



# Plan Guide 2024

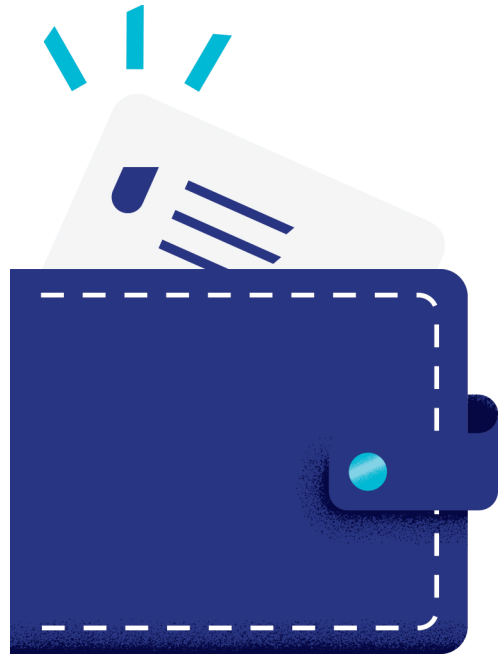
**Take advantage of all your  
Prescription Drug plan has to  
offer**

**Connecticut Teachers Retirement Board**

UnitedHealthcare® MedicareRx for Groups (PDP)

**Group Number:** 25419

**Effective:** January 1, 2024 through December 31, 2024



**United  
Healthcare®**



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# Introducing the Plan

## UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Connecticut Teacher retiree,

The Connecticut Teachers' Retirement Board (TRB) 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:

- 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
- What you can expect after your enrollment



**Get a 3-month Supply<sup>1</sup>**



**Over 67,000 Pharmacies**



**Optum® Home Delivery**

<sup>1</sup>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.



[retiree.uhc.com/TRB](https://retiree.uhc.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, Monday–Friday

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# Plan information

# Benefit Highlights

## Connecticut Teachers Retirement Board

Effective January 1, 2024 to December 31, 2024

This is a short highlight 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	
<b>Annual prescription (Part D) deductible</b>	\$200	
<b>Initial coverage stage</b>	Network pharmacy (31-day retail supply)	Mail service pharmacy (90-day supply)
<b>Tier 1: Preferred Generic</b>	5% coinsurance	5% coinsurance
<b>Tier 2: Preferred Brand <sup>1</sup></b>	20% coinsurance	20% coinsurance
<b>Tier 3: Non-Preferred Drug <sup>1</sup></b>	30% coinsurance	30% coinsurance
<b>Tier 4: Specialty Tier <sup>1</sup></b>	30% coinsurance	30% coinsurance
<b>Coverage gap stage</b>	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage	
<b>Catastrophic coverage stage</b>	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	
<b>Pharmacy out-of-pocket maximum</b>	When your total out-of-pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance	

<sup>1</sup> Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven't paid your Part D deductible. Most adult Part D vaccines are covered at no cost to you.

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

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

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

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# Plan Details

## UnitedHealthcare® MedicareRx for Groups (PDP)

The Connecticut Teachers' Retirement Board 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 [ssa.gov/locator](https://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.



[retiree.uhc.com/TRB](https://retiree.uhc.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, Monday–Friday

# 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 one Medicare Part D prescription drug plan at a time. This means you may have one Medicare Part D plan or one Medicare Advantage plan that includes prescription drug coverage, but not both
- The plan you enroll in last is the plan that the Centers for Medicare & Medicaid Services (CMS) considers to be your final decision
- If you enroll in another plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan

## ✓ **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 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.



[retiree.uhc.com/TRB](https://retiree.uhc.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, Monday–Friday



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



### Dedicated service

We're here for you. Our Customer Service team has been specially trained to know all 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 pharmacy<sup>1</sup> can help make sure you are getting the lowest cost available through your plan.



### Preferred diabetic prescriptions

Members pay no deductible up to a \$25 maximum copay for a 31-day supply or up to a \$50 maximum copay for a 90-day supply.

## Questions? We're here to help.



[retiree.uhc.com/TRB](https://retiree.uhc.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, Monday–Friday

<sup>1</sup>Network size varies by market.



## What is IRMAA?

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



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

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. 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.<sup>1</sup>

### Questions? We're here to help.



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Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, Monday–Friday

<sup>1</sup>Refer to the Summary of Benefits or Benefit Highlights for more information.

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

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Deductible stage</b>	You pay a \$200 yearly deductible. The deductible <b>does</b> count toward your member out-of-pocket maximum.			
<b>Member Out-of-Pocket Maximum</b>	After you have met your deductible, this plan has a yearly member out-of-pocket maximum (costs paid by you) of \$3,500. Once you reach this amount, you will pay \$0 for covered prescription drugs for the remainder of the plan year. This amount <b>includes</b> your yearly deductible.			
<b>Initial Coverage stage</b>	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 <b>total drug costs</b> reach \$5,030.			
<b>Initial Coverage stage</b>	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Optum® Home Delivery Pharmacy*</b>
	Tier 1: <b>Generic Drugs</b>	5% coinsurance	5% coinsurance	5% coinsurance
	Tier 2: <b>Preferred Brand Drugs</b>	20% coinsurance	20% coinsurance	20% coinsurance
	Tier 3: <b>Non-Preferred Drugs</b>	30% coinsurance	30% coinsurance	30% coinsurance
	Tier 4: <b>Specialty Drugs</b>	30% coinsurance	30% coinsurance	30% coinsurance
<b>Coverage Gap stage</b>	After your <b>total drug costs</b> reach \$5,030, you pay 25% of the cost of brand name drugs and 25% of the cost of generic drugs. You stay in this stage until your <b>out-of-pocket costs</b> reach \$8,000.			
<b>Catastrophic Coverage stage</b>	After your <b>out-of-pocket costs</b> reach \$8,000, you pay \$0. You stay in this stage for the rest of the plan year.			

If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost share rate based on the actual number of days of the drug that you receive.

\*Your cost share amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Optum Home Delivery Pharmacy.

## Ways to help save on your prescription drugs

-  **You may save on the medications you take regularly**  
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through Optum® Home Delivery Pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.
-  **Get a 3-month<sup>1</sup> supply at retail pharmacies**  
In addition to Optum Home Delivery Pharmacy, most retail pharmacies offer 3-month supplies for some prescription drugs.
-  **Ask your doctor about trial supplies**  
A trial supply allows you to fill a prescription for less than 30 days. This way, you may 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.

<sup>1</sup>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.



# Summary of Benefits 2024

## **UnitedHealthcare® MedicareRx for Groups (PDP)**

Group Name (Plan Sponsor): Connecticut Teachers Retirement Board

Group Number: 25419

S5820-803-000

Look inside to learn more about the plan and the drug services it covers.  
Call Customer Service or go online for more information about the plan.



Toll-free **1-866-794-3033**, TTY **711**

8 a.m.-8 p.m. local time, Monday-Friday



**[retiree.uhc.com/TRB](https://retiree.uhc.com/TRB)**

**United  
Healthcare®**

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# Summary of Benefits

**January 1, 2024 - December 31, 2024**

This is a summary of what we cover and what you pay. Review the Evidence of Coverage (EOC) for a complete list of covered services, limitations and exclusions. You can see it online at [retiree.uhc.com/TRB](https://retiree.uhc.com/TRB) or you can call Customer Service for help. When you enroll in the plan, you will get more information on how to view your plan details online.

## UnitedHealthcare® MedicareRx for Groups (PDP)

### Premium, deductible and limits

<b>Monthly Plan Premium</b>	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
<b>Annual prescription drug deductible</b>	\$200 per year for Part D prescription drugs
<b>Pharmacy out-of-pocket maximum</b>	When your total Out-of-Pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance.

## 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 [retiree.uhc.com/TRB](http://retiree.uhc.com/TRB) 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 31-day supply at a retail pharmacy.

<b>Stage 1: Annual prescription (Part D) deductible</b>	\$200	
<b>Stage 2: Initial coverage (After you pay your deductible, if applicable)</b>	<b>Retail Cost-Sharing</b>	<b>Mail Order Cost-Sharing</b>
	<b>31-day supply</b>	<b>90-day supply</b>
<b>Tier 1:</b> Preferred Generic	5% coinsurance	5% coinsurance
<b>Tier 2:</b> Preferred Brand <sup>1</sup>	20% coinsurance	20% coinsurance
<b>Tier 3:</b> Non-preferred Drug <sup>1</sup>	30% coinsurance	30% coinsurance
<b>Tier 4:</b> Specialty Tier <sup>1</sup>	30% coinsurance	30% coinsurance
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.	
<b>Stage 4: Catastrophic coverage</b>	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	



<sup>1</sup> Subject to Medicare guidance, coinsurance may not apply to Part D insulin products. You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan even if you haven't paid your Part D deductible. Most adult Part D vaccines are covered at no cost to you.

### **Pharmacy out-of-pocket maximum**

When your **total** out-of-pocket costs (what you pay) reach \$3,500 you will not pay any copay or coinsurance.

Your plan sponsor offers preferred insulin prescription drugs. Please see your Evidence of Coverage for more information.

## About this plan

UnitedHealthcare® MedicareRx for Groups (PDP) is a Medicare Prescription Drug 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 [retiree.uhc.com/TRB](https://retiree.uhc.com/TRB) to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

## Required Information

UnitedHealthcare® MedicareRx for Groups (PDP) is 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](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

UnitedHealthcare provides free services to help you communicate with us such as documents in other languages, Braille, large print, audio, or you can ask for an interpreter. For more information, please call Customer Service at the number on your member ID card or the front of your plan booklet.

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

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

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

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within five business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, 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.

## Civil Rights Notice

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

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

- **Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)
- **Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

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

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

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

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

## Multi-Language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Drug list

# Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2023. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book (the last page).

- ❑ **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.

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**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.

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**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.

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**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.

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**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.

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**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.

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<b>LA Limited access</b>	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
<b>MME Morphine milligram equivalent</b>	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.
<b>7D 7-day limit</b>	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.
<b>DL Dispensing limit</b>	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

<b>A</b>	
Abacavir Sulfate-Lamivudine (Oral Tablet),T1 - QL	Acyclovir (Oral Tablet),T1
<b>Abilify Maintena (Intramuscular Prefilled Syringe),T4</b>	<b>Adacel (Intramuscular Suspension),T2 - QL</b>
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER),T4</b>	<b>Adbry (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>
Abiraterone Acetate (250MG Oral Tablet),T1 - PA	<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated),T1 - QL</b>
Acamprosate Calcium (Oral Tablet Delayed Release),T1	<b>Advair HFA (Inhalation Aerosol),T2 - QL</b>
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T1 - 7D; MME; DL; QL	<b>Aimovig (Subcutaneous Solution Auto-Injector),T3 - PA; QL</b>
Acetazolamide (Oral Tablet),T1	Albendazole (Oral Tablet),T1 - QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T1	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T1
<b>Actimmune (Subcutaneous Solution),T4</b>	<b>Alcohol Prep Pads,T2</b>
Acyclovir (Oral Capsule),T1	<b>Alecensa (Oral Capsule),T4 - PA</b>
	Alendronate Sodium (10MG Oral Tablet, 35MG

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.**

Oral Tablet, 70MG Oral Tablet),T1

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

Allopurinol (100MG Oral Tablet, 300MG Oral Tablet),T1

**Alphagan P (Ophthalmic Solution),T3**

Alprazolam (Oral Tablet Immediate Release),T1 - QL

**Alex (Ophthalmic Suspension),T3**

**Alvesco (Inhalation Aerosol Solution),T3 - ST; QL**

Amantadine HCl (Oral Capsule),T1

Amantadine HCl (Oral Solution),T1

Amantadine HCl (Oral Tablet),T1

Ambrisentan (Oral Tablet),T1 - PA; QL

Amiloride HCl (Oral Tablet),T1

Amiodarone HCl (Oral Tablet),T1

Amitriptyline HCl (Oral Tablet),T1 - HRM

Amlodipine Besylate (Oral Tablet),T1

Amlodipine-Benazepril (Oral Capsule),T1 - QL

Ammonium Lactate (External Cream),T1

Ammonium Lactate (External Lotion),T1

Amoxicillin (Oral Capsule),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amphetamine-Dextroamphetamine (Oral Tablet),T1 - QL

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T1 - QL

Anastrozole (Oral Tablet),T1

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

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

**Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe,**

**200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4 - PA**

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

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

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

Aripiprazole (Oral Tablet),T1 - QL

**Aristada (Intramuscular Prefilled Syringe),T4**

**Aristada Initio (Intramuscular Prefilled Syringe),T4**

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

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

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

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

**Asmanex HFA (Inhalation Aerosol),T3 - ST; QL**

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

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

Atazanavir Sulfate (Oral Capsule),T1 - QL

Atenolol (Oral Tablet),T1

Atomoxetine HCl (Oral Capsule),T1

Atorvastatin Calcium (Oral Tablet),T1 - QL

Atovaquone-Proguanil HCl (Oral Tablet),T1

**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.

<b>Atrovent HFA (Inhalation Aerosol Solution),T3</b>	<b>Bevespi Aerosphere (Inhalation Aerosol),T3 - ST</b>
<b>Austedo (Oral Tablet),T4 - PA; QL</b>	Bexarotene (Oral Capsule),T1 - PA
<b>Avonex Pen (Intramuscular Auto-Injector Kit),T4</b>	Bicalutamide (Oral Tablet),T1
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4</b>	<b>Bijuva (Oral Capsule),T3 - HRM</b>
<b>Azasite (Ophthalmic Solution),T3</b>	<b>Biktarvy (50MG-200MG-25MG Oral Tablet),T4 - QL</b>
Azathioprine (50MG Oral Tablet),T1 - B/D,PA	Bisoprolol Fumarate (Oral Tablet),T1
Azelastine HCl (0.1% Nasal Solution),T1	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azelastine HCl (Ophthalmic Solution),T1	<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
Azelastine-Fluticasone (Nasal Suspension),T1	<b>Breztri Aerosphere (Inhalation Aerosol),T2 - QL</b>
Azithromycin (Oral Packet),T1	<b>Brilinta (Oral Tablet),T2 - QL</b>
Azithromycin (Oral Tablet),T1	Brimonidine Tartrate (Ophthalmic Solution),T1
<b>B</b>	<b>Brukinsa (Oral Capsule),T4 - PA; QL</b>
<b>BRIVIACT (Oral Solution),T4 - PA</b>	Budesonide (Inhalation Suspension),T1 - B/D,PA
<b>BRIVIACT (Oral Tablet),T4 - PA</b>	Budesonide (Oral Capsule Delayed Release Particles),T1
Baclofen (Oral Tablet),T1	Buprenorphine (Transdermal Patch Weekly),T1 - 7D; DL; QL
<b>Bafiertam (Oral Capsule Delayed Release),T4 - ST; QL</b>	Buprenorphine HCl (Tablet Sublingual),T1 - QL
Balsalazide Disodium (Oral Capsule),T1	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T1 - QL
<b>Baqsimi One Pack (Nasal Powder),T2</b>	Bupropion HCl (Oral Tablet Immediate Release),T1
<b>Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST</b>	<b>Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3</b>
<b>Belsomra (Oral Tablet),T2 - QL</b>	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1
Benazepril HCl (Oral Tablet),T1 - QL	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1
Benazepril-Hydrochlorothiazide (Oral Tablet),T1 - QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1
Benzotropine Mesylate (Oral Tablet),T1 - HRM	
<b>Bepreve (Ophthalmic Solution),T3</b>	
<b>Berinert (Intravenous Kit),T4 - PA</b>	
<b>Besivance (Ophthalmic Suspension),T3</b>	
<b>Betaseron (Subcutaneous Kit),T4</b>	
Bethanechol Chloride (Oral Tablet),T1	
<b>Betimol (Ophthalmic Solution),T3</b>	

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.**

Buspirone HCl (Oral Tablet),T1

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

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

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

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**C**

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Cabergoline (Oral Tablet),T1

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

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Calcium Acetate (667MG Oral Tablet),T1

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Calcium Acetate (Phosphate Binder) (Oral Capsule),T1

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Carbamazepine (Oral Tablet Immediate Release),T1

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Carbidopa (Oral Tablet),T1

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Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

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

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Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T1

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Carbidopa-Levodopa-Entacapone (Oral Tablet),T1

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Carvedilol (Oral Tablet),T1

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Cefdinir (Oral Capsule),T1

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Cefuroxime Axetil (Oral Tablet),T1

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Celecoxib (Oral Capsule),T1 - QL

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**Celontin (Oral Capsule),T3**

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Cephalexin (Oral Capsule),T1

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Cephalexin (Oral Tablet),T1

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**Chemet (Oral Capsule),T4**

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Chlorhexidine Gluconate (Mouth Solution),T1

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Chlorthalidone (Oral Tablet),T1

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Chlorzoxazone (500MG Oral Tablet, 750MG Oral Tablet),T1 - HRM

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**Bold type = Brand name drug**

Cholestyramine (Oral Packet),T1

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Cholestyramine Light (Oral Packet),T1

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**Cibinqo (Oral Tablet),T4 - PA; QL**

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Cilostazol (Oral Tablet),T1

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Cimetidine (Oral Tablet),T1

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Cimetidine HCl (300MG/5ML Oral Solution),T1

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**Cimzia (Subcutaneous Kit),T4 - PA; QL**

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**Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit),T4 - PA; QL**

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Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1

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Ciprofloxacin-Dexamethasone (Otic Suspension),T1

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Citalopram Hydrobromide (Oral Tablet),T1

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Clarithromycin (Oral Tablet Immediate Release),T1

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**Clenpiq (10MG-3.5GM-12GM/160ML Oral Solution),T2**

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**Climara Pro (Transdermal Patch Weekly),T3 - HRM**

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**Clobex (External Lotion),T4 - QL**

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**Clobex (External Shampoo),T4**

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**Clobex Spray (External Liquid),T3 - QL**

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Clonazepam (Oral Tablet),T1 - QL

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Clonazepam ODT (Oral Tablet Dispersible),T1 - QL

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Clonidine (Transdermal Patch Weekly),T1

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Clonidine HCl (Oral Tablet Immediate Release),T1

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Clopidogrel Bisulfate (75MG Oral Tablet),T1

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Clozapine (Oral Tablet),T1

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Clozapine ODT (Oral Tablet Dispersible),T1

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**Colchicine (0.6MG Oral Capsule) (Brand**

Plain type = Generic drug

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

<b>Equivalent Mitigare),T2</b>	Exjade),T1 - PA
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1	Deferiprone (500MG Oral Tablet),T1 - PA
Colesevelam HCl (Oral Tablet),T1	<b>Depen Titratabs (Oral Tablet),T4</b>
<b>Combigan (Ophthalmic Solution),T2</b>	<b>Descovy (200MG-25MG Oral Tablet),T4 - QL</b>
<b>Combivent Respimat (Inhalation Aerosol Solution),T2 - QL</b>	Desmopressin Acetate (Oral Tablet),T1
<b>Copaxone (Subcutaneous Solution Prefilled Syringe),T4</b>	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1
<b>Corlanor (Oral Solution),T3 - PA; QL</b>	Dexamethasone (Oral Tablet),T1
<b>Corlanor (Oral Tablet),T3 - PA; QL</b>	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
<b>Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Diazepam (5MG/5ML Oral Solution),T1
<b>Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Diazepam Intensol (Oral Concentrate),T1 - QL
<b>Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL</b>	Diclofenac Potassium (50MG Oral Tablet),T1
<b>Cosopt PF (Ophthalmic Solution),T3</b>	Diclofenac Sodium (1% External Gel),T1
<b>Creon (Oral Capsule Delayed Release Particles),T2</b>	Diclofenac Sodium (Oral Tablet Delayed Release),T1
Cromolyn Sodium (Inhalation Nebulization Solution),T1 - B/D,PA	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - HRM	Dicyclomine HCl (Oral Capsule),T1 - HRM
Cyclophosphamide (Oral Capsule),T1 - B/D,PA	Dicyclomine HCl (Oral Tablet),T1 - HRM
<b>D</b>	<b>Dificid (Oral Suspension Reconstituted),T4</b>
<b>DARAPRIM (Oral Tablet),T4</b>	<b>Dificid (Oral Tablet),T4</b>
Dabigatran Etexilate Mesylate (Oral Capsule),T1 - QL	Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet),T1 - HRM
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T1 - QL	Dihydroergotamine Mesylate (Nasal Solution),T1 - PA; QL
<b>Daliresp (Oral Tablet),T3 - PA</b>	Diltiazem HCl (Oral Tablet Immediate Release),T1
Dapsone (Oral Tablet),T1	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T1
<b>DayVigo (Oral Tablet),T2 - QL</b>	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1
Deferasirox (Oral Tablet Soluble) (Generic	Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24

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.**

Hour, 300MG Oral Capsule Extended Release 24 Hour),T1

Dimethyl Fumarate (240MG Oral Capsule Delayed Release),T1 - QL

**Dipentum (Oral Capsule),T4**

Diphenoxylate-Atropine (Oral Tablet),T1 - HRM

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T1

Divalproex Sodium (Oral Tablet Delayed Release),T1

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

Donepezil HCl (Oral Tablet),T1 - QL

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

**Doptelet (Oral Tablet),T4 - PA; QL**

Dorzolamide HCl (Ophthalmic Solution),T1

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

**Dovato (Oral Tablet),T4 - QL**

Doxazosin Mesylate (Oral Tablet),T1

Doxycycline Hyclate (Oral Capsule),T1

Doxycycline Hyclate (Oral Tablet Immediate Release),T1

Dronabinol (Oral Capsule),T1 - PA

**Duavee (Oral Tablet),T3 - HRM**

**Dulera (Inhalation Aerosol),T3 - QL**

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

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

**Dupixent (Subcutaneous Solution Prefilled Syringe),T4 - PA**

Dutasteride (Oral Capsule),T1

**Dymista (Nasal Suspension),T3**

**E**

**Edarbi (Oral Tablet),T3 - QL**

**Edarbyclor (Oral Tablet),T3 - QL**

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

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

**Elmiron (Oral Capsule),T3**

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

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

**Emgality (Subcutaneous Solution Auto-Injector),T3 - PA; QL**

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

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

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

**Enbrel (Subcutaneous Solution),T4 - PA; QL**

**Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA; QL**

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

Entacapone (Oral Tablet),T1

Entecavir (Oral Tablet),T1

**Entresto (Oral Tablet),T2 - QL**

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

**Epclusa (Oral Packet),T4 - PA; QL**

**Epclusa (Oral Tablet),T4 - PA; QL**

**EpiPen 2-Pak (Injection Solution Auto-**

**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.

<b>Injector),T3 - QL</b>	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL</b>	<b>F</b>
<b>Epiduo (External Gel),T3</b>	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
<b>Epiduo Forte (External Gel),T3 - ST</b>	<b>Farxiga (Oral Tablet),T2 - QL</b>
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL	<b>Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>
Eplerenone (Oral Tablet),T1	<b>Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA</b>
Ergoloid Mesylates (Oral Tablet),T1 - HRM	Febuxostat (Oral Tablet),T1 - ST
Ergotamine-Caffeine (Oral Tablet),T1	Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet),T1
<b>Erivedge (Oral Capsule),T4 - PA</b>	<b>Finacea (External Foam),T3 - QL</b>
<b>Erleada (60MG Oral Tablet),T4 - PA</b>	<b>Finacea (External Gel),T3 - QL</b>
Ertapenem Sodium (Injection Solution Reconstituted),T1	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Erythromycin (Ophthalmic Ointment),T1	<b>Flarex (Ophthalmic Suspension),T3</b>
<b>Esbriet (Oral Capsule),T4 - PA; QL</b>	<b>FloLipid (Oral Suspension),T3 - QL</b>
<b>Esbriet (Oral Tablet),T4 - PA; QL</b>	<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2</b>
Escitalopram Oxalate (Oral Tablet),T1	<b>Flovent HFA (Inhalation Aerosol),T2 - QL</b>
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL	Fluconazole (Oral Tablet),T1
Estradiol (Oral Tablet),T1 - HRM	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T1
Estradiol (Transdermal Patch Twice Weekly),T1 - HRM; QL	Fluphenazine HCl (Oral Tablet),T1
Estradiol (Transdermal Patch Weekly),T1 - HRM; QL	Fluticasone Propionate (Nasal Suspension),T1
Estradiol (Vaginal Cream),T1	<b>Forteo (Subcutaneous Solution Pen-Injector),T4 - PA</b>
Eszopiclone (Oral Tablet),T1 - HRM; QL	Furosemide (Oral Tablet),T1
Ethambutol HCl (400MG Oral Tablet),T1	<b>Fuzeon (Subcutaneous Solution Reconstituted),T4 - QL</b>
Ethosuximide (Oral Capsule),T1	<b>G</b>
Ethosuximide (Oral Solution),T1	Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T1
Etravirine (200MG Oral Tablet),T1 - QL	
<b>Eucrisa (External Ointment),T3 - PA; QL</b>	
<b>Extavia (Subcutaneous Kit),T4</b>	
Ezetimibe (Oral Tablet),T1	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Gabapentin (Oral Capsule),T1	Syringe),T2
<b>Gammagard (2.5GM/25ML Injection Solution),T4 - PA</b>	<b>H</b>
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA</b>	<b>Haegarda (Subcutaneous Solution Reconstituted),T4 - PA</b>
Gemfibrozil (Oral Tablet),T1	Haloperidol (Oral Tablet),T1
<b>Gemtesa (Oral Tablet),T3</b>	<b>Harvoni (90-400MG Oral Tablet),T4 - PA; QL</b>
<b>Genotropin (12MG Subcutaneous Cartridge),T4 - PA</b>	<b>Harvoni (Oral Packet),T4 - PA; QL</b>
<b>Genotropin (5MG Subcutaneous Cartridge),T3 - PA</b>	<b>Humalog (Injection Solution),T2</b>
<b>Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe),T3 - PA</b>	<b>Humalog (Subcutaneous Solution Cartridge),T2</b>
<b>Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe),T4 - PA</b>	<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
Gentamicin Sulfate (40MG/ML Injection Solution),T1	<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
<b>Genvoya (Oral Tablet),T4 - QL</b>	<b>Humalog Mix 50/50 (Subcutaneous Suspension),T2</b>
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T1	<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>
Glatopa (Subcutaneous Solution Prefilled Syringe),T1	<b>Humalog Mix 75/25 (Subcutaneous Suspension),T2</b>
<b>Glucagon (Injection Kit) (Lilly),T1</b>	<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet),T1 - PA	<b>Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL</b>
<b>Glyxambi (Oral Tablet),T2 - QL</b>	<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA; QL</b>
<b>Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T2</b>	<b>Humira Pen (Subcutaneous Pen-Injector Kit),T4 - PA; QL</b>
<b>Gvoke Kit (Subcutaneous Solution),T2</b>	<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA</b>
<b>Gvoke PFS (Subcutaneous Solution Prefilled</b>	<b>Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T4 - PA</b>
	<b>Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T4 - PA; QL</b>
	<b>Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T4 - PA</b>

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<b>Humulin 70/30 (Subcutaneous Suspension),T2</b>	Imiquimod Pump (3.75% External Cream),T1 - PA
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>	<b>Imvexxy Maintenance Pack (Vaginal Insert),T2 - PA</b>
<b>Humulin N (Subcutaneous Suspension),T2</b>	<b>Incruse Eliipta (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL</b>
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2</b>	<b>Ingrezza (Oral Capsule Therapy Pack),T4 - PA; QL</b>
<b>Humulin R (Injection Solution),T2</b>	<b>Ingrezza (Oral Capsule),T4 - PA; QL</b>
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2</b>	<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2</b>
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2</b>	<b>Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T2</b>
Hydralazine HCl (Oral Tablet),T1	<b>Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2</b>
Hydrochlorothiazide (Oral Capsule),T1	<b>Insulin Lispro Prot &amp; Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T2</b>
Hydrochlorothiazide (Oral Tablet),T1	<b>Insulin Syringes, Needles,T2</b>
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	<b>Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T4</b>
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	<b>Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T4</b>
Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL	<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3</b>
Hydroxyurea (Oral Capsule),T1	<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4</b>
Hydroxyzine HCl (Oral Syrup),T1 - HRM	<b>Inveltys (Ophthalmic Suspension),T3</b>
Hydroxyzine HCl (Oral Tablet),T1 - HRM	<b>Invokamet (Oral Tablet Immediate Release),T3 - ST; QL</b>
<b>I</b>	<b>Invokamet XR (Oral Tablet Extended Release</b>
Ibandronate Sodium (Oral Tablet),T1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1	
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe),T1 - PA; QL	
<b>Ilevro (Ophthalmic Suspension),T2</b>	
Imatinib Mesylate (Oral Tablet),T1 - PA	
<b>Imbruvica (Oral Capsule),T4 - PA; QL</b>	
<b>Imbruvica (Oral Tablet),T4 - PA; QL</b>	
Imiquimod (5% External Cream),T1 - QL	

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**24 Hour),T3 - ST; QL**

**Invokana (Oral Tablet),T3 - ST; QL**

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

Ipratropium Bromide (Nasal Solution),T1

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

Irbesartan (Oral Tablet),T1 - QL

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL

**Isentress (Oral Tablet),T4 - QL**

Isoniazid (Oral Tablet),T1

Isosorbide Dinitrate (Oral Tablet Immediate Release),T1

Isosorbide Dinitrate-Hydralazine (Oral Tablet),T1

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

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

**Isturisa (Oral Tablet),T4 - PA**

Ivermectin (Oral Tablet),T1 - PA

**J**

**Janumet (Oral Tablet Immediate Release),T2 - QL**

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

**Januvia (Oral Tablet),T2 - QL**

**Jardiance (Oral Tablet),T2 - QL**

**Jentaduetto (Oral Tablet Immediate Release),T2 - QL**

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

**Jublia (External Solution),T3**

**Juluca (Oral Tablet),T4 - QL**

**K**

Ketoconazole (External Cream),T1 - QL

Ketorolac Tromethamine (Ophthalmic Solution),T1

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

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

**Klisyri (External Ointment),T4 - PA; QL**

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

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

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

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

**Korlym (Oral Tablet),T4 - PA**

**L**

Lacosamide (Oral Tablet),T1 - QL

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

Lactulose (Oral Packet),T1

Lamivudine (100MG Oral Tablet),T1

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

Lamotrigine (Oral Tablet Immediate Release),T1

**Lantus (Subcutaneous Solution),T2**

**Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2**

Latanoprost (Ophthalmic Solution),T1

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

Leflunomide (Oral Tablet),T1

Letrozole (Oral Tablet),T1

Leucovorin Calcium (Oral Tablet),T1

**Leukeran (Oral Tablet),T4**

**Levemir (Subcutaneous Solution),T2**

Levetiracetam (Oral Tablet Immediate Release),T1

Levobunolol HCl (Ophthalmic Solution),T1

Levocarnitine (Oral Tablet),T1

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Levocetirizine Dihydrochloride (Oral Tablet),T1	<b>Kit),T3 - PA; QL</b>
Levofloxacin (Oral Tablet),T1	<b>Lupron Depot (4-Month) (Intramuscular Kit),T3 - PA; QL</b>
Levothyroxine Sodium (Oral Tablet),T1	<b>Lupron Depot (6-Month) (Intramuscular Kit),T3 - PA; QL</b>
<b>Lialda (Oral Tablet Delayed Release),T3 - ST; QL</b>	Lurasidone HCl (Oral Tablet),T1 - QL
<b>Licart (External Patch 24 Hour),T3 - PA; QL</b>	<b>Luzu (External Cream),T3 - QL</b>
Lidocaine (5% External Ointment),T1 - QL	<b>Lysodren (Oral Tablet),T4</b>
Lidocaine (5% External Patch),T1 - PA; QL	<b>Lyumjev (Injection Solution),T2</b>
Lidocaine HCl (4% External Solution),T1	<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T2</b>
Lidocaine-Prilocaine (External Cream),T1	
<b>Linzess (Oral Capsule),T2 - QL</b>	<b>M</b>
Liothyronine Sodium (Oral Tablet),T1	Malathion (External Lotion),T1
Lisinopril (Oral Tablet),T1 - QL	Maraviroc (Oral Tablet),T1 - QL
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL	<b>Mavyret (Oral Packet),T4 - PA; QL</b>
Lithium Carbonate (Oral Capsule),T1	<b>Mavyret (Oral Tablet),T4 - PA; QL</b>
Lithium Carbonate ER (Oral Tablet Extended Release),T1	<b>Mayzent (Oral Tablet),T4 - QL</b>
<b>Livalo (Oral Tablet),T2 - QL</b>	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T1 - HRM
<b>Lokelma (Oral Packet),T3 - QL</b>	Medroxyprogesterone Acetate (Intramuscular Suspension),T1
Loperamide HCl (Oral Capsule),T1	Medroxyprogesterone Acetate (Oral Tablet),T1
Lorazepam (Oral Tablet),T1 - QL	Meloxicam (Oral Tablet),T1
Lorazepam Intensol (Oral Concentrate),T1 - QL	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL
Losartan Potassium (Oral Tablet),T1 - QL	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T1 - PA; QL
Losartan Potassium-HCTZ (Oral Tablet),T1 - QL	Mercaptopurine (Oral Tablet),T1
<b>Lotemax (Ophthalmic Gel),T3</b>	Meropenem (Intravenous Solution Reconstituted),T1
<b>Lotemax (Ophthalmic Ointment),T3</b>	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T1 - QL
<b>Lotemax (Ophthalmic Suspension),T3</b>	<b>Mesnex (Oral Tablet),T3</b>
<b>Lotemax SM (Ophthalmic Gel),T3</b>	Methadone HCl (Oral Solution),T1 - 7D; MME; DL; QL
Lovastatin (Oral Tablet),T1 - QL	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL;
<b>Lumigan (Ophthalmic Solution),T2</b>	
<b>Lupron Depot (1-Month) (Intramuscular Kit),T3 - PA; QL</b>	
<b>Lupron Depot (3-Month) (Intramuscular</b>	

T1 = Tier 1

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T4 = Tier 4

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QL	MME; DL; QL
Methamphetamine HCl (Oral Tablet),T1 - PA; QL	Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin),T1 - 7D; MME; DL; QL
Methimazole (Oral Tablet),T1	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T1 - 7D; MME; DL; QL
Methotrexate Sodium (Oral Tablet),T1	<b>Motegrity (Oral Tablet),T3 - QL</b>
Methscopolamine Bromide (Oral Tablet),T1 - HRM	<b>Mounjaro (Subcutaneous Solution Pen-Injector),T2 - PA; QL</b>
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T1 - QL	<b>Movantik (Oral Tablet),T2 - QL</b>
Methylprednisolone (Oral Tablet),T1	<b>MoviPrep (Oral Solution Reconstituted),T3</b>
Metoclopramide HCl (Oral Tablet),T1	<b>Multaq (Oral Tablet),T2</b>
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	<b>Myrbetriq (Oral Suspension Reconstituted ER),T2</b>
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	<b>Myrbetriq (Oral Tablet Extended Release 24 Hour),T2</b>
<b>Metrogel (External Gel),T3</b>	<b>N</b>
Metronidazole (External Cream),T1	<b>Naftin (External Gel),T3</b>
Metronidazole (External Gel),T1	Naloxone HCl (0.4MG/ML Injection Solution),T1
Metronidazole (External Lotion),T1	Naloxone HCl (Injection Solution Cartridge),T1
Metronidazole (Oral Tablet),T1	Naloxone HCl (Injection Solution Prefilled Syringe),T1
Midodrine HCl (Oral Tablet),T1	Naltrexone HCl (Oral Tablet),T1
Minocycline HCl (Oral Capsule),T1	<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL</b>
Minocycline HCl (Oral Tablet Immediate Release),T1	<b>Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL</b>
Minoxidil (Oral Tablet),T1	Naproxen (250MG Oral Tablet Immediate Release, 375MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release),T1
Mirtazapine (Oral Tablet),T1	<b>Narcan (Nasal Liquid),T2</b>
Mirtazapine ODT (Oral Tablet Dispersible),T1	<b>Nayzilam (Nasal Solution),T3 - PA; QL</b>
<b>Mirvaso (External Gel),T3</b>	Neomycin Sulfate (Oral Tablet),T1
Misoprostol (Oral Tablet),T1	Neomycin-Polymyxin-HC (Otic Suspension),T1
<b>Mitigare (Oral Capsule),T2</b>	<b>Neulasta (Subcutaneous Solution Prefilled</b>
Modafinil (Oral Tablet),T1 - PA; QL	
Mometasone Furoate (Nasal Suspension),T1	
Montelukast Sodium (Oral Packet),T1 - QL	
Montelukast Sodium (Oral Tablet),T1 - QL	
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian),T1 - 7D;	

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Syringe),T4 - PA	Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2
Neupogen (Injection Solution Prefilled Syringe),T4 - ST	Novolin N (Subcutaneous Suspension),T2
Neupogen (Injection Solution),T4 - ST	Novolin N FlexPen (Subcutaneous Suspension Pen-Injector),T2
Nevanac (Ophthalmic Suspension),T3	Novolin R (Injection Solution),T2
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2	Novolin R FlexPen (Injection Solution Pen-Injector),T2
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL	Nubeqa (Oral Tablet),T4 - PA
Nexletol (Oral Tablet),T3 - PA; QL	Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; QL
Nexlizet (Oral Tablet),T3 - PA; QL	Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	Nucala (Subcutaneous Solution Reconstituted),T4 - PA; QL
Nimodipine (Oral Capsule),T1	Nurtec ODT (Oral Tablet Dispersible),T4 - PA; QL
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T1 - HRM	Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector),T4 - PA
Nitrofurantoin Monohydrate (Generic Macrobid),T1 - HRM	Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector),T4 - PA
Nitroglycerin (Tablet Sublingual),T1	Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector),T4 - PA
Nivestym (Injection Solution Prefilled Syringe),T4 - ST	Nuzyra (Intravenous Solution Reconstituted),T4 - PA
Nivestym (Injection Solution),T4 - ST	Nuzyra (Oral Tablet),T4 - PA; QL
Nizatidine (Oral Capsule),T1	Nystatin (External Cream),T1
Norethindrone Acetate (5MG Oral Tablet),T1	Nystatin (External Ointment),T1
Nortriptyline HCl (Oral Capsule),T1 - HRM	Nystatin (External Powder),T1 - QL
NovoLog (Injection Solution),T2	Nyvepria (Subcutaneous Solution Prefilled Syringe),T4 - PA
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T2	
NovoLog Mix 70/30 (Subcutaneous Suspension),T2	<b>O</b>
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T2	Odomzo (Oral Capsule),T4 - PA
NovoLog PenFill (Subcutaneous Solution Cartridge),T2	Ofev (Oral Capsule),T4 - PA; QL
Novolin 70/30 (Subcutaneous Suspension),T2	Ofloxacin (Ophthalmic Solution),T1
	Ofloxacin (Otic Solution),T1

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Olanzapine (Oral Tablet),T1 - QL

Olopatadine HCl (0.1% Ophthalmic Solution),T1

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

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

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

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

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

**Opsumit (Oral Tablet),T4 - PA**

**Orenitram (0.125MG Oral Tablet Extended  
Release),T3 - PA**

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

**Orgovyx (Oral Tablet),T4 - PA; QL**

**Orilissa (Oral Tablet),T4 - PA; QL**

Oseltamivir Phosphate (Oral Capsule),T1

**Osphena (Oral Tablet),T2 - PA; QL**

**Otezla (Oral Tablet Therapy Pack),T4 - PA; QL**

**Otezla (Oral Tablet),T4 - PA; QL**

Oxcarbazepine (Oral Tablet),T1

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

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

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

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

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

**Ozempic (2MG/DOSE) (8MG/3ML  
Subcutaneous Solution Pen-Injector),T2 - PA;  
QL**

## P

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

**Pegasys (Subcutaneous Solution),T4 - PA**

Penicillamine (Oral Tablet),T1

Penicillin V Potassium (Oral Tablet),T1

**Pentasa (Oral Capsule Extended Release),T3 -  
QL**

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

Permethrin (External Cream),T1

**Perseris (Subcutaneous Prefilled Syringe),T4**

Phenelzine Sulfate (Oral Tablet),T1

Phenytoin Sodium Extended (Oral Capsule),T1

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

Pilocarpine HCl (Oral Tablet),T1

Pimecrolimus (External Cream),T1 - ST; QL

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

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

**Plegridy (Subcutaneous Solution Prefilled  
Syringe),T4 - QL**

**Pomalyst (2MG Oral Capsule, 3MG Oral  
Capsule, 4MG Oral Capsule),T4 - PA**

Potassium Chloride ER (Oral Capsule Extended  
Release),T1

Potassium Chloride ER (Oral Tablet Extended  
Release),T1

Potassium Citrate ER (Oral Tablet Extended  
Release),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.

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

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.

Hour),T1	<b>Intramuscular Suspension Reconstituted ER),T4</b>
Rasagiline Mesylate (Oral Tablet),T1	Risperidone (Oral Tablet),T1
<b>Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA</b>	Ritonavir (Oral Tablet),T1 - QL
<b>Royaldee (Oral Capsule Extended Release),T4 - QL</b>	Rivastigmine (Transdermal Patch 24 Hour),T1 - ST; QL
<b>Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST</b>	Rivastigmine Tartrate (Oral Capsule),T1
<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST</b>	Rizatriptan Benzoate (Oral Tablet),T1 - QL
<b>Regranex (External Gel),T4 - PA</b>	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T1 - QL
<b>Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL</b>	<b>Rocklatan (Ophthalmic Solution),T2 - ST</b>
<b>Repatha Pushtonex System (Subcutaneous Solution Cartridge),T2 - PA; QL</b>	Roflumilast (500MCG Oral Tablet),T1 - PA
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL</b>	Ropinirole HCl (Oral Tablet Immediate Release),T1
<b>Restasis MultiDose (Ophthalmic Emulsion),T2 - QL</b>	Rosuvastatin Calcium (Oral Tablet),T1 - QL
<b>Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL</b>	<b>Rukobia (Oral Tablet Extended Release 12 Hour),T4 - QL</b>
<b>Retacrit (Injection Solution),T3 - PA</b>	<b>Rybelsus (Oral Tablet),T2 - PA; QL</b>
<b>Rexulti (Oral Tablet),T4 - QL</b>	<b>Rytary (Oral Capsule Extended Release),T3 - ST</b>
<b>Reyvow (Oral Tablet),T3 - PA; QL</b>	<b>S</b>
<b>Rhopressa (Ophthalmic Solution),T2 - ST</b>	SPS (Oral Suspension),T1
Ribavirin (Oral Tablet),T1	<b>Sancuso (Transdermal Patch),T4 - QL</b>
Rifabutin (Oral Capsule),T1	<b>Santyl (External Ointment),T3</b>
Rifampin (300MG Oral Capsule),T1	<b>Saphris (Tablet Sublingual),T3</b>
Riluzole (Oral Tablet),T1	<b>Savella (Oral Tablet),T2</b>
<b>Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL</b>	Selegiline HCl (Oral Capsule),T1
<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3</b>	Selegiline HCl (Oral Tablet),T1
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG</b>	<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL</b>
	Sertraline HCl (Oral Tablet),T1
	Sevelamer Carbonate (Oral Packet),T1
	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T1
	Sevelamer HCl (Oral Tablet),T1

**Bold type = Brand name drug**

Plain type = Generic drug



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

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

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

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

Silver Sulfadiazine (External Cream),T1

**Simbrinza (Ophthalmic Suspension),T2**

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

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

Simvastatin (Oral Tablet),T1 - QL

**Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge),T4 - PA; QL**

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

**Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL**

**Sodium Oxybate (Oral Solution),T4 - PA; QL**

Sodium Polystyrene Sulfonate (Oral Powder),T1

Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution),T1

**Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL**

Solifenacin Succinate (Oral Tablet),T1 - QL

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

Sotalol HCl (Oral Tablet),T1

Sotalol HCl AF (Oral Tablet),T1

**Spiriva HandiHaler (Inhalation Capsule),T2 - QL**

**Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL**

Spironolactone (Oral Tablet),T1

**Sprycel (Oral Tablet),T4 - PA**

**Stelara (Subcutaneous Solution Prefilled**

**Syringe),T4 - PA; QL**

**Stelara (Subcutaneous Solution),T4 - PA; QL**

**Stiolto Respimat (Inhalation Aerosol Solution),T2**

**Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST**

**Suboxone (Sublingual Film),T3 - QL**

Sucralfate (Oral Suspension),T1

Sucralfate (Oral Tablet),T1

Sulfadiazine (Oral Tablet),T1

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

Sulfasalazine (Oral Tablet Delayed Release),T1

Sulfasalazine (Oral Tablet Immediate Release),T1

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

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

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

**Sunosi (Oral Tablet),T3 - PA; QL**

**Sutab (Oral Tablet),T2**

**Symbicort (Inhalation Aerosol),T2 - QL**

**Symjepi (Injection Solution Prefilled Syringe),T3 - QL**

**Symtuza (Oral Tablet),T4 - QL**

**Synjardy (Oral Tablet Immediate Release),T2 - QL**

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

**Synribo (Subcutaneous Solution Reconstituted),T4 - PA**

**Synthroid (Oral Tablet),T2**

**T**

**TOBI Podhaler (Inhalation Capsule),T4 - PA;**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

**QL**

**Tabrecta (Oral Tablet),T4 - PA; QL**

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

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

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

Tamoxifen Citrate (Oral Tablet),T1

Tamsulosin HCl (Oral Capsule),T1

**Tecfidera (Oral Capsule Delayed Release),T4 - QL**

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

Tenofovir Disoproxil Fumarate (Oral Tablet),T1 - QL

Terazosin HCl (Oral Capsule),T1

Terbinafine HCl (Oral Tablet),T1 - QL

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

Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T1

Testosterone Cypionate (Intramuscular Solution),T1

Tetrabenazine (Oral Tablet),T1 - PA

Theophylline (Oral Solution),T1

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

Theophylline ER (Oral Tablet Extended Release 24 Hour),T1

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

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

Timolol Maleate (Oral Tablet),T1

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

**Timoptic Ocudose (Ophthalmic Solution),T3**

**Tivicay (25MG Oral Tablet),T3 - QL**

**Tivicay (50MG Oral Tablet),T4 - QL**

Tizanidine HCl (Oral Tablet),T1

**TobraDex ST (Ophthalmic Suspension),T3**

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

Tobramycin-Dexamethasone (Ophthalmic Suspension),T1

Topiramate (Oral Capsule Sprinkle Immediate Release),T1

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T1

Torseamide (Oral Tablet),T1

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

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

**Tracleer (Oral Tablet Soluble),T4 - PA; QL**

**Tracleer (Oral Tablet),T4 - PA; QL**

**Tradjenta (Oral Tablet),T2 - QL**

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

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

Tranexamic Acid (Oral Tablet),T1

Tranlycypromine Sulfate (Oral Tablet),T1

Travoprost (BAK Free) (Ophthalmic Solution),T1

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

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

**Tremfya (Subcutaneous Solution Pen-**

**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.

<b>Injector),T4 - PA; QL</b>	Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
<b>Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL</b>	Varenicline Tartrate (Oral Tablet),T1
<b>Tresiba (Subcutaneous Solution),T2</b>	<b>Vascepa (Oral Capsule),T1</b>
<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2</b>	<b>Velphoro (Oral Tablet Chewable),T4</b>
Tretinoin (External Cream),T1 - PA	<b>Veltassa (Oral Packet),T3 - QL</b>
Tretinoin (Oral Capsule),T1	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T1
Triamcinolone Acetonide (0.1% External Ointment, 0.5% External Ointment),T1	<b>Ventolin HFA (Inhalation Aerosol Solution),T2</b>
Triamcinolone Acetonide (External Cream),T1	Verapamil HCl (Oral Tablet Immediate Release),T1
Triamterene-HCTZ (Oral Capsule),T1	Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T1
Triamterene-HCTZ (Oral Tablet),T1	Verapamil HCl ER (Oral Tablet Extended Release),T1
Trientine HCl (Oral Capsule),T1 - PA; QL	<b>Verquvo (Oral Tablet),T2 - PA; QL</b>
Trihexyphenidyl HCl (Oral Solution),T1 - HRM	<b>Versacloz (Oral Suspension),T4</b>
Trihexyphenidyl HCl (Oral Tablet),T1 - HRM	<b>Viberzi (Oral Tablet),T4 - PA; QL</b>
<b>Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL</b>	<b>Victoza (Subcutaneous Solution Pen-Injector),T2 - PA; QL</b>
<b>Trintellix (Oral Tablet),T3</b>	<b>Viibryd (Oral Tablet),T3</b>
<b>Trulance (Oral Tablet),T3</b>	<b>Vitrakvi (Oral Capsule),T4 - PA; QL</b>
<b>Trulicity (Subcutaneous Solution Pen-Injector),T2 - PA; QL</b>	<b>Vitrakvi (Oral Solution),T4 - PA; QL</b>
<b>Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA</b>	<b>Vosevi (Oral Tablet),T4 - PA; QL</b>
<b>Tyrvaya (Nasal Solution),T3 - QL</b>	<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL</b>
<b>U</b>	<b>Vyvanse (Oral Capsule),T3</b>
<b>Ubrelvy (Oral Tablet),T4 - PA; QL</b>	<b>Vyvanse (Oral Tablet Chewable),T3</b>
<b>Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA</b>	<b>Vyzulta (Ophthalmic Solution),T3</b>
Ursodiol (300MG Oral Capsule),T1	<b>W</b>
Ursodiol (Oral Tablet),T1	Warfarin Sodium (Oral Tablet),T1
<b>V</b>	Wixela Inhub (Inhalation Aerosol Powder Breath
Valacyclovir HCl (Oral Tablet),T1 - QL	
Valganciclovir HCl (Oral Tablet),T1 - QL	
Valsartan (Oral Tablet),T1 - 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.

Activated) (Generic Advair),T1 - QL

**X**

**Xarelto (Oral Suspension Reconstituted),T2 - QL**

**Xarelto (Oral Tablet),T2 - QL**

**Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T4 - PA; QL**

**Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack),T3 - PA; QL**

**Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack),T4 - PA; QL**

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

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

**Xeljanz (Oral Solution),T4 - PA; QL**

**Xeljanz (Oral Tablet Immediate Release),T4 - PA; QL**

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

**Xenleta (Oral Tablet),T3 - PA; QL**

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

**Xiidra (Ophthalmic Solution),T3 - QL**

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

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

**Xolair (Subcutaneous Solution Prefilled Syringe),T4 - PA**

**Xolair (Subcutaneous Solution Reconstituted),T4 - PA**

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

**Xtandi (Oral Capsule),T4 - PA**

**Xtandi (Oral Tablet),T4 - PA**

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

**Xyrem (Oral Solution),T4 - PA; QL**

**Y**

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

**Z**

Zafirlukast (Oral Tablet),T1

Zaleplon (Oral Capsule),T1 - HRM; QL

**Zarxio (Injection Solution Prefilled Syringe),T4**

**Zelapar ODT (Oral Tablet Dispersible),T4**

**Zenpep (Oral Capsule Delayed Release Particles),T2**

**Zeposia (Oral Capsule),T4 - PA; QL**

**Zioptan (Ophthalmic Solution),T3**

**Zirgan (Ophthalmic Gel),T3**

**Zolinza (Oral Capsule),T4 - PA**

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

Zonisamide (Oral Capsule),T1

**Zubsolv (Tablet Sublingual),T3 - QL**

**Zylet (Ophthalmic Suspension),T3**

**Bold type = Brand name drug**

Plain type = Generic drug

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# Additional Drug Coverage

## Additional prescription drug coverage

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

This is not a complete list of prescription drugs covered by our plan. For a complete list, please call Customer Service using the information on the cover of this book (the last page).

## Lower-cost Medicare preferred insulin products

Your plan covers preferred insulin products at a reduced cost share. The lower cost share will apply even if you have not yet met your annual prescription (Part D) deductible. See your Evidence of Coverage and Summary of Benefits for information about your cost share for these drugs.

The amount you pay for these preferred insulin products **applies to your Medicare Part D out-of-pocket costs and to your annual drug out-of-pocket maximum.**<sup>1</sup>

Drug name
Humalog
Humulin
Insulin Lispro (brand equivalent Humalog)
Lantus
Levemir
Lyumjev
Novolin
Novolog
Toujeo
Tresiba

<sup>1</sup>Information about the appeals and grievance process for these prescription drugs can be found in your Evidence of Coverage.

## **Bonus drug list**

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

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

Although you pay the same copay for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. However, these costs will apply to your annual drug out-of-pocket maximum.

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

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 (the last page).

### **QL - Quantity limits**

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

### **MME - Morphine milligram equivalent**

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

### **7D - 7-day limit**

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

### **DL - Dispensing limit**

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

Drug name	Drug tier	Coverage rules or limits on use
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Salsalate	1	
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	
<b>Anorexiant - drugs to promote weight loss</b>		
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
<b>Anticoagulants - drugs to prevent clotting</b>		
Heparin Lock Flush	1	
<b>Dermatological agents - drugs to treat skin conditions</b>		
<b>Dry, Itchy Skin</b>		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur Cream 10-5%	1	
<b>Itching or Pain</b>		
Pramoxine/Hydrocortisone Cream 1-2.5%	1	
<b>Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions</b>		
<b>Hemorrhoids</b>		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Perianal Cream 3%-0.5%	1	
<b>Irritable Bowel or Ulcers</b>		
Hyoscyamine Sulfate	1	
<b>Levbid</b>	3	
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Erectile Dysfunction</b>		

**Bold type = Brand name drug** Plain type = Generic drug

<b>Drug name</b>	<b>Drug tier</b>	<b>Coverage rules or limits on use</b>
<b>Edex</b>	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)
<b>Sexual Desire Disorder</b>		
<b>Addyi</b>	3	QL (maximum of 1 tablet per day)
<b>Vyleesi</b>	3	QL (maximum of 8 injections per 30 days)
<b>Urinary Tract Infection</b>		
<b>Uro-MP 118 mg</b>	3	
<b>Urinary Tract Spasm and Pain</b>		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	
NP Thyroid	1	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
<b>Vitamins and Minerals</b>		
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	
Folic Acid 1 mg (Rx only)	1	

**Bold type = Brand name drug** Plain type = Generic drug



<b>Drug name</b>	<b>Drug tier</b>	<b>Coverage rules or limits on use</b>
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	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
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

Additional drug coverage

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** 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.**

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

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

## We're here for you

When you call, it will be helpful to have:

- ✓ **Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **Names and addresses of your pharmacy**
- ✓ **Please have a list of your current prescriptions and dosages ready**

## Questions? We're here to help.

 [retiree.uhc.com/TRB](http://retiree.uhc.com/TRB)



Call toll-free **1-866-794-3033**, TTY **711**,  
8 a.m.–8 p.m. local time, Monday–Friday

# Statements of understanding

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

- ✓ **For members of the UnitedHealthcare® Group Medicare Advantage (PPO) Plan only. This is a Medicare Advantage Plan contracted with the federal government. This is not a Medicare Supplement Plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are 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.

- ✓ **For members of the UnitedHealthcare® MedicareRx for Groups (PDP) only. This 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 the Senior Supplement medical plan. 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.

- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under these plans, when I am outside of the U.S. I am covered for emergency or urgently needed care. I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only have one Medicare Advantage Plan or Prescription Drug Plan at a time.**

- Enrolling in one of these plans will automatically disenroll me from any other Medicare health plan or Medicare Part D Prescription Drug Plan.
- If I enroll in a different Medicare Advantage Plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I disenroll from the Medicare Advantage Plan, I will be automatically transferred to Original Medicare.
- Enrollment in these plans is for the entire plan year. I may leave these plans 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 Advantage Plan.**  
I understand that when my coverage begins, I must get all of my medical and 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.
  
- ✓ **For members of the Group Medicare Part D Prescription Drug Plan.**  
I understand that when my coverage begins, I must get all of my prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.
  
- ✓ **I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.**

































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Healthcare®**

