



Plan guide 2022



**Take advantage of all your
Prescription Drug plan has
to offer**

ARLINGTON PUBLIC SCHOOLS

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Number: 23707

Effective: January 1, 2022 through December 31, 2022

**United
Healthcare**



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Introducing the plan

UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Retiree,

Your former employer or plan sponsor has selected UnitedHealthcare to offer prescription drug coverage for all eligible retirees. We believe you should get more than a good plan and that's why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save money so you can focus more on what matters to you

In this book, you will find:

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

How to enroll

- 1 Find the Enrollment Request Form in the “Enrollment” section of this book
- 2 Fill out the form completely — make sure you sign and date the form
- 3 Return your completed form in the enclosed envelope before your enrollment deadline

You can get 2022 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your plan materials.

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

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



Get a 3-month supply¹



Over 67,000 pharmacies



OptumRx® Home Delivery

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Plan information

Benefit highlights

ARLINGTON PUBLIC SCHOOLS 23707

Effective January 1, 2022 to December 31, 2022

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

Prescription Drugs

	Your Cost	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$25 copay	\$50 copay
Tier 3: Non-preferred Drug	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$40 copay	\$80 copay
Coverage gap stage	After your total drug costs reach \$4,430, 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 \$7,050, you will pay the greater of \$3.95 copay for generic (including brand drugs treated as generic), \$9.85 copay for all other drugs, or 5% coinsurance	

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Drug lists (formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year.

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UnitedHealthcare® MedicareRx for Groups (PDP)

Your former employer or plan sponsor has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan for your prescription drug coverage. 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. This plan is also known as a Medicare Part D plan.

Original Medicare Part A (hospital coverage) and Part B (doctor and outpatient care) help pay for some of the costs, but they don't cover prescription drugs. Medicare Part D plans help with prescription drug costs. You can get Part D coverage through a private insurance company, like UnitedHealthcare.



Make sure you are signed up for Medicare

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

- If you're not sure if you are enrolled, check with Social Security
- Visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- If you are enrolled in Medicare Part B, you must continue to pay your Medicare Part B monthly premium to Social Security to keep your Medicare Part B coverage
- If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

How your Group Medicare Part D plan works

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

✓ One plan at a time

- You may be enrolled in only 1 Medicare Part D prescription drug plan at a time. This means you may have 1 Medicare Part D plan or 1 Medicare Advantage plan that includes prescription drug coverage, but not both
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you enroll in another plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan
- Any eligible family members may also be disenrolled from their group-sponsored coverage, and you and your family may not have drug coverage through your former employer or plan sponsor

✓ You must have employer group-sponsored coverage

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

- If you want a Medicare Advantage plan, it must come through a group like your former employer or plan sponsored Part D prescription drug plan
- If you enroll in an individual Medicare Advantage plan, you may be disenrolled from this group-sponsored Part D prescription drug plan



Remember: If you drop or are disenrolled from your group-sponsored retiree prescription drug 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.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

Here are some of the highlights of your new prescription drug plan:



Dedicated service

We're here for you. Our Customer Service team has been specially trained to know all the ins and outs of your plan.



Complete drug list

The plan's drug list (formulary) includes all of the drugs covered by Medicare Part D in brand or generic form. Your plan may include additional drug coverage beyond what Medicare allows.



Filling your prescriptions is convenient

There are thousands of national chain, regional and independent local retail pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy¹ can help make sure you are getting the lowest cost available through your plan.



UnitedHealthcare Hearing — 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 nationwide¹ or delivered to your doorstep with Right2You 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.

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

¹Please refer to your Summary of Benefits for details regarding your benefit coverage.



What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount Social Security determines you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from 2 years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.



What is a Medicare Part D Late Enrollment Penalty (LEP)?

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. 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.

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

Questions? We're here to help.



www.UHCRetiree.com




Call toll-free **1-877-558-4749**, TTY **711**,
8 a.m. - 8 p.m. local time, 7 days a week

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

The price you pay for a covered drug will depend on 2 factors:

1 The drug-cost tier for your drug

Each covered drug is assigned to a tier. Generally, the lower the tier, the less you pay.

Tier	Cost	Description
Tier 1	Low	Most generic drugs
Tier 2		Many common brand-name drugs, called preferred brands, and some higher-cost generic drugs
Tier 3		Non-preferred generic and non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3
Tier 4 (Specialty)		High

2 Your Medicare drug payment stages

Annual deductible – If your plan has a deductible, you pay the total cost of your drugs until you reach the deductible amount set by your plan. Then you move to the initial coverage stage. If you don't have a deductible, your coverage begins in the initial coverage stage.

Initial coverage	Coverage gap	Catastrophic coverage
<p>In this drug payment stage:</p> <ul style="list-style-type: none"> You pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest You stay in this stage until your total drug costs reach \$4,430 	<p>Your plan provides additional coverage through the gap.</p> <ul style="list-style-type: none"> You continue to pay the same copay or coinsurance as you did in the initial coverage stage You stay in this stage until your out-of-pocket costs reach \$7,050 	<p>After your out-of-pocket costs reach \$7,050:</p> <ul style="list-style-type: none"> You pay a small copay or coinsurance amount You stay in this stage for the rest of the plan year

Total drug costs – The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2022. This does not include premiums.

Out-of-pocket costs – The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2022. This does not include premiums.

Ways to 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 through OptumRx® Home Delivery. 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 OptumRx® Home Delivery, 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**
Make an appointment to have an annual medication review with your doctor to make sure you are only taking the drugs you need.



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.

Summary of benefits 2022

Prescription drug plan

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Name (Plan Sponsor): ARLINGTON PUBLIC SCHOOLS

Group Number: 23707

S5820-803-000

Look inside to take advantage of the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.

 Toll-free **1-877-558-4749**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

 www.UHCRetiree.com



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Summary of benefits

January 1, 2022 - December 31, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.UHCRetiree.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join UnitedHealthcare® MedicareRx for Groups (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below, be a United States citizen or lawfully present in the United States and meet the eligibility requirements of your former employer, union group or trust administrator (plan sponsor).

Our service area includes the 50 United States, the District of Columbia and all U.S. territories.

Use network pharmacies

UnitedHealthcare® MedicareRx for Groups (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to www.UHCRetiree.com to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

UnitedHealthcare® MedicareRx for Groups (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual Prescription Drug Deductible	This plan does not have a deductible.

Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

Your plan sponsor has chosen to make supplemental drug coverage available to you. This coverage is in addition to your Part D prescription drug benefit. The drug copays in this section are for drugs that are covered by both your Part D prescription drug benefit and your supplemental drug coverage. You can view the Certificate of Coverage at www.UHCRetiree.com or call Customer Service to have a hard copy sent to you.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you will pay the same for a 31-day supply as a 30-day supply at a retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$10 copay	\$20 copay
Tier 2: Preferred Brand	\$25 copay	\$50 copay
Tier 3: Non-preferred Drug	\$40 copay	\$80 copay
Tier 4: Specialty Tier	\$40 copay	\$80 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 	

Required Information

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

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-888-556-6648 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 1-888-556-6648, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 8 a.m. a 8 p.m., hora local, de lunes a viernes.

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

Benefits and features vary by plan. Limitations and exclusions may apply.

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within 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 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

You must continue to pay your Medicare Part B premium.

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 yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh bee hane'í biká'ígíí bee hodiilnih.

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

Drug list

Drug list

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2021. 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.

ST
Step therapy

You may need to try lower-cost drugs that treat the same condition before the plan will cover your drug. If you have tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan for coverage.

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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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 having the pharmacy contact the plan.
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),T3 - QL	Acyclovir (Oral Capsule),T1
Abilify Maintena (Intramuscular Prefilled Syringe),T4	Acyclovir (Oral Tablet),T1
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4	Adacel (Intramuscular Suspension),T2 - QL
Abiraterone Acetate (250MG Oral Tablet),T3 - PA	Advair Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Acamprosate Calcium (Oral Tablet Delayed Release),T3	Advair HFA (Inhalation Aerosol),T2 - QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL
Acetazolamide (Oral Tablet),T2	Albendazole (Oral Tablet),T3 - QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T2	Alcohol Prep Pads,T2
Acthar (Injection Gel),T4 - PA	Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1
	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1
	Allopurinol (Oral Tablet),T1
	Alosetron HCl (Oral Tablet),T4 - PA

Bold type = Brand name drug

Plain type = Generic drug

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Alphagan P (0.1% Ophthalmic Solution),T2	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),T4 - PA
Alphagan P (0.15% Ophthalmic Solution),T3	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA
Alprazolam (Oral Tablet Immediate Release),T1 - QL	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T3 - PA
Alrex (Ophthalmic Suspension),T3	Aranesp (Albumin Free) (200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T4 - PA
Alyq (Oral Tablet),T3 - PA	Aripiprazole (Oral Tablet),T1 - QL
Amantadine HCl (Oral Capsule),T2	Aristada (Intramuscular Prefilled Syringe),T4
Amantadine HCl (Oral Syrup),T1	Aristada Initio (Intramuscular Prefilled Syringe),T4
Amantadine HCl (Oral Tablet),T2	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Ambrisentan (Oral Tablet),T4 - PA; QL	Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiloride HCl (Oral Tablet),T1	Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T3	Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiodarone HCl (200MG Oral Tablet),T1	Asmanex HFA (Inhalation Aerosol),T3 - ST; QL
Amitriptyline HCl (Oral Tablet),T3 - HRM	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3 - QL
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),T2 - QL	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T2 - QL	
Ampyra (Oral Tablet Extended Release 12 Hour),T4 - ST; QL	
Anagrelide HCl (Oral Capsule),T2	
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	

T1 = Tier 1

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T4 = Tier 4

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Atazanavir Sulfate (Oral Capsule),T3 - QL	Bepreve (Ophthalmic Solution),T3
Atenolol (Oral Tablet),T1	Berinert (Intravenous Kit),T4 - PA
Atomoxetine HCl (Oral Capsule),T3	Besivance (Ophthalmic Suspension),T3
Atorvastatin Calcium (Oral Tablet),T1 - QL	Betaseron (Subcutaneous Kit),T4
Atovaquone-Proguanil HCl (Oral Tablet),T3	Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet),T2
Atrovent HFA (Inhalation Aerosol Solution),T3	Bethanechol Chloride (50MG Oral Tablet),T3
Aubagio (Oral Tablet),T4 - QL	Betimol (Ophthalmic Solution),T3
Auryxia (Oral Tablet),T4 - PA	Bevespi Aerosphere (Inhalation Aerosol),T3 - ST
Austedo (Oral Tablet),T4 - PA; QL	Bexarotene (Oral Capsule),T4 - PA
Avonex Pen (Intramuscular Auto-Injector Kit),T4	BiDil (Oral Tablet),T2
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4	Bicalutamide (Oral Tablet),T1
Azasite (Ophthalmic Solution),T3	Bijuva (Oral Capsule),T3 - PA; HRM
Azathioprine (Oral Tablet),T1 - B/D,PA	Bisoprolol Fumarate (Oral Tablet),T1
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azelastine HCl (Ophthalmic Solution),T1	Bosentan (Oral Tablet),T4 - PA; QL
Azithromycin (Oral Packet),T1	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Azithromycin (Oral Tablet),T1	Breztri Aerosphere (Inhalation Aerosol),T2 - QL
B	Brilinta (Oral Tablet),T2 - QL
BRIVIACT (Oral Solution),T4 - PA	Brimonidine Tartrate (0.15% Ophthalmic Solution),T3
BRIVIACT (Oral Tablet),T4 - PA	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
Baclofen (Oral Tablet),T1	Budesonide (Inhalation Suspension),T3 - B/D,PA
Balsalazide Disodium (Oral Capsule),T3	Budesonide (Oral Capsule Delayed Release Particles),T3
Baqsimi One Pack (Nasal Powder),T2	Bumetanide (Oral Tablet),T2
Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST	Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL
Belsomra (Oral Tablet),T2 - QL	Buprenorphine HCl (Tablet Sublingual),T1 - QL
Benazepril HCl (Oral Tablet),T1 - QL	
Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL	
Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM	

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Buprenorphine HCl-Naloxone HCl (Sublingual Film),T3 - QL	Captopril (100MG Oral Tablet),T3 - QL
Bupropion HCl (Oral Tablet Immediate Release),T1	Captopril (12.5MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2 - QL
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3	Carbaglu (Oral Tablet),T4
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1	Carbamazepine (Oral Tablet Immediate Release),T2
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1	Carbidopa-Levodopa (Oral Tablet Immediate Release),T1
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1	Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2
Buspironone HCl (Oral Tablet),T1	Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T3
Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly),T3 - 7D; DL; QL	Carbidopa-Levodopa-Entacapone (Oral Tablet),T3
Butrans (20MCG/HR Transdermal Patch Weekly),T4 - 7D; DL; QL	Carvedilol (Oral Tablet),T1
Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL	Cefuroxime Axetil (Oral Tablet),T1
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Celecoxib (Oral Capsule),T2 - QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1
Bystolic (Oral Tablet),T2 - QL	Cephalexin (750MG Oral Capsule),T3
C	Cephalexin (Oral Tablet),T2
Cabergoline (Oral Tablet),T2	Chantix (Oral Tablet),T2
Calcitriol (External Ointment),T3	Chantix Continuing Month Pak (Oral Tablet),T2
Calcitriol (Oral Capsule),T1 - B/D,PA	Chantix Starting Month Pak (Oral Tablet),T2
Calcium Acetate (667MG Oral Tablet),T2	Chlorhexidine Gluconate (Mouth Solution),T1
Calcium Acetate (Phosphate Binder) (Oral Capsule),T2	Chlorthalidone (Oral Tablet),T1
	Cholestyramine (Oral Packet),T3
	Cholestyramine Light (Oral Packet),T3
	Cilostazol (Oral Tablet),T1
	Cimetidine (Oral Tablet),T2
	Cimetidine HCl (300MG/5ML Oral Solution),T2
	Cinacalcet HCl (30MG Oral Tablet),T3 - B/D,PA; QL

T1 = Tier 1

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T4 = Tier 4

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Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T4 - B/D,PA; QL	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2
Cinryze (Intravenous Solution Reconstituted),T4 - PA	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T2
Ciprodex (Otic Suspension),T3	Colcrys (Oral Tablet),T3 - PA
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1	Colesevelam HCl (Oral Tablet),T3
Citalopram Hydrobromide (Oral Tablet),T1	Combigan (Ophthalmic Solution),T2
Clarithromycin (Oral Tablet Immediate Release),T2	Combivent Respimat (Inhalation Aerosol Solution),T2 - QL
Clenpiq (Oral Solution),T2	Copaxone (Subcutaneous Solution Prefilled Syringe),T4
Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM	Corlanor (Oral Solution),T3 - PA; QL
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1 - QL	Corlanor (Oral Tablet),T3 - PA; QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T2 - QL	Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Clonidine (0.1MG/24HR Transdermal Patch Weekly),T2	Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T3	Cosopt PF (Ophthalmic Solution),T3
Clonidine HCl (Oral Tablet Immediate Release),T1	Creon (Oral Capsule Delayed Release Particles),T2
Clopidogrel Bisulfate (75MG Oral Tablet),T1	Cromolyn Sodium (Inhalation Nebulization Solution),T4 - B/D,PA
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2	Cromolyn Sodium (Oral Concentrate),T2
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T3	Cyclophosphamide (Oral Capsule),T2 - B/D,PA
	Cyproheptadine HCl (Oral Tablet),T3 - PA; HRM
	D
	DARAPRIM (Oral Tablet),T4
	Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T2 - QL
	Dapsone (5% External Gel),T3
	Dapsone (Oral Tablet),T2
	Deferasirox (Oral Tablet Soluble) (Generic Exjade),T4 - PA
	Delzicol (Oral Capsule Delayed Release),T3 -

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ST	
Depen Titratabs (Oral Tablet),T4	Capsule Extended Release 24 Hour, 180MG
Desmopressin Acetate (Oral Tablet),T2	Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2	Dipentum (Oral Capsule),T4
Dexamethasone (Oral Tablet),T1	Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM
Dextrose-NaCl (5-0.2% Intravenous Solution),T2	Disulfiram (Oral Tablet),T2
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2
Diazepam (5MG/5ML Oral Solution),T1	Divalproex Sodium (Oral Tablet Delayed Release),T1
Diazepam Intensol (5MG/ML Oral Concentrate),T2 - QL	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Diclofenac Potassium (Oral Tablet),T2	Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Diclofenac Sodium (1% External Gel),T2 - QL	Donepezil HCl (23MG Oral Tablet),T2 - QL
Diclofenac Sodium (Oral Tablet Delayed Release),T1	Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1
Dicyclomine HCl (Oral Capsule),T1 - HRM	Doxazosin Mesylate (Oral Tablet),T1
Dicyclomine HCl (Oral Tablet),T1 - HRM	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2
Dificid (Oral Suspension Reconstituted),T4	Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T3
Dificid (Oral Tablet),T4	Doxycycline Hyclate (Oral Capsule),T2
Digoxin (125MCG Oral Tablet),T3 - HRM; QL	Dronabinol (Oral Capsule),T3 - PA
Digoxin (250MCG Oral Tablet),T3 - PA; HRM	Duavee (Oral Tablet),T3 - PA; HRM
Dihydroergotamine Mesylate (Nasal Solution),T4 - PA; QL	Dulera (Inhalation Aerosol),T3 - QL
Diltiazem HCl (Oral Tablet Immediate Release),T1	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1	
Diltiazem HCl ER Coated Beads (120MG Oral	

T1 = Tier 1

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T3 = Tier 3

T4 = Tier 4

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Dutasteride (Oral Capsule),T2	Envarsus XR (Oral Tablet Extended Release 24 Hour),T3 - B/D,PA
Dymista (Nasal Suspension),T3	Epclusa (Oral Tablet),T4 - PA; QL
E	EpiPen 2-Pak (Injection Solution Auto-Injector),T3 - QL
Edarbi (Oral Tablet),T3 - QL	EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL
Edarbyclor (Oral Tablet),T3 - QL	Epiduo (External Gel),T3 - ST
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T4 - QL	Epiduo Forte (External Gel),T3 - ST
Elidel (External Cream),T3 - ST; QL	Epinephrine (Injection Solution Auto-Injector),T2 - QL
Eliquis (Oral Tablet),T2 - QL	Eplerenone (25MG Oral Tablet),T2
Eliquis Starter Pack (Oral Tablet),T2 - QL	Eplerenone (50MG Oral Tablet),T3
Elmiron (Oral Capsule),T4	Equetro (Oral Capsule Extended Release 12 Hour),T3
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Ergotamine-Caffeine (Oral Tablet),T2
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T3 - PA; QL	Erleada (Oral Tablet),T4 - PA
Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL	Ertapenem Sodium (Injection Solution Reconstituted),T3
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T4 - QL	Escitalopram Oxalate (Oral Tablet),T1
Enalapril Maleate (Oral Tablet),T1 - QL	Estradiol (Oral Tablet),T3 - PA; HRM
Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL
Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Estradiol (Transdermal Patch Weekly),T3 - PA; HRM; QL
Enbrel (Subcutaneous Solution Reconstituted),T4 - PA; QL	Estradiol (Vaginal Cream),T2
Enbrel (Subcutaneous Solution),T4 - PA; QL	Eszopiclone (Oral Tablet),T3 - PA; HRM; QL
Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL	Ethosuximide (Oral Capsule),T2
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Ethosuximide (Oral Solution),T2
Entacapone (Oral Tablet),T3	Eucrisa (External Ointment),T3 - PA; QL
Entecavir (Oral Tablet),T3	Extavia (Subcutaneous Kit),T4
Entresto (Oral Tablet),T2 - QL	Ezetimibe (Oral Tablet),T1
	Ezetimibe-Simvastatin (Oral Tablet),T2 - QL

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F		
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1	Fluticasone Propionate (External Ointment),T2	
Farxiga (Oral Tablet),T2 - QL	Fluticasone Propionate (Nasal Suspension),T1	
Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA	Forteo (Subcutaneous Solution Pen-Injector),T4 - PA	
Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA	Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2	Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1	Furosemide (Oral Tablet),T1	
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL	Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL	
Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T2 - 7D; MME; DL; QL	Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T4 - QL	
Finacea (External Foam),T3 - QL	Fycompa (2MG Oral Tablet),T3 - QL	
Finacea (External Gel),T3 - QL	Fycompa (Oral Suspension),T4 - QL	
Finasteride (5MG Oral Tablet) (Generic Proscar),T1	G	
Flac (Otic Oil),T2	Gabapentin (Oral Capsule),T1	
Flarex (Ophthalmic Suspension),T3	Gabapentin (Oral Tablet),T1	
Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2	Gammagard (2.5GM/25ML Injection Solution),T4 - PA	
Flovent HFA (Inhalation Aerosol),T2 - QL	Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA	
Fluconazole (Oral Tablet),T1	Gemfibrozil (Oral Tablet),T1	
Fluocinolone Acetonide (External Cream),T2	Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA	
Fluocinolone Acetonide (External Ointment),T2	Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA	
Fluocinolone Acetonide (Otic Oil),T2	Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA	
Fluphenazine HCl (Oral Tablet),T3		
Fluticasone Propionate (External Cream),T2		
Fluticasone Propionate (External Lotion),T3		

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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Gentamicin Sulfate (Ophthalmic Solution),T1	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Gilenya (0.5MG Oral Capsule),T4 - QL	Humalog Mix 75/25 (Subcutaneous Suspension),T2
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Glatopa (Subcutaneous Solution Prefilled Syringe),T4	Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL
Glimepiride (Oral Tablet),T3 - PA; HRM; QL	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL
Glipizide (Oral Tablet Immediate Release),T1 - QL	Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL
Glipizide ER (Oral Tablet Extended Release 24 Hour),T1 - QL	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL
Glucagon (Injection Kit) (Lilly),T2	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA; QL
Glyxambi (Oral Tablet),T2 - QL	Humulin 70/30 (Subcutaneous Suspension),T2
Gocovri (Oral Capsule Extended Release 24 Hour),T4 - PA	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2
Guanidine HCl (125MG Oral Tablet),T3	Humulin N (Subcutaneous Suspension),T2
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2
Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2	Humulin R (Injection Solution),T2
H	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2
Haegarda (Subcutaneous Solution Reconstituted),T4 - PA	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2
Haloperidol (Oral Tablet),T1	Hydralazine HCl (Oral Tablet),T1
Harvoni (90-400MG Oral Tablet),T4 - PA; QL	Hydrochlorothiazide (Oral Capsule),T1
Harvoni (Oral Packet),T4 - PA; QL	Hydrochlorothiazide (Oral Tablet),T1
Humalog (Subcutaneous Solution Cartridge),T2	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL
Humalog (Subcutaneous Solution),T2	Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2	
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2	
Humalog Mix 50/50 (Subcutaneous Suspension),T2	

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

Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL	Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML
Hydroxyurea (Oral Capsule),T1	Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4
Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM	
Hydroxyzine HCl (Oral Tablet),T3 - PA; HRM	
I	
Ibandronate Sodium (Oral Tablet),T2	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1	Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4
Ilevro (Ophthalmic Suspension),T2	Inveltys (Ophthalmic Suspension),T3
Imatinib Mesylate (Oral Tablet),T3 - PA; QL	Invokamet (Oral Tablet Immediate Release),T3 - ST; QL
Imiquimod (3.75% External Cream),T4 - PA	Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Imiquimod (5% External Cream),T2 - QL	Invokana (Oral Tablet),T3 - ST; QL
Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA	Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA
Imvexxy Starter Pack (Vaginal Insert),T2 - PA	Ipratropium Bromide (Nasal Solution),T2
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL	Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA
Ingrezza (40MG Oral Capsule, 80MG Oral Capsule),T4 - PA; QL	Irbesartan (Oral Tablet),T1 - QL
Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL	Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2	Isentress (Oral Tablet),T4 - QL
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2	Isoniazid (Oral Tablet),T1
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2	Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2	Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T4
Insulin Syringes, Needles,T2	Isosorbide Mononitrate (Oral Tablet Immediate Release),T1
Intrarosa (Vaginal Insert),T3 - PA; QL	Isosorbide Mononitrate ER (Oral Tablet
Invega Sustenna (117MG/0.75ML	

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.

Extended Release 24 Hour),T1
Isturisa (Oral Tablet),T4 - PA
 Ivermectin (Oral Tablet),T1

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

K

Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA
Kalydeco (Oral Tablet),T4 - PA
Kazano (Oral Tablet),T3 - ST; QL
 Ketoconazole (External Cream),T1 - QL
 Ketorolac Tromethamine (Ophthalmic Solution),T2
 Ketorolac Tromethamine (Oral Tablet),T3 - PA; HRM
Klor-Con 10 (Oral Tablet Extended Release),T1
Klor-Con 8 (Oral Tablet Extended Release),T1
 Klor-Con M10 (Oral Tablet Extended Release),T1
 Klor-Con M20 (Oral Tablet Extended Release),T1
Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Korlym (Oral Tablet),T4 - PA
Kynmobi (10MG Sublingual Film, 15MG

Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T4 - PA; QL

L

Lactulose (10GM/15ML Oral Solution),T1
 Lactulose (Oral Packet),T3
 Lamivudine (100MG Oral Tablet),T2
 Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL
 Lamotrigine (Oral Tablet Immediate Release),T1
Lantus (Subcutaneous Solution),T2
Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2
Lastacraft (Ophthalmic Solution),T2
 Latanoprost (Ophthalmic Solution),T1
Latuda (Oral Tablet),T4 - QL
 Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL
 Leflunomide (Oral Tablet),T2
 Letrozole (Oral Tablet),T1
 Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2
 Leucovorin Calcium (25MG Oral Tablet),T3
 Leucovorin Calcium (5MG Oral Tablet),T1
Leukeran (Oral Tablet),T4
Levemir (Subcutaneous Solution),T2
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2
 Levetiracetam (Oral Tablet Immediate Release),T1
Levocarnitine (Oral Tablet),T2
 Levocetirizine Dihydrochloride (Oral Tablet),T1
 Levofloxacin (Oral Tablet),T1
 Levothyroxine Sodium (Oral Tablet),T1
Lialda (Oral Tablet Delayed Release),T4 - ST;

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QL	Kit),T4 - PA
Lidocaine (5% External Ointment),T2 - QL	Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA
Lidocaine (5% External Patch),T3 - PA; QL	Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA
Lidocaine HCl (4% External Solution),T3	Luzu (External Cream),T3 - QL
Lidocaine Viscous (2% Mouth/Throat Solution),T1	Lysodren (Oral Tablet),T4
Lidocaine-Prilocaine (External Cream),T2	Lyumjev (Injection Solution),T2
Lindane (External Shampoo),T3	Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2
Linzess (Oral Capsule),T2 - QL	
Liothyronine Sodium (Oral Tablet),T1	M
Lisinopril (Oral Tablet),T1 - QL	Mavyret (Oral Tablet),T4 - PA; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet),T4 - QL
Lithium Carbonate (Oral Capsule),T1	Mayzent Starter Pack (Oral Tablet Therapy Pack),T4 - QL
Lithium Carbonate ER (Oral Tablet Extended Release),T1	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
Livalo (Oral Tablet),T2 - QL	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Lokelma (Oral Packet),T3 - QL	Medroxyprogesterone Acetate (Oral Tablet),T1
Lonhala Magnair (Inhalation Solution),T4 - QL	Meloxicam (Oral Tablet),T1
Loperamide HCl (Oral Capsule),T1	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Lorazepam (Oral Tablet),T1 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL
Lorazepam Intensol (Oral Concentrate),T1 - QL	Mercaptopurine (Oral Tablet),T2
Losartan Potassium (Oral Tablet),T1 - QL	Meropenem (1GM Intravenous Solution Reconstituted),T3
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Meropenem (500MG Intravenous Solution Reconstituted),T2
Lotemax (Ophthalmic Gel),T3	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL
Lotemax (Ophthalmic Ointment),T3	Metformin HCl (Oral Tablet Immediate Release),T1 - QL
Lotemax (Ophthalmic Suspension),T3	
Lotemax SM (Ophthalmic Gel),T3	
Lovastatin (Oral Tablet),T1 - QL	
Lumigan (Ophthalmic Solution),T2	
Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA	
Lupron Depot (3-Month) (Intramuscular	

T1 = Tier 1

T2 = Tier 2

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T4 = Tier 4

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Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1 - QL	Minocycline HCl (Oral Tablet Immediate Release),T3
Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL	Minoxidil (Oral Tablet),T1
Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL	Mirtazapine (Oral Tablet),T1
Methazolamide (Oral Tablet),T3	Mirtazapine ODT (Oral Tablet Dispersible),T2
Methimazole (Oral Tablet),T1	Mirvaso (External Gel),T3
Methotrexate (Oral Tablet),T1	Misoprostol (Oral Tablet),T2
Methscopolamine Bromide (Oral Tablet),T3 - PA; HRM	Mitigare (Oral Capsule),T2
Methyldopa (Oral Tablet),T3 - PA; HRM	Modafinil (Oral Tablet),T2 - PA; QL
Methylphenidate HCl (Oral Tablet Chewable),T3 - QL	Mometasone Furoate (Nasal Suspension),T3
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T2 - QL	Montelukast Sodium (Oral Packet),T2 - QL
Methylprednisolone (Oral Tablet Therapy Pack),T1	Montelukast Sodium (Oral Tablet),T1 - QL
Methylprednisolone (Oral Tablet),T1	Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T3 - 7D; MME; DL; QL
Metoclopramide HCl (Oral Tablet),T1	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 7D; MME; DL; QL
Metrogel (External Gel),T3	Motegrity (Oral Tablet),T3 - QL
Metronidazole (0.75% External Cream),T2	Movantik (Oral Tablet),T2 - QL
Metronidazole (0.75% External Gel, 1% External Gel),T3	Moxeza (Ophthalmic Solution),T3
Metronidazole (0.75% External Lotion),T3	Multaq (Oral Tablet),T2
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1	
Metronidazole (375MG Oral Capsule),T3	
Migergot (Rectal Suppository),T4	
Minocycline HCl (Oral Capsule),T1	

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Myrbetriq (Oral Tablet Extended Release 24 Hour),T2

N

Nadolol (Oral Tablet),T2

Naftifine HCl (2% External Cream),T3

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),T2

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

Namzaric (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-Polymyxin-HC (Ophthalmic Suspension),T3

Neomycin-Polymyxin-HC (Otic Suspension),T2

Nesina (Oral Tablet),T3 - ST; QL

Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA

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

Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T2

Nicotrol (Inhalation Inhaler),T3

Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrobid),T2 - HRM

Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM

Nitroglycerin (Tablet Sublingual),T1

Nivestym (Injection Solution Prefilled Syringe),T4 - ST

Nivestym (Injection Solution),T4 - ST

Nizatidine (Oral Capsule),T2

Norethindrone Acetate (5MG Oral Tablet),T1

Nortriptyline HCl (Oral Capsule),T1 - PA; HRM

NovoLog (Subcutaneous Solution),T3 - PA

NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA

NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA

NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA

NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA

Novolin 70/30 (Subcutaneous Suspension),T3 - PA

Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA

Novolin N (Subcutaneous Suspension),T3 - PA

Novolin R (Injection Solution),T3 - PA

Nubeqa (Oral Tablet),T4 - PA

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

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

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

Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Nuedexta (Oral Capsule),T4 - PA; QL	Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T4 - PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA	Orilissa (Oral Tablet),T4 - PA; QL
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA	Oseltamivir Phosphate (Oral Capsule),T2
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA	Oseni (Oral Tablet),T3 - ST; QL
Nystatin (External Cream),T1	Osphena (Oral Tablet),T2 - PA; QL
Nystatin (External Ointment),T1	Oxcarbazepine (Oral Tablet),T2
Nystatin (External Powder),T1 - QL	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2
O	Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Ofloxacin (Ophthalmic Solution),T1	Oxycodone HCl (5MG Oral Capsule),T2 - 7D; MME; DL; QL
Ofloxacin (Otic Solution),T2	Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL
Olanzapine (Oral Tablet),T1 - QL	Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T2 - QL
Olmesartan Medoxomil (Oral Tablet),T1 - QL	Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T2 - QL
Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL	P
Olmesartan-Amlodipine-HCTZ (Oral Tablet),T3 - QL	Pantoprazole Sodium (Oral Tablet Delayed Release),T1 - QL
Olopatadine HCl (Ophthalmic Solution),T2	Penicillin V Potassium (Oral Tablet),T1
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T2	Pentasa (Oral Capsule Extended Release),T3 - QL
Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL	Perforomist (Inhalation Nebulization Solution),T3 - B/D,PA; QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1	Permethrin (External Cream),T2
Ondansetron HCl (Oral Tablet),T1 - B/D,PA	Perseris (Subcutaneous Prefilled Syringe),T4
Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA	
Onglyza (Oral Tablet),T3 - ST; QL	
Opsumit (Oral Tablet),T4 - PA	
Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA	
Orenitram (0.25MG Oral Tablet Extended	

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Phenytoin Sodium Extended (Oral Capsule),T1	Privigen (20GM/200ML Intravenous Solution),T4 - PA
Phoslyra (Oral Solution),T2	ProAir HFA (Inhalation Aerosol Solution),T2
Pilocarpine HCl (Oral Tablet),T3	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2
Pimecrolimus (External Cream),T3 - ST; QL	Proctosol HC (2.5% External Cream),T1
Pioglitazone HCl (Oral Tablet),T1 - QL	Progesterone (Oral Capsule),T2
Plegridy (Subcutaneous Solution Pen-Injector),T4 - QL	Prolastin-C (Intravenous Solution Reconstituted),T4 - PA
Plegridy (Subcutaneous Solution Prefilled Syringe),T4 - QL	Prolensa (Ophthalmic Solution),T3
Pomalyst (Oral Capsule),T4 - PA	Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL
Potassium Chloride CR (Oral Tablet Extended Release),T1	Promethazine HCl (Oral Tablet),T3 - PA; HRM
Potassium Chloride ER (Oral Capsule Extended Release),T1	Propranolol HCl (Oral Tablet),T1
Potassium Citrate ER (Oral Tablet Extended Release),T3	Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2
Pradaxa (Oral Capsule),T3 - ST; QL	Propylthiouracil (Oral Tablet),T1
Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; QL	Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T2
Pravastatin Sodium (Oral Tablet),T1 - QL	Q
Prazosin HCl (Oral Capsule),T1	QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL
Prednisolone Acetate (Ophthalmic Suspension),T2	Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T2 - QL
Prednisone (5MG/5ML Oral Solution),T3	Quinapril HCl (Oral Tablet),T1 - QL
Premarin (Oral Tablet),T3 - PA; HRM; QL	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Premarin (Vaginal Cream),T2	R
Premphase (Oral Tablet),T3 - PA; HRM; QL	Raloxifene HCl (Oral Tablet),T2
Prempro (Oral Tablet),T3 - PA; HRM; QL	Ramipril (Oral Capsule),T1 - QL
Prenatal (27-1MG Oral Tablet),T1	Ranolazine ER (500MG Oral Tablet Extended
Prezista (Oral Suspension),T4 - QL	

T1 = Tier 1

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T4 = Tier 4

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Release 12 Hour),T2	Hour),T4 - PA; QL
Rasagiline Mesylate (Oral Tablet),T3	Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3
Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA	Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4
Rayaldee (Oral Capsule Extended Release),T4 - QL	Risperidone (Oral Tablet),T1
Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST	Ritonavir (Oral Tablet),T2 - QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST	Rivastigmine Tartrate (Oral Capsule),T2
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T4 - ST	Rizatriptan Benzoate (Oral Tablet),T2 - QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4 - ST	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL
Regranex (External Gel),T4 - PA	Rocklatan (Ophthalmic Solution),T2 - ST
Relistor (Oral Tablet),T4 - PA	Ropinirole HCl (Oral Tablet Immediate Release),T1
Relistor (Subcutaneous Solution),T4 - PA	Rosuvastatin Calcium (Oral Tablet),T1 - QL
Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL	Rybelsus (Oral Tablet),T2 - QL
Repatha Pushtronex System (Subcutaneous Solution Cartridge),T2 - PA; QL	Rytary (Oral Capsule Extended Release),T3 - ST
Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL	S
Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL	SPS (Oral Suspension),T2
Retacrit (Injection Solution),T3 - PA	Sancuso (Transdermal Patch),T4 - QL
Rexulti (Oral Tablet),T4 - QL	Santyl (External Ointment),T3
Reyataz (Oral Packet),T4 - QL	Saphris (10MG Tablet Sublingual),T4
Rhopressa (Ophthalmic Solution),T2 - ST	Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual),T3
Ribavirin (Oral Tablet),T3	Savella (Oral Tablet),T2
Rifabutin (Oral Capsule),T3	Savella Titration Pack (Oral Tablet),T2
Rifampin (Oral Capsule),T2	Scopolamine (Transdermal Patch 72 Hour),T2 - PA; HRM
Riluzole (Oral Tablet),T2	Selegiline HCl (Oral Capsule),T2
Rimantadine HCl (Oral Tablet),T3	Selegiline HCl (Oral Tablet),T2
Rinvoq (Oral Tablet Extended Release 24	

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Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL	Sucralfate (Oral Suspension),T3
Sertraline HCl (Oral Tablet),T1	Sucralfate (Oral Tablet),T1
Sevelamer Carbonate (Oral Packet),T4	Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T1
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T2	Sulfasalazine (Oral Tablet Delayed Release),T1
Sevelamer HCl (800MG Oral Tablet),T3	Sulfasalazine (Oral Tablet Immediate Release),T1
Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL	Sumatriptan Succinate (Oral Tablet),T1 - QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA	Sunosi (Oral Tablet),T3 - PA; QL
Silodosin (Oral Capsule),T2 - QL	Suprep Bowel Prep Kit (Oral Solution),T2
Silver Sulfadiazine (External Cream),T1	Symbicort (Inhalation Aerosol),T2 - QL
Simbrinza (Ophthalmic Suspension),T2	SymlinPen 120 (Subcutaneous Solution Pen-Injector),T4 - PA
Simvastatin (Oral Tablet),T1 - QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector),T4 - PA
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL	Symproic (Oral Tablet),T3 - PA; QL
Sodium Polystyrene Sulfonate (Oral Powder),T2	Synjardy (Oral Tablet Immediate Release),T2 - QL
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Solifenacin Succinate (Oral Tablet),T2 - QL	Synthroid (Oral Tablet),T2
Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL	T
Sotalol HCl (Oral Tablet),T1	TOBI Podhaler (Inhalation Capsule),T4 - PA; QL
Sotalol HCl AF (Oral Tablet),T2	Tadalafil (PAH) (20MG Oral Tablet),T3 - PA
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Tamoxifen Citrate (Oral Tablet),T1
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Tamsulosin HCl (Oral Capsule),T1
Spironolactone (Oral Tablet),T1	Targretin (External Gel),T4 - PA; QL
Sprycel (Oral Tablet),T4 - PA	Tasigna (Oral Capsule),T4 - PA
Stiolto Respimat (Inhalation Aerosol Solution),T2	Tecfidera (Oral Capsule Delayed Release),T4 - QL
Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST	Tecfidera Starter Pack (Oral),T4 - QL
Suboxone (Sublingual Film),T3 - QL	Telmisartan (Oral Tablet),T1 - QL
	Telmisartan-HCTZ (Oral Tablet),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.

Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2 - HRM; QL	Topiramate (Oral Capsule Sprinkle Immediate Release),T3
Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL	Topiramate (Oral Tablet),T1
Terazosin HCl (Oral Capsule),T1	Toremifene Citrate (Oral Tablet),T4
Terbinafine HCl (Oral Tablet),T1	Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T4 - PA	Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2
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),T3	Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL
Testosterone Cypionate (Intramuscular Solution),T1	Tracleer (Oral Tablet Soluble),T4 - PA; QL
Theophylline (Oral Solution),T3	Tracleer (Oral Tablet),T4 - PA; QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T3	Tradjenta (Oral Tablet),T2 - QL
Theophylline ER (Oral Tablet Extended Release 24 Hour),T1	Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T1	Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution) (Generic Istalol),T3	Tranexamic Acid (Oral Tablet),T2
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Timoptic Ocudose (Ophthalmic Solution),T3	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Tivicay (25MG Oral Tablet),T3 - QL	Tremfya (Subcutaneous Solution Pen-Injector),T4 - PA; QL
Tivicay (50MG Oral Tablet),T4 - QL	Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Tizanidine HCl (Oral Tablet),T1	Tresiba (Subcutaneous Solution),T2
Tobramycin (Ophthalmic Solution),T1	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
Tobramycin-Dexamethasone (Ophthalmic Suspension),T2	Tretinoin (External Cream),T3 - PA
	Tretinoin (External Gel),T3 - PA
	Tretinoin (Oral Capsule),T4
	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),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.

Triamcinolone Acetonide (External Cream),T1	Ventolin HFA (Inhalation Aerosol Solution),T3 - ST
Triamterene-HCTZ (Oral Capsule),T1	Verapamil HCl (Oral Tablet Immediate Release),T1
Triamterene-HCTZ (Oral Tablet),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),T3
Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM	Verapamil HCl ER (Oral Tablet Extended Release),T1
Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM	Versacloz (Oral Suspension),T4
Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Viberzi (Oral Tablet),T4 - PA; QL
Trintellix (Oral Tablet),T3	Victoza (Subcutaneous Solution Pen-Injector),T2 - QL
Trulance (Oral Tablet),T3	Viibryd (Oral Tablet),T3
Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL	Viibryd Starter Pack (Oral Kit),T3
Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA	Vimpat (Oral Solution),T3 - QL
U	Vimpat (Oral Tablet),T3 - QL
Uceris (Rectal Foam),T3	Vosevi (Oral Tablet),T4 - PA; QL
Uptravi (Oral Tablet Therapy Pack),T4 - PA; QL	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - QL
Uptravi (Oral Tablet),T4 - PA; QL	Vyvanse (Oral Capsule),T3
Ursodiol (Oral Capsule),T2	Vyvanse (Oral Tablet Chewable),T3
Ursodiol (Oral Tablet),T3	Vyzulta (Ophthalmic Solution),T3
V	W
Valacyclovir HCl (Oral Tablet),T2 - QL	Warfarin Sodium (Oral Tablet),T1
Valganciclovir HCl (Oral Tablet),T2 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL
Valproic Acid (Oral Capsule),T2	X
Valproic Acid (Oral Solution),T1	Xarelto (Oral Tablet),T2 - QL
Valsartan (Oral Tablet),T1 - QL	Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Xcopri (100MG Oral Tablet, 150MG Oral
Vascepa (Oral Capsule),T3	
Velphoro (Oral Tablet Chewable),T4	
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet),T4 - QL	
Veltassa (8.4GM Oral Packet),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.

Tablet, 50MG Oral Tablet),T3 - PA; QL	Injector),T3 - PA
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T3 - PA; QL	Xyrem (Oral Solution),T4 - PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T4 - PA; QL	Y
Xcopri (200MG Oral Tablet),T4 - PA; QL	Yupelri (Inhalation Solution),T4 - B/D,PA; QL
Xcopri (250MG Daily Dose) (50 & 200MG Oral Tablet Therapy Pack),T4 - PA; QL	Z
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack),T4 - PA; QL	Zafirlukast (Oral Tablet),T2
Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL	Zaleplon (Oral Capsule),T2 - HRM; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour),T4 - PA; QL	Zarxio (Injection Solution Prefilled Syringe),T4
Xenleta (Oral Tablet),T4 - PA; QL	Zelapar ODT (Oral Tablet Dispersible),T4
Xifaxan (550MG Oral Tablet),T4 - PA	Zenpep (Oral Capsule Delayed Release Particles),T2
Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Zeposia (Oral Capsule),T4 - QL
Xiidra (Ophthalmic Solution),T3 - QL	Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack),T4 - QL
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Zeposia Starter Kit (Oral Capsule Therapy Pack),T4 - QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL	Ziextenzo (Subcutaneous Solution Prefilled Syringe),T4 - PA
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL	Zioptan (Ophthalmic Solution),T3
Xtandi (Oral Capsule),T4 - PA	Zirgan (Ophthalmic Gel),T3
Xyosted (Subcutaneous Solution Auto-	Zolpidem Tartrate (Oral Tablet Immediate Release),T3 - PA; HRM; QL
	Zonisamide (Oral Capsule),T1
	Zontivity (Oral Tablet),T3 - PA
	Zubsolv (Tablet Sublingual),T3 - QL
	Zylet (Ophthalmic Suspension),T3

Bold type = Brand name drug

Plain type = Generic drug

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Additional drug coverage

Bonus drug list

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

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

Although you pay the same copay or coinsurance 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 having the pharmacy contact the plan.

DL - Dispensing limit

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

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	QL (maximum of 1 capsule/tablet per day)
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Skin		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
Itching or Pain		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
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	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Urinary Tract Infection		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate Cap 118 mg	1	
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		
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	
Folic Acid 1 mg (Rx only)	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione Tab	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	

Bold type = Brand name drug Plain type = Generic drug

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

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

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

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

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What's next

Here's what you can expect next

UnitedHealthcare will process your enrollment

Quick Start Guide and UnitedHealthcare member ID card

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

Website access

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

Start using your plan on your effective date. Remember to use your UnitedHealthcare member ID card.

We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about a group-sponsored plan. In addition, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Name and address of your pharmacy**
- ✓ **Please have a list of your current prescriptions and dosages ready**

Questions? We're here to help.



www.UHCRetiree.com



Call toll-free **1-877-558-4749**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week

How to enroll

You can enroll by phone, mail or fax. Simply choose the way that is easiest for you and follow the Enrollment Request Form checkpoints below.



By phone

Call toll-free **1-877-558-4749**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone.



By mail

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax it to:
888-950-1170

Incomplete information may delay your enrollment.

Enrollment Request Form checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card
- ✓ Make sure your permanent address is complete and accurate
- ✓ Sign and date your name where indicated
- ✓ Confirm the plan sponsor and group numbers are correct
- ✓ Include the date you expect your proposed coverage to begin

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2022 Enrollment request form

1. Plan information

Plan sponsor

ARLINGTON PUBLIC SCHOOLS

GPS employer ID

23707

GPS branch number

001

Effective date requested:

(i.e., your proposed effective date, or on what day your coverage should begin)

Plan sponsor use ONLY: Please date stamp this document to indicate when you received the completed and signed form.

To enroll in the UnitedHealthcare® MedicareRx for Groups (PDP) plan, please provide the following:

2. Information about you (Please type or print in black or blue ink.)

Last name

First name

Middle initial

Birth date

Sex: Male Female

Home phone number

() -

Mobile phone number

() -

Medicare number

Permanent residence street address (**P.O. Box is not allowed**)

City

County

State

ZIP code

Mailing address (**Only if it's different from above. You can give a P.O. Box**)

City

State

ZIP code

TEAR HERE

TEAR HERE

What's next

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Last name

First name

Medicare number

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Will you have other prescription drug coverage in addition to our plan? Yes No

If **“yes”**, what is it?

Name of other insurance

Member number

Rx Bin

Rx PCN (optional)

Your answer to the following questions will not keep you from being enrolled in this plan:

3. A few questions to help us manage your plan

1. Would you prefer plan information in another language or an accessible format? Yes No

If **“yes”**, please select from the following:

Spanish Braille Other _____

If you don't see the language or format you want, please call us toll-free at **1-877-558-4749**, (TTY **711**) during 8 a.m. - 8 p.m. local time, 7 days a week.

2. Do you, on your own or through your spouse, have any additional primary, supplemental or liability plan other than Medicare that includes prescription drug coverage?

Yes No

If **“yes”**, please provide the following:

Name of other coverage

Member number

3. Do you live in a nursing home or long-term care facility?

Yes No

If **“yes”**, please give us information on the long-term care facility:

Name

Address

City

State

ZIP code

Date you moved there

TEAR HERE

TEAR HERE

What's next

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Last name

First name

Medicare number

4. Please read this important information

If you are a member of a Medicare Advantage plan (like an HMO or PPO), you may already have prescription drug coverage through your Medicare Advantage plan that will meet your needs. By joining UnitedHealthcare® MedicareRx for Groups (PDP), your membership in your Medicare Advantage plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug coverage. Read the information that your Medicare Advantage plan and your plan sponsor send you, and if you have questions, contact your Medicare Advantage plan or your plan sponsor.

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare prescription drug plan available through your plan sponsor. If you enroll in an individual prescription drug plan in the future, you could lose your group sponsored coverage and you may not be able to re-enroll. Before you decide to change your coverage, ask your plan sponsor about your options. Counseling services may be available in my state to provide advice concerning Medicare supplement insurance or other Medicare Advantage or Prescription Drug Plan options, medical assistance through the state Medicaid program, and the Medicare Savings Program.

5. ATTENTION – please sign and date

I understand that my signature on this enrollment request form means that I have read and understood the contents of this enrollment request form, including the Statements of Understanding, and that the information provided by me is accurate and complete. If my plan includes outpatient prescription drug benefits, I understand that my signature on this enrollment request form means that I will be automatically enrolled in my plan's outpatient prescription drug benefits which includes Part D and supplemental prescription drug coverage. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

This enrollment request form must be signed, dated and received prior to your desired effective date. Upon receipt, the plan will process the form according to Medicare guidelines.

Signature of applicant/member/authorized representative

Today's date

6. Authorized representative information

If I sign as an authorized representative, it means I have the legal right under state law to sign. I can show written proof (Power of attorney, guardianship, etc.) of this right if Medicare asks for it. I understand that I will need to submit written proof of this right, to the plan, if I wish to take action on behalf of the member beyond this application. After this application has been approved and I have received my UnitedHealthcare member ID card, I can call Customer Service at the number on my UnitedHealthcare member ID card to update my authorization information on file.

Signature

Today's date

TEAR HERE

TEAR HERE

What's next

This page intentionally left blank.

Last name	First name	Medicare number
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7. If someone assisted you in completing this form, please have that person complete the information below

Signature (of individual who assisted in completing this form)	Today's date
---	---------------------

<input type="checkbox"/> Plan representative, check here if you signed above and assisted in completing this form.	Relationship to applicant
--	---------------------------

8. UnitedHealthcare® MedicareRx for Groups use only

Plan ID number

Effective coverage date	<input type="checkbox"/> IEP _____ <input type="checkbox"/> AEP _____
	<input type="checkbox"/> SEP (type) _____

GPS employer ID number	GPS branch number
------------------------	-------------------

Licensed sales representative signature	Today's date
--	---------------------

Licensed sales representative/broker name (please print)	Agent/broker number
--	---------------------

9. Employer use only

<input type="checkbox"/> Enrollee is eligible for retiree coverage	Effective date	Initials
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UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5757 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-800-555-5757 (TTY: 711).

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Statements of understanding

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

- ✓ **UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium if I have one, and if not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **UnitedHealthcare MedicareRx for Groups (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only be in one Medicare Part D Prescription Drug Plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

- ✓ **For members of the Group Medicare Part D Prescription Drug plan.**

I understand that when my coverage begins, I must get all of my prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

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Call toll-free **1-877-558-4749**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com

United
Healthcare

