



Plan Guide 2024

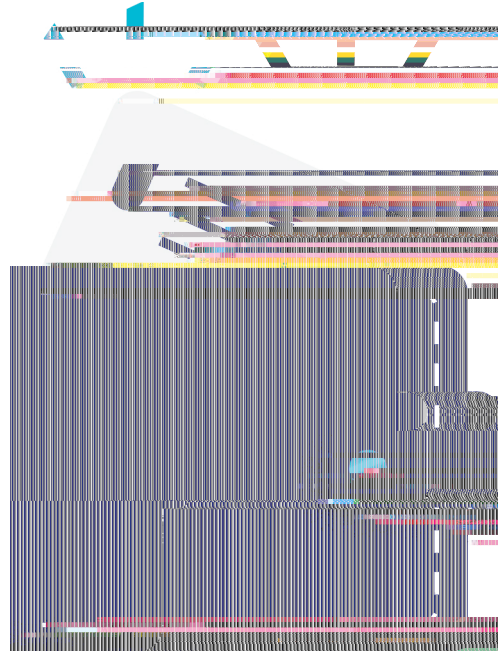
Take advantage of all your
Medicare Advantage plan has to
offer

SKIDMORE COLLEGE

UnitedHealthcare®Group Medicare Advantage (PPO)

Group Number: 16147

Effective: January 1, 2024 through December 31, 2024



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UnitedHealthcare® Group Medicare Advantage plan

Dear Retiree,

UnitedHealthcare is pleased to offer you the opportunity to join our Medicare Advantage plan. To learn more, please visit [retiree.uhc.com](#) or call 1-877-714-0178. Thank you for choosing UnitedHealthcare.

[retiree.uhc.com](#)

Call toll-free 1-877-714-0178, TTY 711
8 a.m.-8 p.m. local time, Monday-Friday

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Plan information

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and costs. See your Summary of Benefits for more
page for a complete description of benefits, limitations,
and restrictions are combined in- and out-of-network.

In-network and out-of-network

No deductible

Your plan has an annual combined in-network and
out-of-network out-of-pocket maximum of \$1,500 for
this plan year.

Original Medicare

In-network and out-of-network

\$15 copay

\$30 copay

\$0 copay

\$0 copay

\$250 copay per stay

\$20 copay per day: days 1-6

\$0 copay per additional day up to 100 days

\$100 copay

\$40 copay

\$15 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

In-network

Prescription drugs

	Your cost	
Tier 3: Non-Preferred Drug ¹	\$35 copay	\$70 copay
Tier 4: Specialty Tier ¹	\$35 copay	\$70 copay
Coverage gap stage	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	
Catastrophic coverage stage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Your plan sponsor offers additional prescription drug coverage. Please see your Additional Drug Coverage list for more information. Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitatiothe p coverage. This information is no

Plan Details

UnitedHealthcare® Group Medicare Advantage (PPO)

Your former employer or plan sponsor can choose to let you keep your Medicare Advantage coverage through the end of your current plan year. If you are currently enrolled in a Medicare Advantage plan, you will continue to be covered under that plan through the end of your current plan year. If you are not currently enrolled in a Medicare Advantage plan, you will be automatically enrolled in a Medicare Advantage plan through the end of your current plan year.

If you are currently enrolled in a Medicare Advantage plan, you will continue to be covered under that plan through the end of your current plan year. If you are not currently enrolled in a Medicare Advantage plan, you will be automatically enrolled in a Medicare Advantage plan through the end of your current plan year.



Make sure you know what parts of Medicare you have

You must be eligible to enroll in Medicare Part A and Part B. You must also be eligible to enroll in Medicare Part D. You must also be eligible to enroll in Medicare Part C. You must also be eligible to enroll in Medicare Part E.

ssa.gov/locator or call

1-800-772-1213 or **1-800-325-0778**

for more information or to enroll in our Medicare Advantage plan.

You must also pay our Medicare Advantage plan premium. You must also pay our Medicare Advantage plan premium. You must also pay our Medicare Advantage plan premium.

If you are currently enrolled in a Medicare Advantage plan, you will continue to be covered under that plan through the end of your current plan year. If you are not currently enrolled in a Medicare Advantage plan, you will be automatically enrolled in a Medicare Advantage plan through the end of your current plan year.

Medicare Advantage Coverage:



Medicare Part A
Hospital



Medicare Part B
Doctor and Outpatient



Medicare Part D
Prescription



Extra Programs
Beyond Original Medicare

How your Group Medicare Advantage plan works

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Questions? We're here to help.

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retiree.uhc.com


 Call toll-free 1-877-714-0178, TTY 711,
 8 a.m.-8 p.m. local time, Monday-Friday

How your prescription drug coverage works

Your eligible retail prescription drug coverage includes you and your immediate family. Your retail prescription drug coverage is subject to our plan rules. See our rules here.

retiree assistance

at any time

You can enroll from the date of your enrollment or the date you become eligible for retirement.

retiree.uhc.com

Call toll-free 1-877-714-0178, TTY 711,
8 a.m.-8 p.m. local time, Monday-Friday



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Getting the health care coverage you may need

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Take advantage of UnitedHealthcare's additional support and programs



Financial assistance

UnitedHealthcare offers financial assistance to help you pay for your health care. You can apply for assistance if you are on a low-to-moderate income. You may also be eligible for assistance if you are a member of our Health Plan. You may be able to get help with your health care costs. You may also be able to get help with your health care costs. You may also be able to get help with your health care costs.



Home care services

UnitedHealthcare offers home care services to help you stay at home. You can get help with your health care costs. You may also be able to get help with your health care costs. You may also be able to get help with your health care costs.

Virtual care services

UnitedHealthcare offers virtual care services to help you stay healthy. You can get help with your health care costs. You may also be able to get help with your health care costs. You may also be able to get help with your health care costs.



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Summary of Benefits 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

Group Name (Plan Sponsor): SKIDMORE COLLEGE

Group Number: 16147

H2001-816-000

Look inside to learn more about this plan. For more information, call 1-800-433-3663 or visit [uhcare.com/skidmore](#).

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 call Customer Service if you want a copy of the EOC or need help. When you enroll in the plan, you will get more information on how to view your plan details online.

UnitedHealthcare® Group Medicare Advantage (PPO)

Medical premium and limits	
	In-network and out-of-network
Monthly plan premium	Contact your group plan benefit administrator to determine your actual premium amount, if applicable.
Maximum out-of-pocket amount (does not include prescription drugs)	<p>Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$1,500 for this plan year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the plan year.</p> <p>Please note that you will still need to pay your monthly premiums, if applicable, and cost-sharing for your Part D prescription drugs.</p>

Medical benefits

In-network and out-of-network

Inpatient hospital care¹

\$250 copay per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

Outpatient hospital¹

Ambulatory surgical center (ASC)

\$

Cost sharing for additional plan covered services will apply.

Medical benefits

In-network and out-of-network

- | | |
|---|--|
| <ul style="list-style-type: none"> □ Medicare Diabetes Prevention Program (MDPP) □ Obesity screenings and counseling □ Prostate cancer screenings (PSA) □ Sexually transmitted infections screenings and counseling □ Tobacco use cessation counseling (counseling for | <ul style="list-style-type: none"> people with no sign of tobacco-related disease) □ Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 □ “Welcome to Medicare” preventive visit (one-time) |
|---|--|

Any additional preventive services approved by Medicare during the contract year will be covered.

This plan covers preventive care screenings and annual physical exams at 100%.

Emergency care

\$75 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the emergency care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Urgently needed services

\$30 copay (worldwide)

If you are admitted to the hospital within 24 hours, you pay the inpatient hospital cost sharing instead of the urgently needed services copay. See the “Inpatient Hospital Care” section of this booklet for other costs.

Diagnostic tests, lab and radiology services, and X-rays

Diagnostic radiology services (e.g. MRI, CT scan) ¹	\$0 copay
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Lab services ¹	\$0 copay
---------------------------	-----------

Diagnostic tests and procedures ¹	\$0 copay
--	-----------

Therapeutic radiology ¹	\$0 copay
------------------------------------	-----------

Outpatient X-rays ¹	\$0 copay
--------------------------------	-----------

Medical benefits		
		In-network and out-of-network
Hearing services	Exam to diagnose and treat hearing and balance issues ¹	\$30 copay
	Routine hearing exam	\$0 copay, 1 exam per plan year*
	Hearing Aids UnitedHealthcare Hearing	Through UnitedHealthcare Hearing, the plan pays a \$500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.
Vision services	Exam to diagnose and treat diseases and conditions of the eye ¹	\$30 copay
	Eyewear after cataract surgery	\$0 copay
	Routine eye exam	\$0 copay, 1 exam every 12 months*
	Routine eyewear	Plan pays up to \$130 for eyeglasses, or up to \$175 for contact lenses instead of eyeglasses, every 12 months.*
Mental Health	Inpatient visit ¹	\$250 copay per stay, up to 190 days Our plan covers 190 days for an inpatient hospital stay.
	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$15 copay
	Virtual behavioral visits	\$15 copay
Skilled nursing facility (SNF)¹		\$20 copay per day: days 1-6 \$0 copay per day: days 7-100

Medical benefits		
		In-network and out-of-network
		Our plan covers up to 100 days in a SNF per benefit period.
Outpatient Rehabilitation (physical, occupational, or speech/language therapy)¹		\$40 copay
Ambulance²		\$50 copay
Medicare Part B Drugs	Chemotherapy drugs ¹	\$0 copay
Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Other Part B drugs ¹	\$0 copay

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 or call Customer Service to have a hard copy sent to you.

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

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

Stage 1: Annual prescription (Part D) deductible	Since you have no deductible, this payment stage doesn't apply.	
Stage 2: Initial coverage (After you pay your deductible, if applicable)	Retail Cost-Sharing	Mail Order Cost-Sharing
	30-day supply	90-day supply
Tier 1: Preferred Generic	\$5 copay	\$10 copay
Tier 2: Preferred Brand ¹	\$20 copay	\$40 copay
Tier 3: Non-preferred Drug ¹	\$35 copay	\$70 copay
Tier 4: Specialty Tier ¹	\$35 copay	\$70 copay
Stage 3: Coverage Gap Stage	After your total drug costs reach \$5,030, the plan continues to pay its share of the cost of your drugs and you pay your share of the cost.	
Stage 4: Catastrophic coverage	During this payment stage, the plan pays the full cost for your covered drugs. You pay nothing.	

¹ You will pay a maximum of \$35 for a 1-month supply of each Part D insulin product covered by our plan. Most adult Part D vaccines are covered at no cost to you.

Additional benefits		
		In-network and out-of-network
Acupuncture services	Medicare-covered acupuncture (for chronic low back pain)	\$20 copay
Chiropractic services	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ¹	\$20 copay
Diabetes management	Diabetes monitoring supplies ¹	<p>\$0 copay</p> <p>We only cover Accu-Chek® and OneTouch® brands.</p> <p>Covered glucose monitors include: OneTouch Verio Flex®, OneTouch Verio Reflect®, OneTouch® Verio, OneTouch® Ultra 2, Accu-Chek® Guide Me, and Accu-Chek® Guide.</p> <p>Test strips: OneTouch Verio®, OneTouch Ultra®, Accu-Chek® Guide, Accu-Chek® Aviva Plus, and Accu-Chek® SmartView.</p> <p>Other brands are not covered by your plan.</p>
	Medicare covered Continuous Glucose Monitors (CGMs) and supplies ¹	\$0 copay
	Diabetes self-management training	\$0 copay
	Therapeutic shoes or inserts ¹	\$0 copay
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ¹	\$0 copay

Additional benefits

In-network and out-of-network

Prosthetics (e.g.,
braces, artificial
limbs)

Additional benefits		
		In-network and out-of-network
UnitedHealthcare Healthy at Home		<p>\$0 copay for the following benefits for up to 30 days after each inpatient and SNF discharge:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28 home-delivered meals* <input type="checkbox"/> 12 one-way trips to medically related appointments and the pharmacy* <input type="checkbox"/> 6 hours of non-medical personal care services - a professional caregiver can help with preparing meals, companionship, medication reminders, and more. No referral required. <p>Call the customer service number on your UnitedHealthcare member ID card for more information and to use your benefits.</p> <p>*Call Customer Service to request a referral for each discharge.</p> <p>Some restrictions and limitations may apply.</p>
Home health care ¹		\$35 copay
Hospice		You pay nothing for hospice care from any Medicare-approved hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare, outside of our plan.
Personal emergency response system (PERS) Lifeline		<p>\$0 copay for a personal emergency response system.</p> <p>Help is only a button press away. A PERS wearable device can quickly connect you to the help you need, 24 hours a day in any situation. Call or go online to order your device. 1-855-595-8485, TTY 711 or lifeline.com/uhcgroup</p>
24/7 Nurse Support		Receive access to nurse consultations and additional clinical resources at no additional cost.
Opioid treatment program services ¹		\$0 copay
Outpatient substance abuse	Outpatient group therapy visit ¹	\$15 copay
	Outpatient individual therapy visit ¹	\$15 copay

About this plan

UnitedHealthcare® Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, 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.

Required Information

UnitedHealthcare® Group Medicare Advantage (PPO) is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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

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

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

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

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

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

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

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

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

You must continue to pay your Medicare Part B premium.

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

24/7 Nurse Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Participation in the Renew Active® program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership and other

Civil Rights Notice

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

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

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

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

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

- **Online:** www.hhs.gov/healthcare/complaint
- **Phone:** Toll-free **1-800-368-1019**, **800-537-7697** (TDD)

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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.

- 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

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

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

Oral Tablet, 70MG Oral Tablet),T1	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
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T1	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T4 - PA
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet),T1	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
Alphagan P (Ophthalmic Solution),T3	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T3 - PA
Alprazolam (Oral Tablet Immediate Release),T1 - QL	Aripiprazole (Oral Tablet),T1 - QL
Alix (Ophthalmic Suspension),T3	Aristada (Intramuscular Prefilled Syringe),T4
Alvesco (Inhalation Aerosol Solution),T3 - ST; QL	Aristada Initio (Intramuscular Prefilled Syringe),T4
Amantadine HCl (Oral Capsule),T1	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T2 - QL
Amantadine HCl (Oral Solution),T1	Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amantadine HCl (Oral Tablet),T1	Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Ambrisentan (Oral Tablet),T1 - PA; QL	Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated),T3 - ST; QL
Amiloride HCl (Oral Tablet),T1	Asmanex HFA (Inhalation Aerosol),T3 - ST; QL
Amiodarone HCl (Oral Tablet),T1	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T1 - QL
Amitriptyline HCl (Oral Tablet),T1 - HRM	Astagraf XL (Oral Capsule Extended Release 24 Hour),T3 - B/D,PA
Amlodipine Besylate (Oral Tablet),T1	Atazanavir Sulfate (Oral Capsule),T1 - QL
Amlodipine-Benazepril (Oral Capsule),T1 - QL	Atenolol (Oral Tablet),T1
Ammonium Lactate (External Cream),T1	Atomoxetine HCl (Oral Capsule),T1
Ammonium Lactate (External Lotion),T1	Atorvastatin Calcium (Oral Tablet),T1 - QL
Amoxicillin (Oral Capsule),T1	Atovaquone-Proguanil HCl (Oral Tablet),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,	

Bold type = Brand name drug

Plain type = Generic drug

Buspirone HCl (Oral Tablet),

Equivalent Mitigare),T2	Exjade),T1 - PA
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T1	Deferiprone (500MG Oral Tablet),T1 - PA
Colesevelam HCl (Oral Tablet),T1	Depen Titratabs (Oral Tablet),T4
Combigan (Ophthalmic Solution),T2	Descovy (200MG-25MG Oral Tablet),T4 - QL
Combivent Respimat (Inhalation Aerosol Solution),T2 - QL	Desmopressin Acetate (Oral Tablet),T1
Copaxone (Subcutaneous Solution Prefilled Syringe),T4	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T1
Corlanor (Oral Solution),T3 - PA; QL	Dexamethasone (Oral Tablet),T1
Corlanor (Oral Tablet),T3 - PA; QL	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T1 - QL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Diazepam (5MG/5ML Oral Solution),T1
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Diazepam Intensol (Oral Concentrate),T1 - QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Diclofenac Potassium (50MG Oral Tablet),T1
Cosopt PF (Ophthalmic Solution),T3	Diclofenac Sodium (1% External Gel),T1
Creon (Oral Capsule Delayed Release Particles),T2	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
D	Dificid (Oral Suspension Reconstituted),T4
DARAPRIM (Oral Tablet),T4	Dificid (Oral Tablet),T4
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
Daliresp (Oral Tablet),T3 - PA	
Dapsone (Oral Tablet),T1	
DayVigo (Oral Tablet),T2 - QL	
Deferasirox (Oral Tablet Soluble) (Generic	

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)

Injector),T3 - QL	Ezetimibe-Simvastatin (Oral Tablet),T1 - QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3 - QL	F
Epiduo (External Gel),T3	Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T1
Epiduo Forte (External Gel),T3 - ST	Farxiga (Oral Tablet),
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector),T1 - QL	
Eplerenone (Oral Tablet),T1	
Ergoloid Mesylates (Oral Tablet),T1 - HRM	
Ergotamine-Caffeine (Oral Tablet),T1	
Erivedge (Oral Capsule),T4 - PA	
Erleada (60MG Oral Tablet),T4 - PA	
Ertapenem Sodium (Injection Solution Reconstituted),T1	
Erythromycin (Ophthalmic Ointment),T1	
Esbriet (Oral Capsule),T4 - PA; QL	
Esbriet (Oral Tablet),T4 - PA; QL	
Escitalopram Oxalate (Oral Tablet),T1	
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium),T1 - QL	
Estradiol (Oral Tablet),T1 - HRM	
Estradiol (Transdermal Patch Twice Weekly),T1 - HRM; QL	
Estradiol (Transdermal Patch Weekly),T1 - HRM; QL	
Estradiol (Vaginal Cream),T1	
Eszopiclone (Oral Tablet),T1 - HRM; QL	
Ethambutol HCl (400MG Oral Tablet),T1	
Ethosuximide (Oral Capsule),T1	
Ethosuximide (Oral Solution),T1	
Etravirine (200MG Oral Tablet),T1 - QL	
Eucrisa (External Ointment),T3 - PA; QL	
Extavia (Subcutaneous Kit),T4	
Ezetimibe (Oral Tablet),T1	

Gabapentin (Oral Capsule),T1
Gammagard (2.5GM/25ML Injection
Solution),T4 - PA

Humulin 70/30 (Subcutaneous Suspension),T2	Imiquimod Pump (3.75% External Cream),T1 - PA
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T2	
Humulin N (Subcutaneous Suspension),T2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T2	
Humulin R (Injection Solution),T2	
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T2	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T2	
Hydralazine HCl (Oral Tablet),T1	
Hydrochlorothiazide (Oral Capsule),T1	
Hydrochlorothiazide (Oral Tablet),T1	
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T1 - 7D; MME; DL; QL	
Hydromorphone HCl (Oral Tablet Immediate Release),T1 - 7D; MME; DL; QL	
Hydroxychloroquine Sulfate (200MG Oral Tablet),T1 - QL	
Hydroxyurea (Oral Capsule),T1	
Hydroxyzine HCl (Oral Syrup),T1 - HRM	
Hydroxyzine HCl (Oral Tablet),T1 - HRM	
I	
Ibandronate Sodium (Oral Tablet),T1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T1	
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe),T1 - PA; QL	
Ilevro (Ophthalmic Suspension),T2	
Imatinib Mesylate (Oral Tablet),T1 - PA	
Imbruvica (Oral Capsule),T4 - PA; QL	
Imbruvica (Oral Tablet),T4 - PA; QL	
Imiquimod (5% External Cream),T1 - QL	

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

Jentadueto (Oral Tablet Immediate
Release),T2 - QL

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

Jublia (External Solution),T3

Juluca (Oral Tablet),T4 - QL

Levocetirizine Dihydrochloride (Oral Tablet),T1
Levofloxacin (Oral Tablet),T1
Levothyroxine Sodium (Oral Tablet),T1
Lialda (Oral Tablet Delayed Release),T3 - ST;
QL
Licart (External Patch 24 Hour)

QL

Methamphetamine HCl (Oral Tablet)

Syringe),T4 - PA

Neupogen (Injection Solution Prefilled
Syringe),T4 - ST

Neupogen (Injection Solution),T4 - ST

Nevanac (Ophthalmic Suspension)

Olanzapine (Oral Tablet), T1 - QL
Olopatadine HCl (0.1% Ophthalmic Solution)

Pradaxa (Oral Capsule),T3 - ST; QL
Praluent (Subcutaneous Solution Auto-Injector),T2 - PA; QL
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T1
Pravastatin Sodium (Oral Tablet),T1 - QL
Prazosin HCl (Oral Capsule),T1
Prednisolone Acetate (Ophthalmic Suspension),T1
Prednisone (5MG/5ML Oral Solution),T1
Prednisone (Oral Tablet),T1
Premarin (Oral Tablet),T3 - HRM; QL
Premarin (Vaginal Cream),T2
Premphase (Oral Tablet),T3 - HRM; QL
Prempro (Oral Tablet)

P

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

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

Bold type = Brand name drug

Plain type = Generic drug

Shingrix (Intramuscular Suspension Reconstituted),T2 - PA; QL	Syringe),T4 - PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T1 - PA	Stelara (Subcutaneous Solution),T4 - PA; QL
Siliq (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Stiolto Respimat (Inhalation Aerosol Solution),T2
Silver Sulfadiazine (External Cream),T1	Striverdi Respimat (Inhalation Aerosol Solution),T3 - ST
Simbrinza (Ophthalmic Suspension),T2	Suboxone (Sublingual Film),T3 - QL
Simponi (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Sucralfate (Oral Suspension),T1
Simponi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Sucralfate (Oral Tablet),T1
Simvastatin (Oral Tablet),T1 - QL	Sulfadiazine (Oral Tablet),T1
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge),T4 - PA; QL	Sulfamethoxazole-Trimethoprim (800MG-160MG Oral Tablet),T1
Skyrizi (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Sulfasalazine (Oral Tablet Delayed Release),T1
Skyrizi Pen (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Sulfasalazine (Oral Tablet Immediate Release),T1
Sodium Oxybate (Oral Solution),T4 - PA; QL	Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1 - QL
Sodium Polystyrene Sulfonate (Oral Powder),T1	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector),T1 - QL
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution),T1	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T1 - QL
Sofosbuvir-Velpatasvir (Oral Tablet),T4 - PA; QL	Sunosi (Oral Tablet),T3 - PA; QL
Solifenacin Succinate (Oral Tablet),T1 - QL	Sutab (Oral To45 319.7707.6836 242.91u 0 02187
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	
Spirolactone (Oral Tablet),T1	
Sprycel (Oral Tablet),T4 - PA	
Stelara (Subcutaneous Solution Prefilled	

QL	Timolol Maleate (Oral Tablet),T1
Tabrecta (Oral Tablet),T4 - PA; QL	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T1
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T1 - PA	Timoptic Ocudose (Ophthalmic Solution),T3
Taltz (Subcutaneous Solution Auto-Injector),T4 - PA; QL	Tivicay (25MG Oral Tablet),T3 - QL
Taltz (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Tivicay (50MG Oral Tablet),T4 - QL
Tamoxifen Citrate (Oral Tablet),T1	Tizanidine HCl (Oral Tablet),T1
Tamsulosin HCl (Oral Capsule),T1	TobraDex ST (Ophthalmic Suspension),T3
Tecfidera (Oral Capsule Delayed Release),T4 - QL	Tobramycin (300MG/5ML Inhalation
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	

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

Injector),T4 - PA; QL	Valsartan-Hydrochlorothiazide (Oral Tablet),T1 - QL
Tremfya (Subcutaneous Solution Prefilled Syringe),T4 - PA; QL	Varenicline Tartrate (Oral Tablet),T1
Tresiba (Subcutaneous Solution),T2	Vascepa (Oral Capsule),T1
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T2	Velphoro (Oral Tablet Chewable),T4
Tretinoin (External Cream),T1 - PA	Veltassa (Oral Packet),T3 - QL
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	Ventolin HFA (Inhalation Aerosol Solution),T2
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	Verquvo (Oral Tablet),T2 - PA; QL
Trihexyphenidyl HCl (Oral Solution),T1 - HRM	Versacloz (Oral Suspension),T4
Trihexyphenidyl HCl (Oral Tablet),T1 - HRM	Viberzi (Oral Tablet),T4 - PA; QL
Trijardy XR (Oral Tablet Extended Release 24 Hour),T2 - QL	Victoza (Subcutaneous Solution Pen-Injector),T2 - PA; QL
Trintellix (Oral Tablet),T3	Viibryd (Oral Tablet),T3
Trulance (Oral Tablet),T3	Vitrakvi (Oral Capsule),T4 - PA; QL
Trulicity (Subcutaneous Solution Pen-Injector),T2 - PA; QL	Vitrakvi (Oral Solution),T4 - PA; QL
Tymlos (Subcutaneous Solution Pen-Injector),T4 - PA	Vosevi (Oral Tablet),T4 - PA; QL
Tyrvaya (Nasal Solution),T3 - QL	Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T4 - ST; QL
U	Vyvanse (Oral Capsule),T3
Ubrelvy (Oral Tablet),T4 - PA; QL	Vyvanse (Oral Tablet Chewable),T3
Udenyca (Subcutaneous Solution Prefilled Syringe),T4 - PA	Vyzulta (Ophthalmic Solution),T3
Ursodiol (300MG Oral Capsule),T1	W
Ursodiol (Oral Tablet),T1	Warfarin Sodium (Oral Tablet),T1
V	Wixela Inhub (Inhalation Aerosol Powder Breath
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

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

DL - Dispensing limit

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

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

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Vyleesi	3	QL (maximum of 8 injections per 30 days)
Urinary Tract Infection		
Uro-MP 118 mg	3	
Urinary Tract Spasm and Pain		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
NP Thyroid	1	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
K-Phos Tab	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
Vitamins and Minerals		
Cyanocobalamin Injection (Vitamin B12) 1000 mcg	1	

Bold type = Brand name drug Plain type = Generic drug

Drug name	Drug tier	Coverage rules or limits on use
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione Tab	1	
Reno Cap	1	
Vitamin D 50,000 unit (Rx only)	1	

Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions

Cough and Cold

Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

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

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

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

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

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What's next

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Call toll-free 1-877-714-0178, TTY 711
8 a.m.-8 p.m. local time, Monday-Friday

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

- ✓ **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/or 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.

- ✓ **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 this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.

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

- Enrolling in this plan will automatically disenroll me from any other Medicare health 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 this plan, I will be automatically transferred to Original Medicare.
- Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

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

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

- ✓ **For members of the Group Medicare 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.

- ✓ **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/**

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