
Osphena (Oral Tablet),T2 - PA; QL	Pilocarpine HCl (Oral Tablet),T1
Otezla (Oral Tablet Therapy Pack),T4 - QL	Pimecrolimus (External Cream),T1 - QL
Otezla (Oral Tablet),T4 - QL	Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet),T1 - QL
Oxcarbazepine (Oral Tablet),T1	Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T1	Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL
Oxycodone HCl (Oral Capsule),T1 - 7D; MME; DL; QL	Pomalyst (2MG Oral Capsule, 3MG Oral Capsule, 4MG Oral Capsule),T4
Oxycodone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Potassium Chloride ER (Oral Capsule Extended Release),T1
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	Potassium Chloride ER (Oral Tablet Extended Release),T1
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL	Potassium Citrate ER (Oral Tablet Extended Release),T1
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector),T2 - PA; QL	Pradaxa (Oral Capsule),T3 - QL
P	Praluent (Subcutaneous Solution Auto-Injector),T2 - QL
Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL	Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1
Pegasys (Subcutaneous Solution),T4	Pravastatin Sodium (Oral Tablet),T1 - QL
Penicillamine (Oral Tablet),T1	Prazosin HCl (Oral Capsule),T1
Penicillin V Potassium (Oral Tablet),T1	Prednisolone Acetate (Ophthalmic Suspension),T1
	Prednisone (5MG/5ML Oral Solution),T1
	Prednisone (Oral Tablet),T1

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Premarin (Oral Tablet),T3 - HRM; QL	Pulmozyme (Inhalation Solution),T4 - B/D,PA; QL
Premarin (Vaginal Cream),T2	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T1
Premphase (Oral Tablet),T3 - HRM; QL	Pyridostigmine Bromide (Oral Solution),T1
Prempro (Oral Tablet),T3 - HRM; QL	Pyridostigmine Bromide ER (Oral Tablet Extended Release),T1
Prenatal (27-1MG Oral Tablet),T1	
Prezcobix (Oral Tablet),T4 - QL	Q
Primidone (250MG Oral Tablet, 50MG Oral Tablet),T1	QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - QL
Privigen (20GM/200ML Intravenous Solution),T4 - PA	Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release),T1 - QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T1 - QL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T3 - B/D,PA	Quinapril HCl (Oral Tablet),T1 - QL
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T4 - B/D,PA	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Procto-Med HC (External Cream),T1	R
Proctosol HC (External Cream),T1	Raloxifene HCl (Oral Tablet),T1
Progesterone (Oral Capsule),T1	Ramipril (Oral Capsule),T1 - QL
Prograf (0.5MG Oral Capsule, 1MG Oral Capsule),T3 - B/D,PA	Ranolazine ER (Oral Tablet Extended Release 12 Hour),T1
Prograf (5MG Oral Capsule),T4 - B/D,PA	Rasagiline Mesylate (Oral Tablet),T1
Prograf (Oral Packet),T3 - B/D,PA	Rasuvo (Subcutaneous Solution Auto-Injector),T3
Prolastin-C (Intravenous Solution Reconstituted),T4	Royaldee (Oral Capsule Extended Release),T4 - QL
Prolensa (Ophthalmic Solution),T3	Rebif (Subcutaneous Solution Prefilled Syringe),T4
Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL	Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4
Propranolol HCl (Oral Tablet),T1	Regranex (External Gel),T4 - PA
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T1	
Propylthiouracil (Oral Tablet),T1	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),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.

Repatha (Subcutaneous Solution Prefilled Syringe),T2 - QL

Repatha Pushtronex 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

Retacrit (Injection Solution),T3 - B/D,PA

Rexulti (Oral Tablet),T4 - QL

Reyvow (Oral Tablet),T3 - QL

Rhopressa (Ophthalmic Solution),T2

Ribavirin (Oral Tablet),T1

Rifabutin (Oral Capsule),T1

Rifampin (300MG Oral Capsule),T1

Riluzole (Oral Tablet),T1

Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - QL

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4

Risperidone (Oral Tablet),T1

Ritonavir (Oral Tablet),T1 - QL

Rivastigmine (Transdermal Patch 24 Hour),T1 - QL

Rivastigmine Tartrate (Oral Capsule),T1

Rizatriptan Benzoate (Oral Tablet),T1 - QL

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

Rocklatan (Ophthalmic Solution),T2

Roflumilast (500MCG Oral Tablet),T1

Ropinirole HCl (Oral Tablet Immediate Release),T1

Rosuvastatin Calcium (Oral Tablet),T1 - QL

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

Rybelsus (Oral Tablet),T2 - PA; QL

Rytary (Oral Capsule Extended Release),T3

S

SPS (Oral Suspension),T1

Sancuso (Transdermal Patch),T4 - QL

Santyl (External Ointment),T3

Saphris (Tablet Sublingual),T3

Savella (Oral Tablet),T2

Selegiline HCl (Oral Capsule),T1

Selegiline HCl (Oral Tablet),T1

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

Sertraline HCl (Oral Tablet),T1

Sevelamer Carbonate (Oral Packet),T1

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

Sevelamer HCl (Oral Tablet),T1

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

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

Siliq (Subcutaneous Solution Prefilled Syringe),T4 - QL

Silver Sulfadiazine (External Cream),T1

Simbrinza (Ophthalmic Suspension),T2

Simponi (Subcutaneous Solution Auto-Injector),T4 - QL

Simponi (Subcutaneous Solution Prefilled Syringe),T4 - 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.

Simvastatin (Oral Tablet),T1 - QL	Oral Tablet),T1
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge),T4 - QL	Sulfasalazine (Oral Tablet Delayed Release),T1
Skyrizi (Subcutaneous Solution Prefilled Syringe),T4 - QL	Sulfasalazine (Oral Tablet Immediate Release),T1
Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - QL	Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL
Sodium Oxybate (Oral Solution),T4 - PA; QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector),T1 - QL
Sodium Polystyrene Sulfonate (Oral Powder),T1	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T1 - QL
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution),T1	Sunosi (Oral Tablet),T3 - QL
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	Sutab (Oral Tablet),T2
Solifenacin Succinate (Oral Tablet),T1 - QL	Symbicort (Inhalation Aerosol),T2 - QL
Soliqua (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Symjepi (Injection Solution Prefilled Syringe),T3 - QL
Sotalol HCl (Oral Tablet),T1	Symtuza (Oral Tablet),T4 - QL
Sotalol HCl AF (Oral Tablet),T1	Synjardy (Oral Tablet Immediate Release),T2 - QL
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Synribo (Subcutaneous Solution Reconstituted),T4
Spironolactone (Oral Tablet),T1	Synthroid (Oral Tablet),T2
Sprycel (Oral Tablet),T4	T
Stelara (Subcutaneous Solution Prefilled Syringe),T4 - QL	TOBI Podhaler (Inhalation Capsule),T4 - QL
Stelara (Subcutaneous Solution),T4 - QL	Tabrecta (Oral Tablet),T4 - QL
Stiolto Respimat (Inhalation Aerosol Solution),T2	Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA
Striverdi Respimat (Inhalation Aerosol Solution),T3	Taltz (Subcutaneous Solution Auto-Injector),T4 - QL
Suboxone (Sublingual Film),T3 - QL	Taltz (Subcutaneous Solution Prefilled Syringe),T4 - QL
Sucralfate (Oral Suspension),T1	Tamoxifen Citrate (Oral Tablet),T1
Sucralfate (Oral Tablet),T1	Tamsulosin HCl (Oral Capsule),T1
Sulfadiazine (Oral Tablet),T1	Tecfidera (Oral Capsule Delayed Release),T4 - QL
Sulfamethoxazole-Trimethoprim (800MG-160MG	

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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

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 - QL

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 24 Hour),T1

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

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

Timolol Maleate (Oral Tablet),T1

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

Timoptic Ocudose (Ophthalmic Solution),T3

Tivicay (25MG Oral Tablet),T3 - QL

Tivicay (50MG Oral Tablet),T4 - QL

Tizanidine HCl (Oral Tablet),T1

TobraDex ST (Ophthalmic Suspension),T3

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

Tobramycin-Dexamethasone (Ophthalmic

Suspension),T1

Topiramate (Oral Capsule Sprinkle Immediate Release),T1

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T1

Torseמידe (Oral Tablet),T1

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

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2

Tracleer (Oral Tablet Soluble),T4 - QL

Tracleer (Oral Tablet),T4 - QL

Tradjenta (Oral Tablet),T2 - QL

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

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

Tranexamic Acid (Oral Tablet),T1

Tranylcypramine Sulfate (Oral Tablet),T1

Travoprost (BAK Free) (Ophthalmic Solution),T1

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

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

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

Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - QL

Tresiba (Subcutaneous Solution),T2

Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2

Tretinoin (External Cream),T1 - PA

Tretinoin (Oral Capsule),T1

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

Triamcinolone Acetonide (External Cream),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.

Triamterene-HCTZ (Oral Capsule),T1	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
Triamterene-HCTZ (Oral Tablet),T1	Verapamil HCl ER (Oral Tablet Extended Release),T1
Trientine HCl (Oral Capsule),T1 - QL	Verquvo (Oral Tablet),T2 - QL
Trihexyphenidyl HCl (Oral Solution),T1 - HRM	Versacloz (Oral Suspension),T4
Trihexyphenidyl HCl (Oral Tablet),T1 - HRM	Viberzi (Oral Tablet),T4 - QL
Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Victoza (Subcutaneous Solution Pen-Injector),T2 - PA; QL
Trintellix (Oral Tablet),T3	Viibryd (Oral Tablet),T3
Trulance (Oral Tablet),T3	Vitrakvi (Oral Capsule),T4 - QL
Trulicity (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Vitrakvi (Oral Solution),T4 - QL
Tymlos (Subcutaneous Solution Pen-Injector),T4	Vosevi (Oral Tablet),T4 - PA; QL
Tyrvaya (Nasal Solution),T3 - QL	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - QL
U	Vyvanse (Oral Capsule),T3
Ubrelvy (Oral Tablet),T4 - QL	Vyvanse (Oral Tablet Chewable),T3
Udenyca (Subcutaneous Solution Prefilled Syringe),T4	Vyzulta (Ophthalmic Solution),T3
Ursodiol (300MG Oral Capsule),T1	W
Ursodiol (Oral Tablet),T1	Warfarin Sodium (Oral Tablet),T1
V	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T1 - QL
Valacyclovir HCl (Oral Tablet),T1 - QL	X
Valganciclovir HCl (Oral Tablet),T1 - QL	Xarelto (Oral Suspension Reconstituted),T2 - QL
Valsartan (Oral Tablet),T1 - QL	Xarelto (Oral Tablet),T2 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - QL
Varenicline Tartrate (Oral Tablet),T1	Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack),T3 - QL
Vascepa (Oral Capsule),T1	Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral
Velphoro (Oral Tablet Chewable),T4	
Veltassa (Oral Packet),T3 - QL	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1	
Ventolin HFA (Inhalation Aerosol Solution),T2	
Verapamil HCl (Oral Tablet Immediate Release),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.

Tablet Therapy Pack),T4 - QL

Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T4 - QL

Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T4 - QL

Xeljanz (Oral Solution),T4 - QL

Xeljanz (Oral Tablet Immediate Release),T4 - QL

Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - QL

Xenleta (Oral Tablet),T3 - QL

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

Xiidra (Ophthalmic Solution),T3 - QL

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

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

Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA

Xolair (Subcutaneous Solution Reconstituted),T4 - PA

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

Xtandi (Oral Capsule),T4

Xtandi (Oral Tablet),T4

Xultophy (Subcutaneous Solution Pen-Injector),T3 - PA; QL

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

Zioptan (Ophthalmic Solution),T3

Zirgan (Ophthalmic Gel),T3

Zolinza (Oral Capsule),T4

Zolpidem Tartrate (Oral Tablet Immediate Release),T1 - 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	
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	
Levbid	3	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
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.



Call toll-free **1-866-860-7708**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday



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