

# 2019 YOUR PLAN EXPLAINED

What you need to know about your Medicare Advantage Plan.

## North Carolina State Health Plan

UnitedHealthcare® Group Medicare Advantage (PPO)

**Effective:** January 1, 2019 through December 31, 2019

**Group Number:** 12326

# Benefit Highlights

## North Carolina State Health Plan for Teachers and State Employees

12326, 12327, 12328, 12329, 12330, 12331, 12332, 12333

Effective January 1, 2019 to December 31, 2019

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

### Medical Benefits

#### Benefits covered by Original Medicare and your plan

	Base Plan In-Network and Out-of-Network	Enhanced Plan In-Network and Out-of-Network
Doctor's office visit	Primary Care Provider: \$20 copay Specialist: \$40 copay	Primary Care Provider: \$15 copay Specialist: \$35 copay
Preventive services	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.	\$0 copay for Medicare-covered preventive services. Refer to the Evidence of Coverage for additional information.
Inpatient hospital care	\$160 copay per day: days 1-10 \$0 copay per day after that	\$150 copay per day: days 1-10 \$0 copay per day after that
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20; \$50 copay per additional day up to 100 days	\$0 copay per day: days 1-20; \$50 copay per additional day up to 100 days
Outpatient surgery	\$250 copay	\$250 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$20 copay	\$20 copay
Diagnostic radiology services (such as MRIs, CT scans)	\$100 copay	\$100 copay
Lab services	\$40 copay	\$20 copay
Outpatient x-rays	\$40 copay	\$25 copay
Diabetes monitoring supplies	\$0 copay*	\$0 copay*
Therapeutic radiology services (such as radiation treatment for cancer)	\$40 copay	\$10 copay
Durable medical equipment	20% coinsurance	20% coinsurance
Medicare Part B drugs	\$50 copay	\$50 copay

	<b>Base Plan</b> In-Network and Out-of-Network	<b>Enhanced Plan</b> In-Network and Out-of-Network
Ambulance	\$75 copay	\$75 copay
Emergency care	\$65 copay (worldwide)	\$65 copay (worldwide)
Urgently needed services	\$50 copay (worldwide)	\$40 copay (worldwide)
Annual out-of-pocket maximum	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$4,000 each plan year.	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of \$3,300 each plan year.

### Additional benefits and programs not covered by Original Medicare

	<b>Base Plan</b> In-Network and Out-of-Network	<b>Enhanced Plan</b> In-Network and Out-of-Network
Annual routine physical exam	\$0 copay, 1 per plan year**	\$0 copay, 1 per plan year**
Foot care – routine	\$40 copay (up to 6 visits per plan year)**	\$35 copay (up to 6 visits per plan year)**
Hearing – routine exam	\$0 copay (1 exam every 12 months)**	\$0 copay (1 exam every 12 months)**
Hearing aids	Plan pays up to \$500 (every 3 years)**	Plan pays up to \$500 (every 3 years)**
Vision – routine eye exam	\$40 copay (1 exam every 12 months)**	\$35 copay (1 exam every 12 months)**
Private duty nursing	You pay a 20% coinsurance for each visit. There is a \$5,000 limit per plan year for private duty nursing services.	You pay a 20% coinsurance for each visit. There is a \$5,000 limit per plan year for private duty nursing services.
Fitness program through SilverSneakers®	Stay active with a basic membership at a participating location at no extra cost to you	Stay active with a basic membership at a participating location at no extra cost to you
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	Speak with a registered nurse (RN) 24 hours a day, 7 days a week
Virtual behavioral visits	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at <a href="http://www.UHCRetiree.com/ncshp">www.UHCRetiree.com/ncshp</a> .	See and speak to specific mental health professionals using your computer or mobile device. Find participating mental health professionals online at <a href="http://www.UHCRetiree.com/ncshp">www.UHCRetiree.com/ncshp</a> .
Virtual doctor visits	Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com/ncshp">www.UHCRetiree.com/ncshp</a> .	Speak to specific doctors using your computer or mobile device. Find participating doctors online at <a href="http://www.UHCRetiree.com/ncshp">www.UHCRetiree.com/ncshp</a> .

\*We only cover ACCU-CHEK® and OneTouch® brands. Covered glucose monitors include: OneTouch Verio®, OneTouch Verio® IQ , OneTouch Verio® Flex , ACCU-CHEK® Guide, ACCU-CHEK® Aviva, and ACCU-CHEK® Nano SmartView. Test strips: OneTouch Verio®, ACCU-CHEK® Guide, ACCU-CHEK® Aviva Plus, ACCU-CHEK® SmartView, and OneTouch Ultra®. Other brands are not covered by your plan.

\*\*Benefits are combined in and out-of-network.

## Prescription Drugs

	Base Plan	Enhanced Plan
Annual Drug Out-of-Pocket Maximum	\$2,500	\$2,500
Initial Coverage Stage	<b>Retail (one-month supply)</b>	
Tier 1 – Preferred Generic	\$10 copay	\$10 copay
Tier 2 – Preferred Brand	\$40 copay	\$35 copay
Tier 3 – Non-preferred Drug	\$64 copay	\$50 copay
Tier 4 – Specialty Tier	25% coinsurance or a \$100 copay maximum	25% coinsurance or a \$100 copay maximum
Initial Coverage Stage	<b>Retail and mail order (three-month supply)</b>	
Tier 1 – Preferred Generic	\$24 copay	\$20 copay
Tier 2 – Preferred Brand	\$80 copay	\$70 copay
Tier 3 – Non-preferred Drug	\$128 copay	\$100 copay
Tier 4 – Specialty Tier	25% coinsurance or a \$300 copay maximum	25% coinsurance or a \$200 copay maximum
Coverage Gap Stage	After your total drug costs reach \$3,820 the plan continues to pay its share of the cost of your drugs and you pay your share of the cost	After your total drug costs reach \$3,820 the plan continues to pay its share of the cost of your drugs and you pay your share of the cost
Catastrophic Coverage Stage	After your total out-of-pocket costs reach \$5,100, you will pay \$0 copay	After your total out-of-pocket costs reach \$5,100, you will pay \$0 copay
Annual Out-of-Pocket Maximum	When your maximum out-of-pocket costs reach \$2,500, you will not pay any copayments and/or coinsurance	When your maximum out-of-pocket costs reach \$2,500, you will not pay any copayments and/or coinsurance

Your plan sponsor has elected to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

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

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year. Benefits may change each plan year based on Medicare requirements.

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

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication.

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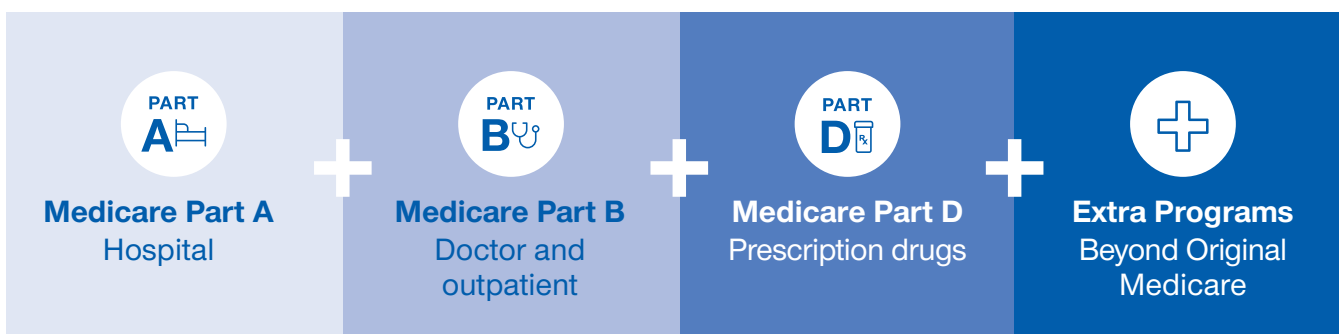
# Plan Details

## UnitedHealthcare® Group Medicare Advantage (PPO)

Thank you for considering the UnitedHealthcare plans for your retiree coverage. Whether you select the Base plan or the Enhanced plan, your health and prescription drug coverage are combined into a single plan. We combine Medicare Part A (hospital care), Part B (medical services) and Part D (prescription drugs) into one so you don't have to manage separate plans with multiple ID cards. Get all your Medicare coverage from one company with only one member ID card.

Both the Base and Enhanced plans are Preferred Provider Organization (PPO) plans. With these plans, you have access to our large state-wide and national network of providers. Plus, you can see doctors and hospitals outside of the UnitedHealthcare network for the same copay or coinsurance as in-network providers as long as they participate in Medicare and accept the plan.

### There are multiple coverage options



### Make sure you know what parts of Medicare you have



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

- If you're not sure if you are enrolled in Medicare Part B, check with your local Social Security office. To find an office where you live, visit [www.ssa.gov/locator](http://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.
- You must continue paying your Medicare Part B premium to keep your coverage under this group-sponsored plan. If you stop your payments, you may be disenrolled from this plan.

## How your Group Medicare Advantage plan works

Medicare has rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan.

### One plan at a time

- You may be enrolled in only one Medicare Health plan at a time (e.g. Medicare Advantage, Medicare Part D, Special Needs Plans, etc.). 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 Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in this group-sponsored plan, you will be disenrolled from your plan or you will be disenrolled from the group-sponsored plan.
- Any eligible family members may also be disenrolled from their group-sponsored coverage. This means that you and your family may not have hospital/medical or drug coverage through your plan sponsor or employer group.



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

## Important information about this plan and other coverage



When you go to the doctor or pharmacy, you will only need to show your UnitedHealthcare member ID card. Your PPO plan provides your medical and prescription drug coverage plus extra benefits so it is not necessary to have additional coverage. It is important to understand that Medicare Supplement or Medigap plans do not coordinate with Medicare Advantage plans. In addition, you cannot be enrolled in another Medicare Part D Prescription Drug or Medicare Advantage plan at the same time as you are enrolled in this UnitedHealthcare plan. If you enroll in another Part D or Medicare Advantage plan, you will be disenrolled from your UnitedHealthcare Group Medicare Advantage plan. Finally, if you are currently enrolled in a separate Part D or Medicare Advantage plan, it will terminate when you enroll in the UnitedHealthcare Group Medicare Advantage plan. While you do not need to use your Original Medicare card once you are a member of the UnitedHealthcare Group Medicare Advantage plan, please do not destroy it. Be sure to put your Original Medicare card in a safe location.

### Visit us online anytime

Learn more at  
[www.UHCRetiree.com/ncshp](http://www.UHCRetiree.com/ncshp)

Toll-free **1-866-747-1014**, TTY **711**,  
8 a.m. – 8 p.m. ET, Monday – Friday

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## How your medical coverage works

Your plan is a Preferred Provider Organization (PPO) plan. You have access to our national network of providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare.

	In-Network	Out-Of-Network
Can I continue to see my doctor/specialist?	Yes	Yes, as long as they participate in Medicare and accept the plan. <sup>1</sup>
What is my copay or coinsurance?	Copays and coinsurance vary by service. <sup>2</sup>	
Do I need to choose a primary care provider (PCP)?	No, but recommended.	No
Do I need a referral to see a specialist?	No	No
Can I go to any hospital?	Yes	Yes, as long as they participate in Medicare and accept the plan. <sup>1</sup>
Are emergency and urgently needed services covered?	Yes	Yes
Do I have to pay the full cost for all doctor or hospital services?	You will pay your standard copay or coinsurance for the services you get. <sup>2</sup>	
Is there a limit on how much I spend on medical services each year?	Yes	Yes
Are there any situations when a doctor will balance bill me?	Under this plan you are protected from any balance billing when seeing physicians or health care providers who have not opted out of Medicare.	

<sup>1</sup>This means that the provider or hospital agrees to treat you and be paid according to UnitedHealthcare's payment schedule. With this plan, we pay the same as Medicare and follow Medicare's rules. Emergencies would be covered even if out-of-network.

<sup>2</sup>Refer to the Summary of Benefits or Benefit Highlights in this guide for more information.

### View your plan information online



Once your plan is effective, create your secure online account at:  
**[www.UHCRetiree.com/ncshp](http://www.UHCRetiree.com/ncshp)**

You'll be able to view benefit information and plan materials, look up your latest claim information, review your personal health record, and access lifestyle and learning articles, recipes, educational videos and more.

## How your prescription drug coverage works

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

### Here are answers to common questions



#### What pharmacies can I use?

You can choose from over 68,000 pharmacies across the United States, including national chain, regional and independent local retail pharmacies.



#### What is a drug cost tier?

Drugs are divided into different cost tiers. In general, the higher the tier, the higher the cost of the drug.



#### What will I pay for my prescription drugs?

What you pay will depend on the coverage your employer group or plan sponsor has arranged and on what drug cost tier your prescription belongs to. Your cost may also change during the year based on the total cost of the prescriptions you have filled.<sup>1</sup>



#### Can I have more than one prescription drug plan?

No. You can only have one Medicare plan that includes drug coverage at a time. If you enroll in another Medicare Part D prescription drug plan OR a Medicare Advantage plan that includes prescription drug coverage, you will be disenrolled from this plan.

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

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## Prescription drug coverage plan basics



### What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount 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)?

If, at any time after you first become eligible for Medicare Part D, there's a period of at least 63 days in a row when you don't have Medicare Part D or other creditable prescription drug coverage, a penalty may apply. Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium and billed to you separately by UnitedHealthcare.

## 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

## Getting the health care coverage you may need



### Your care begins with your doctor

With this plan, you have the flexibility to see doctors inside or outside the UnitedHealthcare network. Unlike many other PPO plans, with this plan, you pay the same share of cost in- and out-of-network. With your UnitedHealthcare® Group Medicare Advantage plan, you're connected to programs, resources, tools and people that can help you live a healthier life.



### Finding a doctor is easy

If you need help finding a doctor or a specialist, just give us a call. We can even help schedule that first appointment.

#### Why use a UnitedHealthcare network doctor?

If you need to find a new doctor or specialist, consider a doctor in our network. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions.



### Filling your prescriptions is convenient

UnitedHealthcare has over 68,000 national, regional, local chains and independent neighborhood pharmacies in its network.<sup>1</sup>

<sup>1</sup>2018 Internal Report Data

### Visit us online anytime

Learn more at  
[www.UHCRetiree.com/ncshp](http://www.UHCRetiree.com/ncshp)

Toll-free **1-866-747-1014**, TTY **711**,  
8 a.m. – 8 p.m. ET, Monday – Friday

## Additional support and programs



### Annual Wellness Visit<sup>1</sup> and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Together, you can identify the preventive screenings you may need, review your medications and talk about any health concerns. You may even get a reward for completing your Annual Wellness Visit.



### Enjoy a clinical visit in the privacy of your own home

With the UnitedHealthcare® HouseCalls program, you get an annual in-home clinical visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of your regular doctor's care. What to expect from a HouseCalls visit:

- A knowledgeable health care practitioner will review your health history and current medications, perform health screenings, help identify health risks and provide health education
- You can talk about health concerns and ask questions that you haven't had time to ask before
- HouseCalls will send a summary of your visit to you and your primary care provider so they have this additional information regarding your health

HouseCalls may not be available in all areas.



### You are never alone with NurseLine

Health questions can come up anytime. NurseLine provides you 24/7 access to a registered nurse who can help you with sudden health concerns as well as:

- Questions about a medication
- Finding a doctor or specialist
- Understanding an ongoing health condition or new diagnosis



### Virtual Visits

#### Virtual Doctor Visits

See a doctor using your computer, tablet or smartphone at \$0 copay. With Virtual Doctor Visits, you're able to live video chat with a doctor from your computer, tablet or smartphone — anytime, day or night. You can ask questions, get a diagnosis, or even get medication prescribed<sup>2</sup> and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomach ache

<sup>1</sup>If additional tests are required, there may be a copay or coinsurance.

<sup>2</sup>Doctors can't prescribe medications in all states.

## Virtual Behavioral Health Visits

Talk to a behavioral health specialist anytime using live video chat using your computer, tablet or smartphone anytime, day or night at \$0 copay.

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety



## Special programs for people with chronic or complex health needs

UnitedHealthcare offers special programs to help members who are living with chronic disease, like diabetes or heart disease. The patients get personal attention and their doctors get up-to-date information to help them make decisions.



## Make caring for a loved one easier

At no additional cost, Solutions for Caregivers supports you, your family and those you care for by providing information, education, resources and care planning.

- Get helpful advice, and assistance finding services and programs from a professional care manager
- Have a registered nurse perform an in-person assessment of your situation
- Receive a personalized care plan with recommendations and resources

You will also have access to our Caregiver Partners website to explore our library of articles and caregiver-related products and services.



## Safeguard your wishes

You have access to a state-specific Will program that can help you create your or a loved one's simple Will online in a private and secure environment.



## Protect what you've worked hard for

Get help when your identity has been stolen. Fraud resolution specialists will help you restore your identity, credit and peace of mind.



## With the Enhanced plan, members also receive global travel assistance

UnitedHealthcare Global Travel Assistance® provides 24-hour travel and medical assistance for you and your dependents when traveling 100 miles or more away from home or internationally.



## And so much more to help you live a healthier life

After you become a member, we will connect you to many programs and tools that may help you on your wellness journey. You will get information soon after your coverage becomes effective.

## Tools and resources to put you in control



### Valuable information is just a few clicks away

As a UnitedHealthcare member, you will have access to a safe, secure and personalized website where you'll be able to:

- Look up your latest claim information
- Review benefit information and plan materials
- Review your personal health record
- Print a temporary member ID card and request a new one
- Search for network doctors
- Search for drugs and how much they cost under your plan
- Learn more about health and wellness topics and sign up for healthy challenges based on your interests and goals
- Sign up to get your Explanation of Benefits online



### Get active and have fun with a gym membership

Designed for all fitness levels and abilities, SilverSneakers includes:

- Access to exercise equipment
- Group classes and more at 14,000+ fitness locations<sup>1</sup>
- Signature classes led by certified instructors trained specifically in adult fitness

Classes, equipment, facilities and services may vary by location.



### Go beyond the plan benefits to help live your best life

We all want to live a healthier, happier life and Renew by UnitedHealthcare can be your guide.<sup>2</sup> Renew, our member-only Health & Wellness Experience, includes:

- Inspiring lifestyle tips, coloring pages, recipe library, streaming music
- Interactive quizzes & tools
- Learning courses, health news, articles & videos, health topic library
- Rewards

As a UnitedHealthcare member, you can explore all that Renew has to offer by logging in to your member website.

<sup>1</sup>At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

<sup>2</sup>Renew by UnitedHealthcare is not available in all plans.


## 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 a question.

### Get a 3-month<sup>1</sup> 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  symbol. An online pharmacy directory is available at:

**[www.UHCRetiree.com/ncshp](http://www.UHCRetiree.com/ncshp)**

To request a printed directory, call Customer Service toll-free at:

**1-866-747-1014**, TTY **711**, 8 a.m. – 8 p.m. ET, Monday – Friday

### Ask your doctor about trial supplies

A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.

### Explore lower cost options

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

### Have an annual medication review

Take some time during your Annual Wellness Visit to make sure you are only taking the drugs you need.

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

## 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.



## Required Information

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

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

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

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.

Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

You are not required to use OptumRx home delivery for a 90- or 100-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, 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 the customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

The NurseLine service 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.

Availability of the SilverSneakers program varies by plan/market. Refer to your Evidence of Coverage for more details. Consult a health care professional before beginning any exercise program. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2018. All rights reserved.

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](mailto: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.

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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

This is a partial alphabetical list of prescription drugs covered by the plan as of August 1, 2018. 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

<b>PA</b> <b>Prior authorization</b>	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.
<b>QL</b> <b>Quantity limits</b>	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.
<b>ST</b> <b>Step therapy</b>	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>B/D</b> <b>Medicare Part B or Part D</b>	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.
<b>HRM</b> <b>High-risk medication</b>	This drug is known as a high-risk medication (HRM) for Medicare members 65 and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

## A

Abacavir/Lamivudine (Tablet),T3 - QL

Acamprosate Calcium DR (Tablet Delayed-Release),T1

Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet),T1 - 7D,DL,QL,MME

Acetazolamide (Tablet Immediate-Release, Capsule Extended-Release 12 Hour),T1

Acyclovir (200mg Capsule, 400mg Tablet, 800mg Tablet),T1

Acyclovir (200mg/5ml Suspension, 5% Ointment),T3

**Adacel (Injection),T1**

**Adcirca (Tablet),T4 - PA**

**Advair Diskus, Advair HFA (Aerosol),T2 - QL**

**Aggrenox (Capsule Extended-Release 12 Hour),T3 - QL**

**Albenza (Tablet),T4 - QL**

Alcohol Prep Pads,T1

Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet, 70mg/75ml Oral Solution),T1

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

Allopurinol (Tablet),T1

Alosetron HCl (Tablet),T4 - PA

Alprazolam (Tablet Immediate-Release),T1 - QL

**Alrex (Suspension),T3**

Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup),T1

Amiloride HCl (Tablet),T1

**Bold type = Brand name drug**

Plain type = Generic drug

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

Amiodarone HCl (Tablet),T1

**Amitiza (Capsule),T2 - QL**

Amitriptyline HCl (Tablet),T1 - PA,HRM

Amlodipine Besylate (Tablet),T1

Amlodipine Besylate/Benazepril HCl (Capsule),T1 - QL

Ammonium Lactate (12% Cream, 12% Lotion),T1

Amoxicillin (Tablets, Suspension, Capsules),T1

Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour, 10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release),T1 - QL

Anagrelide HCl (Capsule),T1

Anastrozole (Tablet),T1

**AndroGel (1.62% Packet Gel),T3**

**AndroGel Pump (1.62% Gel),T3**

**Androderm (Patch 24 Hour),T2**

**Anoro Ellipta (Aerosol Powder),T2 - QL**

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

**Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection),T4 - PA**

**Aranesp Albumin Free (10mcg/0.4ml**

**Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection),T3 - PA**

Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution),T3 - QL

**Arnuity Ellipta (Aerosol Powder),T2 - QL**

Atazanavir Sulfate (Capsule),T4 - QL

Atenolol (Tablet),T1

Atomoxetine (Capsule),T3

Atorvastatin Calcium (Tablet),T1 - QL

Atovaquone/Proguanil HCl (Tablet) (Generic Malarone),T1

**Atripla (Tablet),T4 - QL**

**Atrovent HFA (Aerosol Solution),T3**

**Aubagio (Tablet),T4 - QL,LA**

**Auryxia (Tablet),T4**

**Avonex (Injection),T4**

**Azasite (Ophthalmic Solution),T3**

Azathioprine (Tablet),T1 - B/D,PA

Azelastine HCl (0.05% Ophthalmic Solution),T1

Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T1

Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection),T1

**Azithromycin (1gm Packet),T1**

**Azopt (Suspension),T2**

## B

Baclofen (Tablet),T1

Balsalazide Disodium (Capsule),T3

**Belsomra (Tablet),T2 - QL**

Benazepril HCl (Tablet),T1 - QL

Benazepril HCl/Hydrochlorothiazide (Tablet),T1 -

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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QL	<b>Butrans (Patch Weekly),T2 - 7D,DL,QL</b>
Benzotropine Mesylate (Tablet),T1 - PA,HRM	<b>Bydureon Bcise (Auto injector),T2 - QL</b>
<b>Bepreve (Ophthalmic Solution),T3</b>	<b>Bydureon Injection (Pen, Vial),T2 - QL</b>
<b>Berinert (Injection),T4 - PA,LA</b>	<b>Byetta (Injection),T3 - QL</b>
<b>Betaseron (Injection),T4</b>	<b>Bystolic (Tablet),T2 - QL</b>
Bethanechol Chloride (Tablet),T1	<b>C</b>
<b>Betimol (Ophthalmic Solution),T3</b>	Cabergoline (Tablet),T1
<b>Bevespi Aerosphere (Aerosol),T2</b>	Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution),T1 - B/D,PA
Bicalutamide (Tablet),T1	<b>Calcitriol (3mcg/gm Ointment),T3</b>
<b>Binosto (Tablet Effervescent),T3</b>	Calcium Acetate (667mg Capsule, 667mg Tablet),T1
Bisoprolol Fumarate (Tablet),T1	Captopril (Tablet),T1 - QL
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T1 - QL	<b>Carafate (1gm Tablet, 1gm/10ml Suspension),T3</b>
<b>Breo Ellipta (Aerosol Powder),T2 - QL</b>	<b>Carbaglu (Tablet),T4 - LA</b>
<b>Brilinta (Tablet),T2 - QL</b>	Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T1
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution),T1</b>	Carbidopa/Levodopa ODT (Tablet Dispersible),T1
Brimonidine Tartrate (0.2% Ophthalmic Solution),T1	Carbidopa/Levodopa, Carbidopa/Levodopa ER (Tablet),T1
<b>Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution),T4 - QL</b>	Carbidopa/Levodopa/Entacapone (Tablet),T3
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension),T3 - B/D,PA	Carvedilol (Tablet),T1
Budesonide (3mg Capsule Delayed-Release),T3	<b>Cayston (Inhalation Solution),T4 - PA,LA</b>
Bumetanide (0.25mg/ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet),T1	Cefuroxime Axetil (Tablet),T1
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual),T1 - QL	Celecoxib (Capsule),T1 - QL
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent),T1	Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule, 250mg Tablet, 500mg Tablet),T1
Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet),T1	<b>Chantix (Tablet),T2</b>
Buspironone HCl (Tablet),T1	Chlorhexidine Gluconate Oral Rinse (Solution),T1

**Bold type = Brand name drug**

Plain type = Generic drug



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Chlorthalidone (Tablet),T1
Cholestyramine Light (Powder),T1
Cilostazol (Tablet),T1
Cimetidine (Tablet),T1
<b>Cinryze (Injection),T4 - PA,LA</b>
<b>Ciprodex (Otic Suspension),T2</b>
Ciprofloxacin HCl (100mg Tablet Immediate-Release),T3
Ciprofloxacin HCl (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release),T1
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral Solution),T1
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension),T3
Clarithromycin (250mg Tablet, 500mg Tablet),T1
<b>Climara Pro (Patch Weekly),T3 - PA,HRM</b>
Clonazepam, Clonazepam ODT (Tablet),T1 - QL
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release, 0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly),T1
Clopidogrel (Tablet),T1 - QL
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T1
Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible),T1
Clozapine ODT (200mg Tablet Dispersible),T4
<b>Colchicine (0.6mg Capsule) (Generic Mitigare),T2 - QL</b>
Colchicine (0.6mg Tablet) (Generic Colcrys),T2 - QL
<b>Combigan (Ophthalmic Solution),T2</b>

<b>Combivent Respimat (Aerosol Solution),T2</b>
<b>Comtan (Tablet),T4</b>
<b>Copaxone (Injection),T4</b>
<b>Cosentyx (Injection), Cosentyx Sensoready Pen (Injection),T4 - PA,LA</b>
<b>Cosopt PF (Ophthalmic Solution),T3</b>
<b>Creon (Capsule Delayed-Release),T2</b>
<b>Crestor (Tablet),T3 - QL</b>
<b>Crixivan (Capsule),T2 - QL</b>
Cromolyn Sodium (100mg/5ml Concentrate),T3
Cromolyn Sodium (20mg/2ml Nebulized Solution),T1 - B/D,PA
Cromolyn Sodium (4% Ophthalmic Solution),T1
Cyclophosphamide (Capsule),T3 - B/D,PA
<b>D</b>
<b>Daliresp (Tablet),T3 - PA</b>
Dapsone (100mg Tablet, 25mg Tablet),T1
Dapsone (5% Gel),T3
<b>Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution),T3</b>
Desmopressin Acetate (0.01% Nasal Spray Solution),T3
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet),T1
<b>Dexilant (Capsule Delayed-Release),T3 - QL</b>
<b>Dextrose 5%/NaCl 0.2% (Injection),T1</b>
<b>Dextrose 5%/NaCl 0.225% (Injection),T1</b>
<b>Dextrose 5%/NaCl 0.33% (Injection),T1</b>
<b>Dextrose 5%/NaCl 0.45% (Injection),T1</b>
<b>Dextrose 5%/NaCl 0.9% (Injection),T1 - B/D,PA</b>
Diazepam (1mg/ml Oral Solution),T1
Diazepam Intensol (5mg/ml Concentrate),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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Diclofenac Tablet , Diclofenac DR Tablet,  
Diclofenac ER Tablet,T1

Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral  
Solution, 20mg Tablet),T1 - HRM

**Digoxin (0.05mg/ml Oral Solution),T1 -  
PA,QL,HRM**

Digoxin (125mcg Tablet),T1 - QL,HRM

Digoxin (250mcg Tablet),T1 - PA,HRM

Dihydroergotamine Mesylate (4mg/ml Nasal  
Solution),T4

Diltiazem HCl (Capsule Extended-Release, Tablet  
Immediate-Release),T1

Diphenoxylate/Atropine (2.5mg-0.025mg Tablet,  
2.5mg-0.025mg/5ml Liquid),T1 - PA,HRM

Disulfiram (Tablet),T1

Divalproex Capsule, Divalproex DR Tablet,  
Divalproex ER Tablet,T1

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

Dorzolamide HCl/Timolol Maleate (Ophthalmic  
Solution),T1

Doxazosin Mesylate (Tablet),T1

Doxycycline Hyclate (Capsule, Tablet Immediate-  
Release),T1

Dronabinol (Capsule),T3 - PA

Duloxetine HCl (20mg Capsule Delayed-Release,  
30mg Capsule Delayed-Release, 60mg Capsule  
Delayed-Release),T1 - QL

**Durezol (Emulsion),T2**

Dutasteride (Capsule),T1 - QL

**Dymista (Suspension),T3**

**E**

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

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

**Elidel (Cream),T3 - ST**

**Eliquis (Tablet),T2 - QL**

**Elmiron (Capsule),T4**

**Embeda (Capsule Extended-Release),T2 -  
7D,DL,QL,MME**

Enalapril Maleate (Tablet),T1 - QL

Enalapril Maleate/Hydrochlorothiazide (Tablet),T1  
- QL

**Enbrel (Injection),T4 - PA**

Entacapone (Tablet),T3

Entecavir (Tablet),T3

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

Eplerenone (Tablet),T1

**Epzicom (Tablet),T4 - QL**

**Equetro (Capsule Extended-Release 12  
Hour),T3**

Escitalopram Oxalate (10mg Tablet, 20mg  
Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1

Estradiol (0.025mg/24hr Patch Twice Weekly,  
0.0375mg/24hr Patch Twice Weekly, 0.05mg/  
24hr Patch Twice Weekly, 0.075mg/24hr Patch  
Twice Weekly, 0.1mg/24hr Patch Twice  
Weekly),T1 - PA,QL,HRM

Estradiol (0.1mg/gm Cream, 10mcg Tablet),T3

Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet)  
(Generic Estrace),T1 - PA,HRM

Ethosuximide (250mg Capsule, 250mg/5ml Oral  
Solution),T1

**Exjade (Tablet Soluble),T4 - PA**

**Extavia (Injection),T4**

Ezetimibe (Tablet),T1

**F**

Famotidine (20mg Tablet, 40mg Tablet, 40mg/  
5ml Suspension),T1

**Fareston (Tablet),T4**

**Farxiga (Tablet),T3 - QL,ST**

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Fenofibrate (145mg Tablet, 160mg Tablet, 48mg Tablet, 54mg Tablet),T1

Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour),T1 - 7D,DL,QL,MME

Finasteride (5mg Tablet) (Generic Proscar),T1

**Firazyr (Injection),T4 - PA,QL,LA**

**Flovent Diskus (Aerosol Powder),T2**

**Flovent HFA (Aerosol),T2 - QL**

Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension),T1

Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment),T1

Fluocinolone Acetonide (0.01% Otic Oil),T1

Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/5ml Elixir, 5mg/ml Concentrate),T1

Fluphenazine HCl (2.5mg/ml Injection),T3

Fluticasone Propionate (0.005% Ointment, 0.05% Cream),T1

Fluticasone Propionate (0.05% Lotion),T3

Fluticasone Propionate (50mcg/act Suspension),T1

**Forteo (Injection),T4 - PA**

Furosemide (10mg/ml Injection),T1 - B/D,PA

Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet),T1

**Fuzeon (Injection),T4 - QL**

**Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet),T3**

**G**

Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet),T1

**Gammagard Liquid (Injection),T4 - PA**

Gemfibrozil (Tablet),T1

**Genotropin (12mg Injection, 5mg Injection),T4 - PA**

**Genotropin Miniquick (0.2mg Injection),T3 - PA**

**Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection),T4 - PA**

Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution),T1

**Gilenya (Capsule),T4 - QL**

Glatiramer Acetate (Solution Prefilled Syringe),T4

Glimepiride (Tablet),T1 - QL

Glipizide, Glipizide ER (Tablet),T1 - QL

**GlucaGen HypoKit (Injection),T3**

**Glucagon Emergency Kit (Injection),T2**

**Guanidine HCl (Tablet),T3**

**H**

Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate),T1

**Harvoni (Tablet),T4 - PA,QL**

**Humalog (Injection),T2**

**Humalog Mix (Injection),T2**

**Humira (Injection),T4 - PA**

**Humulin 70/30 Vial (Injection),T2**

**Humulin N Vial (Injection),T2**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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**Humulin R Vial (Injection),T2**

Hydralazine HCl (Tablet),T1

Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet),T1

Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet, 7.5mg-325mg/15ml Oral Solution),T1 - 7D,DL,QL,MME

Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection),T3 - 7D,DL

Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release),T1 - 7D,DL,QL,MME

**Hydromorphone HCl (2mg/ml Injection),T3 - 7D,DL**

Hydroxychloroquine Sulfate (Tablet),T1

Hydroxyurea (Capsule),T1

Hydroxyzine HCl (10mg/5ml Syrup),T1 - PA,HRM

**Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent),T2 - 7D,DL,QL,MME**

**I**

Ibandronate Sodium (Tablet),T1

Ibuprofen (Tablets, Suspension),T1

**Ilevro (Suspension),T2**

Imatinib Mesylate (Tablet),T4 - PA,QL

Imiquimod (Cream),T1

**Incruse Ellipta (Aerosol Powder),T2 - QL**

Insulin Syringes, Needles,T1

**Intelence (100mg Tablet, 200mg Tablet),T4 - QL**

**Intron A (Injection),T4 - PA,LA**

**Invanz (Injection),T4**

**Invokamet, Invokamet XR (Tablet),T2 - QL**

**Invokana (Tablet),T2 - QL**

Ipratropium Bromide (0.02% Inhalation Solution),T1 - B/D,PA

Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution),T1

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

Irbesartan (Tablet),T1 - QL

Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL

**Isentress (100mg Tablet Chewable, 400mg Tablet),T4 - QL**

Isoniazid (100mg Tablet, 300mg Tablet, 50mg/5ml Syrup),T1

Isosorbide Dinitrate (Tablet Immediate-Release, Tablet Extended-Release),T1

Isosorbide Mononitrate (Tablet Immediate-Release, Tablet Extended-Release 24 Hour),T1

Ivermectin (Tablet),T1

**J**

**Jadenu (Tablet),T4 - PA**

**Janumet, Janumet XR (Tablet),T2 - QL**

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

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

**Jentadueto, Jentadueto XR (Tablet),T3 - QL**

**Jublia (External Solution),T3**

**K**

**Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet),T4 - PA,LA**

**Kazano (Tablet),T3 - QL,ST**

Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet),T1

Ketoconazole (2% Foam),T3

Ketorolac Tromethamine (Ophthalmic Solution),T1

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**Klor-Con 10, Klor-Con 8 (Tablet),T1**

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

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

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

**L**

Lactulose (Oral Solution),T1

Lamivudine (100mg Tablet),T1

Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet),T1 - QL

Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable),T1

**Lantus Injection (SoloStar, Vial),T2**

**Lastacaft (Ophthalmic Solution),T2**

Latanoprost (Ophthalmic Solution),T1

**Latuda (Tablet),T4 - QL**

Leflunomide (Tablet),T1

**Letairis (Tablet),T4 - PA,QL,LA**

Letrozole (Tablet),T1

Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet),T1

Leucovorin Calcium (25mg Tablet),T3

**Leukeran (Tablet),T4**

**Levemir Injection (FlexTouch, Vial),T2**

Levetiracetam (Tablet Immediate-Release, 100mg/ml Oral Solution),T1

Levocarnitine (1gm/10ml Oral Solution),T1

**Levocarnitine (330mg Tablet),T1**

Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution, 5mg Tablet),T1

Levofloxacin (0.5% Ophthalmic Solution, 250mg

Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution),T1

Levothyroxine Sodium (Tablet),T1

**Lialda (Tablet Delayed-Release),T2 - QL**

Lidocaine (5% Ointment),T3 - QL

Lidocaine (5% Patch),T3 - PA,QL

Lidocaine HCl (4% External Solution, 2% Viscous Solution),T1

Lidocaine/Prilocaine (Cream),T1

Lindane (Shampoo),T1

**Linzess (Capsule),T2 - QL**

Liothyronine Sodium (Tablet),T1

Lisinopril (Tablet),T1 - QL

Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL

Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T1

Loperamide HCl (Capsule),T1

Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate),T1 - QL

Losartan Potassium (Tablet),T1 - QL

Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL

**Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension),T3**

Lovastatin (Tablet),T1 - QL

**Lumigan (Ophthalmic Solution),T2**

**Lupron Depot (Injection),T4 - PA**

**Luzu (Cream),T3**

**Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution),T2 - QL**

**Lysodren (Tablet),T4**

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**M**

**Mavyret (Tablet),T4 - PA,QL**

Meclizine HCl (12.5mg Tablet),T1 - PA,HRM

Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection),T1

Meloxicam (Tablet),T1

Memantine HCl (Tablet),T1 - PA,QL

Mercaptopurine (Tablet),T1

Meropenem (1gm Injection),T3

Meropenem (500mg Injection),T1

Metformin HCl (Tablet Immediate-Release),T1 - QL

Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL

Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME

Methazolamide (Tablet),T3

Methimazole (Tablet),T1

Methotrexate (Tablet),T1

Methscopolamine Bromide (Tablet),T1

Methyl dopa (Tablet),T1 - PA,HRM

Methylphenidate HCl (10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable), (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin),T1 - QL

Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1

Metoprolol Succinate ER (Tablet Extended-Release 24 Hour),T1

Metoprolol Tartrate (Tablet Immediate-Release),T1

Metronidazole (0.75% Cream, 0.75% Gel, 0.75% Lotion, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 375mg Capsule Immediate-Release),T1

Metronidazole (1% Gel),T3

Migergot (Suppository),T4

Minocycline HCl (Capsule, Tablet Immediate-Release),T1

Minoxidil (Tablet),T1

Mirtazapine, Mirtazapine ODT (Tablet),T1

Misoprostol (Tablet),T1

Modafinil (Tablet),T1 - PA,QL

Mometasone Furoate (50mcg/act Suspension),T3

Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable),T1 - QL

Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release Generic, 60mg Tablet Extended-Release) (Generic MS Contin),T1 - 7D,DL,QL,MME

Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour, 100mg Capsule Extended-Release 24 Hour) (Generic Kadian), (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza),T3 - 7D,DL,QL,MME

**Multaq (Tablet),T2**

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**Myrbetriq (Tablet Extended-Release 24 Hour),T2**

**N**

Nadolol (Tablet),T1

**Naftin (1% Gel, 2% Gel, 2% Cream),T3**

Naloxone (Injection),T1

Naltrexone HCl (Tablet),T1

**Namzarcic (Therapy Pack, Capsule Extended-Release 24 Hour),T2 - PA,QL**

Naproxen (125mg/5ml Suspension),T3

Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release),T1

**Narcan (Nasal Spray),T2**

Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension),T1

**Nesina (Tablet),T3 - QL,ST**

**Nevanac (Suspension),T2**

Niacin ER (Tablet Extended-Release),T1

Niacor (Tablet),T1

**Nicotrol Inhaler (Inhaler),T3**

Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin),T1 - HRM

Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid),T1 - HRM

**Nitrostat (Tablet Sublingual),T3**

Nizatidine (150mg Capsule, 300mg Capsule),T1

Nizatidine (15mg/ml Oral Solution),T3

Norethindrone Acetate (5mg Tablet),T1

Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution),T1 - PA,HRM

**Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution),T3 - QL**

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

**Nuedexta (Capsule),T3 - PA**

**Nutropin AQ (Injection),T4 - PA**

**Nuvigil (Tablet),T3 - PA,QL**

Nystatin (Cream, Ointment, Powder, Suspension, Tablet),T1

**O**

Olanzapine (10mg Injection),T3

Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet),T1 - QL

Olmesartan Medoxomil (Tablet),T1 - QL

Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet),T1 - QL

Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T1 - QL

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

Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release),T1 - QL

Omeprazole (20mg Capsule Delayed-Release),T1

Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution),T1 - B/D,PA

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

**Onglyza (Tablet),T2 - QL**

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

**Orenitram (0.125mg Tablet Extended-Release),T3 - PA,LA**

**Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release),T4 - PA,LA**

Oseltamivir Phosphate (30mg Capsule, 45mg

T1 = Tier 1

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T4 = Tier 4

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Capsule, 75mg Capsule),T1 - QL  
 Oseltamivir Phosphate (6mg/ml Suspension),T3 - QL

**Oseni (Tablet),T3 - QL,ST**

**Osphena (Tablet),T3 - PA,QL**

Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet),T1

Oxcarbazepine (300mg/5ml Suspension),T3

**OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent),T2 - 7D,DL,QL,MME**

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

Oxycodone HCl (100mg/5ml Concentrate),T3 - 7D,DL,QL,MME

Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 5mg Capsule Immediate-Release, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME

Oxycodone/Acetaminophen (Tablet),T1 - 7D,DL,QL,MME

**P**

Pantoprazole Sodium (Tablet Immediate-Release),T1 - QL

**Pazeo (Ophthalmic Solution),T2**

**Pegasys (Injection),T4 - PA**

Penicillin V Potassium (Oral Solution, Tablets),T1

**Perforomist (Nebulized Solution),T3 - B/D,PA,QL**

Permethrin (Cream),T1

Phenytoin Sodium Extended (Capsule),T1

**Phoslyra (Oral Solution),T2**

**Picato (Gel),T2**

Pilocarpine HCl (1% Ophthalmic Solution, 2%

Ophthalmic Solution, 4% Ophthalmic Solution),T1

Pilocarpine HCl (5mg Tablet, 7.5mg Tablet),T1

Pioglitazone HCl (Tablet),T1 - QL

Polyethylene Glycol 3350 Powder (Generic MiraLAX),T1

**Pomalyst (Capsule),T4 - PA,QL**

Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release),T1

Potassium Citrate ER (Tablet Extended-Release),T1

**Pradaxa (Capsule),T3 - QL**

Pramipexole Dihydrochloride (Tablet Immediate-Release),T1

Pravastatin Sodium (Tablet),T1 - QL

Prazosin HCl (Capsule),T1

Prednisolone Acetate (Ophthalmic Suspension),T1

Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1

**Premarin (Vaginal Cream),T2**

**Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet),T4 - QL**

**Prezista (150mg Tablet, 75mg Tablet),T3 - QL**

**ProAir HFA, ProAir RespiClick (Aerosol),T2**

**Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T3 - PA**

**Procrit (20000unit/ml Injection, 40000unit/ml Injection),T4 - PA**

Proctosol HC (Cream),T1

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Progesterone (Capsule),T1

**Prolensa (Ophthalmic Solution),T3**

**Prolia (Injection),T3 - QL**

Promethazine HCl (12.5mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet),T1 - PA,HRM

Propranolol HCl (Oral Solution, Tablet Immediate-Release, Capsule Extended-Release 24 Hour),T1

Propylthiouracil (Tablet),T1

**Pulmicort Flexhaler (Aerosol Powder),T3 - ST**

Pyridostigmine Bromide (Tablet Immediate-Release),T1

**Q**

Quetiapine Fumarate (Tablet Immediate-Release),T1 - QL

Quinapril HCl (Tablet),T1 - QL

Quinapril/Hydrochlorothiazide (Tablet),T1 - QL

**R**

Raloxifene HCl (Tablet),T1

Ramipril (Capsule),T1 - QL

**Ranexa (Tablet Extended-Release 12 Hour),T2**

Ranitidine HCl (150mg Capsule, 300mg Capsule, 150mg Tablet, 300mg Tablet, 75mg/5ml Syrup),T1

**Rapaflo (Capsule),T2 - QL**

Rasagiline Mesylate (Tablet),T3

**Rasuvo (Injection),T3 - PA**

**Rebif (Injection),T4**

**Renagel (400mg Tablet),T3**

**Renagel (800mg Tablet),T4**

**Restasis (Emulsion),T2 - QL**

**Revlimid (Capsule),T4 - PA,QL,LA**

**Reyataz (150mg Capsule, 200mg Capsule,**

**300mg Capsule, 50mg Packet),T4 - QL**

Rifabutin (Capsule),T3

Rifampin (150mg Capsule, 300mg Capsule),T1

Rifampin (600mg Injection),T3

Riluzole (Tablet),T3

Rimantadine HCl (Tablet),T1

Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet, 1mg/ml Oral Solution),T1

Rivastigmine Tartrate (Capsule),T1 - QL

Rizatriptan, Rizatriptan ODT (Tablet),T1 - QL

Ropinirole HCl (Tablet Immediate-Release),T1

Rosuvastatin Calcium (Tablet),T1 - QL

**Rozerem (Tablet),T3**

**S**

**Sancuso (Patch),T4**

**Santyl (Ointment),T3**

**Saphris (Tablet Sublingual),T4 - QL**

**Savella (Tablet),T2**

Scopolamine (Patch 72 Hour),T3 - PA,HRM

Selegiline HCl (5mg Capsule, 5mg Tablet),T1

**Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T4 - QL**

**Sensipar (Tablet),T4 - B/D,PA,QL**

**Serevent Diskus (Aerosol Powder),T2 - QL**

Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate),T1

Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet),T4

Sevelamer Carbonate (800mg Tablet),T3

**Shingrix (Injection),T1 - PA**

Sildenafil (20mg Tablet) (Generic Revatio),T1 - PA

Silver Sulfadiazine (Cream),T1

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**Simbrinza (Suspension),T2**

Simvastatin (Tablet),T1 - QL

Sodium Polystyrene Sulfonate (Powder),T1

Sotalol HCl, Sotalol HCl AF (Tablet),T1

**Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL**

Spironolactone (Tablet),T1

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

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

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

Sucralfate (Tablet),T1

Sulfamethoxazole/Trimethoprim DS (Tablet),T1

Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release),T1

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

Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T2

Suprax (100mg/5ml Suspension, 200mg/5ml Suspension),T3

**Suprax (400mg Capsule),T2**

**Suprax (500mg/5ml Suspension),T3**

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

**SymlinPen (Injection),T4 - PA**

**Synjardy (Tablet),T2 - QL**

**Synthroid (Tablet),T2**

**T**

Tamoxifen Citrate (Tablet),T1

Tamsulosin HCl (Capsule),T1

**Targretin (1% Gel, 75mg Capsule),T4 - PA**

**Tasigna (Capsule),T4 - PA,QL**

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

Telmisartan (Tablet),T1 - QL

Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL

Tenofovir Disoproxil Fumarate (Tablet),T4 - QL

Terazosin HCl (Capsule),T1

Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel),T3

Testosterone Cypionate (Injection),T1

Testosterone Pump (1% Gel),T3

Theophylline (Oral Solution),T1

Theophylline CR, Theophylline ER (Tablet),T1

Timolol Maleate Ophthalmic Gel Forming (Solution),T1

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

**Tivicay (25mg Tablet, 50mg Tablet),T4 - QL**

Tizanidine HCl (2mg Capsule, 4mg Capsule, 2mg Tablet, 4mg Tablet),T1

Tizanidine HCl (6mg Capsule),T3

Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection),T1

Tobramycin/Dexamethasone (Ophthalmic Suspension),T1

Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release),T1

**Toujeo SoloStar (Injection),T2**

**Tradjenta (Tablet),T3 - QL**

Tramadol HCl (Tablet Immediate-Release),T1 - 7D,DL,QL,MME

Tranexamic Acid (Tablet),T1

**Transderm-Scop (Patch 72 Hour),T3 - PA,HRM**

**Travatan Z (Ophthalmic Solution),T2**

Trazodone HCl (Tablet),T1

**Bold type = Brand name drug**

Plain type = Generic drug

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

**Trelegy Ellipta (Aerosol Powder),T2 - QL**

**Tresiba FlexTouch (Injection),T2**

Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream),T1 - PA

Tretinoin (0.05% Gel),T3 - PA

Tretinoin (10mg Capsule),T4

Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Lotion, 0.1% Lotion, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment),T1

Triamcinolone Acetonide (0.147mg/gm Aerosol Solution) (Generic Kenalog Spray),T3

Triamcinolone Acetonide (55mcg/act Aerosol),T1

Triamterene/Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet),T1

Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet),T1 - PA,HRM

**Trintellix (Tablet),T3 - QL**

**Trulicity (Injection),T2 - QL**

**Truvada (Tablet),T4 - QL**

**Tymlos (Injection),T4 - PA,QL**

**U**

**Uloric (Tablet),T2 - ST**

Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule),T3

**V**

Valacyclovir HCl (Tablet),T1 - QL

Valganciclovir (Tablet),T4 - QL

Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution),T1

Valsartan (Tablet),T1 - QL

Valsartan/Hydrochlorothiazide (Tablet),T1 - QL

**Vascepa (Capsule),T3**

**Velphoro (Tablet Chewable),T4**

Verapamil HCl (Tablet Immediate-Release, Tablet Extended-Release),T1

**Versacloz (Suspension),T4**

**Vesicare (Tablet),T2 - QL**

**Victoza (Injection),T2 - QL**

**Viibryd (Tablet),T3 - QL**

**Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution),T3 - QL**

**Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder),T4 - QL**

**Vosevi (Tablet),T4 - PA,QL**

**Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable),T3**

**W**

Warfarin Sodium (Tablet),T1

**X**

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

**Xigduo XR (Tablet Extended-Release 24 Hour),T3 - QL,ST**

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

**Xolair (Injection),T4 - PA,LA**

**Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent),T3 - 7D,DL,QL,ST,MME**

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

**Z**

Zafirlukast (Tablet),T1

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

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

Zaleplon (Capsule),T1 - PA,QL,HRM

**Zenpep (Capsule Delayed-Release),T2**

**Zioptan (Ophthalmic Solution),T3 - ST**

**Zirgan (Gel),T3**

Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release),T1 - PA,QL,HRM

Zonisamide (Capsule),T1

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**Bold type = Brand name drug**

Plain type = Generic drug

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# Additional Drug Coverage

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## Lower-cost Medicare prescription drugs

Your plan covers some of your Medicare prescription drugs at a lower drug tier or copay than in your drug list (formulary). If you have questions, see your Evidence of Coverage.

The amount you pay for these prescription drugs **does apply to your Medicare prescription drug out-of-pocket costs**. Payments for these prescription drugs (made by you or the plan) are treated the same as payments made for drugs in your plan's drug list (formulary).<sup>1</sup>

These drugs are part of your Medicare prescription drug coverage.<sup>1</sup>

### \$0 Copay

Vaccines except those used for foreign travel, e.g. Japanese Encephalitis, Typhoid, and Yellow Fever

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

## Bonus Drug List

The North Carolina State Health Plan for Teachers and State Employees offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan's drug list (formulary).

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

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

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

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage Rules or Limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

QL Quantity limits	The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a one month's supply per prescription.

Drug	Tier	Coverage Rules or Limits on use
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Choline & Magnesium Salicylates	1	
Salsalate	1	
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	
<b>Anorexiant - drugs to promote weight loss</b>		

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

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Drug	Tier	Coverage Rules or Limits on use
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
<b>Dermatological agents - drugs to treat skin conditions</b>		
<b>Dry, Itchy Scalp</b>		
Sulfacetamide Sodium	1	
Sulfacetamide Sodium w/Sulfur	1	
<b>Dry Skin</b>		
Urea 40% Cream	1	
<b>Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions</b>		
<b>Irritable Bowel</b>		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
<b>Levbid</b>	3	
<b>Irritable Bowel or Ulcers</b>		
<b>Donnatal</b>	3	
<b>Hemorrhoids</b>		
<b>Analpram-HC</b>	3	
Hydrocortisone Acetate Suppository	1	
Lidocaine/Hydrocortisone Acetate	1	
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Urinary Tract Infection</b>		
<b>Urogesic Blue</b>	3	
Ustell	1	
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	

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



Drug	Tier	Coverage Rules or Limits on use
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
Cyanocobalamin Injection (Vitamin B12)	1	
<b>Folgard Rx</b>	3	
Folic Acid 1mg (Rx only)	1	
<b>Galzin</b>	3	
<b>Mephyton</b>	3	
<b>NephPlex Rx</b>	3	
Rena-Vite Rx	1	
Renal Cap	1	
Vitamin D (Rx only)	1	
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
<b>Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions</b>		
<b>Cough and Cold</b>		
Benzonatate	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

BDL: GNC

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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.

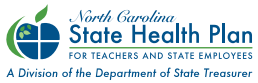
The drug list may change at any time. You will receive notice when necessary.

Plans are 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.

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Questions? We're here to help.



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**1-866-747-1014, TTY 711**  
8 a.m. - 8 p.m. ET, Monday - Friday



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