

Plan Guide 2021

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

UNIVERSITY OF CENTRAL OKLAHOMA

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Number: 24983

Effective: January 1, 2021 through December 31, 2021



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Introducing the Plan

UnitedHealthcare® MedicareRx for Groups (PDP) prescription drug plan

Dear Retiree,

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

Let us help you:

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

How to enroll

Your former employer or plan sponsor will provide additional information before you enroll in the plan.

You can get 2021 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your plan materials.



Get a 3-Month Supply¹



Over 67,000 Pharmacies



OptumRx® Home Delivery

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

Questions? We're here to help.



www.UHCRetiree.com



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

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Plan Information

Benefit Highlights

UNIVERSITY OF CENTRAL OKLAHOMA 24983

Effective January 1, 2021 to December 31, 2021

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

Prescription Drugs

	Your Cost	
Annual prescription (Part D) deductible	\$445	
Initial Coverage Stage	Network Pharmacy (30-day retail supply)	Mail Service Pharmacy (90-day supply)
Tier 1: Preferred Generic	25% coinsurance	25% coinsurance
Tier 2: Preferred Brand	25% coinsurance	25% coinsurance
Tier 3: Non-preferred Drug	25% coinsurance	25% coinsurance
Tier 4: Specialty Tier	25% coinsurance	25% coinsurance
Coverage gap stage	After your total drug costs reach \$4,130, you pay 25% of the price (plus the dispensing fee) for brand name drugs and 25% of the price for generic drugs	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,550, you will pay a \$0 copay	

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

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UnitedHealthcare® MedicareRx for Groups (PDP)

Your former employer or plan sponsor has selected a UnitedHealthcare® MedicareRx for Groups (PDP) plan for your prescription drug coverage. This is a plan designed just for a former employer or plan sponsor, like yours. Only eligible retirees of your former employer or plan sponsor can enroll in this plan. This plan is also known as a Medicare Part D plan.

Original Medicare Part A (hospital coverage) and Part B (doctor and outpatient care) help pay for some of the costs, but it doesn'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 enrolled in Medicare Part B to enroll in this plan.

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

Questions? We're here to help.



www.UHCRetiree.com



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

How your Group Medicare Part D plan works

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

✓ One plan at a time

- You may be enrolled in only 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 Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another plan with prescription drug coverage after your enrollment in this group-sponsored plan, you will be disenrolled from this plan.
- Any eligible family members may also be disenrolled from their group-sponsored coverage and you and your family may not have drug coverage through your plan sponsor or former employer.

✓ You must have employer group-sponsored coverage

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

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



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

Questions? We're here to help.



www.UHCRetiree.com



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

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



Dedicated service

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



Complete drug list

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



Filling your prescriptions is convenient

There are more than 67,000 national chain, regional and independent local retail pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy¹ can help make sure you are getting the lowest cost available through your plan.

Questions? We're here to help.



www.UHCRetiree.com



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

¹2020 Optum Internal Report Data



What is IRMAA?

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



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

Most people first become eligible for Medicare when they turn 65. This is your Initial Enrollment Period. If, at any time after you first become eligible for Part D, there's a period of at least 63 days in a row when you don't have 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 late enrollment penalty 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 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.

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

How your prescription drug coverage works

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

-  **Pharmacies available to you**
You can choose from over 67,000 national chain, regional and independent local retail pharmacies.
-  **Drug costs and tiers**
Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.
-  **The cost of your prescriptions**
What you pay will depend on the coverage your former employer or plan sponsor has arranged and on what drug cost tier your prescription falls into. Your cost may also change during the year based on the total cost of the prescriptions you have filled.¹

Questions? We're here to help.



www.UHCRetiree.com




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

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

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

1 The drug cost tier for your drug

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

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

2 Your Medicare drug payment stages

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

Initial Coverage	Coverage Gap	Catastrophic Coverage
In this drug payment stage: <ul style="list-style-type: none"> You pay a copay or coinsurance (percentage of a drug's total cost) and the plan pays the rest You stay in this stage until your total drug costs reach \$4,130 	After your total drug costs reach \$4,130: <ul style="list-style-type: none"> You pay: <ul style="list-style-type: none"> – 25% of the cost of brand name drugs – 25% of the cost of generic drugs You stay in this stage until your out-of-pocket costs reach \$6,550 	After your out-of-pocket costs reach \$6,550: <ul style="list-style-type: none"> You pay a small copay or coinsurance amount You stay in this stage for the rest of the plan year

Total Drug Costs: The amount you pay (or others pay on your behalf) and the plan pays for prescription drugs starting January 2021. This does not include premiums.

Out-of-Pocket Costs: The amount you pay (or others pay on your behalf), including the deductible, for prescription drugs starting January 2021. This does not include premiums.

Ways to save on your prescription drugs

- ✓ **You may save on the medications you take regularly**
If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through OptumRx® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.

- ✓ **Get a 3-month¹ supply at retail pharmacies**
In addition to OptumRx® home delivery, most retail pharmacies offer 3-month supplies for some prescription drugs.

Check your UnitedHealthcare pharmacy directory to see if a retail pharmacy offers 3-month supplies noted with a pill symbol. An online pharmacy directory is available at:
www.UHCRetiree.com

To request a printed directory, call Customer Service toll-free at:
1-877-558-4749, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week

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

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

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



The UnitedHealthcare Savings Promise

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

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

Summary of Benefits 2021

Prescription Drug Plan

UnitedHealthcare® MedicareRx for Groups (PDP)

Group Name (Plan Sponsor): UNIVERSITY OF CENTRAL OKLAHOMA

Group Number: 24983

S5820-803-000

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



Toll-free **1-877-558-4749**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com



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Summary of Benefits

January 1, 2021 - December 31, 2021

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

About this plan.

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

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

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

Use network pharmacies.

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

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

UnitedHealthcare® MedicareRx for Groups (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Annual Prescription Drug Deductible	\$445 per year for Part D prescription drugs

Prescription Drugs

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

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

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

Stage 1: Annual Prescription (Part D) Deductible	\$445	
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	One-month supply	Three-month supply
Tier 1: Preferred Generic	25% coinsurance	25% coinsurance
Tier 2: Preferred Brand	25% coinsurance	25% coinsurance
Tier 3: Non-preferred Drug	25% coinsurance	25% coinsurance
Tier 4: Specialty Tier	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,130, you pay 25% of the negotiated price and a portion of the dispensing fee for brand name drugs and 25% of the price for generic drugs.	
Stage 4: Catastrophic Coverage	After your total out-of-pocket costs reach \$6,550, you will pay a \$0 copay.	

Required Information

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

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

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711).

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

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

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

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

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

You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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

You must continue to pay your Medicare Part B premium.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2020. This list can change throughout the year. Call us or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

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

PA
Prior authorization

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

QL
Quantity limits

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

ST
Step therapy

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

B/D
Medicare Part B
or Part D

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

HRM
High-risk
medication

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

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

Y0066_200423_093000_M

LA Limited access	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
MME Morphine milligram equivalent	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
7D 7-Day limit	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

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

Bold type = Brand name drug

Plain type = Generic drug

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

Alphagan P (0.1% Ophthalmic Solution),T2	- PA; LA; QL
Alphagan P (0.15% Ophthalmic Solution),T3	Apriso (Oral Capsule Extended Release 24 Hour),T2 - QL
Alprazolam (Oral Tablet Immediate Release),T1 - QL	Arcapta Neohaler (Inhalation Capsule),T3 - ST
Alrex (Ophthalmic Suspension),T3	Aripiprazole (Oral Tablet),T1 - QL
Alyq (Oral Tablet),T3 - PA	Aristada (Intramuscular Prefilled Syringe),T4
Amantadine HCl (Oral Capsule),T2	Aristada Initio (Intramuscular Prefilled Syringe),T4
Amantadine HCl (Oral Syrup),T1	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Amantadine HCl (Oral Tablet),T2	Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Ambrisentan (Oral Tablet),T4 - PA; LA; QL	Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiloride HCl (Oral Tablet),T1	Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet),T3	Asmanex HFA (100MCG/ACT Inhalation Aerosol, 200MCG/ACT Inhalation Aerosol),T3 - ST; QL
Amiodarone HCl (200MG Oral Tablet),T1	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3 - QL
Amitiza (Oral Capsule),T2 - QL	Atazanavir Sulfate (Oral Capsule),T3 - QL
Amitriptyline HCl (Oral Tablet),T3 - HRM	Atenolol (Oral Tablet),T1
Amlodipine Besylate (Oral Tablet),T1	Atomoxetine HCl (Oral Capsule),T3
Amlodipine-Benazepril (Oral Capsule),T1 - QL	Atorvastatin Calcium (Oral Tablet),T1 - QL
Ammonium Lactate (External Cream),T1	Atovaquone-Proguanil HCl (Oral Tablet),T2
Ammonium Lactate (External Lotion),T1	Atripla (Oral Tablet),T4 - QL
Amoxicillin (Oral Capsule),T1	Atrovent HFA (Inhalation Aerosol Solution),T3
Amoxicillin (Oral Tablet Immediate Release),T1	Aubagio (Oral Tablet),T4 - LA; QL
Amphetamine-Dextroamphetamine (Oral Tablet),T2 - QL	Auryxia (Oral Tablet),T4 - PA
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T2 - QL	Austedo (Oral Tablet),T4 - PA; LA; QL
Ampyra (Oral Tablet Extended Release 12 Hour),T4 - QL	Avonex Pen (Intramuscular Auto-Injector
Anagrelide HCl (Oral Capsule),T2	
Anastrozole (Oral Tablet),T1	
Androderm (Transdermal Patch 24 Hour),T2	
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL	
Apokyn (Subcutaneous Solution Cartridge),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Kit),T4	BiDil (Oral Tablet),T2
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T4	Bicalutamide (Oral Tablet),T1
Azasite (Ophthalmic Solution),T3	Bisoprolol Fumarate (Oral Tablet),T1
Azathioprine (Oral Tablet),T1 - B/D,PA	Bisoprolol-Hydrochlorothiazide (Oral Tablet),T1 - QL
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T2	Bosentan (Oral Tablet),T4 - PA; LA; QL
Azelastine HCl (Ophthalmic Solution),T1	Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Azithromycin (Oral Packet),T1	Brilinta (Oral Tablet),T2 - QL
Azithromycin (Oral Tablet),T1	Brimonidine Tartrate (0.15% Ophthalmic Solution),T3
Azoft (Ophthalmic Suspension),T2	Brimonidine Tartrate (0.2% Ophthalmic Solution),T1
B	Budesonide (Inhalation Suspension),T3 - B/D,PA
BRIVIACT (Oral Solution),T4 - PA; QL	Budesonide (Oral Capsule Delayed Release Particles),T3
BRIVIACT (Oral Tablet),T4 - PA; QL	Bumetanide (Oral Tablet),T2
Baclofen (Oral Tablet),T1	Buprenorphine (Transdermal Patch Weekly),T2 - 7D; DL; QL
Balsalazide Disodium (Oral Capsule),T3	Buprenorphine HCl (Tablet Sublingual),T1 - QL
Baqsimi Two Pack (Nasal Powder),T2	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T3 - QL
Basaglar KwikPen (Subcutaneous Solution Pen-Injector),T3 - ST	Bupropion HCl (Oral Tablet Immediate Release),T1
Belsomra (Oral Tablet),T2 - QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour),T3
Benazepril HCl (Oral Tablet),T1 - QL	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T1
Benazepril-Hydrochlorothiazide (Oral Tablet),T2 - QL	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T1
Benzotropine Mesylate (Oral Tablet),T2 - PA; HRM	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T1
Bepreve (Ophthalmic Solution),T3	Buspironone HCl (Oral Tablet),T1
Berinert (Intravenous Kit),T4 - PA; LA	Butrans (Transdermal Patch Weekly),T2 - 7D;
Besivance (Ophthalmic Suspension),T3	
Betaseron (Subcutaneous Kit),T4	
Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet),T2	
Bethanechol Chloride (50MG Oral Tablet),T3	
Betimol (Ophthalmic Solution),T3	
Bevespi Aerosphere (Inhalation Aerosol),T3 - ST	

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DL; QL	Carvedilol (Oral Tablet),T1
Bydureon (Subcutaneous Pen-Injector),T3 - QL	Cayston (Inhalation Solution Reconstituted),T4 - PA; LA
Bydureon BCise (Subcutaneous Auto-Injector),T3 - QL	Cefuroxime Axetil (Oral Tablet),T1
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Celecoxib (Oral Capsule),T2 - QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T3 - ST; QL	Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T1
Bystolic (Oral Tablet),T2 - QL	Cephalexin (750MG Oral Capsule),T3
C	Cephalexin (Oral Tablet),T2
Cabergoline (Oral Tablet),T2	Chantix (Oral Tablet),T2
Calcitriol (External Ointment),T3	Chantix Continuing Month Pak (Oral Tablet),T2
Calcitriol (Oral Capsule),T1 - B/D,PA	Chantix Starting Month Pak (Oral Tablet),T2
Calcium Acetate (Phosphate Binder) (Oral Capsule),T2	Chlorhexidine Gluconate (Mouth Solution),T1
Calcium Acetate (Phosphate Binder) (Oral Tablet),T2	Chlorthalidone (Oral Tablet),T1
Captopril (100MG Oral Tablet, 50MG Oral Tablet),T3 - QL	Cholestyramine (Oral Packet),T3
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet),T2 - QL	Cholestyramine Light (Oral Powder),T3
Carafate (Oral Suspension),T3	Cilostazol (Oral Tablet),T1
Carafate (Oral Tablet),T3	Cimetidine (Oral Tablet),T2
Carbaglu (Oral Tablet),T4 - LA	Cimetidine HCl (Oral Solution),T2
Carbamazepine (Oral Tablet Immediate Release),T2	Cinacalcet HCl (30MG Oral Tablet),T3 - B/D,PA; QL
Carbidopa-Levodopa (Oral Tablet Immediate Release),T1	Cinacalcet HCl (90MG Oral Tablet),T4 - B/D,PA; QL
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2	Cinryze (Intravenous Solution Reconstituted),T4 - PA; LA
Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T3	Ciprodex (Otic Suspension),T3
Carbidopa-Levodopa-Entacapone (Oral Tablet),T3	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T1
	Citalopram Hydrobromide (Oral Tablet),T1
	Clarithromycin (Oral Tablet Immediate Release),T2
	Clenpiq (Oral Solution),T2

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.

Climara Pro (Transdermal Patch Weekly),T3 - PA; HRM

Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1 - QL

Clonazepam ODT (0.5MG Oral Tablet Dispersible),T2 - QL

Clonidine (0.1MG/24HR Transdermal Patch Weekly),T2

Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly),T3

Clonidine HCl (Oral Tablet Immediate Release),T1

Clopidogrel Bisulfate (75MG Oral Tablet),T1 - QL

Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2

Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible),T3

Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T2

Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T2

Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T2

Colcrys (Oral Tablet),T3 - PA

Colesevelam HCl (Oral Tablet),T3

Combigan (Ophthalmic Solution),T2

Combivent Respimat (Inhalation Aerosol Solution),T2 - QL

Copaxone (Subcutaneous Solution Prefilled Syringe),T4

Corlanor (Oral Solution),T3 - PA; QL

Corlanor (Oral Tablet),T3 - PA; QL

Cosentyx (300 MG Dose) (Subcutaneous

Solution Prefilled Syringe),T4 - PA; LA

Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T4 - PA; LA

Cosopt PF (Ophthalmic Solution),T3

Creon (Oral Capsule Delayed Release Particles),T2

Crestor (Oral Tablet),T3 - QL

Crixivan (Oral Capsule),T2 - QL

Cromolyn Sodium (Inhalation Nebulization Solution),T4 - B/D,PA

Cromolyn Sodium (Oral Concentrate),T2

Cyclophosphamide (Oral Capsule),T2 - B/D,PA

Cyproheptadine HCl (Oral Tablet),T3 - PA; HRM

D

DARAPRIM (Oral Tablet),T4

Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T2 - QL

Dapsone (5% External Gel),T3

Dapsone (Oral Tablet),T2

Deferasirox (Oral Tablet Soluble) (Generic Exjade),T4 - PA

Delzicol (Oral Capsule Delayed Release),T3 - ST

Depen Titratabs (Oral Tablet),T4

Desmopressin Acetate (Oral Tablet),T2

Desvenlafaxine Succinate ER (50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T2

Dexamethasone (Oral Tablet),T1

Dexilant (Oral Capsule Delayed Release),T3 - QL

Dextrose-NaCl (5-0.2% Intravenous Solution),T2

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL

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Diazepam (5MG/5ML Oral Solution),T1	Release),T1
Diazepam Intensol (5MG/ML Oral Concentrate),T2 - QL	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T1
Diclofenac Potassium (Oral Tablet),T2	Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Diclofenac Sodium (1% Transdermal Gel),T2	Donepezil HCl (23MG Oral Tablet),T2 - QL
Diclofenac Sodium (Oral Tablet Delayed Release),T1	Donepezil HCl ODT (Oral Tablet Dispersible),T1 - QL
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T1	Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T1
Dicyclomine HCl (Oral Capsule),T1 - HRM	Doxazosin Mesylate (Oral Tablet),T1
Dicyclomine HCl (Oral Tablet),T1 - HRM	Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T2
Dificid (Oral Tablet),T4	Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release),T3
Digoxin (125MCG Oral Tablet),T3 - HRM; QL	Doxycycline Hyclate (Oral Capsule),T2
Digoxin (250MCG Oral Tablet),T3 - PA; HRM	Dronabinol (Oral Capsule),T3 - PA
Dihydroergotamine Mesylate (Nasal Solution),T4 - PA; QL	Duavee (Oral Tablet),T3 - PA; HRM
Diltiazem HCl (Oral Tablet Immediate Release),T1	Dulera (100-5MCG/ACT Inhalation Aerosol, 200-5MCG/ACT Inhalation Aerosol),T3 - QL
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T1 - QL
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T1	Durezol (Ophthalmic Emulsion),T3
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T1	Dutasteride (Oral Capsule),T2
Dipentum (Oral Capsule),T4	Dymista (Nasal Suspension),T3
Diphenoxylate-Atropine (Oral Tablet),T3 - PA; HRM	E
Disulfiram (Oral Tablet),T2	Edarbi (Oral Tablet),T3 - QL
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2	Edarbyclor (Oral Tablet),T3 - QL
Divalproex Sodium (Oral Tablet Delayed	Elidel (External Cream),T3 - ST; QL
	Eliquis (Oral Tablet),T2 - QL
	Eliquis Starter Pack (Oral Tablet),T2 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Elmiron (Oral Capsule),T4

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

Enalapril Maleate (Oral Tablet),T1 - QL

Enalapril-Hydrochlorothiazide (Oral Tablet),T1 - QL

Enbrel (Subcutaneous Solution Prefilled Syringe),T4 - PA

Enbrel (Subcutaneous Solution Reconstituted),T4 - PA

Enbrel Mini (Subcutaneous Solution Cartridge),T4 - PA

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

Entacapone (Oral Tablet),T3

Entecavir (Oral Tablet),T3

Entresto (Oral Tablet),T2 - QL

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

Epclusa (Oral Tablet),T4 - PA; QL

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

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

Epiduo (External Gel),T3 - ST

Epiduo Forte (External Gel),T3 - ST

Epinephrine (Injection Solution Auto-Injector),T2 - QL

Eplerenone (25MG Oral Tablet),T2

Eplerenone (50MG Oral Tablet),T3

Equetro (Oral Capsule Extended Release 12 Hour),T3

Ergotamine-Caffeine (Oral Tablet),T2

Erleada (Oral Tablet),T4 - PA

Ertapenem Sodium (Injection Solution Reconstituted),T3

Escitalopram Oxalate (Oral Tablet),T1

Estradiol (Oral Tablet),T3 - PA; HRM

Estradiol (Transdermal Patch Twice Weekly),T3 - PA; HRM; QL

Estradiol (Transdermal Patch Weekly),T3 - PA; HRM; QL

Estradiol (Vaginal Cream),T3

Eszopiclone (Oral Tablet),T3 - PA; HRM; QL

Ethosuximide (Oral Solution),T2

Eucrisa (External Ointment),T3 - PA; QL

Extavia (Subcutaneous Kit),T4

Ezetimibe (Oral Tablet),T1

Ezetimibe-Simvastatin (10-80MG Oral Tablet),T3 - QL

F

Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1

Farxiga (Oral Tablet),T2 - QL

Fasenra (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA

Fasenra Pen (Subcutaneous Solution Auto-Injector),T4 - PA; LA

Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2

Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1

Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T3 - 7D; MME; DL; QL

Drug List

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Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour),T2 - 7D; MME; DL; QL

Finacea (External Gel),T3

Finasteride (5MG Oral Tablet) (Generic Proscar),T1

Flac (Otic Oil),T3

Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T2

Flovent HFA (Inhalation Aerosol),T2 - QL

Fluconazole (Oral Tablet),T1

Fluocinolone Acetonide (External Cream),T2

Fluocinolone Acetonide (External Ointment),T2

Fluocinolone Acetonide (Otic Oil),T2

Fluphenazine HCl (Oral Tablet),T3

Fluticasone Propionate (External Cream),T2

Fluticasone Propionate (External Lotion),T3

Fluticasone Propionate (External Ointment),T2

Fluticasone Propionate (Nasal Suspension),T1

Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated),T2 - QL

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

Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution),T4

Fragmin (2500UNIT/0.2ML Subcutaneous Solution),T3

Furosemide (Oral Tablet),T1

Fuzeon (Subcutaneous Solution

Reconstituted),T4 - QL

Fycompa (Oral Suspension),T4 - QL

Fycompa (Oral Tablet),T4 - QL

G

Gabapentin (Oral Capsule),T1

Gabapentin (Oral Tablet),T1

Gammagard (2.5GM/25ML Injection Solution),T4 - PA

Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T4 - PA

Gemfibrozil (Oral Tablet),T1

Genotropin (12MG Subcutaneous Solution Reconstituted),T4 - PA

Genotropin (5MG Subcutaneous Solution Reconstituted),T3 - PA

Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T4 - PA

Gentamicin Sulfate (Ophthalmic Solution),T1

Gilenya (0.5MG Oral Capsule),T4 - QL

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T4

Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe),T4

Glimepiride (Oral Tablet),T1 - QL

Glipizide (Oral Tablet Immediate Release),T1 - QL

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

GlucaGen HypoKit (Injection Solution Reconstituted),T3

Glucagon (Injection Kit) (Lilly),T2

Glyxambi (Oral Tablet),T2 - QL

Gocovri (Oral Capsule Extended Release 24 Hour),T4 - PA

Guanidine HCl (Oral Tablet),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T2

H

Haegarda (Subcutaneous Solution Reconstituted),T4 - PA; LA

Haloperidol (Oral Tablet),T1

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

Humalog (Subcutaneous Solution Cartridge),T2

Humalog (Subcutaneous Solution),T2

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

Humalog KwikPen (Subcutaneous Solution Pen-Injector),T2

Humalog Mix 50/50 (Subcutaneous Suspension),T2

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

Humalog Mix 75/25 (Subcutaneous Suspension),T2

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

Humira (Subcutaneous Prefilled Syringe Kit),T4 - PA

Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T4 - PA

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

Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T4 - PA

Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T4 - PA

Humulin 70/30 (Subcutaneous Suspension),T2

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

Humulin N (Subcutaneous Suspension),T2

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

Humulin R (Injection Solution),T2

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

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

Hydralazine HCl (Oral Tablet),T1

Hydrochlorothiazide (Oral Capsule),T1

Hydrochlorothiazide (Oral Tablet),T1

Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL

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

Hydroxychloroquine Sulfate (Oral Tablet),T1 - QL

Hydroxyurea (Oral Capsule),T1

Hydroxyzine HCl (Oral Syrup),T3 - PA; HRM

Hydroxyzine HCl (Oral Tablet),T3 - PA; HRM

I

Ibandronate Sodium (Oral Tablet),T2

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

Ilevro (Ophthalmic Suspension),T2

Imatinib Mesylate (Oral Tablet),T4 - PA; QL

Imiquimod (5% External Cream),T2 - QL

Imiquimod Pump (3.75% External Cream),T4 - PA

Invexxy Maintenance Pack (Vaginal Insert),T2 - PA

Invexxy Starter Pack (Vaginal Insert),T2 - PA

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

Ingrezza (Oral Capsule Therapy Pack),T4 - PA;

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Plain type = Generic drug

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QL	Isentress (Oral Tablet),T4 - QL
Ingrezza (Oral Capsule),T4 - PA; QL	Isoniazid (Oral Tablet),T1
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T2	Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T2	Isosorbide Dinitrate (40MG Oral Tablet Immediate Release),T4
Insulin Syringes, Needles,T2	Isosorbide Mononitrate (Oral Tablet Immediate Release),T1
Intelence (100MG Oral Tablet, 200MG Oral Tablet),T4 - QL	Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T1
Intrarosa (Vaginal Insert),T3 - PA; QL	Ivermectin (Oral Tablet),T1
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	J
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T3	Janumet (Oral Tablet Immediate Release),T2 - QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe),T4	Janumet XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Inveltys (Ophthalmic Suspension),T3 - ST	Januvia (Oral Tablet),T2 - QL
Invokamet (Oral Tablet Immediate Release),T3 - ST; QL	Jardiance (Oral Tablet),T2 - QL
Invokamet XR (Oral Tablet Extended Release 24 Hour),T3 - ST; QL	Jentadueto (Oral Tablet Immediate Release),T2 - QL
Invokana (Oral Tablet),T3 - ST; QL	Jentadueto XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Ipratropium Bromide (Inhalation Solution),T1 - B/D,PA	K
Ipratropium Bromide (Nasal Solution),T2	Kalydeco (50MG Oral Packet, 75MG Oral Packet),T4 - PA; LA
Ipratropium-Albuterol (Inhalation Solution),T1 - B/D,PA	Kalydeco (Oral Tablet),T4 - PA; LA
Irbesartan (Oral Tablet),T1 - QL	Kazano (Oral Tablet),T3 - ST; QL
Irbesartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Ketoconazole (External Cream),T1 - QL
	Ketorolac Tromethamine (Ophthalmic Solution),T2
	Ketorolac Tromethamine (Oral Tablet),T3 - PA;

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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HRM	Levocarnitine (Oral Tablet),T2
Klor-Con 10 (Oral Tablet Extended Release),T1	Levocetirizine Dihydrochloride (Oral Tablet),T1
Klor-Con 8 (Oral Tablet Extended Release),T1	Levofloxacin (Oral Tablet),T1
Klor-Con M10 (Oral Tablet Extended Release),T1	Levothyroxine Sodium (Oral Tablet),T1
Klor-Con M20 (Oral Tablet Extended Release),T1	Lialda (Oral Tablet Delayed Release),T4 - ST; QL
Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3 - QL	Lidocaine (5% External Ointment),T3 - QL
Korlym (Oral Tablet),T4 - PA; LA	Lidocaine (5% External Patch),T3 - PA; QL
L	Lidocaine HCl (4% External Solution),T2
Lactulose (Oral Packet),T3	Lidocaine HCl (External Gel),T1
Lamivudine (100MG Oral Tablet),T2	Lidocaine Viscous (2% Mouth/Throat Solution),T1
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T2 - QL	Lidocaine-Prilocaine (External Cream),T2
Lamotrigine (Oral Tablet Immediate Release),T1	Lindane (External Shampoo),T3
Lantus (Subcutaneous Solution),T2	Linzess (Oral Capsule),T2 - QL
Lantus SoloStar (Subcutaneous Solution Pen-Injector),T2	Liothyronine Sodium (Oral Tablet),T1
Lastacraft (Ophthalmic Solution),T2	Lisinopril (Oral Tablet),T1 - QL
Latanoprost (Ophthalmic Solution),T1	Lisinopril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Latuda (Oral Tablet),T4 - QL	Lithium Carbonate (Oral Capsule),T1
Ledipasvir-Sofosbuvir (Oral Tablet),T4 - PA; QL	Lithium Carbonate ER (Oral Tablet Extended Release),T1
Leflunomide (Oral Tablet),T2	Livalo (Oral Tablet),T2 - QL
Letrozole (Oral Tablet),T1	Lokelma (Oral Packet),T3 - QL
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet),T2	Lonhala Magnair (Inhalation Solution),T4 - QL
Leucovorin Calcium (25MG Oral Tablet),T3	Loperamide HCl (Oral Capsule),T1
Leucovorin Calcium (5MG Oral Tablet),T1	Lorazepam (Oral Tablet),T1 - QL
Leukeran (Oral Tablet),T4	Lorazepam Intensol (Oral Concentrate),T1 - QL
Levemir (Subcutaneous Solution),T2	Losartan Potassium (Oral Tablet),T1 - QL
Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T2	Losartan Potassium-HCTZ (Oral Tablet),T1 - QL
Levetiracetam (Oral Tablet Immediate Release),T1	Lotemax (Ophthalmic Gel),T3
	Lotemax (Ophthalmic Ointment),T3
	Lotemax (Ophthalmic Suspension),T3

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Lotemax SM (Ophthalmic Gel),T3	Release 24 Hour) (Generic Glucophage XR),T1 - QL
Lovastatin (Oral Tablet),T1 - QL	
Lumigan (Ophthalmic Solution),T2	Methadone HCl (10MG/5ML Oral Solution),T1 - 7D; MME; DL; QL
Lupron Depot (1-Month) (Intramuscular Kit),T4 - PA	Methadone HCl (Oral Tablet),T1 - 7D; MME; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit),T4 - PA	Methazolamide (Oral Tablet),T3
Lupron Depot (4-Month) (Intramuscular Kit),T4 - PA	Methimazole (Oral Tablet),T1
Lupron Depot (6-Month) (Intramuscular Kit),T4 - PA	Methotrexate (Oral Tablet),T1
Luzu (External Cream),T3 - QL	Methscopolamine Bromide (Oral Tablet),T3
Lysodren (Oral Tablet),T4	Methyldopa (Oral Tablet),T3 - PA; HRM
M	Methylphenidate HCl (Oral Tablet Chewable),T3 - QL
Mavyret (Oral Tablet),T4 - PA; QL	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T2 - QL
Mayzent (Oral Tablet),T4 - LA; QL	Metoclopramide HCl (Oral Tablet),T1
Meclizine HCl (Oral Tablet),T1 - HRM	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1
Medroxyprogesterone Acetate (Intramuscular Suspension),T1	Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1
Medroxyprogesterone Acetate (Oral Tablet),T1	Metronidazole (0.75% External Cream),T2
Meloxicam (Oral Tablet),T1	Metronidazole (0.75% External Gel, 1% External Gel),T3
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T1 - PA; QL	Metronidazole (0.75% External Lotion),T3
Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3 - PA; QL	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T1
Mercaptopurine (Oral Tablet),T2	Metronidazole (375MG Oral Capsule),T3
Meropenem (1GM Intravenous Solution Reconstituted),T3	Migergot (Rectal Suppository),T4
Meropenem (500MG Intravenous Solution Reconstituted),T2	Minocycline HCl (Oral Capsule),T1
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3 - QL	Minocycline HCl (Oral Tablet Immediate Release),T3
Metformin HCl (Oral Tablet Immediate Release),T1 - QL	Minoxidil (Oral Tablet),T1
Metformin HCl ER (Oral Tablet Extended	Mirtazapine (Oral Tablet),T1
	Mirtazapine ODT (Oral Tablet Dispersible),T2
	Mirvaso (External Gel),T3

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Misoprostol (Oral Tablet),T2	Naftin (External Gel),T3
Modafinil (Oral Tablet),T2 - PA; QL	Naloxone HCl (0.4MG/ML Injection Solution),T1
Mometasone Furoate (Nasal Suspension),T3	Naloxone HCl (Injection Solution Cartridge),T1
Montelukast Sodium (Oral Packet),T2 - QL	Naloxone HCl (Injection Solution Prefilled Syringe),T1
Montelukast Sodium (Oral Tablet),T1 - QL	Naltrexone HCl (Oral Tablet),T2
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T4 - 7D; MME; DL; QL	Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T2 - PA; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T2 - 7D; MME; DL; QL	Namzaric (Oral Capsule Extended Release 24 Hour),T2 - PA; QL
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian),T3 - 7D; MME; DL; QL	Naproxen (Oral Tablet Immediate Release),T1
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T3 - 7D; MME; DL; QL	Narcan (Nasal Liquid),T2
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza),T3 - 7D; MME; DL; QL	Nayzilam (Nasal Solution),T3 - QL
Movantik (Oral Tablet),T3 - PA; QL	Neomycin-Polymyxin-HC (Ophthalmic Suspension),T3
MoviPrep (Oral Solution Reconstituted),T3	Neomycin-Polymyxin-HC (Otic Suspension),T2
Moxeza (Ophthalmic Solution),T3	Nesina (Oral Tablet),T3 - ST; QL
Multaq (Oral Tablet),T2	Neulasta (Subcutaneous Solution Prefilled Syringe),T4 - PA
Myrbetriq (Oral Tablet Extended Release 24 Hour),T2	Neupro (Transdermal Patch 24 Hour),T3
N	Nevanac (Ophthalmic Suspension),T3
Nadolol (Oral Tablet),T2	Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet),T2
Naftin (External Cream),T3	Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2 - QL
	Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release),T3
	Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release),T1
	Nicotrol (Inhalation Inhaler),T3
	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T2 - HRM

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Nitrofurantoin Monohydrate (Generic Macrobid),T2 - HRM	Nutropin AQ NuSpin 20 (Subcutaneous Solution),T4 - PA
Nitroglycerin (Tablet Sublingual),T1	Nutropin AQ NuSpin 5 (Subcutaneous Solution),T4 - PA
Nitrostat (Tablet Sublingual),T3	Nystatin (External Cream),T1
Nivestym (Injection Solution Prefilled Syringe),T4 - ST	Nystatin (External Ointment),T1
Nivestym (Injection Solution),T4 - ST	Nystatin (External Powder),T1 - QL
Nizatidine (Oral Capsule),T2	O
Norethindrone Acetate (5MG Oral Tablet),T1	Ofloxacin (Ophthalmic Solution),T1
Nortriptyline HCl (Oral Capsule),T1 - PA; HRM	Ofloxacin (Otic Solution),T2
NovoLog (Subcutaneous Solution),T3 - PA	Olanzapine (Oral Tablet),T1 - QL
NovoLog FlexPen (Subcutaneous Solution Pen-Injector),T3 - PA	Olmesartan Medoxomil (Oral Tablet),T1 - QL
NovoLog Mix 70/30 (Subcutaneous Suspension),T3 - PA	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1 - QL
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector),T3 - PA	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T3 - QL
NovoLog PenFill (Subcutaneous Solution Cartridge),T3 - PA	Olopatadine HCl (Ophthalmic Solution),T2
Novolin 70/30 (Subcutaneous Suspension),T3 - PA	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T2
Novolin N (Subcutaneous Suspension),T3 - PA	Omeprazole (10MG Oral Capsule Delayed Release),T1 - QL
Novolin R (Injection Solution),T3 - PA	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T1
Nubeqa (Oral Tablet),T4 - PA; LA	Ondansetron HCl (Oral Tablet),T1 - B/D,PA
Nucala (Subcutaneous Solution Auto-Injector),T4 - PA; LA; QL	Ondansetron ODT (Oral Tablet Dispersible),T1 - B/D,PA
Nucala (Subcutaneous Solution Prefilled Syringe),T4 - PA; LA; QL	Onglyza (Oral Tablet),T3 - QL
Nucala (Subcutaneous Solution Reconstituted),T4 - PA; LA; QL	Opsumit (Oral Tablet),T4 - PA; LA
Nucynta ER (Oral Tablet Extended Release 12 Hour),T2 - 7D; MME; DL; QL	Orenitram (0.125MG Oral Tablet Extended Release),T3 - PA; LA
Nuedexta (Oral Capsule),T3 - PA; QL	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; LA
Nutropin AQ NuSpin 10 (Subcutaneous Solution),T4 - PA	

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Orilissa (Oral Tablet),T4 - PA; QL

Oseltamivir Phosphate (Oral Capsule),T2

Oseni (Oral Tablet),T3 - ST; QL

Osphena (Oral Tablet),T2 - PA; QL

Oxcarbazepine (Oral Tablet),T2

OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent),T3 - PA; 7D; MME; DL; QL

OxyContin (30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent),T4 - PA; 7D; MME; DL; QL

Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2

Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL

Oxycodone HCl (5MG Oral Capsule),T2 - 7D; MME; DL; QL

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T2 - 7D; MME; DL; QL

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

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

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

Pazeo (Ophthalmic Solution),T2

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),T2

Perseris (Subcutaneous Prefilled Syringe),T4

Phenytoin Sodium Extended (Oral Capsule),T1

Phoslyra (Oral Solution),T2

Picato (External Gel),T2 - QL

Pilocarpine HCl (Oral Tablet),T3

Pimecrolimus (External Cream),T3 - ST; QL

Pioglitazone HCl (Oral Tablet),T1 - QL

Plegridy (Subcutaneous Solution Pen-Injector),T4

Plegridy (Subcutaneous Solution Prefilled Syringe),T4

Plegridy Starter Pack (Subcutaneous Solution Pen-Injector),T4

Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe),T4

Pomalyst (Oral Capsule),T4 - PA

Potassium Chloride CR (Oral Tablet Extended Release),T1

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Citrate ER (Oral Tablet Extended Release),T3

Pradaxa (Oral Capsule),T3 - ST; QL

Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; LA; QL

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1

Pravastatin Sodium (Oral Tablet),T1 - QL

Prazosin HCl (Oral Capsule),T1

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Prednisolone Acetate (Ophthalmic Suspension),T2	Immediate Release),T2
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1	Q
Prednisone (5MG/5ML Oral Solution),T3	QVAR RediHaler (Inhalation Aerosol Breath Activated),T3 - ST; QL
Premarin (Oral Tablet),T3 - PA; HRM; QL	Quetiapine Fumarate (Oral Tablet Immediate Release),T1 - QL
Premarin (Vaginal Cream),T2	Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour),T2 - QL
Premphase (Oral Tablet),T3 - PA; HRM; QL	Quinapril HCl (Oral Tablet),T1 - QL
Prempro (Oral Tablet),T3 - PA; HRM; QL	Quinapril-Hydrochlorothiazide (Oral Tablet),T1 - QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T4 - QL	R
Prezista (75MG Oral Tablet),T3 - QL	Raloxifene HCl (Oral Tablet),T2
Prezista (Oral Suspension),T4 - QL	Ramipril (Oral Capsule),T1 - QL
Privigen (20GM/200ML Intravenous Solution),T4 - PA	Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T2
ProAir HFA (Inhalation Aerosol Solution),T2	Rasagiline Mesylate (Oral Tablet),T3
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T2	Rasuvo (Subcutaneous Solution Auto-Injector),T3 - PA
Proctosol HC (External Cream),T1	Rayaldee (Oral Capsule Extended Release),T4 - QL
Progesterone Micronized (Oral Capsule),T2	Rebif (Subcutaneous Solution Prefilled Syringe),T4 - ST
Prolastin-C (Intravenous Solution Reconstituted),T4 - PA; LA	Rebif Rebidose (Subcutaneous Solution Auto-Injector),T4 - ST
Prolensa (Ophthalmic Solution),T3	Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T4 - ST
Prolia (Subcutaneous Solution Prefilled Syringe),T3 - QL	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T4 - ST
Promethazine HCl (12.5MG Oral Tablet),T3 - PA; HRM	Regranex (External Gel),T4 - PA
Propranolol HCl (Oral Tablet),T1	Relistor (Oral Tablet),T4 - PA
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2	Relistor (Subcutaneous Solution),T4 - PA
Propylthiouracil (Oral Tablet),T1	Repatha (Subcutaneous Solution Prefilled Syringe),T2 - PA; QL
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated),T3 - ST	Repatha Pushttronex System (Subcutaneous
Pyridostigmine Bromide (60MG Oral Tablet	

T1 = Tier 1

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T4 = Tier 4

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Solution Cartridge),T2 - PA; QL	Roweepra (1000MG Oral Tablet Immediate Release),T1
Repatha SureClick (Subcutaneous Solution Auto-Injector),T2 - PA; QL	Rybelsus (Oral Tablet),T2 - QL
Restasis Single-Use Vials (Ophthalmic Emulsion),T2 - QL	Rytary (Oral Capsule Extended Release),T3 - ST
Retacrit (Injection Solution),T3 - PA	S
Revlimid (Oral Capsule),T4 - PA; LA	Sancuso (Transdermal Patch),T4 - QL
Rexulti (Oral Tablet),T4 - QL	Santyl (External Ointment),T3
Reyataz (Oral Packet),T4 - QL	Saphris (Tablet Sublingual),T4
Rhopressa (Ophthalmic Solution),T2 - ST	Savella (Oral Tablet),T2
Ribavirin (Oral Tablet),T2	Savella Titration Pack (Oral Tablet),T2
Rifabutin (Oral Capsule),T3	Scopolamine (Transdermal Patch 72 Hour),T2 - PA; HRM
Rifampin (Oral Capsule),T2	Seebri Neohaler (Inhalation Capsule),T3 - ST
Riluzole (Oral Tablet),T2	Selegiline HCl (Oral Capsule),T2
Rimantadine HCl (Oral Tablet),T3	Selegiline HCl (Oral Tablet),T2
Rinvoq (Oral Tablet Extended Release 24 Hour),T4 - PA; QL	Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T4 - QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T3	Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T2 - QL
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T4	Sertraline HCl (Oral Tablet),T1
Risperidone (Oral Tablet),T1	Sevelamer Carbonate (Oral Packet),T4
Ritonavir (Oral Tablet),T2 - QL	Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T3
Rivastigmine Tartrate (Oral Capsule),T2	Sevelamer HCl (800MG Oral Tablet),T3
Rizatriptan Benzoate (Oral Tablet),T2 - QL	Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T2 - QL	Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T2 - PA
Rocklatan (Ophthalmic Solution),T2 - ST	Silodosin (Oral Capsule),T3 - QL
Ropinirole HCl (Oral Tablet Immediate Release),T1	Silver Sulfadiazine (External Cream),T1
Rosuvastatin Calcium (Oral Tablet),T1 - QL	Simbrinza (Ophthalmic Suspension),T2
	Simvastatin (Oral Tablet),T1 - QL
	Skyrizi (150 MG Dose) (Subcutaneous

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Prefilled Syringe Kit),T4 - PA	Synjardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Sodium Polystyrene Sulfonate (Oral Powder),T2	Synthroid (Oral Tablet),T2
Sodium Polystyrene Sulfonate (Oral Suspension),T2	T
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	TOBI Podhaler (Inhalation Capsule),T4 - PA; QL
Solifenacin Succinate (Oral Tablet),T2 - QL	Tadalafil (PAH) (20MG Oral Tablet),T3 - PA
Soliqua (Subcutaneous Solution Pen-Injector),T2 - QL	Tamoxifen Citrate (Oral Tablet),T1
Sotalol HCl (Oral Tablet),T1	Tamsulosin HCl (Oral Capsule),T1
Sotalol HCl AF (120MG Oral Tablet),T1	Targetin (External Gel),T4 - PA; QL
Sovaldi (400MG Oral Tablet),T4 - PA; QL	Targetin (Oral Capsule),T4 - PA
Spiriva HandiHaler (Inhalation Capsule),T2 - QL	Tasigna (Oral Capsule),T4 - PA
Spiriva Respimat (Inhalation Aerosol Solution),T2 - QL	Tecfidera (Oral Capsule Delayed Release),T4 - LA; QL
Spironolactone (Oral Tablet),T1	Tecfidera Starter Pack (Oral),T4 - LA
Sprycel (Oral Tablet),T4 - PA	Telmisartan (Oral Tablet),T1 - QL
Stiolto Respimat (Inhalation Aerosol Solution),T2	Telmisartan-HCTZ (Oral Tablet),T3 - QL
Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST	Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2 - HRM; QL
Suboxone (Sublingual Film),T3 - QL	Tenofovir Disoproxil Fumarate (Oral Tablet),T2 - QL
Sucralfate (Oral Suspension),T3	Terazosin HCl (Oral Capsule),T1
Sucralfate (Oral Tablet),T1	Terbinafine HCl (Oral Tablet),T1
Sulfamethoxazole-Trimethoprim DS (800-160MG Oral Tablet),T1	Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel),T3
Sumatriptan Succinate (Oral Tablet),T1 - QL	Testosterone Cypionate (Intramuscular Solution),T1
Sunosi (Oral Tablet),T3 - PA; QL	Theophylline (Oral Solution),T3
Suprep Bowel Prep Kit (Oral Solution),T2	Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T3
Symbicort (Inhalation Aerosol),T2 - QL	Theophylline ER (Oral Tablet Extended Release
Symjepi (Injection Solution Prefilled Syringe),T3 - QL	
Synjardy (Oral Tablet Immediate Release),T2 - QL	

T1 = Tier 1

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24 Hour),T1	Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T3 - PA; HRM
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T1	Trazodone HCl (100MG Oral Tablet, 50MG Oral Tablet),T1
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution),T3	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T2	Tresiba (Subcutaneous Solution),T2
Timoptic Ocudose (Ophthalmic Solution),T3	Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2
Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T4 - QL	Tretinoin (External Cream),T3 - PA
Tizanidine HCl (Oral Tablet),T1	Tretinoin (External Gel),T3 - PA
TobraDex ST (Ophthalmic Suspension),T3	Tretinoin (Oral Capsule),T4
Tobramycin (Ophthalmic Solution),T1	Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T1
Tobramycin-Dexamethasone (Ophthalmic Suspension),T2	Triamcinolone Acetonide (External Cream),T1
Topiramate (Oral Capsule Sprinkle Immediate Release),T2	Triamterene-HCTZ (Oral Capsule),T1
Topiramate (Oral Tablet),T1	Triamterene-HCTZ (Oral Tablet),T1
Toremifene Citrate (Oral Tablet),T4	Trihexyphenidyl HCl (Oral Solution),T3 - PA; HRM
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T2	Trihexyphenidyl HCl (Oral Tablet),T3 - PA; HRM
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T2	Trintellix (Oral Tablet),T3
Toviaz (Oral Tablet Extended Release 24 Hour),T3 - ST; QL	Trulicity (Subcutaneous Solution Pen-Injector),T2 - QL
Tracleer (Oral Tablet Soluble),T4 - PA; LA; QL	Truvada (Oral Tablet),T4 - QL
Tracleer (Oral Tablet),T4 - PA; LA; QL	Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA
Tradjenta (Oral Tablet),T2 - QL	U
Tramadol HCl (50MG Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	Uceris (Rectal Foam),T3
Tramadol-Acetaminophen (Oral Tablet),T1 - 7D; MME; DL; QL	Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA
Tranexamic Acid (Oral Tablet),T2	Upravi (Oral Tablet Therapy Pack),T4 - PA; LA
	Upravi (Oral Tablet),T4 - PA; LA; QL
	Ursodiol (Oral Capsule),T2
	Ursodiol (Oral Tablet),T3

Bold type = Brand name drug

Plain type = Generic drug

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Utibron Neohaler (Inhalation Capsule),T3 - ST	Vimpat (Oral Tablet),T3 - QL
V	Vosevi (Oral Tablet),T4 - PA; QL
Valacyclovir HCl (Oral Tablet),T2 - QL	Vyvanse (Oral Capsule),T3
Valganciclovir HCl (Oral Tablet),T2 - QL	Vyvanse (Oral Tablet Chewable),T3
Valproic Acid (Oral Capsule),T2	Vyzulta (Ophthalmic Solution),T3
Valproic Acid (Oral Solution),T1	W
Valsartan (Oral Tablet),T1 - QL	Warfarin Sodium (Oral Tablet),T1
Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T2 - QL
Vascepa (Oral Capsule),T3	X
Velphoro (Oral Tablet Chewable),T4	Xarelto (Oral Tablet),T2 - QL
Veltassa (Oral Packet),T4 - QL	Xarelto Starter Pack (Oral Tablet Therapy Pack),T2 - QL
Ventolin HFA (Inhalation Aerosol Solution),T3 - ST	Xifaxan (550MG Oral Tablet),T4 - PA
Verapamil HCl (Oral Tablet Immediate Release),T1	Xigduo XR (Oral Tablet Extended Release 24 Hour),T2 - QL
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3	Xiidra (Ophthalmic Solution),T3 - QL
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T2	Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Verapamil HCl ER (Oral Tablet Extended Release),T1	Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T2 - QL
Versacloz (Oral Suspension),T4	Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T2 - 7D; MME; DL; QL
Viberzi (Oral Tablet),T4 - PA; QL	Xtandi (Oral Capsule),T4 - PA; LA
Victoza (Subcutaneous Solution Pen-Injector),T2 - QL	Y
Viibryd (Oral Tablet),T3	Yupelri (Inhalation Solution),T4 - B/D,PA; QL
Viibryd Starter Pack (Oral Kit),T3	Z
Vimpat (Oral Solution),T3 - QL	Zafirlukast (Oral Tablet),T2
	Zaleplon (Oral Capsule),T2 - HRM; QL
	Zarxio (Injection Solution Prefilled Syringe),T4
	Zenpep (Oral Capsule Delayed Release Particles),T2
	Zepatier (Oral Tablet),T4 - PA; QL

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Zioptan (Ophthalmic Solution),T3	Reconstituted),T3 - PA; QL
Zirgan (Ophthalmic Gel),T3	Zubsolv (1.4-0.36MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual),T3 - QL
Zolpidem Tartrate (Oral Tablet Immediate Release),T3 - PA; HRM; QL	
Zonisamide (Oral Capsule),T1	Zubsolv (11.4-2.9MG Tablet Sublingual),T4 - QL
Zontivity (Oral Tablet),T3 - PA	
Zostavax (Subcutaneous Suspension	Zylet (Ophthalmic Suspension),T3

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Plain type = Generic drug

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What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment

Quick Start Guide and UnitedHealthcare Member ID Card Once you're enrolled, you will get a Quick Start Guide and a UnitedHealthcare member ID card in the mail to help you start using your new plan.

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

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

We're here for you

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

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

Questions? We're here to help.



www.UHCRetiree.com



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

Statements of Understanding

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

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

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

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

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

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

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- If I have prescription drug coverage or if I get it from somewhere other than this plan, I will inform UnitedHealthcare.
- Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

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

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

- ✓ **I will receive information on how to get an Evidence of Coverage (EOC).**

- The EOC will have more information about the drug coverage offered by the plan, as well as the terms and conditions.
- I have the right to appeal plan decisions about payment or services if I disagree.

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

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

NOTES

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1-877-558-4749, TTY 711

8 a.m. - 8 p.m. local time, 7 days a week



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