



Enrollment Guide 2023



**Take advantage of Medicare Advantage's
largest national provider network***

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)

R6801-012-000

Service area: Texas

United
Healthcare
Medicare Advantage

It's easier than ever to get more for your Medicare dollar



Plans you can count on

When it comes to Medicare, one size doesn't fit all. That's why UnitedHealthcare offers a broad range of Medicare plans: so you have options to fit your health care needs and budget. Choose from plans with copays and premiums as low as \$0. You'll get access to Medicare Advantage's largest national provider network, now with more doctors and specialists and dentists.¹



Expertise to get you what you need

UnitedHealthcare's Medicare plan experts will help you find the right plan for you — in person, online or over the phone. Once you're a member, UnitedHealthcare's expert customer service team and your online account make it easier to get the care you need, when and how you need it. And our all-in-one UnitedHealthcare UCard™ makes it easier than ever to unlock more from your Medicare plan.



Chosen by more people

More people choose a Medicare Advantage plan from UnitedHealthcare than from any other company.² UnitedHealthcare is proud to have served the health care needs of people just like you for over 50 years. You can count on us to be here when you need us.

¹Provider network may vary in local market. Medicare Advantage largest provider network based on UnitedHealthcare's national provider network report, May 2022.

²Based on June 2022 CMS Enrollment Data.

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Questions? We're here to help.



UHC.com/Medicare



Call toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week

Start With Medicare Basics

Know how Medicare works, then choose what works for you

Original Medicare is provided by the federal government. It offers coverage for:



Hospital stays and inpatient care.
This is called Part A.



Doctor visits. This is called Part B –
you pay a monthly premium for it.

Original Medicare does NOT include prescription drug coverage



Prescription drug coverage. This is called Part D and is not included with Original Medicare. You are not required to enroll in a Part D plan when you first become eligible for Medicare. If you enroll in a Part D plan in the future, then you will pay a penalty equal to about 1% of the average monthly premium for each month you delayed enrollment. This must be paid monthly as long as you are enrolled in Part D. This is called a Late Enrollment Penalty (LEP).

Depending on your needs, you may want to add more coverage to Original Medicare

Additional coverage is offered by private insurance companies, such as UnitedHealthcare. You have a couple of different options to choose from:

Option 1: Enroll in a Medicare Advantage plan



Called Part C

This type of plan combines Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug coverage is all in one plan



Extras

Some plans may include extra benefits not included with Original Medicare

Option 2: Add one or both of these to Original Medicare



Medicare Supplement

Helps pay for some of the costs not covered by Original Medicare



Medicare Part D plan

Helps pay for prescription drugs and helps you avoid that 1% penalty

Use this book to get familiar with and enroll in a Medicare Advantage plan. Speak with your agent if you are interested in a Medicare Supplement or stand-alone Part D plan.

Enroll in a Medicare Advantage Part C Regional Preferred Provider Organization (RPPO) plan

This plan gives you access to **more than one million network providers**¹ across the country—including top doctors and specialists—with no referrals needed. Take advantage of our national network for your plan’s lowest out-of-pocket costs.

You can also see out-of-network providers nationwide if they accept Medicare, but keep in mind your costs may be higher.

Here’s how this RPPO plan works



Emergency and urgently needed services are covered no matter where you go.



Select a primary care provider (PCP) from the network.

It’s important to select a PCP from the network in your plan’s service area when you enroll in the plan. However, you are not limited to this PCP. You can visit any PCP in or out of the network to oversee and help manage your care.



No referral is needed to see an in or out-of-network specialist or other provider.



You pay your plan copay or coinsurance when you visit a network provider*.

If you see a provider outside the network, your cost may be higher.



There’s an out-of-pocket spending limit each plan year.

If you reach your limit the plan will pay 100% of your costs for Medicare-covered services for the rest of the year.



This plan includes prescription drug coverage.

¹Network size varies by market and exclusions may apply.

*Plan copay or coinsurance amounts apply. You can find a complete listing of network providers and facilities within your plan on our website. Please refer to the Summary of Benefits and Benefit Highlights for more complete plan information.

Are you eligible to enroll in this plan?

You are eligible to enroll in this Medicare Advantage plan if:

- ✓ You are enrolled in Original Medicare Parts A and B, and continue to pay your Part B premium
- AND
- ✓ Live in the plan's service area

Helpful Resources

Medicare Made Clear®

An educational program developed by UnitedHealthcare to help you better understand Medicare.

 [MedicareMadeClear.com](https://www.MedicareMadeClear.com)

You may qualify for Extra Help from Medicare

Extra Help is a program for people with limited incomes who need help paying Part D premiums, deductibles and copays. To see if you qualify for Extra Help, call:

- The Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**
- Your state Medicaid office



Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

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Plan Information

Benefit Highlights

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)

This is a short description of your 2023 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions, and restrictions may apply.

Plan costs

Monthly plan premium	\$49
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Medical benefits

	In-network	Out-of-network
Annual Medical Deductible	No deductible	
Annual out-of-pocket maximum (The most you may pay in a year for covered medical care)	\$7,550 In-network	\$7,550 combined in and out-of-network
Doctor's office visit		
Primary care provider (PCP)	\$10 copay	\$20 copay
Specialist	\$50 copay (no referral needed)	\$50 copay (no referral needed)
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive services	\$0 copay	\$0 copay
Inpatient hospital care	\$390 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$390 copay per day: days 1-5 \$0 copay per day: days 6 and beyond
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$196 copay per day: days 21-59 \$0 copay per day: days 60-100	\$0 copay per day: days 1-20 \$196 copay per day: days 21-59 \$0 copay per day: days 60-100
Outpatient hospital, including surgery (Cost sharing for additional plan services will apply)	\$390 copay	\$390 copay
Outpatient mental health		
Group therapy	\$15 copay	\$15 copay
Individual therapy	\$25 copay	\$25 copay
Virtual visits	\$0 copay to talk with a network telehealth provider online through live audio and video	

Medical benefits

	In-network	Out-of-network
Diabetes monitoring supplies	\$0 copay for covered brands	50% coinsurance
Diagnostic radiology services (such as MRIs, CT scans)	\$150 copay	\$150 copay
Diagnostic tests and procedures (non-radiological)	\$20 copay	\$20 copay
Lab services	\$0 copay	\$0 copay
Outpatient x-rays	\$15 copay	\$15 copay
Ambulance	\$250 copay for ground or air	\$250 copay for ground or air
Emergency care	\$90 copay (\$0 copay for emergency care outside the United States) per visit	
Urgently needed services	\$40 copay (\$0 copay for urgently needed services outside the United States) per visit	

Benefits and services beyond Original Medicare

	In-network	Out-of-network
Routine physical	\$0 copay, 1 per year*	\$0 copay, 1 per year*
Routine eye exams	\$0 copay, 1 per year*	\$0 copay, 1 per year*
Routine eyewear	\$0 copay Plan pays up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Hearing - routine exam	\$0 copay, 1 per year*	\$50 copay, 1 per year*
Hearing aids	\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Foot care - routine	\$50 copay, 6 visits per year*	\$50 copay, 6 visits per year*
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	

*Benefits combined in and out-of-network

Prescription drugs

	Your cost	
Annual prescription (Part D) deductible	\$0 for Tier 1 and Tier 2; \$395 for Tier 3, Tier 4, Tier 5	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (100-day)
Tier 1: Preferred Generic	\$4 copay	\$0 copay
Tier 2: Generic¹	\$12 copay	\$0 copay
Tier 3: Preferred Brand	\$47 copay	\$131 copay
Select insulin drugs²	\$35 copay	\$95 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$290 copay
Tier 5: Specialty Tier	26% coinsurance	N/A ³
Coverage gap stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$7,400, you will pay the greater of \$4.15 copay for generic (Including brand drugs treated as generic), \$10.35 copay for all other drugs, or 5% coinsurance	

¹ Tier includes enhanced drug coverage

² For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage Stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

³ Limited to a 30-day supply

Optional riders available – See the Summary of Benefits or Evidence of Coverage for information



This information is not a complete description of benefits. Contact the plan for more information.

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Your Drug Coverage

Review the Drug List (Formulary) in this Enrollment Guide to make sure your prescription drugs are covered by the plan. You should also review the Benefit Highlights in this guide for copays and supply amounts.

The amount you pay for covered drugs depends on these 4 things:

1. Drug tiers

Many plans group covered drugs into tiers. Generally, the lower the tier, the less you'll pay. All drugs in the Drug List are assigned to one of these tiers.



¹ And select insulin drugs

It's important to know not all generic drugs are lower cost. There are generic drugs in each tier. Be sure to check the Drug List to find out which tier your generic drug is in.

If your drug is in a higher, more expensive tier, ask your doctor if a lower cost alternative could work for you.

2. Where you fill your prescriptions

There are thousands of national and local pharmacies.

You'll need to use network pharmacies to have the plan pay their share for your prescriptions. Visit [UHC.com/Medicare](https://www.uhc.com/medicare) to find a location near you.

Simplify with prescriptions delivered to your door

You have a \$0 copay for a 100-day supply of Tier 1 and Tier 2 drugs with OptumRx, our preferred home delivery pharmacy.

OptumRx will send the prescriptions you take regularly right to your door with no cost for standard shipping. Save time by registering online at [optumrx.com](https://www.optumrx.com) to order new prescriptions, request refills, and more.

3. Prescription drug payment stages

The amount you pay for prescription drugs may change during the year depending on which drug payment stage you're in. Members move through the stages in the order below.

Annual Deductible	There is no deductible for drugs in lower tiers. Your coverage for these drugs starts in the Initial Coverage stage. There is a deductible for drugs in higher tiers. You pay the full cost for drugs in these tiers until you reach the deductible amount. Then you move to the Initial Coverage stage.
Initial Coverage	In this stage, the plan pays its share of the cost and you pay your copay or coinsurance. You generally stay in this stage until your year-to-date total drug cost reaches \$4,660. Then you move to the Coverage Gap stage.
Coverage Gap (Donut Hole)	You pay no more than 25% coinsurance for any generic or brand name drugs until your total out-of-pocket costs reach \$7,400. Then you move to the Catastrophic Coverage stage. If you use a covered insulin, you will continue to pay a flat copay through the Coverage Gap.
Catastrophic Coverage	In this stage, you pay 5% of the cost for each of your drugs, or \$4.15 for generic (including brand drugs treated as generic) and \$10.35 for all other drugs (whichever is greater). You stay in this stage for the rest of the plan year.

4. Extra Help from Medicare

People with limited incomes may qualify for Extra Help to pay for their prescription drugs. If you qualify, Medicare could pay for some, or all of, your drug costs including premiums, deductibles and copays. Additionally, if you qualify, you won't have a Coverage Gap or a late enrollment penalty. Many people qualify for these savings and don't even know it.

For more information about Extra Help, contact your local Social Security office or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.



Additional drug coverage is available with this plan

This plan covers some prescription drugs that are not covered by Medicare Part D. This includes Vitamin D (50,000), Sildenafil (generic Viagra), Cyanocobalamin (Vitamin B-12) and Folic Acid (1 mg). These drugs are covered in Tier 2 and are in addition to the ones listed in the plan's Drug List and may not be available with other plans.

This plan has lower, stable out-of-pocket costs for covered insulin. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing does not apply to members who pay a lower copay through Medicare's Extra Help program.



Other pharmacies are available in our network.

\$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic coverage stage.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. Optum Home Delivery is a service of OptumRx. You are not required to use Optum Home Delivery through OptumRx for a 100-day supply of your maintenance medications.

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Explore Your Additional Services

Unlock your benefits with UnitedHealthcare® UCard

UnitedHealthcare UCard is your member ID and much more. It makes it easier to access your benefits and programs, so it's simple to take advantage of what your plan has to offer. Reach for your UCard when you check in at your provider or pharmacy, go to the gym, spend your credits on over-the-counter items and spend your earned rewards.

Social and Government Referral Assistance Program

There's much more to good health than what happens in the doctor's office. Other factors — such as access to food, housing, transportation and financial stability — are just as important. We may be able to connect you to discounts and services that make your life easier — all at no added cost to you. These services may help you:

- Save on utility bills, prescription drug expenses and even home repair costs
- Find low-cost, easy-to-use transportation
- Determine Medicaid eligibility, depending on your income
- Find local support groups
- Learn about Veterans' Services and Support

Questions? We are here to help.

If you are a veteran please call **1-866-427-1873**, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Saturday to learn more about programs and eligibility. For all other Medicare Advantage members, call **1-866-865-3851**, TTY **1-855-368-9643**, 9 a.m.–6 p.m. local time, Monday–Friday.

Supplemental Benefit

Platinum Dental Rider

Additional coverage that may make you smile

As a UnitedHealthcare member, you have the option to get dental coverage through the Platinum Dental Rider for an additional monthly fee. You can enroll in the dental rider at the time you enroll in your plan or within 3 months after the effective date of your plan. If you enroll in the rider at the time you enroll in your plan, you will have access to rider coverage on your plan effective date. If you wait to enroll within the 3 months after your plan effective date, you will be able to start using your rider coverage on the first day of the month after the rider is purchased.

Call Customer Service at **1-800-555-5757** to learn more or tell us you'd like to enroll in the rider. For current members, please call the number on the back of your Member ID card. You can also enroll in the Platinum Dental Rider through the Coverage & Benefits section of your digital member portal at **www.medicare.uhc.com**.

For \$56 a month (in addition to any premium you pay for your Medicare Advantage plan and your Medicare Part B coverage), you'll get access to dental coverage that includes:

- No deductible.
- Up to \$1,500 per year for covered dental services.
- \$0 copay for in-network exams, X-rays, cleanings, fluoride, fillings, crowns, bridges, root canals, extractions, dentures, implants and all other covered comprehensive services.
- Access to Medicare Advantage's largest dental network, the UHC Dental National Medicare Advantage Network. Out-of-network coverage is available, but seeing an out-of-network dentist may cost more.

To find a network dentist in your area, go to www.UHC Medicare Solutions.com and click on "Search Dentists" located under the "Shop For a Plan" tab. When prompted, select the National Medicare Advantage Network.

Exclusions may apply:

1. Services performed by an out-of-network dentist if your plan does not have out-of-network coverage.
2. Dental services that are not necessary.
3. Hospitalization or other facility charges.
4. Any dental procedure performed solely for cosmetic and/or aesthetic reasons.
5. Any dental procedure not directly associated with a dental disease.
6. Any procedure not performed in a dental setting.
7. Reconstructive surgery of any type, including reconstructive surgery related to a dental disease, injury, or congenital anomaly.

8. Procedures that are considered experimental, investigational or unproven. This includes pharmacological regimens not accepted by the American Dental Association Council on dental therapeutics. The fact that an experimental, investigational or unproven service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in coverage if the procedure is considered to be experimental, investigational or unproven in the treatment of that particular condition.
9. Service for injuries or conditions covered by workmen's compensation or employer liability laws, and services that are provided without cost to the covered persons by any municipality, county, or other political subdivision. This exclusion does NOT apply to any services covered by Medicaid or Medicare.
10. Expenses for dental procedures begun prior to the covered person's eligibility with the plan.
11. Dental services rendered (including otherwise covered dental services) after the date on which individual coverage under the policy terminates, including dental services for dental conditions arising prior to the date on which individual coverage under the policy terminates.
12. Services rendered by a provider with the same legal residence as a covered person or who is a member of a covered person's family, including a spouse, brother, sister, parent or child.
13. Charges for failure to keep a scheduled appointment without giving the dental office 24 hours, notice, sales tax or duplicating/coping patient records.
14. Tooth bleaching and/or enamel microabrasion
15. Veneers
16. Orthodontics
17. COVID screening, testing, and vaccination
18. Charges aligned to dental case management, case presentation, consultation with other medical professionals or translation/sign language services.
19. Space Maintenance
20. Any unspecified procedure by report (Dental codes: D##99)



The provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Routine Vision Benefits

Help protect your eyesight and health. Routine vision coverage is just one of the many extra benefits you get with this plan. A routine eye exam can help catch problems like glaucoma or diabetes-related eye diseases.

Some of the many ways to take advantage of our vision benefits:



\$0 copay for a yearly routine eye exam and a \$100 allowance for frames or contacts every year



Free standard prescription lenses, including single vision, bifocals, trifocals and Tier I (standard) progressives—all with scratch-resistant coating



Savings on lens upgrades, including tinting, UV/anti-reflective coating and polycarbonate lenses



Access to one of Medicare Advantage's largest national vision networks, including in-store and online retailers



Eyewear available through online providers, including Warby Parker, GlassesUSA, UHCglasses.com and others



To find an UnitedHealthcare Vision provider, go to [medicare.myuhcvision.com](https://www.medicare.myuhcvision.com)

Vision benefits vary by plan and are not available with all plans. Limitations and exclusions apply. Additional charges may apply for out-of-network items and services. Annual routine eye exam and an allowance for contacts or designer frames, with standard (single, bi-focal, tri-focal or standard progressive) lenses covered in full either annually or every two years. Lens savings based on comparison to retail. Other vision providers are available in our network. Network size varies by local market.

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Routine Hearing Benefits

Better hearing starts here. Take advantage of hearing benefits with help every step of the way, from arranging a hearing exam to finding the right custom-programmed hearing aid for your needs and budget.

Get hearing benefits including:



\$0 copay for a routine hearing exam and copays as low as \$175 for a broad selection of hearing aids



Access to one of the largest national networks of hearing professionals with more than 7,000 locations



Up to 80% off industry prices with UnitedHealthcare Hearing's state-of-the-art brand, Relate™



Access to popular hearing aids including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex®



3-year manufacturer warranty on all hearing aids covers a trial period and damage or repair during warranty period



Take an online hearing test and learn about hearing aid options at uhchearing.com/Medicare

Benefits, features, and/or devices vary by plan/area. Limitations and exclusions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Network size varies by local market. One-time professional fee may apply. Hearing aid savings based on comparison to retail. The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any questions about a medical condition.



Summary of Benefits 2023

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)
R6801-012-000

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



Toll-free 1-844-723-6473, TTY 711
8 a.m.-8 p.m. local time, 7 days a week



UHC.com/Medicare

**United
Healthcare**
Medicare Advantage

Summary of Benefits

January 1st, 2023 - December 31st, 2023

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

About this plan

UnitedHealthcare® Medicare Advantage Choice (Regional PPO) is a Medicare Advantage RPPO plan with a Medicare contract.

To join this plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, live within our service area listed below, and be a United States citizen or lawfully present in the United States.

Our service area includes **Texas**.

Use network providers and pharmacies

UnitedHealthcare® Medicare Advantage Choice (Regional PPO) has a network of doctors, hospitals, pharmacies, and other providers. With this plan, you have the freedom to enjoy nationwide access to care at in-network costs when you visit any provider participating in the UnitedHealthcare® Medicare National Network (exclusions may apply). Plus, you have the flexibility to visit any provider nationwide who accepts Medicare. You may pay a higher copay or coinsurance when you see an out-of-network provider. When looking at the following charts you'll see the cost differences for network vs. out-of-network care and services. If you use pharmacies that are not in our network, the plan may not pay for those drugs, or you may pay more than you pay at a network pharmacy.

You can go to **UHC.com/Medicare** to search for a network provider or pharmacy using the online directories. You can also view the plan Drug List (Formulary) to see what drugs are covered and if there are any restrictions.

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)

Premiums and Benefits

	In-Network	Out-of-Network
Monthly Plan Premium	\$49	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	<p>\$7,550 annually for Medicare-covered services you receive from any provider.</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 year.</p> <p>Please note that you will still need to pay your monthly premiums and share of the cost for your Part D prescription drugs.</p>	

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)

Benefits

		In-Network	Out-of-Network
Inpatient Hospital Care²		\$390 copay per day: days 1-5 \$0 copay per day: days 6 and beyond	\$390 copay per day: for days 1-5 \$0 copay per day: for days 6 and beyond
		Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ²	\$0 copay for a diagnostic colonoscopy \$390 copay otherwise	\$0 copay for a diagnostic colonoscopy \$390 copay otherwise
	Outpatient Hospital, including surgery ²	\$0 copay for a diagnostic colonoscopy \$390 copay otherwise	\$0 copay for a diagnostic colonoscopy \$390 copay otherwise
	Outpatient Hospital Observation Services ²	\$390 copay	\$390 copay
Doctor Visits	Primary Care Provider	\$10 copay	\$20 copay
	Specialists ²	\$50 copay	\$50 copay
	Virtual Medical Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Preventive Services	Medicare-covered	\$0 copay	\$0 copay
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual wellness visit Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screening Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)	

Benefits

		In-Network	Out-of-Network
		<p>Depression screening Diabetes screenings and monitoring Hepatitis C screening HIV screening Lung cancer with low dose computed tomography (LDCT) screening Medical nutrition therapy services 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 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)</p> <hr/> <p>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% when you use in-network providers.</p>	
	Routine physical	\$0 copay, 1 per year*	\$0 copay, 1 per year*
Emergency Care		<p>\$90 copay (\$0 copay for emergency care outside the United States) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency Care copay. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	
Urgently Needed Services		<p>\$40 copay (\$0 copay for urgently needed services outside the United States) per visit</p>	

Benefits

		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI, CT scan) ²	\$0 copay for each diagnostic mammogram \$150 copay otherwise	\$0 copay for each diagnostic mammogram \$150 copay otherwise
	Lab services ²	\$0 copay	\$0 copay
	Diagnostic tests and procedures ²	\$20 copay	\$20 copay
	Therapeutic Radiology ²	\$60 copay per service	\$60 copay per service
	Outpatient X-rays ²	\$15 copay per service	\$15 copay per service
Hearing Services	Exam to diagnose and treat hearing and balance issues ²	\$0 copay	\$50 copay
	Routine hearing exam	\$0 copay, 1 per year*	\$50 copay, 1 per year*
	Hearing aids ²	\$175 - \$1,225 copay for each hearing aid through UnitedHealthcare Hearing, up to 2 hearing aids every year.* Includes hearing aids delivered directly to you with virtual follow-up care (select models).	
Routine Dental Benefits	Optional Dental Rider	Additional dental benefits available with a separate premium. Please see optional benefits section below for details.	

Benefits

		In-Network	Out-of-Network
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ²	\$0 copay	\$0 copay
	Eyewear after cataract surgery	\$0 copay	\$0 copay
	Routine eye exam	\$0 copay, 1 per year*	\$0 copay, 1 per year*
	Routine eyewear	\$0 copay Plan pays up to \$100 every year for frames or contact lenses through UnitedHealthcare Vision. Standard single, bifocal, trifocal, or progressive lenses are covered in full.* Home delivered eyewear available nationwide through UnitedHealthcare Vision (select products only).	
Mental Health	Inpatient visit ²	\$390 copay per day: days 1-4 \$0 copay per day: days 5-90	\$390 copay per day: days 1-4 \$0 copay per day: days 5-90
		Our plan covers 90 days for an inpatient hospital stay.	
	Outpatient group therapy visit ²	\$15 copay	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay	\$25 copay
	Virtual Mental Health Visits	\$0 copay to talk with a network telehealth provider online through live audio and video	
Skilled Nursing Facility (SNF)²		\$0 copay per day: days 1-20 \$196 copay per day: days 21-59 \$0 copay per day: days 60-100	\$0 copay per day: days 1-20 \$196 copay per day: days 21-59 \$0 copay per day: days 60-100
		Our plan covers up to 100 days in a SNF.	

Benefits

		In-Network	Out-of-Network
Outpatient Rehabilitation Services	Physical therapy and speech and language therapy visit ²	\$25 copay	\$25 copay
	Occupational Therapy Visit ²	\$25 copay	\$25 copay
	Virtual Visit	\$0 copay	\$0 copay
Ambulance² Your provider must obtain prior authorization for non-emergency transportation.		\$250 copay for ground \$250 copay for air	\$250 copay for ground \$250 copay for air
Routine Transportation		Not covered	
Medicare Part B Prescription Drugs Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance	20% coinsurance
	Other Part B drugs ²	\$0 copay for allergy antigens 20% coinsurance for all others	\$0 copay for allergy antigens 20% coinsurance for all others

Prescription Drugs

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

Stage 1: Annual Prescription (Part D) Deductible	\$0 per year for Tier 1 and Tier 2; \$395 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.			
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail		Mail Order	
	Standard		Preferred	Standard
	30-day supply	100-day supply	100-day supply	100-day supply
Tier 1: Preferred Generic	\$4 copay	\$12 copay	\$0 copay	\$12 copay
Tier 2: Generic ³	\$12 copay	\$36 copay	\$0 copay	\$36 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Select Insulin Drugs ⁴	\$35 copay	\$105 copay	\$95 copay	\$105 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier	26% coinsurance	N/A ⁵	N/A ⁵	N/A ⁵
Stage 3: Coverage Gap Stage	Tier 1 drugs are covered in the gap. For covered drugs on other tiers, after your total drug costs reach \$4,660, you pay 25% coinsurance for generic drugs and 25% coinsurance for brand name drugs during the coverage gap.			
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> □ 5% coinsurance, or □ \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copay for all other drugs. 			

³ Tier includes enhanced drug coverage.

⁴ For 2023, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or "Donut Hole" stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

⁵ Limited to a 30-day supply

Additional Benefits

		In-Network	Out-of-Network
Chiropractic Care	Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation) ²	\$20 copay	\$20 copay
Diabetes Management	Diabetes monitoring supplies ²	<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>	50% coinsurance
	Diabetes self-management training	\$0 copay	\$0 copay
	Therapeutic shoes or inserts ²	20% coinsurance	50% coinsurance

Additional Benefits

		In-Network	Out-of-Network
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance	50% coinsurance
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	50% coinsurance
Foot Care (podiatry services)	Foot exams and treatment ²	\$50 copay	\$50 copay
	Routine foot care	\$50 copay, 6 visits per year*	\$50 copay, 6 visits per year*
Home Health Care²		\$0 copay	50% coinsurance
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.	
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week.	
Opioid Treatment Program Services²		\$0 copay	\$0 copay
Outpatient Substance Abuse	Outpatient group therapy visit ²	\$15 copay	\$15 copay
	Outpatient individual therapy visit ²	\$25 copay	\$25 copay
Renal Dialysis²		20% coinsurance	20% coinsurance

² May require your provider to get prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

Optional Supplemental Benefits

Premiums and Benefits

Platinum Dental Rider	Premium	Additional \$56.00 per month
	Description	The Platinum Dental Rider includes preventive and comprehensive dental benefits.

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 these plans depends on the plan's contract renewal with Medicare.

Plans may offer supplemental benefits in addition to Part C benefits 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 letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-550-4736 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-550-4736, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

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

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.

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 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 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 1-877-266-4832, TTY 711.

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.

Important information: 2022 Medicare star ratings



UnitedHealthcare - R6801

For 2022, UnitedHealthcare - R6801 received the following Star Ratings from Medicare:

Overall Star Rating:	★ ★ ★ ↘	3.5 stars
Health Services Rating:	★ ★ ★ ★	4 stars
Drug Services Rating:	★ ★ ★ ↘	3.5 stars

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings are Important

Medicare rates plans on their health and drug services. This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

★ ★ ★ ★ ★	EXCELLENT
★ ★ ★ ★	ABOVE AVERAGE
★ ★ ★	AVERAGE
★ ★	BELOW AVERAGE
★	POOR

Get More Information on Star Ratings Online

Compare Star ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact UnitedHealthcare 7 days a week from 8:00 a.m. to 8:00 p.m. Local time at **800-555-5757** (toll-free) or **711** (TTY). Current members please call **800-204-1002** (toll-free) or **711** (TTY).

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

UWAGA: Jeżeli mówisz po **polsku (Polish)**, 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 सेबाएं, नि:शुल्क 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 kenyam. Pakitawagan iti miyembro toll-free nga number nga nakasurat iti sango ti libro.

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

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

Drug List

Drug List

This is a complete alphabetical list of prescription drugs covered by the plan as of September 1, 2022. This list can change throughout the year. Call us or go online for the most 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
- ❑ Your plan may have an annual prescription deductible
- ❑ Covered drugs are placed in tiers. Each tier has a different cost:
 - Tier 1: Preferred generic
 - Tier 2: Generic
 - Tier 3: Preferred brand
 - Select Insulin Drugs*
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- ❑ This plan participates in the Insulin Senior Savings Program*. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the Deductible, Initial Coverage and Coverage Gap or “Donut Hole” stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”)
- ❑ 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. For more information, please call us or view the complete Drug List on our website

A	
Abacavir Sulfate (Oral Solution),T4	Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule),T4
Abacavir Sulfate (Oral Tablet),T4	Acetaminophen-Codeine (120-12MG/5ML Oral Solution),T2
Abacavir Sulfate-Lamivudine (Oral Tablet),T4	Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet),T2
Abelcet (Intravenous Suspension),T4	Acetazolamide (Oral Tablet),T3
Abilify Maintena (Intramuscular Prefilled Syringe),T5	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T4
Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5	Acetic Acid (Otic Solution),T2
Abiraterone Acetate (250MG Oral Tablet),T4	Acetylcysteine (Inhalation Solution),T2
Abiraterone Acetate (500MG Oral Tablet),T5	Acitretin (Oral Capsule),T4
Acamprosate Calcium (Oral Tablet Delayed Release),T4	ActHIB (Intramuscular Solution Reconstituted),T3
Acarbose (Oral Tablet),T1	Actemra (Subcutaneous Solution Prefilled Syringe),T5
Accutane (Oral Capsule),T4	
Acebutolol HCl (Oral Capsule),T2	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Actemra ACTPen (Subcutaneous Solution Auto-Injector),T5	Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2
Actimmune (Subcutaneous Solution),T5	Aliskiren Fumarate (Oral Tablet),T1
Acyclovir (External Ointment),T4	Allopurinol (Oral Tablet),T1
Acyclovir (Oral Capsule),T2	Alocril (Ophthalmic Solution),T4
Acyclovir (Oral Suspension),T3	Alomide (Ophthalmic Solution),T4
Acyclovir (Oral Tablet),T1	Alosetron HCl (Oral Tablet),T5
Acyclovir Sodium (Intravenous Solution),T4	Alphagan P (0.1% Ophthalmic Solution),T3
Adacel (Intramuscular Suspension),T3	Alprazolam (Oral Tablet Immediate Release),T1
Adapalene (0.3% External Gel),T3	Altavera (Oral Tablet),T4
Adapalene (External Cream),T4	Alunbrig (Oral Tablet Therapy Pack),T5
Adefovir Dipivoxil (Oral Tablet),T4	Alunbrig (Oral Tablet),T5
Adempas (Oral Tablet),T5	Alyacen 1/35 (Oral Tablet),T4
Advair Diskus (Inhalation Aerosol Powder Breath Activated),T3	Alyq (Oral Tablet),T4
Advair HFA (Inhalation Aerosol),T3	AmBisome (Intravenous Suspension Reconstituted),T5
Aimovig (Subcutaneous Solution Auto-Injector),T4	Amantadine HCl (Oral Capsule),T3
Ala-Cort (External Cream),T2	Amantadine HCl (Oral Solution),T2
Albendazole (Oral Tablet),T4	Amantadine HCl (Oral Tablet),T3
Albuterol Sulfate (Inhalation Nebulization Solution),T2	Ambrisentan (Oral Tablet),T5
Albuterol Sulfate (Oral Syrup),T4	Amethia (Oral Tablet),T4
Albuterol Sulfate (Oral Tablet Immediate Release),T4	Amikacin Sulfate (500MG/2ML Injection Solution),T4
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil),T2	Amiloride HCl (Oral Tablet),T2
Alclometasone Dipropionate (External Cream),T3	Amiloride-Hydrochlorothiazide (Oral Tablet),T2
Alclometasone Dipropionate (External Ointment),T3	Amiodarone HCl (200MG Oral Tablet),T1
Alcohol Prep Pads,T3	Amitriptyline HCl (Oral Tablet),T4
Alecensa (Oral Capsule),T5	Amlodipine Besylate (Oral Tablet),T1
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1	Amlodipine-Atorvastatin (Oral Tablet),T1
Alendronate Sodium (Oral Solution),T4	Amlodipine-Benazepril (Oral Capsule),T1
	Amlodipine-Olmesartan (Oral Tablet),T1
	Amlodipine-Valsartan (Oral Tablet),T1
	Ammonium Lactate (External Cream),T3
	Ammonium Lactate (External Lotion),T3
	Amnesteem (Oral Capsule),T4
	Amoxapine (Oral Tablet),T3
	Amoxicillin (Oral Capsule),T1
	Amoxicillin (Oral Suspension Reconstituted),T1

Bold type = Brand name drug

* Insulin Senior Savings Program

Plain type = Generic drug

Amoxicillin (Oral Tablet Chewable),T1

Amoxicillin (Oral Tablet Immediate Release),T1

Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted),T2

Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable),T2

Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release),T2

Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour),T4

Amphetamine-Dextroamphetamine (Oral Tablet),T3

Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4

Amphotericin B (Intravenous Solution Reconstituted),T4

Ampicillin (Oral Capsule),T2

Ampicillin Sodium (10GM Intravenous Solution Reconstituted),T4

Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted),T4

Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted),T4

Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted),T4

Anagrelide HCl (Oral Capsule),T3

Anastrozole (Oral Tablet),T1

Androderm (Transdermal Patch 24 Hour),T3

Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Anzemet (Oral Tablet),T4

Apomorphine HCl (Subcutaneous Solution Cartridge),T5

Apraclonidine HCl (Ophthalmic Solution),T3

Aprepitant (Oral Therapy Pack, Oral Capsule),T4

Apri (Oral Tablet),T4

Apriso (Oral Capsule Extended Release 24 Hour),T3

Aptiom (Oral Tablet),T5

Aptivus (Oral Capsule),T5

Aralast NP (1000MG Intravenous Solution Reconstituted),T5

Aranelle (Oral Tablet),T4

Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T5

Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution),T5

Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe),T4

Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4

Arcalyst (Subcutaneous Solution Reconstituted),T5

Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet),T3

Aripiprazole (1MG/ML Oral Solution),T4

Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible),T5

Aristada (Intramuscular Prefilled Syringe),T5

Aristada Initio (Intramuscular Prefilled Syringe),T5

Armodafinil (Oral Tablet),T4

Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Asenapine Maleate (Tablet Sublingual),T4

Ashlyna (Oral Tablet),T4

Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Atazanavir Sulfate (Oral Capsule),T4	Bacitracin-Polymyxin B (Ophthalmic Ointment),T2
Atenolol (Oral Tablet),T1	Baclofen (Oral Tablet),T2
Atenolol-Chlorthalidone (Oral Tablet),T1	Balsalazide Disodium (Oral Capsule),T4
Atomoxetine HCl (Oral Capsule),T4	Balversa (Oral Tablet),T5
Atorvastatin Calcium (Oral Tablet),T1	Balziva (Oral Tablet),T4
Atovaquone (Oral Suspension),T5	Baqsimi One Pack (Nasal Powder),T3
Atovaquone-Proguanil HCl (Oral Tablet),T3	Baraclude (Oral Solution),T5
Atropine Sulfate (1% Ophthalmic Solution),T3	Belsomra (Oral Tablet),T3
Atrovent HFA (Inhalation Aerosol Solution),T4	Benazepril HCl (Oral Tablet),T1
Aubagio (Oral Tablet),T5	Benazepril-Hydrochlorothiazide (Oral Tablet),T1
Aubra EQ (Oral Tablet),T4	Benlysta (Subcutaneous Solution Auto-Injector),T5
Auryxia (Oral Tablet),T5	Benlysta (Subcutaneous Solution Prefilled Syringe),T5
Austedo (Oral Tablet),T5	Benznidazole (Oral Tablet),T4
Aviane (Oral Tablet),T4	Benzoyl Peroxide-Erythromycin (External Gel),T3
Avonex Pen (Intramuscular Auto-Injector Kit),T5	Benzotropine Mesylate (Oral Tablet),T2
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5	Bepotastine Besilate (Ophthalmic Solution),T4
Ayvakit (Oral Tablet),T5	Bepreve (Ophthalmic Solution),T4
Azathioprine (50MG Oral Tablet),T2	Berinert (Intravenous Kit),T5
Azelaic Acid (External Gel),T4	Besivance (Ophthalmic Suspension),T4
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3	Besremi (Subcutaneous Solution Prefilled Syringe),T5
Azelastine HCl (Ophthalmic Solution),T3	Betaine (Oral Powder),T5
Azelastine-Fluticasone (Nasal Suspension),T4	Betamethasone Dipropionate (External Cream),T3
Azithromycin (Intravenous Solution Reconstituted),T4	Betamethasone Dipropionate (External Lotion),T3
Azithromycin (Oral Suspension Reconstituted),T1	Betamethasone Dipropionate (External Ointment),T3
Azithromycin (Oral Tablet),T1	Betamethasone Dipropionate Aug (External Cream),T3
Aztreonam (Injection Solution Reconstituted),T4	Betamethasone Dipropionate Aug (External Gel),T3
B	Betamethasone Dipropionate Aug (External Lotion),T3
BCG Vaccine (Injection Solution Reconstituted),T3	Betamethasone Dipropionate Aug (External Ointment),T3
BIVIGAM (5GM/50ML Intravenous Solution),T5	
BRIVIACT (Oral Solution),T5	
BRIVIACT (Oral Tablet),T5	
Bacitracin (Ophthalmic Ointment),T2	

Bold type = Brand name drug
 * Insulin Senior Savings Program

Plain type = Generic drug

Betamethasone Valerate (External Cream),T3	Solution),T1
Betamethasone Valerate (External Lotion),T3	Brimonidine Tartrate-Timolol (Ophthalmic Solution),T3
Betamethasone Valerate (External Ointment),T3	Brinzolamide (Ophthalmic Suspension),T3
Betaseron (Subcutaneous Kit),T5	Bromocriptine Mesylate (Oral Capsule),T3
Betaxolol HCl (Ophthalmic Solution),T3	Bromocriptine Mesylate (Oral Tablet),T3
Betaxolol HCl (Oral Tablet),T3	Brukinsa (Oral Capsule),T5
Bethanechol Chloride (Oral Tablet),T2	Budesonide (Inhalation Suspension),T4
Betimol (Ophthalmic Solution),T4	Budesonide (Oral Capsule Delayed Release Particles),T4
Bevespi Aerosphere (Inhalation Aerosol),T3	Budesonide ER (Oral Tablet Extended Release 24 Hour),T5
Bexarotene (External Gel),T5	Bumetanide (Injection Solution),T4
Bexarotene (Oral Capsule),T5	Bumetanide (Oral Tablet),T1
Bexsero (Intramuscular Suspension Prefilled Syringe),T3	Buprenorphine (Transdermal Patch Weekly),T4
Bicalutamide (Oral Tablet),T2	Buprenorphine HCl (Tablet Sublingual),T2
Bicillin C-R (Intramuscular Suspension),T4	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4
Bicillin C-R 900/300 (Intramuscular Suspension),T4	Buprenorphine HCl-Naloxone HCl (Tablet Sublingual),T2
Bicillin L-A (Intramuscular Suspension Prefilled Syringe),T4	Bupropion HCl (Oral Tablet Immediate Release),T2
Bicillin L-A (Intramuscular Suspension),T4	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Biktarvy (Oral Tablet),T5	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Bisoprolol Fumarate (Oral Tablet),T2	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T2	Buspironone HCl (Oral Tablet),T2
Blisovi 24 Fe (Oral Tablet),T4	Butalbital-Acetaminophen-Caffeine (Oral Tablet),T3
Blisovi Fe 1.5/30 (Oral Tablet),T4	Butalbital-Aspirin-Caffeine (Oral Capsule),T3
Boostrix (Intramuscular Suspension Prefilled Syringe),T3	Butorphanol Tartrate (Nasal Solution),T3
Boostrix (Intramuscular Suspension),T3	Bydureon BCise (Subcutaneous Auto-Injector),T3
Bosentan (Oral Tablet),T5	Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T4
Bosulif (Oral Tablet),T5	Byetta 5MCG Pen (Subcutaneous Solution
Braftovi (Oral Capsule),T5	
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3	
Breztri Aerosphere (Inhalation Aerosol),T3	
Briellyn (Oral Tablet),T4	
Brilinta (Oral Tablet),T3	
Brimonidine Tartrate (0.15% Ophthalmic Solution),T4	
Brimonidine Tartrate (0.2% Ophthalmic	

T1 = Tier 1

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* Insulin Senior Savings Program

Pen-Injector),T4**C**

Cabergoline (Oral Tablet),T3

Cablivi (Injection Kit),T5**Cabometyx (Oral Tablet),T5**

Calcipotriene (External Cream),T4

Calcipotriene (External Ointment),T4

Calcipotriene (External Solution),T3

Calcitonin Salmon (Nasal Solution),T3

Calcitriol (External Ointment),T4

Calcitriol (Oral Capsule),T2

Calcitriol (Oral Solution),T2

Calcium Acetate (667MG Oral Tablet),T3

Calcium Acetate (Phosphate Binder) (Oral Capsule),T3

Calquence (Oral Capsule),T5

Camila (Oral Tablet),T4

Camrese Lo (Oral Tablet),T4

Candesartan Cilexetil (Oral Tablet),T1

Candesartan Cilexetil-HCTZ (Oral Tablet),T1

Caplyta (42MG Oral Capsule),T5**Caprelsa (Oral Tablet),T5**

Captopril (Oral Tablet),T1

Carbamazepine (Oral Suspension),T3

Carbamazepine (Oral Tablet Chewable),T3

Carbamazepine (Oral Tablet Immediate Release),T3

Carbamazepine ER (Oral Capsule Extended Release 12 Hour),T3

Carbamazepine ER (Oral Tablet Extended Release 12 Hour),T3

Carbidopa (Oral Tablet),T4

Carbidopa-Levodopa (Oral Tablet Immediate Release),T1

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

Carbidopa-Levodopa ODT (Oral Tablet Dispersible),T2

Carbidopa-Levodopa-Entacapone (Oral

Tablet),T4

Carglumic Acid (Oral Tablet Soluble),T5

Carteolol HCl (Ophthalmic Solution),T2

Cartia XT (Oral Capsule Extended Release 24 Hour),T2

Carvedilol (Oral Tablet),T1

Cayston (Inhalation Solution Reconstituted),T5

Caziant (Oral Tablet),T4

Cefaclor (Oral Capsule),T3

Cefadroxil (Oral Capsule),T2

Cefadroxil (Oral Suspension Reconstituted),T2

Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4

Cefdinir (Oral Capsule),T3

Cefdinir (Oral Suspension Reconstituted),T3

Cefepime HCl (Injection Solution Reconstituted),T4

Cefixime (Oral Capsule),T3

Cefixime (Oral Suspension Reconstituted),T4

Cefotetan Disodium (Injection Solution Reconstituted),T4

Cefoxitin Sodium (Intravenous Solution Reconstituted),T4

Cefpodoxime Proxetil (Oral Suspension Reconstituted),T4

Cefpodoxime Proxetil (Oral Tablet),T4

Cefprozil (Oral Suspension Reconstituted),T3

Cefprozil (Oral Tablet),T3

Ceftazidime (Injection Solution Reconstituted),T4

Ceftazidime (Intravenous Solution Reconstituted),T4

Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted),T4

Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution

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Reconstituted, 500MG Injection Solution Reconstituted),T4

Cefuroxime Axetil (Oral Tablet),T2

Cefuroxime Sodium (Injection Solution Reconstituted),T4

Cefuroxime Sodium (Intravenous Solution Reconstituted),T4

Celecoxib (Oral Capsule),T2

Celontin (Oral Capsule),T4

Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2

Cephalexin (750MG Oral Capsule),T3

Cephalexin (Oral Suspension Reconstituted),T2

Cetirizine HCl (1MG/ML Oral Solution),T2

Chemet (Oral Capsule),T5

Chenodal (Oral Tablet),T5

Chlordiazepoxide HCl (Oral Capsule),T2

Chlorhexidine Gluconate (Mouth Solution),T1

Chloroquine Phosphate (Oral Tablet),T4

Chlorpromazine HCl (Oral Concentrate),T4

Chlorpromazine HCl (Oral Tablet),T4

Chlorthalidone (Oral Tablet),T2

Chlorzoxazone (500MG Oral Tablet),T3

Cholbam (Oral Capsule),T5

Cholestyramine (Oral Packet),T4

Cholestyramine Light (Oral Packet),T4

Ciclopirox (External Gel),T3

Ciclopirox (External Shampoo),T3

Ciclopirox (External Solution),T3

Ciclopirox Olamine (External Cream),T3

Ciclopirox Olamine (External Suspension),T3

Cilostazol (Oral Tablet),T2

Ciloxan (Ophthalmic Ointment),T4

Cimduo (Oral Tablet),T5

Cimetidine (Oral Tablet),T3

Cimetidine HCl (Oral Solution),T3

Cimzia (Subcutaneous Kit),T5

Cimzia Prefilled (2 X 200MG/ML

Subcutaneous Prefilled Syringe Kit),T5

Cinacalcet HCl (Oral Tablet),T4

Cinryze (Intravenous Solution Reconstituted),T5

Cipro HC (Otic Suspension),T4

Ciprofloxacin HCl (100MG Oral Tablet Immediate Release),T4

Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2

Ciprofloxacin HCl (Ophthalmic Solution),T2

Ciprofloxacin in D5W (200MG/100ML Intravenous Solution),T4

Ciprofloxacin-Dexamethasone (Otic Suspension),T4

Citalopram Hydrobromide (Oral Capsule),T4

Citalopram Hydrobromide (Oral Solution),T3

Citalopram Hydrobromide (Oral Tablet),T1

Claravis (Oral Capsule),T4

Clarithromycin (Oral Suspension Reconstituted),T4

Clarithromycin (Oral Tablet Immediate Release),T3

Clarithromycin ER (Oral Tablet Extended Release 24 Hour),T4

Clenpiq (Oral Solution),T3

Climara Pro (Transdermal Patch Weekly),T4

Clindacin ETZ (External Swab),T3

Clindamycin HCl (Oral Capsule),T2

Clindamycin Palmitate HCl (Oral Solution Reconstituted),T4

Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution),T4

Clindamycin Phosphate (External Gel),T3

Clindamycin Phosphate (External Lotion),T3

Clindamycin Phosphate (External Solution),T3

Clindamycin Phosphate (External Swab),T3

Clindamycin Phosphate (Vaginal Cream),T3

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* Insulin Senior Savings Program

Clindamycin Phosphate in D5W (Intravenous Solution),T4	Dispersible, 25MG Oral Tablet Dispersible),T4
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel),T4	Coartem (Oral Tablet),T4
Clobazam (Oral Suspension),T4	Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet),T4
Clobazam (Oral Tablet),T4	Codeine Sulfate (30MG Oral Tablet),T4
Clobetasol Propionate (External Cream),T4	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3
Clobetasol Propionate (External Gel),T4	Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3
Clobetasol Propionate (External Ointment),T4	Colesevelam HCl (Oral Packet),T3
Clobetasol Propionate (External Shampoo),T4	Colesevelam HCl (Oral Tablet),T3
Clobetasol Propionate (External Solution),T3	Colestipol HCl (Oral Packet),T4
Clobetasol Propionate Emollient Base (External Cream),T4	Colestipol HCl (Oral Tablet),T3
Clodan (External Shampoo),T4	Colistimethate Sodium (CBA) (Injection Solution Reconstituted),T5
Clomipramine HCl (Oral Capsule),T4	Combigan (Ophthalmic Solution),T3
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2	Combivent Respimat (Inhalation Aerosol Solution),T3
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible),T4	Cometriq (100MG Daily Dose) (Oral Kit),T5
Clonidine (Transdermal Patch Weekly),T4	Cometriq (140MG Daily Dose) (Oral Kit),T5
Clonidine HCl (Oral Tablet Immediate Release),T1	Cometriq (60MG Daily Dose) (Oral Kit),T5
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour),T3	Complera (Oral Tablet),T5
Clopidogrel Bisulfate (75MG Oral Tablet),T1	Compro (Rectal Suppository),T4
Clorazepate Dipotassium (Oral Tablet),T3	Constulose (Oral Solution),T2
Clotrimazole (External Cream),T2	Copiktra (Oral Capsule),T5
Clotrimazole (External Solution),T2	Cordran (External Tape),T4
Clotrimazole (Mouth/Throat Troche),T2	Corlanor (Oral Solution),T4
Clotrimazole-Betamethasone (External Cream),T3	Corlanor (Oral Tablet),T4
Clotrimazole-Betamethasone (External Lotion),T4	Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe),T5
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3	Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe),T5
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet	Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector),T5
	Cotellic (Oral Tablet),T5
	Creon (Oral Capsule Delayed Release Particles),T3
	Crinone (Vaginal Gel),T4
	Cromolyn Sodium (Inhalation Nebulization

Bold type = Brand name drug

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Solution),T4	Deferasirox (Oral Tablet) (Generic Jadenu),T3
Cromolyn Sodium (Ophthalmic Solution),T2	Deferasirox Granules (Oral Packet),T5
Cromolyn Sodium (Oral Concentrate),T3	Deferiprone (Oral Tablet),T5
Crotan (External Lotion),T4	Delstrigo (Oral Tablet),T5
Cryselle-28 (Oral Tablet),T4	Demeclocycline HCl (Oral Tablet),T4
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2	Demser (Oral Capsule),T5
Cyclobenzaprine HCl (7.5MG Oral Tablet),T4	Depo-Estradiol (Intramuscular Oil),T4
Cyclophosphamide (25MG Oral Tablet),T3	Descovy (200-25MG Oral Tablet),T5
Cyclophosphamide (50MG Oral Tablet),T3	Desipramine HCl (Oral Tablet),T3
Cyclophosphamide (Oral Capsule),T3	Desloratadine (Oral Tablet),T3
Cycloset (Oral Tablet),T4	Desmopressin Acetate (Oral Tablet),T3
Cyclosporine (Oral Capsule),T3	Desmopressin Acetate Spray (Nasal Solution),T4
Cyclosporine Modified (Oral Capsule),T3	Desogestrel-Ethinyl Estradiol (Oral Tablet),T4
Cyclosporine Modified (Oral Solution),T3	Desonide (External Ointment),T4
Cyproheptadine HCl (Oral Syrup),T4	Desoximetasone (External Cream),T4
Cyproheptadine HCl (Oral Tablet),T4	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3
Cyred EQ (Oral Tablet),T4	Dexamethasone (Oral Solution),T2
Cystadane (Oral Powder),T5	Dexamethasone (Oral Tablet),T2
Cystagon (Oral Capsule),T4	Dexamethasone Sodium Phosphate (Ophthalmic Solution),T2
Cystaran (Ophthalmic Solution),T5	Dexilant (Oral Capsule Delayed Release),T4
D	Dexlansoprazole (Oral Capsule Delayed Release),T4
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T3	Dexmethylphenidate HCl (Oral Tablet),T3
Daliresp (Oral Tablet),T4	Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour),T4
Dalvance (Intravenous Solution Reconstituted),T5	Dextroamphetamine Sulfate (Oral Tablet),T4
Danazol (Oral Capsule),T4	Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour),T4
Dantrolene Sodium (Oral Capsule),T4	Dextrose (10% Intravenous Solution),T4
Dapsone (Oral Tablet),T3	Dextrose (5% Intravenous Solution),T4
Daptacel (Intramuscular Suspension),T3	Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution),T4
Daptomycin (Intravenous Solution Reconstituted),T5	Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution),T4
Daurismo (Oral Tablet),T5	Dextrose-NaCl (5-0.9% Intravenous Solution),T4
Deblitane (Oral Tablet),T4	Diacomit (Oral Capsule),T5
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade),T4	
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade),T5	

T1 = Tier 1

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T5 = Tier 5

* Insulin Senior Savings Program

Diacomit (Oral Packet), T5

Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet), T2

Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel), T4

Diazepam (5MG/5ML Oral Solution), T2

Diazepam Intensol (Oral Concentrate), T2

Diazoxide (Oral Suspension), T4

Diclofenac Epolamine (External Patch), T4

Diclofenac Potassium (50MG Oral Tablet), T2

Diclofenac Sodium (1% External Gel), T3

Diclofenac Sodium (3% External Gel), T4

Diclofenac Sodium (Ophthalmic Solution), T2

Diclofenac Sodium (Oral Tablet Delayed Release), T2

Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour), T2

Dicloxacillin Sodium (Oral Capsule), T2

Dicyclomine HCl (Oral Capsule), T2

Dicyclomine HCl (Oral Solution), T2

Dicyclomine HCl (Oral Tablet), T2

Dificid (Oral Suspension Reconstituted), T5

Dificid (Oral Tablet), T5

Diflunisal (Oral Tablet), T3

Digitek (Oral Tablet), T2

Digox (Oral Tablet), T2

Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet), T2

Digoxin (62.5MCG Oral Tablet), T4

Digoxin (Oral Solution), T3

Dihydroergotamine Mesylate (Nasal Solution), T5

Dilantin (Oral Capsule), T3

Dilantin INFATABS (Oral Tablet Chewable), T3

Dilt-XR (Oral Capsule Extended Release 24 Hour), T2

Diltiazem HCl (Oral Tablet Immediate Release), T2

Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour), T2

Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour), T2

Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour), T2

Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour), T2

Dimethyl Fumarate (Oral Capsule Delayed Release), T5

Dimethyl Fumarate Starter Pack (Oral Capsule), T5

Dipentum (Oral Capsule), T5

Diphenoxylate-Atropine (Oral Liquid), T4

Diphenoxylate-Atropine (Oral Tablet), T4

Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension), T3

Disulfiram (Oral Tablet), T3

Diuril (Oral Suspension), T4

Divalproex Sodium (Oral Capsule Delayed Release Sprinkle), T2

Divalproex Sodium (Oral Tablet Delayed Release), T2

Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour), T2

Dofetilide (Oral Capsule), T3

Dolishale (Oral Tablet), T4

Donepezil HCl (Oral Tablet), T1

Donepezil HCl ODT (Oral Tablet Dispersible), T2

Dorzolamide HCl (Ophthalmic Solution), T2

Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution), T1

Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution), T4

Dovato (Oral Tablet), T5

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Doxazosin Mesylate (Oral Tablet),T1
Doxepin HCl (External Cream),T4
Doxepin HCl (Oral Capsule),T3
Doxepin HCl (Oral Concentrate),T3
Doxercalciferol (Oral Capsule),T4
Doxy 100 (Intravenous Solution Reconstituted),T4
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3
Doxycycline Hyclate (Oral Capsule),T3
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule),T3
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3
Doxycycline Monohydrate (Oral Suspension Reconstituted),T4
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle),T4
Dronabinol (Oral Capsule),T4
Drospirenone-Ethinyl Estradiol (Oral Tablet),T4
Droxia (Oral Capsule),T4
Droxidopa (100MG Oral Capsule, 200MG Oral Capsule),T4
Droxidopa (300MG Oral Capsule),T5
Duavee (Oral Tablet),T4
Dulera (Inhalation Aerosol),T4
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2
Dupixent (Subcutaneous Solution Pen-Injector),T5
Dupixent (Subcutaneous Solution Prefilled Syringe),T5
Dutasteride (Oral Capsule),T2
Dymista (Nasal Suspension),T4
E
Econazole Nitrate (External Cream),T4
Edarbi (Oral Tablet),T4

Edarbyclor (Oral Tablet),T4
Edurant (Oral Tablet),T5
Efavirenz (Oral Capsule),T4
Efavirenz (Oral Tablet),T4
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T5
Efavirenz-Lamivudine-Tenofovir (Oral Tablet),T5
Egrifta SV (2MG Subcutaneous Solution Reconstituted),T5
Elestrin (Transdermal Gel),T4
Eliquis (Oral Tablet),T3
Eliquis Starter Pack (Oral Tablet),T3
Elmiron (Oral Capsule),T5
EluRyng (Vaginal Ring),T4
Emcyt (Oral Capsule),T4
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4
Emgality (Subcutaneous Solution Auto-Injector),T4
Emoquette (Oral Tablet),T4
Emsam (Transdermal Patch 24 Hour),T5
Emtricitabine (Oral Capsule),T4
Emtricitabine-Tenofovir Disoproxil Fumarate (100-150MG Oral Tablet, 133-200MG Oral Tablet, 167-250MG Oral Tablet),T5
Emtricitabine-Tenofovir Disoproxil Fumarate (200-300MG Oral Tablet),T4
Emtriva (Oral Solution),T4
Enalapril Maleate (Oral Solution),T4
Enalapril Maleate (Oral Tablet),T1
Enalapril-Hydrochlorothiazide (Oral Tablet),T1
Enbrel (25MG Subcutaneous Solution Reconstituted),T5
Enbrel (Subcutaneous Solution Prefilled Syringe),T5
Enbrel (Subcutaneous Solution),T5
Enbrel Mini (Subcutaneous Solution

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Cartridge),T5	Erythromycin (Oral Tablet Delayed Release),T4
Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5	Erythromycin Base (Oral Capsule Delayed Release Particles),T4
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3	Erythromycin Base (Oral Tablet Immediate Release),T4
Engerix-B (Injection Suspension),T3	Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted),T4
Enoxaparin Sodium (Injection Solution Prefilled Syringe),T4	Erythromycin Ethylsuccinate (Oral Tablet),T4
Enpresse-28 (Oral Tablet),T4	Esbriet (Oral Capsule),T5
Enskyce (Oral Tablet),T4	Esbriet (Oral Tablet),T5
Entacapone (Oral Tablet),T4	Escitalopram Oxalate (Oral Solution),T2
Entecavir (Oral Tablet),T4	Escitalopram Oxalate (Oral Tablet),T1
Entresto (Oral Tablet),T3	Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium),T3
Enulose (Oral Solution),T2	Esomeprazole Magnesium (Oral Packet),T3
Envarsus XR (Oral Tablet Extended Release 24 Hour),T4	Estasylla (Oral Tablet),T4
Epclusa (Oral Packet),T5	Estradiol (Oral Tablet),T1
Epclusa (Oral Tablet),T5	Estradiol (Transdermal Patch Weekly),T3
Epidiolex (Oral Solution),T5	Estradiol (Vaginal Cream),T3
Epinastine HCl (Ophthalmic Solution),T3	Estradiol (Vaginal Tablet),T4
Epinephrine (Injection Solution Auto-Injector),T3	Estradiol Valerate (Intramuscular Oil),T4
Epitol (Oral Tablet),T3	Estring (Vaginal Ring),T4
Epivir HBV (Oral Solution),T4	Eszopiclone (Oral Tablet),T3
Eplerenone (Oral Tablet),T3	Ethacrynic Acid (Oral Tablet),T4
Eprontia (Oral Solution),T4	Ethambutol HCl (Oral Tablet),T3
Ergotamine-Caffeine (Oral Tablet),T3	Ethosuximide (Oral Capsule),T3
Erivedge (Oral Capsule),T5	Ethosuximide (Oral Solution),T3
Erleada (Oral Tablet),T5	Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet),T4
Erlotinib HCl (Oral Tablet),T5	Etodolac (Oral Capsule),T3
Errin (Oral Tablet),T4	Etodolac (Oral Tablet Immediate Release),T3
Ertapenem Sodium (Injection Solution Reconstituted),T4	Etodolac ER (Oral Tablet Extended Release 24 Hour),T4
Ery (External Pad),T3	Etonogestrel-Ethinyl Estradiol (Vaginal Ring),T4
Erythrocin Lactobionate (Intravenous Solution Reconstituted),T4	Etravirine (Oral Tablet),T5
Erythromycin (External Gel),T4	Euthyrox (Oral Tablet),T3
Erythromycin (External Solution),T2	Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet),T5
Erythromycin (Ophthalmic Ointment),T2	Everolimus (10MG Oral Tablet, 2.5MG Oral

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Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T5	67MG Oral Capsule),T2
Everolimus (2MG Oral Tablet Soluble, 3MG Oral Tablet Soluble, 5MG Oral Tablet Soluble),T5	Fenofibric Acid (Oral Capsule Delayed Release),T3
Evotaz (Oral Tablet),T5	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour),T4
Exemestane (Oral Tablet),T4	Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle),T5
Exkivity (Oral Capsule),T5	Fentanyl Citrate (200MCG Buccal Lozenge On A Handle),T4
Ezetimibe (Oral Tablet),T1	Feriprox (Oral Solution),T5
Ezetimibe-Simvastatin (Oral Tablet),T1	Fetzima (Oral Capsule Extended Release 24 Hour),T4
F	Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack),T4
FML (Ophthalmic Ointment),T4	Finacea (External Foam),T4
FML Forte (Ophthalmic Suspension),T4	Finasteride (5MG Oral Tablet) (Generic Proscar),T1
Falmina (Oral Tablet),T4	Fintepla (Oral Solution),T5
Famciclovir (Oral Tablet),T3	Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted),T5
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2	Firmagon (80MG Subcutaneous Solution Reconstituted),T4
Famotidine (Oral Suspension Reconstituted),T4	Flac (Otic Oil),T4
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5	Flarex (Ophthalmic Suspension),T4
Fanapt Titration Pack (Oral Tablet),T4	Flebogamma DIF (5GM/50ML Intravenous Solution),T5
Farxiga (Oral Tablet),T3	Flecainide Acetate (Oral Tablet),T2
Fasenra (Subcutaneous Solution Prefilled Syringe),T5	Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3
Fasenra Pen (Subcutaneous Solution Auto-Injector),T5	Flovent HFA (Inhalation Aerosol),T3
Febuxostat (Oral Tablet),T3	Fluconazole (Oral Suspension Reconstituted),T2
Felbamate (Oral Suspension),T4	Fluconazole (Oral Tablet),T2
Felbamate (Oral Tablet),T4	Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution),T4
Felodipine ER (Oral Tablet Extended Release 24 Hour),T2	
Femring (Vaginal Ring),T4	
Femynor (Oral Tablet),T4	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T2	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T1	
Fenofibrate (50MG Oral Capsule),T2	
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule,	

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* Insulin Senior Savings Program

Flucytosine (Oral Capsule),T5	250-50MCG/DOSE Inhalation Aerosol Powder
Fludrocortisone Acetate (Oral Tablet),T2	Breath Activated, 500-50MCG/DOSE Inhalation
Flunisolide (Nasal Solution),T1	Aerosol Powder Breath Activated) (Generic
Fluocinolone Acetonide (External Cream),T3	Advair), Fluticasone-Salmeterol (113-14MCG/
Fluocinolone Acetonide (External Ointment),T3	ACT Inhalation Aerosol Powder Breath
Fluocinolone Acetonide (External Solution),T3	Activated, 232-14MCG/ACT Inhalation Aerosol
Fluocinolone Acetonide (Otic Oil),T4	Powder Breath Activated, 55-14MCG/ACT
Fluocinolone Acetonide Scalp (External Oil),T4	Inhalation Aerosol Powder Breath Activated)
Fluocinonide (0.05% External Cream),T3	(Brand Equivalent AirDuo RespiClick),T3
Fluocinonide (External Gel),T3	Fluvastatin Sodium (Oral Capsule),T1
Fluocinonide (External Ointment),T3	Fluvastatin Sodium ER (Oral Tablet Extended
Fluocinonide (External Solution),T3	Release 24 Hour),T1
Fluocinonide Emulsified Base (External	Fluvoxamine Maleate (Oral Tablet),T3
Cream),T3	Fondaparinux Sodium (10MG/0.8ML
Fluorometholone (Ophthalmic Suspension),T3	Subcutaneous Solution, 5MG/0.4ML
Fluorouracil (5% External Cream),T4	Subcutaneous Solution, 7.5MG/0.6ML
Fluorouracil (External Solution),T3	Subcutaneous Solution),T5
Fluoxetine HCl (10MG Oral Capsule Immediate	Fondaparinux Sodium (2.5MG/0.5ML
Release, 20MG Oral Capsule Immediate	Subcutaneous Solution),T4
Release, 40MG Oral Capsule Immediate	Formoterol Fumarate (Inhalation Nebulization
Release),T1	Solution),T4
Fluoxetine HCl (20MG/5ML Oral Solution),T2	Forteo (Subcutaneous Solution Pen-
Fluoxetine HCl (90MG Oral Capsule Delayed	Injector),T5
Release),T4	Fosamprenavir Calcium (Oral Tablet),T5
Fluphenazine Decanoate (Injection Solution),T4	Fosinopril Sodium (Oral Tablet),T1
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral	Fosinopril Sodium-HCTZ (Oral Tablet),T1
Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2	Fotivda (Oral Capsule),T5
Fluphenazine HCl (2.5MG/5ML Oral Elixir),T4	Furosemide (Injection Solution),T4
Fluphenazine HCl (2.5MG/ML Injection	Furosemide (Oral Solution),T1
Solution),T4	Furosemide (Oral Tablet),T1
Fluphenazine HCl (5MG/ML Oral	Fuzeon (Subcutaneous Solution
Concentrate),T3	Reconstituted),T5
Flurbiprofen (100MG Oral Tablet),T2	Fyavolv (Oral Tablet),T4
Flurbiprofen Sodium (Ophthalmic Solution),T2	Fycompa (10MG Oral Tablet, 12MG Oral
Fluticasone Propionate (External Cream),T3	Tablet, 4MG Oral Tablet, 6MG Oral Tablet,
Fluticasone Propionate (External Ointment),T3	8MG Oral Tablet),T5
Fluticasone Propionate (Nasal Suspension),T2	Fycompa (2MG Oral Tablet),T4
Fluticasone-Salmeterol (100-50MCG/DOSE	Fycompa (Oral Suspension),T5
Inhalation Aerosol Powder Breath Activated,	
	G
	Gabapentin (250MG/5ML Oral Solution),T3

Bold type = Brand name drug

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Plain type = Generic drug

Gabapentin (600MG Oral Tablet, 800MG Oral Tablet),T2	Gentamicin Sulfate (Ophthalmic Solution),T2
Gabapentin (Oral Capsule),T2	Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution),T4
Galantamine Hydrobromide (Oral Solution),T4	Genvoya (Oral Tablet),T5
Galantamine Hydrobromide (Oral Tablet),T4	Gilenya (0.5MG Oral Capsule),T5
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour),T4	Gilotrif (Oral Tablet),T5
Gammagard (2.5GM/25ML Injection Solution),T5	Glassia (Intravenous Solution),T5
Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5
Gammaked (1GM/10ML Injection Solution),T5	Glatopa (Subcutaneous Solution Prefilled Syringe),T5
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution),T5	Glimepiride (Oral Tablet),T1
Gamunex-C (1GM/10ML Injection Solution),T5	Glipizide (Oral Tablet Immediate Release),T1
Gardasil 9 (Intramuscular Suspension Prefilled Syringe),T3	Glipizide ER (Oral Tablet Extended Release 24 Hour),T1
Gardasil 9 (Intramuscular Suspension),T3	Glipizide-Metformin HCl (Oral Tablet),T1
Gatifloxacin (Ophthalmic Solution),T3	GlucaGen HypoKit (Injection Solution Reconstituted),T4
Gattex (Subcutaneous Kit),T5	Glucagon (Injection Kit) (Lilly),T3
Gauze (Non-medicated 2X2 Pad),T3	Glycopyrrolate (Oral Solution) (Generic Cuvposa),T4
GaviLyte-C (240GM Oral Solution Reconstituted),T2	Glyxambi (Oral Tablet),T3
GaviLyte-G (Oral Solution Reconstituted),T2	Granisetron HCl (Oral Tablet),T4
Gavreto (Oral Capsule),T5	Griseofulvin Microsize (Oral Suspension),T4
Gemfibrozil (Oral Tablet),T2	Griseofulvin Microsize (Oral Tablet),T4
Generlac (Oral Solution),T2	Griseofulvin Ultramicrosize (Oral Tablet),T4
Gengraf (Oral Capsule),T3	Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour),T4
Gengraf (Oral Solution),T3	Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T3
Genotropin (Subcutaneous Cartridge),T5	Gvoke Kit (Subcutaneous Solution),T3
Genotropin MiniQuick (Subcutaneous Prefilled Syringe),T5	Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3
Gentak (Ophthalmic Ointment),T2	H
Gentamicin Sulfate (40MG/ML Injection Solution),T4	Haegarda (Subcutaneous Solution Reconstituted),T5
Gentamicin Sulfate (External Cream),T3	Hailey 24 Fe (Oral Tablet),T4
Gentamicin Sulfate (External Ointment),T3	Halobetasol Propionate (External Cream),T4
	Halobetasol Propionate (External Ointment),T4

T1 = Tier 1

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* Insulin Senior Savings Program

Haloperidol (Oral Tablet),T2	and 40MG/0.4ML Subcutaneous Pen-Injector Kit),T5
Haloperidol Decanoate (Intramuscular Solution),T4	Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit),T5
Haloperidol Lactate (Injection Solution),T4	Humulin 70/30 (Subcutaneous Suspension),T3*
Haloperidol Lactate (Oral Concentrate),T2	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3*
Havrix (Intramuscular Suspension),T3	Humulin N (Subcutaneous Suspension),T3*
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution),T3	Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3*
Heparin Sodium (1000UNIT/ML Injection Solution),T3	Humulin R (Injection Solution),T3*
Hetlioz (Oral Capsule),T5	Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3*
Hetlioz LQ (Oral Suspension),T5	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3*
Hiberix (Injection Solution Reconstituted),T3	Hydralazine HCl (Oral Tablet),T1
Humalog (Injection Solution),T3*	Hydrochlorothiazide (Oral Capsule),T1
Humalog (Subcutaneous Solution Cartridge),T3*	Hydrochlorothiazide (Oral Tablet),T1
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3*	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution),T3
Humalog Mix 50/50 (Subcutaneous Suspension),T3*	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet),T3
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone (1% External Cream),T2
Humalog Mix 75/25 (Subcutaneous Suspension),T3*	Hydrocortisone (1% External Ointment, 2.5% External Ointment),T2
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3*	Hydrocortisone (2.5% External Lotion),T3
Humira (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone (Oral Tablet),T3
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T5	Hydrocortisone (Perianal) (2.5% External Cream),T2
Humira Pen (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone (Rectal Enema),T4
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Butyrate (External Ointment),T3
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Valerate (External Cream),T4
Humira Pen Psoriasis Starter (80MG/0.8ML	Hydrocortisone Valerate (External Ointment),T4
	Hydrocortisone-Acetic Acid (Otic Solution),T3
	Hydromorphone HCl (1MG/ML Oral Liquid),T4
	Hydromorphone HCl (2MG Oral Tablet

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Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release),T2

Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour),T4

Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution),T4

Hydroxychloroquine Sulfate (200MG Oral Tablet),T2

Hydroxyurea (Oral Capsule),T2

Hydroxyzine HCl (Oral Syrup),T3

Hydroxyzine HCl (Oral Tablet),T3

Hydroxyzine Pamoate (Oral Capsule),T3

I

IDHIFA (Oral Tablet),T5

IPOL (Injection),T3

Ibandronate Sodium (Oral Tablet),T2

Ibrance (Oral Capsule),T5

Ibrance (Oral Tablet),T5

Ibu (600MG Oral Tablet, 800MG Oral Tablet),T2

Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T2

Ibuprofen (Oral Suspension),T2

Icatibant Acetate (Subcutaneous Solution),T5

Iclevia (Oral Tablet),T4

Iclusig (Oral Tablet),T5

Icosapent Ethyl (Oral Capsule),T4

Ilevro (Ophthalmic Suspension),T3

Imatinib Mesylate (Oral Tablet),T5

Imbruvica (Oral Capsule),T5

Imbruvica (Oral Tablet),T5

Imipenem-Cilastatin (Intravenous Solution Reconstituted),T4

Imipramine HCl (Oral Tablet),T4

Imipramine Pamoate (Oral Capsule),T4

Imiquimod (5% External Cream),T4

Imiquimod Pump (3.75% External Cream),T5

Imovax Rabies (Intramuscular Injectable),T3

Impavido (Oral Capsule),T5

Imvexxy Maintenance Pack (Vaginal Insert),T3

Imvexxy Starter Pack (Vaginal Insert),T3

Incassia (Oral Tablet),T4

Increlex (Subcutaneous Solution),T5

Increase Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Indapamide (Oral Tablet),T1

Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release),T2

Infanrix (Intramuscular Suspension),T3

Ingrezza (Oral Capsule Therapy Pack),T5

Ingrezza (Oral Capsule),T5

Inlyta (Oral Tablet),T5

Inqovi (Oral Tablet),T5

Inrebic (Oral Capsule),T5

Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*

Insulin Lispro (Injection Solution) (Brand Equivalent Humalog),T3*

Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3*

Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T3*

Insulin Syringes, Needles,T3

Intelence (25MG Oral Tablet),T4

Intralipid (Intravenous Emulsion),T4

Intron A (Injection Solution Reconstituted),T5

Introvale (Oral Tablet),T4

Invega Hafyera (Intramuscular Suspension Prefilled Syringe),T5

Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe,

T1 = Tier 1

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* Insulin Senior Savings Program

78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5

Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5

Ipratropium Bromide (Inhalation Solution),T2

Ipratropium Bromide (Nasal Solution),T2

Ipratropium-Albuterol (Inhalation Solution),T1

Irbesartan (Oral Tablet),T1

Irbesartan-Hydrochlorothiazide (Oral Tablet),T1

Iressa (Oral Tablet),T5

Isentress (100MG Oral Tablet Chewable),T4

Isentress (25MG Oral Tablet Chewable),T3

Isentress (Oral Packet),T4

Isentress (Oral Tablet),T5

Isentress HD (Oral Tablet),T5

Isibloom (Oral Tablet),T4

Isolyte-P in D5W (Intravenous Solution),T4

Isolyte-S pH 7.4 (Intravenous Solution),T4

Isoniazid (Oral Syrup),T4

Isoniazid (Oral Tablet),T2

Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2

Isosorbide Dinitrate-Hydralazine (Oral Tablet),T3

Isosorbide Mononitrate (Oral Tablet Immediate Release),T1

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

Isotretinoin (Oral Capsule),T4

Isturisa (Oral Tablet),T5

Itraconazole (Oral Capsule),T4

Itraconazole (Oral Solution),T5

Ivermectin (Oral Tablet),T3

Ixiaro (Intramuscular Suspension),T3

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 * Insulin Senior Savings Program

J

Jakafi (Oral Tablet),T5

Jantoven (Oral Tablet),T1

Janumet (Oral Tablet Immediate Release),T3

Janumet XR (Oral Tablet Extended Release 24 Hour),T3

Januvia (Oral Tablet),T3

Jardiance (Oral Tablet),T3

Jasmiel (Oral Tablet),T4

Jentaduetto (Oral Tablet Immediate Release),T3

Jentaduetto XR (Oral Tablet Extended Release 24 Hour),T3

Jinteli (Oral Tablet),T4

Jublia (External Solution),T4

Juleber (Oral Tablet),T4

Juluca (Oral Tablet),T5

Junel 1.5/30 (Oral Tablet),T4

Junel 1/20 (Oral Tablet),T4

Junel Fe 1.5/30 (Oral Tablet),T4

Junel Fe 1/20 (Oral Tablet),T4

Junel Fe 24 (Oral Tablet),T4

Juxtapid (Oral Capsule),T5

K

KCl in Dextrose-NaCl (Intravenous Solution),T4

KCl-Lactated Ringers-D5W (Intravenous Solution),T4

Kaitlib Fe (Oral Tablet Chewable),T4

Kalydeco (Oral Packet),T5

Kalydeco (Oral Tablet),T5

Kariva (Oral Tablet),T4

Kelnor 1/35 (Oral Tablet),T4

Kelnor 1/50 (Oral Tablet),T4

Kerendia (Oral Tablet),T4

Ketoconazole (External Cream),T2

Ketoconazole (External Shampoo),T2

Ketoconazole (Oral Tablet),T2

Plain type = Generic drug

Ketorolac Tromethamine (Ophthalmic Solution),T3

Kineret (Subcutaneous Solution Prefilled Syringe),T5

Kinrix (Intramuscular Suspension Prefilled Syringe),T3

Kisqali (200MG Dose) (Oral Tablet),T5

Kisqali (400MG Dose) (Oral Tablet),T5

Kisqali (600MG Dose) (Oral Tablet),T5

Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack),T5

Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack),T5

Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack),T5

Klor-Con (Oral Packet),T3

Klor-Con 10 (Oral Tablet Extended Release),T2

Klor-Con 8 (Oral Tablet Extended Release),T2

Klor-Con M10 (Oral Tablet Extended Release),T2

Klor-Con M15 (Oral Tablet Extended Release),T2

Klor-Con M20 (Oral Tablet Extended Release),T2

Korlym (Oral Tablet),T5

Koselugo (Oral Capsule),T5

Kurvelo (Oral Tablet),T4

Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T5

L

LARIN 1.5/30 (Oral Tablet),T4

LARIN 1/20 (Oral Tablet),T4

LARIN Fe 1.5/30 (Oral Tablet),T4

LARIN Fe 1/20 (Oral Tablet),T4

Labetalol HCl (Oral Tablet),T1

Lacosamide (Oral Solution),T4

Lacosamide (Oral Tablet),T4

Lacrisert (Ophthalmic Insert),T4

Lactulose (10GM/15ML Oral Solution),T2

Lamivudine (100MG Oral Tablet),T3

Lamivudine (10MG/ML Oral Solution),T3

Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3

Lamivudine-Zidovudine (Oral Tablet),T4

Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release),T2

Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable),T3

Lanoxin (Oral Tablet),T4

Lansoprazole (Oral Capsule Delayed Release),T2

Lanthanum Carbonate (Oral Tablet Chewable),T5

Lantus (Subcutaneous Solution),T3*

Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3*

Lapatinib Ditosylate (Oral Tablet),T5

Larissia (Oral Tablet),T4

Latanoprost (Ophthalmic Solution),T1

Latuda (Oral Tablet),T5

Layolis Fe (Oral Tablet Chewable),T4

Leena (Oral Tablet),T4

Leflunomide (Oral Tablet),T2

Lenalidomide (Oral Capsule),T5

Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack),T5

Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack),T5

Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack),T5

Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack),T5

Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack),T5

Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack),T5

Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack),T5

Lessina (Oral Tablet),T4

Letrozole (Oral Tablet),T2

Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet),T3

Leucovorin Calcium (25MG Oral Tablet),T4

Leukeran (Oral Tablet),T5**Leukine (Injection Solution Reconstituted),T5**

Leuprolide Acetate (Injection Kit),T4

Levalbuterol HCl (Inhalation Nebulization Solution),T4

Levalbuterol Tartrate (Inhalation Aerosol),T3

Levemir (Subcutaneous Solution),T3***Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3***

Levetiracetam (Oral Solution),T2

Levetiracetam (Oral Tablet Immediate Release),T2

Levetiracetam ER (Oral Tablet Extended Release 24 Hour),T3

Levo-T (Oral Tablet),T3

Levobunolol HCl (Ophthalmic Solution),T2

Levocarnitine (1GM/10ML Oral Solution),T3

Levocarnitine (330MG Oral Tablet),T3

Levocetirizine Dihydrochloride (Oral Tablet),T1

Levofloxacin (0.5% Ophthalmic Solution),T3

Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet),T1

Levofloxacin (25MG/ML Intravenous Solution),T4

Levofloxacin (25MG/ML Oral Solution),T4

Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution),T4

Levonest (Oral Tablet),T4

Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet),T4

Levonorgestrel-Ethinyl Estradiol (Oral Tablet),T4

Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet),T4

Levora 0.15/30 (28) (Oral Tablet),T4

Leverphanol Tartrate (Oral Tablet),T5

Levothyroxine Sodium (Oral Tablet),T1

Levoxyl (Oral Tablet),T3**Lexiva (Oral Suspension),T4**

Lidocaine (5% External Ointment),T3

Lidocaine (5% External Patch),T4

Lidocaine HCl (4% External Solution),T4

Lidocaine Viscous (2% Mouth/Throat Solution),T1

Lidocaine-Prilocaine (External Cream),T3

Linezolid (Intravenous Solution),T4

Linezolid (Oral Suspension Reconstituted),T5

Linezolid (Oral Tablet),T4

Linzess (Oral Capsule),T3

Liothyronine Sodium (Oral Tablet),T2

Lisinopril (Oral Tablet),T1

Lisinopril-Hydrochlorothiazide (Oral Tablet),T1

Lithium Carbonate (Oral Capsule),T2

Lithium Carbonate (Oral Tablet Immediate Release),T2

Lithium Carbonate ER (Oral Tablet Extended Release),T2

Lithostat (Oral Tablet),T5**Livalo (Oral Tablet),T3****Lokelma (Oral Packet),T4****Lonhala Magnair (Inhalation Solution),T5****Lonsurf (Oral Tablet),T5**

Loperamide HCl (Oral Capsule),T2

Lopinavir-Ritonavir (Oral Solution),T4

Lopinavir-Ritonavir (Oral Tablet),T4

Lorazepam (Oral Tablet),T1

Lorazepam Intensol (Oral Concentrate),T2

Lorbrena (Oral Tablet),T5

Loryna (Oral Tablet),T4

Losartan Potassium (Oral Tablet),T1

Bold type = Brand name drug

* Insulin Senior Savings Program

Plain type = Generic drug

Losartan Potassium-HCTZ (Oral Tablet),T1	Marlissa (Oral Tablet),T4
Lotemax (Ophthalmic Gel),T4	Marplan (Oral Tablet),T4
Lotemax (Ophthalmic Ointment),T4	Matulane (Oral Capsule),T5
Lotemax (Ophthalmic Suspension),T4	Matzim LA (Oral Tablet Extended Release 24 Hour),T2
Lotemax SM (Ophthalmic Gel),T4	Mavyret (Oral Packet),T5
Loteprednol Etabonate (Ophthalmic Gel),T4	Mavyret (Oral Tablet),T5
Loteprednol Etabonate (Ophthalmic Suspension),T4	Mayzent (Oral Tablet),T5
Lovastatin (Oral Tablet),T1	Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack),T5
Low-Ogestrel (Oral Tablet),T4	Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack),T4
Loxapine Succinate (Oral Capsule),T2	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T2
Lubiprostone (Oral Capsule),T3	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Lumakras (Oral Tablet),T5	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe),T4
Lumigan (Ophthalmic Solution),T3	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4
Lupron Depot (1-Month) (Intramuscular Kit),T5	Mefloquine HCl (Oral Tablet),T2
Lupron Depot (3-Month) (Intramuscular Kit),T5	Megestrol Acetate (40MG/ML Oral Suspension),T3
Lupron Depot (4-Month) (Intramuscular Kit),T5	Megestrol Acetate (625MG/5ML Oral Suspension),T4
Lupron Depot (6-Month) (Intramuscular Kit),T5	Megestrol Acetate (Oral Tablet),T3
Lutera (Oral Tablet),T4	Mekinist (Oral Tablet),T5
Lybalvi (Oral Tablet),T5	Mektovi (Oral Tablet),T5
Lyleq (Oral Tablet),T4	Meloxicam (Oral Tablet),T1
Lynparza (Oral Tablet),T5	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2
Lysodren (Oral Tablet),T5	Memantine HCl (2MG/ML Oral Solution),T4
Lyumjev (Injection Solution),T3*	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T3*	Memantine HCl Titration Pak (Oral Tablet),T3
Lyza (Oral Tablet),T4	MenQuadfi (Intramuscular Solution),T3
M	Menactra (Intramuscular Solution),T3
M-M-R II (Injection Solution Reconstituted),T3	Menest (Oral Tablet),T3
Magnesium Sulfate (50% (10ML Syringe) Injection Solution),T4	Mentax (External Cream),T4
Magnesium Sulfate (50% Injection Solution),T4	
Malathion (External Lotion),T4	
Maraviroc (Oral Tablet),T5	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Menveo (Intramuscular Solution Reconstituted),T3

Mercaptopurine (Oral Tablet),T3

Meropenem (Intravenous Solution Reconstituted),T4

Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3

Mesalamine (Rectal Enema),T4

Mesalamine (Rectal Suppository),T4

Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso),T3

Mesnex (Oral Tablet),T4

Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release),T1

Metformin HCl (Oral Solution),T1

Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1

Methadone HCl (Oral Solution),T3

Methadone HCl (Oral Tablet),T3

Methazolamide (Oral Tablet),T4

Methenamine Hippurate (Oral Tablet),T3

Methimazole (Oral Tablet),T1

Methocarbamol (Oral Tablet),T3

Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe),T2

Methotrexate Sodium (50MG/2ML Injection Solution),T2

Methotrexate Sodium (Oral Tablet),T1

Methoxsalen Rapid (Oral Capsule),T5

Methscopolamine Bromide (Oral Tablet),T4

Methylphenidate HCl (Oral Solution),T4

Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3

Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release),T4

Methylprednisolone (Oral Tablet Therapy Pack),T2

Methylprednisolone (Oral Tablet),T2

Metoclopramide HCl (5MG/5ML Oral Solution),T2

Metoclopramide HCl (Oral Tablet),T1

Metolazone (Oral Tablet),T1

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

Metoprolol Tartrate (Oral Tablet),T1

Metoprolol-Hydrochlorothiazide (Oral Tablet),T2

Metronidazole (0.75% External Cream),T4

Metronidazole (0.75% External Gel, 1% External Gel),T4

Metronidazole (0.75% External Lotion),T4

Metronidazole (0.75% Vaginal Gel),T3

Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2

Metronidazole (500MG/100ML Intravenous Solution),T4

Metyrosine (Oral Capsule),T5

Mexiletine HCl (Oral Capsule),T3

Micafungin Sodium (Intravenous Solution Reconstituted),T4

Miconazole 3 (Vaginal Suppository),T3

Microgestin 1.5/30 (Oral Tablet),T4

Microgestin 1/20 (Oral Tablet),T4

Microgestin 24 Fe (Oral Tablet),T4

Microgestin Fe 1.5/30 (Oral Tablet),T4

Microgestin Fe 1/20 (Oral Tablet),T4

Midodrine HCl (Oral Tablet),T3

Migergot (Rectal Suppository),T5

Miglitol (Oral Tablet),T4

Miglustat (Oral Capsule),T5

Mili (Oral Tablet),T4

Minocycline HCl (Oral Capsule),T2

Minocycline HCl (Oral Tablet Immediate Release),T4

Minoxidil (Oral Tablet),T2

Mirtazapine (Oral Tablet),T2

Mirtazapine ODT (Oral Tablet Dispersible),T2

Mirvaso (External Gel),T4**Bold type = Brand name drug**

* Insulin Senior Savings Program

Plain type = Generic drug

Misoprostol (Oral Tablet),T3

Modafinil (Oral Tablet),T3

Moexipril HCl (Oral Tablet),T1

Molindone HCl (Oral Tablet),T4

Mometasone Furoate (External Cream),T2

Mometasone Furoate (External Ointment),T2

Mometasone Furoate (External Solution),T2

Mometasone Furoate (Nasal Suspension),T4

Montelukast Sodium (Oral Packet),T2

Montelukast Sodium (Oral Tablet Chewable),T2

Montelukast Sodium (Oral Tablet),T1

Morphine Sulfate (10MG/5ML Oral Solution),T3

Morphine Sulfate (20MG/5ML Oral Solution),T3

Morphine Sulfate (Concentrate) (20MG/ML Oral Solution),T3

Morphine Sulfate (Oral Tablet Immediate Release),T3

Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3

Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4

Motegrity (Oral Tablet),T4

Movantik (Oral Tablet),T3

Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox),T4

Moxifloxacin HCl (Oral Tablet),T3

Moxifloxacin HCl in NaCl (Intravenous Solution),T4

Multaq (Oral Tablet),T3

Mupirocin (External Ointment),T2

Mupirocin Calcium (External Cream),T4

Myalept (Subcutaneous Solution Reconstituted),T5

Mycophenolate Mofetil (Oral Capsule),T3

Mycophenolate Mofetil (Oral Suspension Reconstituted),T5

Mycophenolate Mofetil (Oral Tablet),T3

Mycophenolate Sodium (Oral Tablet Delayed Release),T4

Myorisan (Oral Capsule),T4

Myrbetriq (Oral Suspension Reconstituted ER),T3

Myrbetriq (Oral Tablet Extended Release 24 Hour),T3

N

Nabumetone (Oral Tablet),T2

Nadolol (Oral Tablet),T4

Nafcillin Sodium (10GM Intravenous Solution Reconstituted),T4

Nafcillin Sodium (Injection Solution Reconstituted),T4

Naftifine HCl (External Cream),T4

Naftin (2% External Gel),T4

Naloxone HCl (0.4MG/ML Injection Solution),T2

Naloxone HCl (Injection Solution Cartridge),T2

Naloxone HCl (Injection Solution Prefilled Syringe),T2

Naloxone HCl (Nasal Liquid),T3

Naltrexone HCl (Oral Tablet),T3

Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3

Namzaric (Oral Capsule Extended Release 24 Hour),T3

Naproxen (Oral Suspension),T5

Naproxen (Oral Tablet Immediate Release),T2

Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn),T2

Naratriptan HCl (Oral Tablet),T3

Narcan (Nasal Liquid),T3

Natacyn (Ophthalmic Suspension),T4

Nateglinide (Oral Tablet),T1

Natpara (Subcutaneous Cartridge),T5

Nayzilam (Nasal Solution),T4

Nebivolol HCl (Oral Tablet),T3

Necon 0.5/35 (28) (Oral Tablet),T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Nefazodone HCl (Oral Tablet),T4	Nimodipine (Oral Capsule),T4
Neomycin Sulfate (Oral Tablet),T2	Ninlaro (Oral Capsule),T5
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment),T3	Nitazoxanide (Oral Tablet),T5
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment),T3	Nitisinone (Oral Capsule),T5
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension),T2	Nitro-Bid (Transdermal Ointment),T4
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment),T2	Nitrofurantoin (Oral Suspension),T5
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution),T3	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3
Neomycin-Polymyxin-HC (1% Otic Solution),T3	Nitrofurantoin Monohydrate (Generic Macrobid),T3
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4	Nitroglycerin (Tablet Sublingual),T2
Neomycin-Polymyxin-HC (Otic Suspension),T3	Nitroglycerin (Transdermal Patch 24 Hour),T2
Nerlynx (Oral Tablet),T5	Nitroglycerin (Translingual Solution),T3
Neuac (External Gel),T4	Nitrostat (Tablet Sublingual),T3
Neulasta (Subcutaneous Solution Prefilled Syringe),T5	Nizatidine (Oral Capsule),T3
Neupro (Transdermal Patch 24 Hour),T4	Nora-BE (Oral Tablet),T4
Nevirapine (Oral Suspension),T4	Norethindrone (0.35MG Oral Tablet),T4
Nevirapine (Oral Tablet Immediate Release),T3	Norethindrone Acetate (5MG Oral Tablet),T2
Nevirapine ER (Oral Tablet Extended Release 24 Hour),T4	Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet),T4
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release),T4	Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable),T4
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T3	Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet),T4
Niacor (Oral Tablet),T4	Norgestimate-Ethinyl Estradiol (Oral Tablet),T4
Nicardipine HCl (Oral Capsule),T4	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet),T4
Nicotrol (Inhalation Inhaler),T4	Nortrel 0.5/35 (28) (Oral Tablet),T4
Nicotrol NS (Nasal Solution),T4	Nortrel 1/35 (21) (Oral Tablet),T4
Nifedipine ER (Oral Tablet Extended Release 24 Hour),T1	Nortrel 1/35 (28) (Oral Tablet),T4
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T1	Nortrel 7/7/7 (Oral Tablet),T4
Nikki (Oral Tablet),T4	Nortriptyline HCl (Oral Capsule),T2
Nilutamide (Oral Tablet),T5	Nortriptyline HCl (Oral Solution),T2
	Norvir (Oral Packet),T4
	Norvir (Oral Solution),T4

Bold type = Brand name drug

* Insulin Senior Savings Program

Plain type = Generic drug

Noxafil (Oral Suspension),T5	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T2
Nubeqa (Oral Tablet),T5	Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible),T4
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe),T5	Olmesartan Medoxomil (Oral Tablet),T1
Nucala (Subcutaneous Solution Auto-Injector),T5	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1
Nucala (Subcutaneous Solution Reconstituted),T5	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T1
Nuedexta (Oral Capsule),T5	Olopatadine HCl (Ophthalmic Solution),T3
Nuplazid (Oral Capsule),T5	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T4
Nuplazid (Oral Tablet),T5	Omeprazole (10MG Oral Capsule Delayed Release),T2
Nurtec ODT (Oral Tablet Dispersible),T5	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2
Nutrilipid (Intravenous Emulsion),T4	Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet),T2
Nyamyc (External Powder),T2	Ondansetron HCl (Oral Solution),T4
Nylia 1/35 (Oral Tablet),T4	Ondansetron ODT (Oral Tablet Dispersible),T2
Nylia 7/7/7 (Oral Tablet),T4	Onureg (Oral Tablet),T5
Nymalize (Oral Solution),T5	Opsumit (Oral Tablet),T5
Nymyo (Oral Tablet),T4	Orencia (Subcutaneous Solution Prefilled Syringe),T5
Nystatin (External Cream),T2	Orencia ClickJect (Subcutaneous Solution Auto-Injector),T5
Nystatin (External Ointment),T2	Orenitram (0.125MG Oral Tablet Extended Release),T4
Nystatin (External Powder),T2	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5
Nystatin (Mouth/Throat Suspension),T2	Orfadin (20MG Oral Capsule),T5
Nystatin (Oral Tablet),T2	Orfadin (Oral Suspension),T5
Nystop (External Powder),T2	Orgovyx (Oral Tablet),T5
O	Orkambi (Oral Packet),T5
Ocaliva (Oral Tablet),T5	Orkambi (Oral Tablet),T5
Ocella (Oral Tablet),T4	Oseltamivir Phosphate (Oral Capsule),T3
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution),T5	Oseltamivir Phosphate (Oral Suspension)
Octreotide Acetate (Injection Solution),T4	
Odefsey (Oral Tablet),T5	
Odomzo (Oral Capsule),T5	
Ofev (Oral Capsule),T5	
Ofloxacin (Ophthalmic Solution),T2	
Ofloxacin (Oral Tablet),T3	
Ofloxacin (Otic Solution),T3	
Olanzapine (10MG Intramuscular Solution Reconstituted),T4	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Reconstituted),T3

Osphena (Oral Tablet),T3

Otezla (Oral Tablet Therapy Pack),T5

Otezla (Oral Tablet),T5

Oxacillin Sodium (Injection Solution Reconstituted),T4

Oxacillin Sodium (Intravenous Solution Reconstituted),T4

Oxacillin Sodium in Dextrose (Intravenous Solution),T4

Oxandrolone (10MG Oral Tablet),T4

Oxandrolone (2.5MG Oral Tablet),T3

Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet),T3

Oxcarbazepine (300MG/5ML Oral Suspension),T4

Oxybutynin Chloride (Oral Syrup),T2

Oxybutynin Chloride (Oral Tablet Immediate Release),T2

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

Oxycodone HCl (100MG/5ML Oral Concentrate),T4

Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2

Oxycodone HCl (5MG/5ML Oral Solution),T4

Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3

Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T3

Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector),T3

Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector),T3

Bold type = Brand name drug
 *Insulin Senior Savings Program

P

PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY),T2

PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY),T2

Pacerone (200MG Oral Tablet),T1

Paliperidone ER (Oral Tablet Extended Release 24 Hour),T4

Panretin (External Gel),T5

Pantoprazole Sodium (Oral Tablet Delayed Release),T1

Panzyga (Intravenous Solution),T5

Paricalcitol (Oral Capsule),T4

Paromomycin Sulfate (Oral Capsule),T4

Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release),T2

Paroxetine HCl (10MG/5ML Oral Suspension),T4

Paser (Oral Packet),T4

Pediarix (Intramuscular Suspension Prefilled Syringe),T3

Pedvax HIB (Intramuscular Suspension),T3

Pegasys (Subcutaneous Solution Prefilled Syringe),T5

Pegasys (Subcutaneous Solution),T5

Pemazyre (Oral Tablet),T5

Penicillamine (250MG Oral Capsule),T5

Penicillamine (250MG Oral Tablet),T5

Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted),T4

Penicillin G Procaine (Intramuscular Suspension),T4

Penicillin G Sodium (Injection Solution Reconstituted),T4

Penicillin V Potassium (Oral Solution Reconstituted),T2

Penicillin V Potassium (Oral Tablet),T2

Pentacel (Intramuscular Suspension Reconstituted),T3

Plain type = Generic drug

Pentamidine Isethionate (Inhalation Solution Reconstituted),T4

Pentamidine Isethionate (Injection Solution Reconstituted),T4

Pentasa (250MG Oral Capsule Extended Release),T4

Pentoxifylline ER (Oral Tablet Extended Release),T2

Perforomist (Inhalation Nebulization Solution),T4

Perindopril Erbumine (Oral Tablet),T1

Periogard (Mouth Solution),T1

Permethrin (External Cream),T3

Perphenazine (Oral Tablet),T4

Perseris (Subcutaneous Prefilled Syringe),T5

Phenelzine Sulfate (Oral Tablet),T3

Phenobarbital (Oral Elixir),T2

Phenobarbital (Oral Tablet),T2

Phenoxybenzamine HCl (Oral Capsule),T5

Phenytek (Oral Capsule),T2

Phenytoin (125MG/5ML Oral Suspension),T2

Phenytoin (Oral Tablet Chewable),T2

Phenytoin Sodium Extended (Oral Capsule),T2

Phoslyra (Oral Solution),T3

Pifelro (Oral Tablet),T5

Pilocarpine HCl (Ophthalmic Solution),T3

Pilocarpine HCl (Oral Tablet),T4

Pimecrolimus (External Cream),T4

Pimozide (Oral Tablet),T4

Pimtrea (Oral Tablet),T4

Pindolol (Oral Tablet),T3

Pioglitazone HCl (Oral Tablet),T1

Pioglitazone HCl-Glimepiride (Oral Tablet),T1

Pioglitazone HCl-Metformin HCl (Oral Tablet),T1

Piperacillin-Tazobactam (Intravenous Solution Reconstituted),T4

Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack),T5

Piqray (250MG Daily Dose) (Oral Tablet

Therapy Pack),T5

Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack),T5

Pirfenidone (Oral Tablet),T5

Pirmella 1/35 (Oral Tablet),T4

Piroxicam (Oral Capsule),T3

Plasma-Lyte 148 (Intravenous Solution),T4

Plasma-Lyte A (Intravenous Solution),T4

Plenammine (Intravenous Solution),T4

Podofilox (External Solution),T3

Polymyxin B Sulfate (Injection Solution Reconstituted),T4

Polymyxin B-Trimethoprim (Ophthalmic Solution),T2

Pomalyst (Oral Capsule),T5

Portia-28 (Oral Tablet),T4

Posaconazole (Oral Tablet Delayed Release),T5

Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution),T4

Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution),T3

Potassium Chloride (Oral Packet),T3

Potassium Chloride CR (Oral Tablet Extended Release),T1

Potassium Chloride ER (Oral Capsule Extended Release),T1

Potassium Chloride ER (Oral Tablet Extended Release),T1

Potassium Chloride in Dextrose (Intravenous Solution),T4

Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution),T4

Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution),T4

Potassium Citrate ER (Oral Tablet Extended Release),T3

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Praluent (Subcutaneous Solution Auto-Injector),T3

Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2

Prasugrel HCl (Oral Tablet),T3

Pravastatin Sodium (Oral Tablet),T1

Praziquantel (Oral Tablet),T4

Prazosin HCl (Oral Capsule),T2

PreHevbrio (Intramuscular Suspension),T3**Pred Mild (Ophthalmic Suspension),T4****Pred-G (Ophthalmic Suspension),T4****Pred-G S.O.P. (Ophthalmic Ointment),T4**

Prednicarbate (External Ointment),T4

Prednisolone (Oral Solution),T2

Prednisolone Acetate (Ophthalmic Suspension),T3

Prednisolone Sodium Phosphate (1% Ophthalmic Solution),T2

Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution),T2

Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack),T1

Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet),T1

Prednisone (5MG/5ML Oral Solution),T2

Prednisone Intensol (Oral Concentrate),T2

Pregabalin (Oral Capsule),T3

Pregabalin (Oral Solution),T3

Premarin (Oral Tablet),T4**Premarin (Vaginal Cream),T3**

Premasol (Intravenous Solution),T4

Premphase (Oral Tablet),T4**Prempro (Oral Tablet),T4**

Prenatal (27-1MG Oral Tablet),T3

Prevalite (Oral Packet),T4

Prevymis (Oral Tablet),T5**Prezcobix (Oral Tablet),T5****Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T5****Prezista (75MG Oral Tablet),T4****Prezista (Oral Suspension),T5****Priftin (Oral Tablet),T4**

Primaquine Phosphate (Oral Tablet),T4

Primidone (Oral Tablet),T2

Privigen (20GM/200ML Intravenous Solution),T5**ProAir HFA (Inhalation Aerosol Solution),T3****ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3****ProQuad (Subcutaneous Suspension Reconstituted),T3**

Probenecid (Oral Tablet),T3

Probenecid-Colchicine (Oral Tablet),T3

Procalamine (3% Intravenous Solution),T4

Prochlorperazine (Rectal Suppository),T4

Prochlorperazine Maleate (Oral Tablet),T2

Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4**Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5**

Procto-Med HC (External Cream),T2

Procto-Pak (External Cream),T2

Proctosol HC (External Cream),T2

Proctozone-HC (External Cream),T2

Procysbi (Oral Packet),T5

Progesterone (Oral Capsule),T2

Prograf (Oral Packet),T4**Prolastin-C (Intravenous Solution Reconstituted),T5****Prolensa (Ophthalmic Solution),T4****Prolia (Subcutaneous Solution Prefilled Syringe),T4****Promacta (Oral Packet),T5****Bold type = Brand name drug**

* Insulin Senior Savings Program

Plain type = Generic drug

Promacta (Oral Tablet),T5

Promethazine HCl (Oral Syrup),T3

Promethazine HCl (Oral Tablet),T3

Promethazine HCl (Rectal Suppository),T4

Promethegan (25MG Rectal Suppository),T4

Propafenone HCl (Oral Tablet),T2

Propafenone HCl ER (Oral Capsule Extended Release 12 Hour),T4

Propranolol HCl (Oral Solution),T2

Propranolol HCl (Oral Tablet),T1

Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2

Propylthiouracil (Oral Tablet),T2

Prosol (Intravenous Solution),T4

Protriptyline HCl (Oral Tablet),T4

Pulmozyme (Inhalation Solution),T5**Purixan (Oral Suspension),T5**

Pyrazinamide (Oral Tablet),T4

Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3

Pyridostigmine Bromide (Oral Solution),T5

Pyridostigmine Bromide ER (Oral Tablet Extended Release),T4

Pyrimethamine (Oral Tablet),T5

Q**Qinlock (Oral Tablet),T5****Quadracel (Intramuscular Suspension),T3**

Quetiapine Fumarate (Oral Tablet Immediate Release),T2

Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T3

Quinapril HCl (Oral Tablet),T1

Quinapril-Hydrochlorothiazide (Oral Tablet),T1

Quinidine Gluconate ER (Oral Tablet Extended Release),T4

Quinidine Sulfate (Oral Tablet),T2

Quinine Sulfate (Oral Capsule),T4

R**RAVICTI (Oral Liquid),T5**

RabAvert (Intramuscular Suspension Reconstituted),T3

Rabeprazole Sodium (Oral Tablet Delayed Release),T3

Raloxifene HCl (Oral Tablet),T2

Ramelteon (Oral Tablet),T4

Ramipril (Oral Capsule),T1

Ranolazine ER (Oral Tablet Extended Release 12 Hour),T3

Rasagiline Mesylate (Oral Tablet),T4

Rasuvo (Subcutaneous Solution Auto-Injector),T4**Rayaldee (Oral Capsule Extended Release),T5****Rebif (Subcutaneous Solution Prefilled Syringe),T5****Rebif Rebidose (Subcutaneous Solution Auto-Injector),T5****Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T5****Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5**

Reclipsen (Oral Tablet),T4

Recombivax HB (Injection Suspension),T3**Rectiv (Rectal Ointment),T4****Regranex (External Gel),T5****Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated),T3****Relistor (Oral Tablet),T5****Relistor (Subcutaneous Solution),T5**

Repaglinide (Oral Tablet),T1

Repatha (Subcutaneous Solution Prefilled Syringe),T3**Repatha Pushtronex System (Subcutaneous Solution Cartridge),T3****Repatha SureClick (Subcutaneous Solution Auto-Injector),T3****Restasis MultiDose (Ophthalmic Emulsion),T3****Restasis Single-Use Vials (Ophthalmic Emulsion),T3****Retacrit (Injection Solution),T4**

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Retevmo (Oral Capsule),T5	Rizatriptan Benzoate (Oral Tablet),T3
Revcovi (Intramuscular Solution),T5	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3
Revlimid (Oral Capsule),T5	Rocklatan (Ophthalmic Solution),T3
Rexulti (Oral Tablet),T5	Ropinirole HCl (Oral Tablet Immediate Release),T2
Reyataz (Oral Packet),T5	Rosuvastatin Calcium (Oral Tablet),T1
Rhopressa (Ophthalmic Solution),T3	RotaTeq (Oral Solution),T3
Ribavirin (Oral Tablet),T3	Rotarix (Oral Suspension Reconstituted),T3
Ridaura (Oral Capsule),T5	Roweepra (Oral Tablet Immediate Release),T2
Rifabutin (Oral Capsule),T4	Rozlytrek (Oral Capsule),T5
Rifampin (150MG Oral Capsule, 300MG Oral Capsule),T3	Rubraca (Oral Tablet),T5
Rifampin (600MG Intravenous Solution Reconstituted),T4	Ruconest (Intravenous Solution Reconstituted),T5
Riluzole (Oral Tablet),T3	Rufinamide (200MG Oral Tablet),T4
Rimantadine HCl (Oral Tablet),T4	Rufinamide (400MG Oral Tablet),T5
Rinvoq (Oral Tablet Extended Release 24 Hour),T5	Rufinamide (Oral Suspension),T5
Risedronate Sodium (Oral Tablet Immediate Release),T3	Rukobia (Oral Tablet Extended Release 12 Hour),T5
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4	Rybelsus (Oral Tablet),T3
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5	Rydapt (Oral Capsule),T5
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet),T2	Rytary (Oral Capsule Extended Release),T4
Risperidone (1MG/ML Oral Solution),T4	S
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible),T4	SPS (Oral Suspension),T3
Ritonavir (Oral Tablet),T3	SSD (External Cream),T3
Rivastigmine (Transdermal Patch 24 Hour),T4	Sajazir (Subcutaneous Solution),T5
Rivastigmine Tartrate (Oral Capsule),T3	Sancuso (Transdermal Patch),T5
Rivelsa (Oral Tablet),T4	Sandimmune (Oral Solution),T4
	Santyl (External Ointment),T4
	Sapropterin Dihydrochloride (Oral Packet),T5
	Sapropterin Dihydrochloride (Oral Tablet),T5
	Savella (Oral Tablet),T3
	Savella Titration Pack (Oral Tablet),T3
	Scemblix (Oral Tablet),T5
	Scopolamine (Transdermal Patch 72 Hour),T4
	Secuado (Transdermal Patch 24 Hour),T5
	Selegiline HCl (Oral Capsule),T3
	Selegiline HCl (Oral Tablet),T3

Bold type = Brand name drug

* Insulin Senior Savings Program

Plain type = Generic drug

Selenium Sulfide (External Lotion),T2	Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution),T4
Selzentry (25MG Oral Tablet),T3	Sodium Chloride (5% Intravenous Solution),T4
Selzentry (75MG Oral Tablet),T5	Sodium Chloride (Irrigation Solution),T3
Selzentry (Oral Solution),T5	Sodium Fluoride (Oral Tablet),T1
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3	Sodium Phenylbutyrate (Oral Powder),T5
Serostim (Subcutaneous Solution Reconstituted),T5	Sodium Phenylbutyrate (Oral Tablet),T5
Sertraline HCl (Oral Concentrate),T4	Sodium Polystyrene Sulfonate (Oral Powder),T3
Sertraline HCl (Oral Tablet),T1	Sofosbuvir-Velpatasvir (Oral Tablet),T5
Setlakin (Oral Tablet),T4	Solifenacin Succinate (Oral Tablet),T3
Sevelamer Carbonate (Oral Packet),T5	Soliqua (Subcutaneous Solution Pen-Injector),T3*
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4	Soltamox (Oral Solution),T5
Sharobel (Oral Tablet),T4	Somavert (Subcutaneous Solution Reconstituted),T5
Shingrix (Intramuscular Suspension Reconstituted),T3	Sorafenib Tosylate (Oral Tablet),T5
Signifor (Subcutaneous Solution),T5	Sorine (Oral Tablet),T2
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3	Sotalol HCl (Oral Tablet),T2
Silodosin (Oral Capsule),T3	Sotalol HCl AF (Oral Tablet),T2
Silver Sulfadiazine (External Cream),T3	Sovaldi (400MG Oral Tablet),T5
Simbrinza (Ophthalmic Suspension),T3	Sovaldi (Oral Packet),T5
Simponi (Subcutaneous Solution Auto-Injector),T5	Spiriva HandiHaler (Inhalation Capsule),T3
Simponi (Subcutaneous Solution Prefilled Syringe),T5	Spiriva Respimat (Inhalation Aerosol Solution),T3
Simvastatin (Oral Tablet),T1	Spironolactone (Oral Tablet),T1
Sirolimus (Oral Solution),T5	Spironolactone-HCTZ (Oral Tablet),T2
Sirolimus (Oral Tablet),T4	Sprintec 28 (Oral Tablet),T4
Sirturo (Oral Tablet),T5	Spritam ODT (Oral Tablet Disintegrating Soluble),T4
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit),T5	Sprycel (Oral Tablet),T5
Skyrizi (Subcutaneous Solution Prefilled Syringe),T5	Sronyx (Oral Tablet),T4
Skyrizi Pen (Subcutaneous Solution Auto-Injector),T5	Stelara (Subcutaneous Solution Prefilled Syringe),T5
Sodium Chloride (0.45% Intravenous Solution),T4	Stelara (Subcutaneous Solution),T5
	Stiolto Respimat (Inhalation Aerosol Solution),T3
	Stivarga (Oral Tablet),T5
	Streptomycin Sulfate (Intramuscular Solution Reconstituted),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Stribild (Oral Tablet),T5

Suboxone (Sublingual Film),T4

Sucraid (Oral Solution),T5

Sucralfate (Oral Suspension),T4

Sucralfate (Oral Tablet),T2

Sulfacetamide Sodium (Ophthalmic Ointment),T2

Sulfacetamide Sodium (Ophthalmic Solution),T2

Sulfacetamide-Prednisolone (Ophthalmic Solution),T2

Sulfadiazine (Oral Tablet),T4

Sulfamethoxazole-Trimethoprim (Oral Suspension),T3

Sulfamethoxazole-Trimethoprim (Oral Tablet),T2

Sulfamylon (External Cream),T4

Sulfasalazine (Oral Tablet Delayed Release),T2

Sulfasalazine (Oral Tablet Immediate Release),T2

Sulindac (Oral Tablet),T2

Sumatriptan (Nasal Solution),T4

Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2

Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector),T4

Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T4

Sunitinib Malate (Oral Capsule),T5

Suprax (500MG/5ML Oral Suspension Reconstituted),T3

Suprax (Oral Tablet Chewable),T3

Suprep Bowel Prep Kit (Oral Solution),T3

Syeda (Oral Tablet),T4

Symbicort (Inhalation Aerosol),T3

SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5

SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5

Sympazan (Oral Film),T5

Symtuza (Oral Tablet),T5

Synarel (Nasal Solution),T5

Synjardy (Oral Tablet Immediate Release),T3

Synjardy XR (Oral Tablet Extended Release 24 Hour),T3

Synribo (Subcutaneous Solution Reconstituted),T5

Synthroid (Oral Tablet),T3

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TDVAX (Intramuscular Suspension),T3

TOBI Podhaler (Inhalation Capsule),T5

TPN Electrolytes (Intravenous Concentrate),T4

Tabloid (Oral Tablet),T4

Tabrecta (Oral Tablet),T5

Tacrolimus (External Ointment),T4

Tacrolimus (Oral Capsule),T3

Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca),T4

Tafinlar (Oral Capsule),T5

Tagrisso (Oral Tablet),T5

Talzenna (Oral Capsule),T5

Tamoxifen Citrate (Oral Tablet),T2

Tamsulosin HCl (Oral Capsule),T1

Tarina 24 Fe (Oral Tablet),T4

Tarina Fe 1/20 EQ (Oral Tablet),T4

Tasigna (Oral Capsule),T5

Tazarotene (External Cream),T4

Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted),T4

Tazicef (Injection Solution Reconstituted),T4

Taztia XT (Oral Capsule Extended Release 24 Hour),T2

Tazverik (Oral Tablet),T5

Teflaro (Intravenous Solution Reconstituted),T5

Tegsedi (Subcutaneous Solution Prefilled Syringe),T5

Bold type = Brand name drug
 * Insulin Senior Savings Program

Plain type = Generic drug

Telmisartan (Oral Tablet),T1

Telmisartan-Amlodipine (Oral Tablet),T1

Telmisartan-HCTZ (Oral Tablet),T1

Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2

Tenivac (Intramuscular Injectable),T3

Tenofovir Disoproxil Fumarate (Oral Tablet),T4

Tepmetko (Oral Tablet),T5

Terazosin HCl (Oral Capsule),T1

Terbinafine HCl (Oral Tablet),T2

Terconazole (Vaginal Cream),T3

Terconazole (Vaginal Suppository),T3

Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T5

Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel),T4

Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel),T3

Testosterone Cypionate (Intramuscular Solution),T2

Testosterone Enanthate (Intramuscular Solution),T3

Tetrabenazine (12.5MG Oral Tablet),T4

Tetrabenazine (25MG Oral Tablet),T5

Tetracycline HCl (Oral Capsule),T4

Thalomid (Oral Capsule),T5

Theophylline (Oral Solution),T2

Theophylline ER (Oral Tablet Extended Release 12 Hour),T2

Theophylline ER (Oral Tablet Extended Release 24 Hour),T2

Thioridazine HCl (Oral Tablet),T3

Thiothixene (Oral Capsule),T3

Tiadyt ER (Oral Capsule Extended Release 24 Hour),T2

Tiagabine HCl (Oral Tablet),T4

Tibsovo (Oral Tablet),T5

Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe),T3

Tigecycline (Intravenous Solution Reconstituted),T5

Tilia Fe (Oral Tablet),T4

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

Timolol Maleate (Oral Tablet),T3

Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3

Tinidazole (Oral Tablet),T4

Tivicay (10MG Oral Tablet, 25MG Oral Tablet),T4

Tivicay (50MG Oral Tablet),T5

Tivicay PD (Oral Tablet Soluble),T5

Tizanidine HCl (Oral Tablet),T2

TobraDex (Ophthalmic Ointment),T3

TobraDex ST (Ophthalmic Suspension),T4

Tobramycin (Inhalation Nebulization Solution),T5

Tobramycin (Ophthalmic Solution),T2

Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution),T4

Tobramycin-Dexamethasone (Ophthalmic Suspension),T3

Tobrex (Ophthalmic Ointment),T4

Tolcapone (Oral Tablet),T5

Tolterodine Tartrate (Oral Tablet),T3

Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour),T4

Topiramate (Oral Capsule Sprinkle Immediate Release),T1

Topiramate (Oral Tablet),T1

Toremifene Citrate (Oral Tablet),T5

Torseamide (Oral Tablet),T2

Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3*

Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3*

Tracleer (Oral Tablet Soluble),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Tradjenta (Oral Tablet),T3

Tramadol HCl (50MG Oral Tablet Immediate Release),T2

Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour),T3

Tramadol HCl ER (Oral Tablet Extended Release 24 Hour),T3

Tramadol-Acetaminophen (Oral Tablet),T2

Trandolapril (Oral Tablet),T1

Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release),T1

Tranexamic Acid (Oral Tablet),T3

Tranylcypromine Sulfate (Oral Tablet),T4

Travasol (Intravenous Solution),T4

Travoprost (BAK Free) (Ophthalmic Solution),T3

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

Trazodone HCl (300MG Oral Tablet),T2

Trecator (Oral Tablet),T4**Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3****Trelstar Mixject (Intramuscular Suspension Reconstituted),T5****Tresiba (Subcutaneous Solution),T3*****Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3***

Tretinoin (0.01% External Gel, 0.025% External Gel),T4

Tretinoin (External Cream),T4

Tretinoin (Oral Capsule),T5

Tretinoin Microsphere (External Gel),T4

Trexall (Oral Tablet),T4

Tri-Estarylla (Oral Tablet),T4

Tri-Legest Fe (Oral Tablet),T4

Tri-Lo-Estarylla (Oral Tablet),T4

Tri-Lo-Sprintec (Oral Tablet),T4

Tri-Mili (Oral Tablet),T4

Tri-Nymyo (Oral Tablet),T4

Tri-Sprintec (Oral Tablet),T4

Tri-VyLibra (Oral Tablet),T4

Tri-VyLibra Lo (Oral Tablet),T4

Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2

Triamcinolone Acetonide (Dental Paste),T3

Triamcinolone Acetonide (External Cream),T2

Triamcinolone Acetonide (External Lotion),T2

Triamterene (Oral Capsule),T4

Triamterene-HCTZ (Oral Capsule),T1

Triamterene-HCTZ (Oral Tablet),T1

Triderm (External Cream),T2

Trientine HCl (Oral Capsule),T5

Trifluoperazine HCl (Oral Tablet),T3

Trifluridine (Ophthalmic Solution),T3

Trihexyphenidyl HCl (Oral Solution),T2

Trihexyphenidyl HCl (Oral Tablet),T2

Trijardy XR (Oral Tablet Extended Release 24 Hour),T3

Trimethoprim (Oral Tablet),T2

Trimipramine Maleate (Oral Capsule),T4

Trintellix (Oral Tablet),T4**Triumeq (Oral Tablet),T5****Triumeq PD (Oral Tablet Soluble),T5**

Trivora (28) (Oral Tablet),T4

Trizivir (Oral Tablet),T5**TrophAmine (Intravenous Solution),T4**

Trospium Chloride (Oral Tablet),T3

Trulance (Oral Tablet),T4**Trulicity (Subcutaneous Solution Pen-Injector),T3****Trumenba (Intramuscular Suspension Prefilled Syringe),T3****Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack),T5****Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack),T5****Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack),T5****Bold type = Brand name drug**

* Insulin Senior Savings Program

Plain type = Generic drug

Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack),T5

Tukysa (Oral Tablet),T5

Turalio (Oral Capsule),T5

Twinrix (Intramuscular Suspension Prefilled Syringe),T3

Tybost (Oral Tablet),T4

Tymlos (Subcutaneous Solution Pen-Injector),T5

Typhim Vi (Intramuscular Solution Prefilled Syringe),T3

Typhim Vi (Intramuscular Solution),T3

U

Unithroid (Oral Tablet),T3

Ursodiol (300MG Oral Capsule),T3

Ursodiol (Oral Tablet),T4

V

VAQTA (Intramuscular Suspension),T3

Valacyclovir HCl (Oral Tablet),T3

Valchlor (External Gel),T5

Valganciclovir HCl (450MG Oral Tablet),T3

Valganciclovir HCl (50MG/ML Oral Solution Reconstituted),T5

Valproic Acid (Oral Capsule),T2

Valproic Acid (Oral Solution),T2

Valsartan (Oral Tablet),T1

Valsartan-Hydrochlorothiazide (Oral Tablet),T1

Valtoco 10MG Dose (Nasal Liquid),T5

Valtoco 15MG Dose (Nasal Liquid Therapy Pack),T5

Valtoco 20MG Dose (Nasal Liquid Therapy Pack),T5

Valtoco 5MG Dose (Nasal Liquid),T5

Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted),T4

Vancomycin HCl (Oral Capsule),T4

Vandazole (Vaginal Gel),T3

Varenicline Tartrate (Oral Tablet Pack),T3

Varenicline Tartrate (Oral Tablet),T3

Varivax (Subcutaneous Injectable),T3

Vascepa (Oral Capsule),T4

Velivet (Oral Tablet),T4

Velphoro (Oral Tablet Chewable),T5

Veltassa (Oral Packet),T5

Vemlidy (Oral Tablet),T5

Venclexta (100MG Oral Tablet, 50MG Oral Tablet),T5

Venclexta (10MG Oral Tablet),T3

Venclexta Starting Pack (Oral Tablet Therapy Pack),T5

Venlafaxine HCl (Oral Tablet Immediate Release),T3

Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T2

Ventavis (Inhalation Solution),T5

Verapamil HCl (Oral Tablet Immediate Release),T1

Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3

Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour),T3

Verapamil HCl ER (Oral Tablet Extended Release),T2

Versacloz (Oral Suspension),T5

Verzenio (Oral Tablet),T5

Vestura (Oral Tablet),T4

Vibramycin (50MG/5ML Oral Syrup),T4

Victoza (Subcutaneous Solution Pen-Injector),T3

Vienna (Oral Tablet),T4

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Vigabatrin (Oral Packet),T5

Vigabatrin (Oral Tablet),T5

Vigadrone (Oral Packet),T5

Viibryd (Oral Tablet),T4

Viibryd Starter Pack (Oral Kit),T4

Vilazodone HCl (Oral Tablet),T4

Vimpat (Oral Solution),T4

Vimpat (Oral Tablet),T4

Viracept (Oral Tablet),T5

Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet),T5

Viread (Oral Powder),T5

Vitrakvi (Oral Capsule),T5

Vitrakvi (Oral Solution),T5

Vivitrol (Intramuscular Suspension Reconstituted),T5

Vizimpro (Oral Tablet),T5

Vonjo (Oral Capsule),T5

Voriconazole (Intravenous Solution Reconstituted),T5

Voriconazole (Oral Suspension Reconstituted),T5

Voriconazole (Oral Tablet),T4

Vosevi (Oral Tablet),T5

Votrient (Oral Tablet),T5

Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule),T5

Vraylar (Oral Capsule Therapy Pack),T4

Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle),T5

VyLibra (Oral Tablet),T4

Vyfemla (Oral Tablet),T4

Vyndamax (Oral Capsule),T5

Vyndaqel (Oral Capsule),T5

Vyvanse (Oral Capsule),T4

Vyvanse (Oral Tablet Chewable),T4

Vyzulta (Ophthalmic Solution),T4

Bold type = Brand name drug
 * Insulin Senior Savings Program

W

WYMZYA Fe (Oral Tablet Chewable),T4

Warfarin Sodium (Oral Tablet),T1

Welireg (Oral Tablet),T5

Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3

X

Xalkori (Oral Capsule),T5

Xarelto (Oral Tablet),T3

Xarelto Starter Pack (Oral Tablet Therapy Pack),T3

Xatmep (Oral Solution),T4

Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet),T5

Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack),T4

Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T5

Xcopri (250MG Daily Dose) (100MG & 150MG Oral Tablet Therapy Pack),T5

Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack),T5

Xeljanz (Oral Solution),T5

Xeljanz (Oral Tablet Immediate Release),T5

Xeljanz XR (Oral Tablet Extended Release 24 Hour),T5

Xermelo (Oral Tablet),T5

Xgeva (Subcutaneous Solution),T5

Xifaxan (Oral Tablet),T5

Xigduo XR (Oral Tablet Extended Release 24 Hour),T3

Xiidra (Ophthalmic Solution),T4

Xofluza (40MG Dose) (1 x 40MG Oral Tablet Therapy Pack),T3

Xofluza (80MG Dose) (1 x 80MG Oral Tablet Therapy Pack),T3

Xolair (Subcutaneous Solution Prefilled Syringe),T5

Plain type = Generic drug

Xolair (Subcutaneous Solution Reconstituted),T5

Xospata (Oral Tablet),T5

Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack),T5

Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack),T5

Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack),T5

Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack),T5

Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack),T5

Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack),T5

Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack),T5

Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T4

Xtandi (Oral Capsule),T5

Xtandi (Oral Tablet),T5

Xulane (Transdermal Patch Weekly),T4

Xyrem (Oral Solution),T5

Y

YF-Vax (Subcutaneous Injectable),T3

Yuvaferm (Vaginal Tablet),T4

Z

Zafemy (Transdermal Patch Weekly),T4

Zafirlukast (Oral Tablet),T3

Zaleplon (Oral Capsule),T3

Zarxio (Injection Solution Prefilled Syringe),T5

Zejula (Oral Capsule),T5

Zelapar ODT (Oral Tablet Dispersible),T5

Zelboraf (Oral Tablet),T5

Zemaira (Intravenous Solution Reconstituted),T5

Zenatane (Oral Capsule),T4

Zenpep (Oral Capsule Delayed Release Particles),T3

Zerbaxa (Intravenous Solution Reconstituted),T5

Zidovudine (Oral Capsule),T3

Zidovudine (Oral Syrup),T3

Zidovudine (Oral Tablet),T3

Ziextenzo (Subcutaneous Solution Prefilled Syringe),T5

Zileuton ER (Oral Tablet Extended Release 12 Hour),T5

Ziprasidone HCl (Oral Capsule),T3

Ziprasidone Mesylate (Intramuscular Solution Reconstituted),T4

Zirgan (Ophthalmic Gel),T4

Zolinza (Oral Capsule),T5

Zolpidem Tartrate (Oral Tablet Immediate Release),T2

Zonisamide (Oral Capsule),T2

Zorbtive (Subcutaneous Solution Reconstituted),T5

Zovia 1/35 (28) (Oral Tablet),T4

Zydelig (Oral Tablet),T5

Zyflo (Oral Tablet Immediate Release),T5

Zykadia (Oral Tablet),T5

Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted),T5

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

* Insulin Senior Savings Program

Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay for these drugs does not count toward your total drug costs or help you qualify for catastrophic coverage. If you get Extra Help to pay for your prescriptions, it does not apply to these drugs.

Drug name	Drug tier	Restrictions
Vitamins		
Folic Acid (1mg tablet)	2	
Cyanocobalamin (1000mcg/ml vial)	2	
Ergocalciferol (50000mcg capsule)	2	
Erectile Dysfunction		
Sildenafil (25mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (50mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (100mg tablet)	2	Maximum of 4 tablets per 30 days

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Alternative Covered Drugs

Your plan's Drug List includes many different types of drugs, but it doesn't include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan.

Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amitiza	Linzess – 3 Lubiprostone – 3 Movantik – 3 Motegrity – 4 Relistor – 5 Trulance – 4
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Bystolic	Atenolol Tablet – 1 Bisoprolol Fumarate – 2 Metoprolol Tablet – 1 Carvedilol Tablet – 1
Cialis & Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 1 Tamsulosin – 1
Cyclosporine Ophthalmic	Restasis – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3 Lyumjev – 3
Nucynta ER	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
OxyContin	Xtampza XR – 4 Morphine Sulfate ER 15mg, 30mg, 60mg, 100mg Tablets – 3
Pradaxa	Eliquis – 3 Xarelto – 3

Drugs not covered by the plan	Alternative covered drugs – Tier
Proventil HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3
Qvar Redihaler	Arnuity – 3 Flovent – 3
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Albuterol HFA (Generic Proair/Proventil HFA) – 2 Proair HFA – 3 Proair Respiclick – 3
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 Belsomra – 3

Bold type = Brand name drug Plain type = Generic drug



Note: Alternatives are suggestions only and may or may not be appropriate depending on the specific illness being treated. Information is accurate as of August 1, 2022, and may be subject to change. Please refer to the Drug List for details on drug coverage.

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

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Ready to Enroll

Plan Recap

We want to make sure you know what to expect with the new plan you've chosen.

✓ Please fill out this plan recap with your Licensed Sales Representative (if applicable).

Plan Information

The name of my new plan is: _____

My new plan is a: Medicare Advantage plan Medicare Advantage Special Needs plan
 Medicare Part D plan Medicare Supplement Insurance (Medigap) plan

My plan type is a (circle one): HMO HMO-POS LPPO RPPO PFFS

My plan type: Requires referrals Does not require referrals

Includes a medical deductible, unless the state or another third party pays it for me

Does not include a medical deductible

My plan will provide: All Medicare health coverage All Medicare prescription drug coverage

I have purchased rider(s) as part of my plan: **Yes** **No** N/A

Proposed effective date: - - -

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service.

Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.

I must live in the plan's service area, which is _____. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

Circle the correct answer: I should / should not have a Medicare Advantage plan and a stand-alone Medicare Part D plan at the same time.

I have **opted / not opted** to access some plan documents electronically. I have **provided / not provided** my email address as another way for the plan to contact me with important information. I can update or change this anytime.

Premium Information

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. If I qualify for Extra Help, my premium may be less. I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless it's paid by the state or a third party. If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to pay the LEP in addition to my premium each month.

Select the payment method you will use to pay your monthly premium:

Direct bill each month Deduction from my Railroad Retirement check
 Deduction from my Social Security check Automatic payment from my bank account

Deductions from your Social Security check may be denied by the Centers for Medicare & Medicaid Services (CMS). If approved, it may take a month or 2 for payments to begin. We'll send you a bill until your Social Security payment is accepted and set up.

Network Information

With my plan, I can see any provider inside or outside the network nationwide that accepts Medicare. If I get my care from out-of-network providers, I may pay more of the cost. Yes No

My plan includes Medicare Advantage's largest national provider network.* I have access to a local network of doctors and hospitals, plus access to care across the country at network costs when I see doctors in the UnitedHealthcare Medicare National Network (exclusions may apply). Yes No

List the doctors and hospitals you use in this table. Be sure to note whether they are part of the provider network and if they require referrals.

Provider Name	Provider Type (PCP/Specialist/Hospital)	Network (Yes/No)	Referral (Yes/No)
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Prescription Drug Coverage

My plan (circle one) **does not have a deductible / has a \$ _____ deductible** that applies to drugs in (circle the tier(s)): **Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5 / ALL tiers**

List your medications and any applicable tier levels, drug limits or deductibles below:

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)
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Contact your Licensed Sales Representative

If I have questions about my plan, I will call _____ at _____ or Customer Service at _____.



**United
Healthcare**
Medicare Advantage

*Provider network may vary in local market. ¹ My actual out of pocket costs may vary based on: the drug stage I am in, my drug tier level, the pharmacy I use (retail/mail-order), if I have Extra Help, and if my plan is participating in the Part D Senior Savings Model. ² For medications that have limitations, I may need to contact the plan before I can fill my prescription. I can discuss alternatives by calling Customer Service to learn what other drugs might be on the Drug List and by talking with my doctor or pharmacist.

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How to Enroll

You can enroll by phone, online, by mail or by fax. Simply choose the way that is easiest for you and follow the directions below.



By phone

Call one of our Licensed Sales Representatives toll-free at **1-844-723-6473, TTY 711**, 8 a.m.-8 p.m. local time, 7 days a week to enroll over the phone or to schedule a face-to-face appointment with a licensed sales representative in your area.



Online

Go to **UHC.com/Medicare** and follow the step-by-step instructions to enroll.



By mail

Fill out the Enrollment Request Form and mail it to:
UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770



By fax

Fill out the Enrollment Request Form and fax it to:
Fax: 1-888-950-1170

Enrollment Request Form Checkpoints

- ✓ Print your name exactly as it appears on your red, white and blue Medicare card
- ✓ Make sure you have chosen the plan type that works best for you
- ✓ Make sure your permanent address is correct
- ✓ Sign and date where indicated
- ✓ Verify your Date of Birth
- ✓ Verify your providers accept the plan you are choosing
- ✓ Provide the name of your primary care provider (PCP)

Scope of Appointment Confirmation Form

Before meeting with a Medicare beneficiary (or their authorized representative), Medicare requires that Licensed Sales Representatives use this form to ensure your appointment focuses only on the type of plan and products you are interested in. A separate form should be used for each Medicare beneficiary. **Please check what you want to discuss with the Licensed Sales Representative (See the back of this page for definitions.):**

- Medicare Advantage Plans (Part C) and Cost Plans
- Stand-alone Medicare Prescription Drug (Part D) Plan
- Medicare Supplement (Medigap) Products
- Dental-Vision-Hearing Products
- Hospital Indemnity Products

By signing this form, you agree to meet with a Licensed Sales Representative to discuss the products checked above. The Licensed Sales Representative is either employed or contracted by a Medicare plan and may be paid based on your enrollment in a plan. They do NOT work directly for the federal government.

Signing this form does NOT affect your current or future enrollment in a Medicare plan, enroll you in a Medicare plan or obligate you to enroll in a Medicare plan. All information provided on this form is confidential.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature of applicant/member/authorized representative	Today's Date
_____	MM - DD - YYYY

If you are the authorized representative, please sign above and print clearly and legibly below:

Name (First_Last)	Relationship to Beneficiary
_____	_____

To be completed by Licensed Sales Representative (please print clearly and legibly)

Licensed Sales Representative Name (First_Last)	Licensed Sales Representative Phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Licensed Sales Representative ID
Beneficiary Name (First_Last)	Beneficiary Phone ■ ■ ■ ■ - ■ ■ ■ ■ - ■ ■ ■ ■ ■ ■	Date Appointment will be Completed MM - DD - YYYY

Beneficiary Address

Initial Method of Contact	Plan(s) the Licensed Sales Representative will Represent During the Meeting
_____	_____

Licensed Sales Representative Signature

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Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare HMO Point-of-Service (HMO-POS) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. HMO-POS plans may allow you to get some services out of network for a higher copayment or coinsurance.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors, providers and hospitals but you can also use out-of-network providers, usually at a higher cost.

Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you — not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.

Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.

Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

Stand-alone Medicare Prescription Drug (Part D) Plan

Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service Plans, and Medicare Medical Savings Account Plans.

Other Related Products

Medicare Supplement (Medigap) Products — Insurance plans that help pay some of the out-of-pocket costs not paid by Original Medicare (Parts A and B) such as deductibles and coinsurance amounts for Medicare approved services.

Dental/Vision/Hearing Products — Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

Hospital Indemnity Products — Plans offering additional benefits; payable to consumers based upon their medical utilization; sometimes used to defray copays/coinsurance. These plans are not affiliated or connected to Medicare.



2023 Enrollment Request Form

UnitedHealthcare® Medicare Advantage Choice (Regional PPO) R6801-012-000 - UR5

Select optional supplemental benefits in addition to what is included with your plan

You can add the following benefit rider(s) for an extra cost. You can purchase the rider now while you are enrolling, or within 3 months after your effective date. See the Summary of Benefits for more information, including costs.

Platinum Dental Rider

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

Last Name	First Name	Middle Initial
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Birth Date	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Phone Number () -	Mobile Phone Number () -
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Medicare Number

Permanent Residence Street Address (**P.O. Box is not allowed**)

City	County	State	ZIP Code
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Mailing Address (**Only if it's different from above. You can give a P.O. Box.**)

City	State	ZIP Code
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Email Address (Optional)

Enrollee Name _____

Agent Name / ID No. _____

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Do you have other insurance that will cover your prescription drugs? Yes No

(Examples: Other private insurance, TRICARE, federal employee coverage, VA benefits, or state programs.)

If yes, what is it?

Name of Other Insurance _____

Member Number	Group Number	RxBin	RxPCN (Optional)
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Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

If you don't choose an option below, we'll send a bill each month to your mailing address.

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA) Social Security (SS) will send you a letter and ask you how you want to pay it:

- You can pay it from your SS check
- Medicare can bill you
- The Railroad Retirement Board (RRB) can bill you
- I want to pay from my Social Security
- I want to pay from my Railroad Retirement Board (RRB) check
- I want to pay directly from a bank account

Account Type Checking Savings

Account Holder Name: _____

Bank Routing Number _/_/_/_/_/_/_/_/_/_

Bank Account Number _/_/_/_/_/_/_/_/_/_/_/_

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Ready to Enroll

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A few questions to help us manage your plan

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

Please check what you'd like: Spanish Braille Other _____

If you don't see the language or format you want, please call us toll-free at **1-844-723-6473**, TTY **711** 8 a.m.-8 p.m. local time, 7 days a week. Or visit **UHC.com/Medicare** for online help.

2. Do you or your spouse work? Yes No

Do you or your spouse have other health insurance that will cover medical services?
(Examples: Other employer group coverage, LTD coverage, Workers' Compensation,
auto liability, or Veterans benefits) Yes No

If yes, please complete the following:

Name of Health Insurance Company

Member Number

3. Please give us the name of your primary care provider (PCP), clinic or health center.

You aren't limited to this list. You may go to any doctor who accepts Medicare and the plan's payment terms.

You can find a list on the plan website or in the Provider Directory.

Provider or PCP Full Name

Provider/PCP Number: _____ (Please enter the number exactly as it appears
on the website or in the Provider Directory. It will
be 10 to 12 digits. Don't include dashes.)

Are you now seeing or have you recently seen this provider? Yes No

Providing your email address above automatically enrolls you in paperless delivery for some of your plan communications.

You will get many of your required plan communications delivered electronically. We will send you an email when new communications (For example: Explanation of Benefits or the Annual Notice of Changes) are available online. You can access these communications through any device such as a computer, tablet, or mobile phone.

If you would rather have hard copies of required materials mailed to you, please check here:

Instead of paperless delivery, we will mail you hard copies of required materials. Please note that some communications are very large and may not fit in all mailboxes. You can change your preference for delivery at any time.

Enrollee Name _____
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Ready to Enroll

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Please read and sign

By completing this form, I agree to the following:

- I must keep both Part A and Part B to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- I understand that when my UnitedHealthcare coverage begins, I must get all of my medical and prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to federal law that authorize the collection of this information (see Privacy Act Statement below).
- I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

When I sign below, it means that I have read and understand the information on this form

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

Signature of Applicant/Member/Authorized Representative Today’s Date

Enrollee Name _____
Y0066_ERFMA_2023_C UHTX23RP0050590_000

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Ready to Enroll

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If you are the authorized representative, please sign above and complete the information below

***NOT A SALES AGENT**

Last Name		First Name	
Address			
City		State	ZIP Code
Phone Number () -		Relationship to Applicant	

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Ready to Enroll

Enrollee Name _____
Y0066_ERFMA_2023_C UHTX23RP0050590_000

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For licensed sales representative/agency use only

Employer Group Name

Employer Group ID <input type="text"/>	Branch ID <input type="text"/>
Licensed Sales Representative/Writing ID	Initial Receipt Date
Licensed Sales Representative/Agent Name	Proposed Effective Date

Agent must complete

- IEP (MA-PD enrollees)
- ICEP (MA enrollees)
- IEP (MA-PD enrollees eligible for 2nd IEP)
- OEP (Jan 1 - Mar 31)
- OEP (Newly eligible)
- SEP (Dual LIS change of status)
- SEP (Change in residence)
- SEP (Loss of EGHP coverage)
- SEP (Chronic)
- SEP (Dual LIS maintaining)
- AEP (October 15-December 7)
- OEPI
- SEP (SEP Reason) _____

Licensed Sales Representative Signature (Optional) _____ **Date:** _____

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770
Fax: 1-888-950-1170

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TEAR HERE

Ready to Enroll

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PRIVACY ACT STATEMENT: The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) “Medicare Advantage Prescription Drug (MARx)”, System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

This information is available for free in other languages. Please call our customer service number located on the back cover of this book.

Esta información está disponible sin costo en otros idiomas. Comuníquese con nuestro número de Servicio al Cliente situado en la contraportada de este libro.

OMB No. 0938-1378

Expires: 7/31/2023

Y0066_ERFMA_2023_C

UHTX23RP0050590_000

Ready to Enroll

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Enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service Representative at the number listed on the back cover of this book.

Understanding the Benefits

- ✓ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit our plan website or call to view a copy of the EOC. Our phone number and website are listed on the back cover of this book.
- ✓ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network.
- ✓ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ✓ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ✓ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ✓ Benefits may change on January 1 of each year.
- ✓ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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2023 Enrollment Receipt

To be completed if enrolling with a Licensed Sales Representative.

Please use this as your Temporary Proof of Coverage until Medicare has confirmed your enrollment and you receive your UnitedHealthcare® UCard. This receipt is not a guarantee of enrollment.

This copy is for your records only. Please do not resubmit enrollment.

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Applicant 1:

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

- -

Proposed Effective Date

- -

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number

Licensed Sales Representative Phone No.

□ □ □ - □ □ □ - □ □ □ □ □

RxBIN: 610097

Rx PCN: 9999

RxGRP: COS

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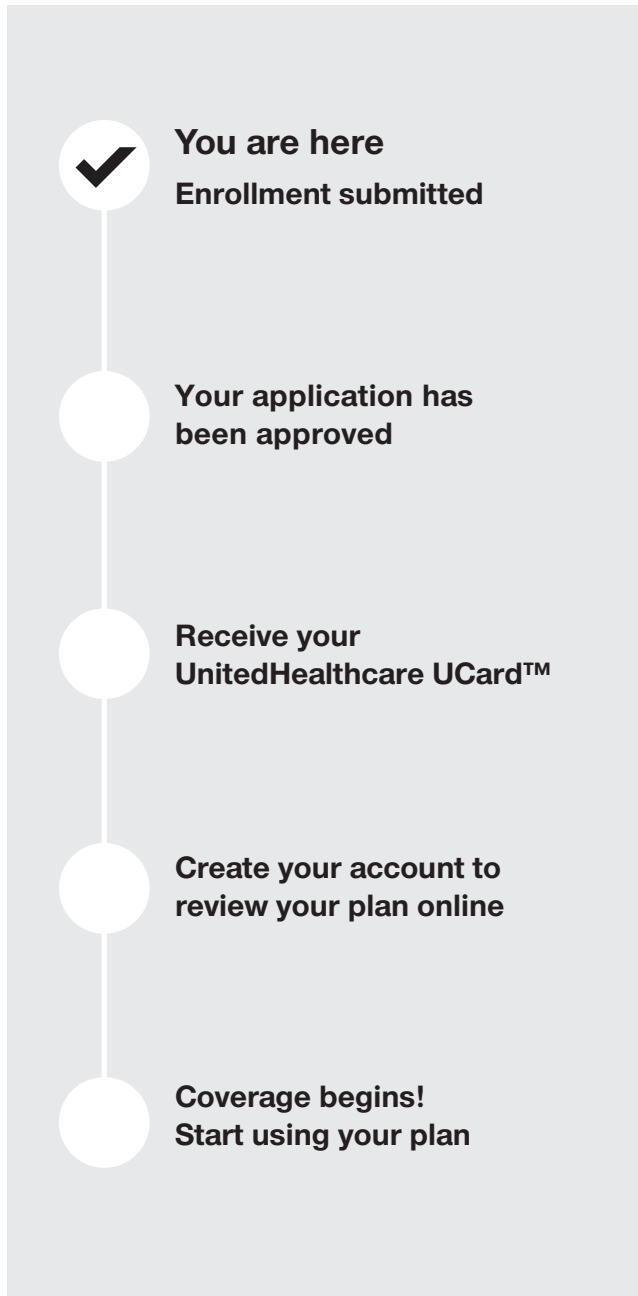
We're here to help. If you have additional questions you can call Customer Service toll-free at 1-844-723-6473, TTY 711, 8 a.m.-8 p.m. local time, 7 days a week.

Important Reminder - You don't need a Medigap or supplement insurance plan with a Medicare Advantage plan. If you currently have a Medigap plan, contact the insurer to cancel your plan once your Medicare Advantage plan begins.



Take Advantage of What's Next

Your enrollment application was submitted! We're here for you and will check in to make sure you're getting the most out of your plan. Learn more about what to expect next on this page.



Manage your plan online

Once you receive your UnitedHealthcare UCard, you can create an account at **myUHCMedicare.com**. Online you can:

- Find providers and pharmacies
- Review your Drug List
- Complete your health assessment
- View plan documents



Once your coverage begins

- Schedule your annual wellness visit
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



Thank you for choosing UnitedHealthcare

If you have any questions, you can call the Customer Service number on your UCard.

Vendor Information

UnitedHealthcare® Medicare Advantage Choice (Regional PPO)

Take advantage of your additional plan benefits by using the providers below or contacting UnitedHealthcare Customer Service: 1-866-550-4736, 24 hours a day, 7 days a week.

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Benefit Type	Vendor Name	Contact Information
Hearing Aids	UnitedHealthcare Hearing	1-855-523-9355 UHChearing.com/Medicare
Routine Vision Services	UnitedHealthcare Vision	1-800-204-1002 medicare.myuhcvision.com
Prescription Drug Home Delivery	Optum Home Delivery, a service of OptumRx	1-877-889-6358 OptumRx.com
NurseLine	Nurseline	1-877-365-7949

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For 1-on-1 support, please contact the plan or your licensed sales representative.



Call toll-free **1-844-723-6473**, TTY **711**
8 a.m.-8 p.m. local time, 7 days a week



UHC.com/Medicare

*Provider network may vary in local market

Important plan information

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