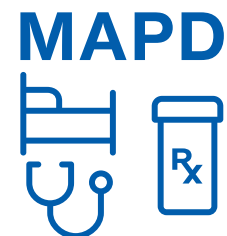


Enrollment Guide 2020



Take advantage of all your Medicare Advantage plan has to offer.

AARP® Medicare Advantage (HMO-POS)

H4590-043-000

Service area: Texas - Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise counties

Plan Year: January 1, 2020 through December 31, 2020

Benefits that exceed expectations. Take advantage of it.

More choice and more guidance.

When it comes to Medicare, one size does not fit all. That's why UnitedHealthcare offers a broad range of Medicare products, so you have options to fit your health care needs. Our advisors and agents will guide you through choosing the plan that's right for you.

A health care company you can rely on.

More people choose UnitedHealthcare for their Medicare coverage than any other company.¹ And we've been serving the health care needs of people just like you for more than 40 years — so you know we'll be here when you need us.

The only Medicare plans that carry the AARP name.

UnitedHealthcare has an exclusive relationship with AARP to offer Medicare plans with the AARP name.

Compassionate care.

UnitedHealthcare's member advocates offer more than customer service. In addition to providing answers to your questions, they'll take extra steps to understand your needs and help you get the most out of your plan, so you can be at your best health.

Member-only Health & Wellness Experience.

Renew by UnitedHealthcare can be your guide to living a healthier, happier life. With Renew, you'll have access to brain games, recipes, learning courses, fitness activities, rewards, videos and more — all at no additional cost.²



¹July 2018 CMS and Internal Company Enrollment Data

²Renew by UnitedHealthcare is not available in all plans. Renew Rewards is not available in all plans that include Renew by UnitedHealthcare.

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Questions? We can help.

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

Learn more online at
www.AARPMedicarePlans.com

Start With Medicare Basics

Make sure this plan is a good fit by reviewing the basics

Original Medicare is provided by the federal government and covers some of the costs of hospital stays (Part A) and doctor visits (Part B), but doesn't cover everything. It does not include prescription drug coverage (Part D). Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D. Depending on your needs, you may want to add on more coverage.

Original Medicare
Provided by the federal government

PART A

Helps pay for hospital stays and inpatient care

PART B


Helps pay for doctor visits and outpatient care

Your options for more coverage:

OPTION 1

Add one or both of the following to Original Medicare:

Medicare Supplement Insurance Plan
Offered by private companies



Helps pay some of the out-of-pocket costs that come with Original Medicare

Medicare Part D Plan
Offered by private companies

PART D

Helps pay for prescription drugs

OR

OPTION 2

Choose a Medicare Advantage plan:


Medicare Advantage Plan
Offered by private companies

PART C

Combines Part A (hospital insurance) and Part B (medical insurance) in one plan

PART D

Usually includes prescription drug coverage



May offer additional benefits not provided by Original Medicare

Medicare Made Clear™ brought to you by **UnitedHealthcare®**

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This is a Medicare Advantage Part C Health Maintenance Organization — Point of Service (HMO-POS) plan

Your plan is a Health Maintenance Organization – Point of Service (HMO-POS) plan. That means you can get care through a network of local doctors and hospitals. This plan also gives you access to see dental providers inside and outside of the network. Check the Evidence of Coverage for information on which dental services the plan covers out-of-network.

Here’s how your HMO-POS plan works



You will need to select a primary care provider (PCP).

This health plan requires you to select a PCP from the network. Your PCP can oversee and help manage your care.



You have coverage for emergency care.

Emergency Services and Urgently Needed Services are covered no matter where you go.



There’s an out-of-pocket spending limit for in-network care.

Once you reach that limit, the plan pays 100% of the future costs for network covered services for the rest of the plan year. Some plans have an out-of-pocket spending limit for out-of-network care.

Use network providers for coordinated care

The chart below shows what happens when you use network versus out-of-network resources with this plan.

	In-Network	Out-of-Network
Will the doctor or hospital accept my plan?	Yes	Providers have the choice to accept the plan.
Does this plan require a referral to see a Specialist or other providers?	Yes	No
What will I pay for covered services?	You pay your plan copay or coinsurance.*	You may pay a higher copay or coinsurance.

There’s a Medicare Part D Late Enrollment Penalty



Although you are not required to enroll in Part D, there is a penalty of 1% of the average monthly premium for each month you delay enrollment. This must be paid monthly as long as you are enrolled in Part D.

*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 for this plan?

You are eligible for a Medicare Advantage plan if:



You are enrolled in Original Medicare Parts A and B and live in the plan’s service area.



AND



You do not have end-stage renal disease.

Are there special eligibility requirements for this plan?

No, as long as you are enrolled in Original Medicare Parts A and B and continue to pay your Part B premium, you are eligible to enroll in this plan.

Helpful Resources

Medicare Made Clear™

An educational program developed by UnitedHealthcare to help you better understand Medicare. Find out more at **MedicareMadeClear.com**.

You may qualify for Extra Help

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



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

This information is not a complete description of benefits. Call 1-844-723-6473, TTY 711 for more information.



Plan Information

Benefit Highlights

AARP® Medicare Advantage (HMO-POS)

This is a short description of your 2020 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	\$0
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Medical Benefits

	In-Network	Out-of-Network
Annual out-of-pocket maximum (The most you may pay in a year for medical care covered by the plan)	\$3,400 In-Network	Unlimited Out-of-Network
Doctor's office visit	Primary Care Provider: \$0 copay	Primary Care Provider: No coverage
	Specialist: \$30 copay (referral needed)	Specialist: No coverage
Preventive services	\$0 copay	Flu shots: \$0 copay All other services: No coverage
Inpatient hospital care	\$325 copay per day: for days 1-6 \$0 copay per day for unlimited days after that	No coverage
Skilled nursing facility (SNF)	\$0 copay per day: days 1-20 \$160 copay per day: days 21-42 \$0 copay per day: days 43-100	No coverage
Outpatient hospital, including surgery	\$0 - \$325 copay Cost sharing for additional plan covered services will apply.	No coverage
Diabetes monitoring supplies	\$0 copay	No coverage
Home health care	\$0 copay	No coverage
Diagnostic radiology services (such as MRIs, CT scans)	\$0 - \$150 copay	No coverage
Diagnostic tests and procedures (non-radiological)	\$25 copay	No coverage
Lab services	\$0 copay	No coverage
Outpatient x-rays	\$0 copay	No coverage
Ambulance	\$295 copay for ground \$295 copay for air	\$295 copay for ground \$295 copay for air

Medical Benefits

	In-Network	Out-of-Network
Emergency care	\$90 copay (worldwide)	
Urgently needed services	\$40 copay (\$90 copay for worldwide coverage)	

Benefits and Services Beyond Original Medicare

	In-Network	Out-of-Network
Routine physical	\$0 copay; 1 per year	No coverage
Vision - routine eye exams	\$0 copay; 1 every year	No coverage
Vision - eyewear	\$0 copay every 2 years; up to \$100 for lenses/frames and contacts	No coverage
Dental - preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
Dental - comprehensive	\$0 copay or 50% coinsurance for comprehensive dental services *	\$0 copay or 50% coinsurance for comprehensive dental services*
Dental - benefit limit	\$1,000 limit on all covered dental services	
Hearing - routine exam	\$0 copay; 1 per year	No coverage
Fitness program through Renew Active™	Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.UHCRenewActive.com , and click the link in the footer entitled Terms and Conditions.	
Foot care - routine	\$30 copay; 6 visits per year	No coverage
Health & Wellness Products Catalog	\$40 credit per quarter to use on approved health products. Order online at Walmart.com , over the phone, or by mail.	
NurseLine	Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.	No coverage

*Benefits combined in and out-of-network

Prescription Drugs

	Your Cost	
Annual prescription deductible	\$0 for Tier 1, Tier 2 and Tier 3; \$255 for Tier 4 and Tier 5	
Initial coverage stage	Standard Retail (30-day)	Preferred Mail Order (90-day)
Tier 1: Preferred Generic Drugs	\$3 copay	\$0 copay
Tier 2: Generic Drugs	\$14 copay	\$0 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$131 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$290 copay
Tier 5: Specialty Tier Drugs	28% coinsurance	28% coinsurance
Coverage gap stage	After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap	
Catastrophic coverage stage	After your total out-of-pocket costs reach \$6,350, you will pay the greater of \$3.60 copay for generic (Including brand drugs treated as generic), \$8.95 copay for all other drugs, or 5% coinsurance	



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare. This information is not a complete description of benefits. Contact the plan for more information.

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Your Drug Plan Coverage and Costs

Make sure your drugs are covered

Find out if your prescription drugs are covered by checking the Drug List (Formulary) in this Enrollment Guide or the online Formulary at **AARPMedicarePlans.com**.

Know how much your drugs will cost

The amount you pay for your drug depends on 4 factors: what tier the drug is covered in, where you are within the drug payment stages, where you purchase the drug, and whether or not you have Extra Help.

Understanding drug tiers

Many plans group covered drugs together by cost. These groupings are called tiers. Generally, the lower the tier, the less you'll have to pay.

Drug List (Formulary) Tiers				
Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Preferred Generic	Generic	Preferred Brand	Non-preferred Drug	Specialty Tier


Note: Not all generic drugs are low cost. There are generic drugs in each tier. Check the drug list for the tier of your specific generic drug.

Your Part D prescription drug costs

With Medicare Part D prescription drug coverage, the amount you pay for prescriptions may change over the year. Here's why:

- Part D plans may have 4 drug payment stages: annual deductible, initial coverage, coverage gap (also known as the donut hole) and catastrophic coverage.
- The amount of money you pay changes depending on the stage you are in.
- Many people never make it further than the initial coverage stage. If you take a lot of medications, especially high-cost medications, you may move into the next stages.
- The pharmaceutical industry may increase the price of drugs at any time in a plan year and pricing for drugs may vary across pharmacies in the network.
- The coverage cycle starts over again on January 1 each plan year.

Once you're a member



You can easily track how close you are getting to the coverage gap stage by signing in to your account online.

Get your prescriptions delivered to your door

✓ Try OptumRx® home delivery

You could pay a \$0 copay for a 90 day supply of Tier 1 and Tier 2 medications by using home delivery from OptumRx, our preferred mail service 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** to order new prescriptions, request refills and more.

✓ Consider generic drugs

Many commonly used prescription drugs have a generic form. Ask your doctor if your drugs are available as generics and if they would be appropriate for you. Then search for the generic versions at **AARPMedicarePlans.com** to determine your potential savings.

✓ Use lower-tier drugs

Prescription drugs are grouped into 5 tiers. In general, drugs in lower tiers have lower costs. If your drug is in a higher, more expensive tier, ask your doctor if there is a cheaper alternative that could work for you.

✓ Get Extra Help

If you have a limited income, you may be able to get Extra Help with your Medicare prescription drug plan premiums, deductibles and copays. To find out if you qualify, call the Social Security Administration at **1-800-772-1213**, TTY **1-800-325-0778**, 7 a.m. – 7 p.m., Monday – Friday.



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

\$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 stage.

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UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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

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Explore Your Additional Benefits

Get all the benefits of Original Medicare – and more.

With the AARP® Medicare Advantage (HMO-POS) Plan, you get additional benefits and services designed to help you live a healthier life — most at little or no additional costs. More benefits mean more value. It also means more peace of mind for you, knowing you have access to a wide range of services dedicated to your health and wellness. Limitations, exclusions and restrictions may apply. For more detailed information, please see your Summary of Benefits or call the number listed on the first page of this booklet.



Social and Government Referral Assistance

You may be able to get help paying for your medical costs, prescriptions, utility bills and more. To see if you may be eligible and get assistance in applying for government or other community assistance programs please call 1-866-865-3851, TTY 855-368-9643, 9 a.m. - 5 p.m. local time, Monday through Friday. If you are a Veteran, please call 1-866-427-1873, TTY 711, 9 a.m. - 5 p.m. local time, Monday through Friday.



Dental coverage

This plan offers comprehensive dental benefits. In addition to covering commonly used exams, cleanings, and x-rays it may include coverage for one or more of the following: fillings, crowns, bridges, deep cleanings, extractions, root canals, partials, or dentures.



Health & Wellness Products Catalog

This benefit gives you credits each quarter to purchase approved over-the-counter products by mail, online through Walmart or by phone.



Renew Active™

Renew Active™ is a fitness program for body and mind designed around you and your goals - available with your plan, at no additional cost. Renew Active includes: a free gym membership, access to an extensive network of gyms and fitness locations, personalized fitness plan and online brain health program, exclusively from AARP® Staying Sharp.



Vision coverage

This plan includes routine vision care and may include a credit toward contact lenses or eyeglasses. Help protect your eyesight and health with routine eye exams.



Hearing exams

A routine hearing exam is included in this plan. Don't let hearing loss affect your life.



Speak to a nurse 24/7

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



Podiatry coverage

We provide the exams you need to help keep your feet healthy.



Virtual Medical Visits

Talk to a provider wherever you are with virtual medical visits. You may have a live chat from the privacy of home with a virtual provider using your computer, tablet, smartphone.



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Participation in the Renew Active™ program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership. Equipment, classes, personalized fitness plans, and events may vary by location. Certain services, classes and events are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in AARP® Staying Sharp and the Fitbit® Community for Renew Active is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor. The Renew Active program varies by plan/area.

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Routine Dental Benefit Basics

Additional coverage that may make you smile.

Some UnitedHealthcare® plans include certain dental services. Below are the routine dental services included in the plan you selected.

With Routine Dental, you get:	
✓ No deductible	✓ \$0 copay for covered fillings and for preventive and diagnostic services such as oral exams, X-rays, routine cleanings, and fluoride.
✓ Other comprehensive dental services, as listed below	✓ Freedom to see any dentist you choose. Seeing an out-of-network dentist may cost more.
✓ Up to \$1,000 per year for covered dental services	

Covered Routine Dental Services

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Exams			
Routine periodic exam completed during check-up	Two procedures per plan year	Covers periodic, limited, comprehensive, and detailed/ extensive oral exams. Does not cover periodontal exams separate from periodic, limited, or comprehensive exams. Only one exam code covered per appointment.	\$0 *
Limited exam to evaluate a problem	One procedure per plan year		\$0 *
Comprehensive exam (for a new patient, or an established patient after 3 or more years of inactivity from dental treatment)	One procedure every three plan years		\$0 *
Detailed and extensive problem focused exam	One procedure per plan year		\$0 *
X-rays			
Full-mouth/Complete X-ray set for evaluation of the teeth and mouth	One procedure every three plan years	Covers intraoral complete series of radiographs. Does not cover CTs, cephalograms or MRIs.	\$0 *

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
X-rays for closer evaluation around the roots of teeth	Unlimited per plan year	Covers periapical X-rays. Does not cover CTs, cephalograms, or MRIs. Not covered on the same day as full-mouth/complete X-ray set for evaluation of the teeth and mouth.	\$0*
Bitewing X-rays for evaluation of the teeth and bone	One procedure per plan year	Not covered in the same year as a full-mouth/complete X-ray set for evaluation of the teeth and mouth.	\$0*
Panoramic X-ray for evaluation of the teeth and mouth	One procedure every three plan years	Covers panoramic radiographs. Does not cover CTs, cephalograms or MRIs.	\$0*
Cleanings			
Standard adult dental cleaning	Two procedures per plan year	Covers adult prophylaxis. Not covered on the same day as Routine dental cleaning for an adult who has documented history of gum disease or cleaning buildup off the teeth to allow for proper visibility of the teeth for examination.	\$0*
Routine dental cleaning for an adult who has documented history of gum disease	Three procedures per plan year	Covers periodontal maintenance. Only covered with history of scaling and root planing (deep cleaning) or periodontal surgery.	\$0*
Other Preventive Services			
Fluoride	Two procedures per plan year	Covers topical application of fluoride (either varnish or excluding varnish).	\$0*
Nutritional Counseling	One procedure per plan year	Covers counseling on dietary habits as a part of treatment and control of gum disease and/or cavities.	\$0*
Application of medication to a tooth to stop or inhibit cavity formation	Unlimited per plan year	Covers application of interim caries arresting medicament-per tooth to a non-symptomatic carious tooth.	\$0*
Fillings			
Metal or tooth-colored fillings placed directly into the mouth on front, middle or back teeth	Unlimited per plan year	Covers amalgam and resin-based composite fillings. Does not cover gold foil fillings, sealants, or preventive resin restorations.	\$0*

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Medicine placed under fillings to promote pulp healing	Unlimited per plan year	Covers pulp capping for an exposed or nearly exposed pulp. Does not cover bases and liners when all caries has been removed.	\$0*
Crowns, Inlays, and Onlays			
Cap (crown) or partial crown called an inlay or onlay — made of metal, porcelain/ceramic, porcelain fused to metal, or titanium. Made outside the mouth and then placed into the mouth.	One procedure per tooth every five plan years	Covered when there is extensive decay or destruction of the tooth where the tooth cannot be fixed with only a filling. Does not cover crowns for cosmetic reasons or for closing gaps. Veneers are not covered. Implant crowns are not covered. Does not cover "3/4" crowns.	50%*
Other Restorative Services			
Recementing a crown that has fallen off	Unlimited per plan year	Only covered for a tooth with an existing crown. Not covered for cementing a new crown the day of delivery.	50%*
Small filling needed prior to fitting a tooth with a crown	One procedure per tooth every five plan years	Has to be performed together with a crown.	50%*
Filling or pins placed when preparing a tooth for a crown	One procedure per tooth every five plan years		50%*
Buildup of filling around a post to prepare the tooth for a crown	One procedure per tooth every five plan years	Has to be performed together with a crown. Tooth also has to have had root canal treatment.	50%*
Root Canals (Endodontic Services)			
Root canal treatment for a front, middle, or back tooth (excluding filling or crown needed after the root canal)	One procedure per tooth per lifetime of the member	This is a root canal performed for the first time on tooth. Does not include root canal treatment for a tooth that has already had a root canal (retreatment), or root canals performed from the root tip by access through the gums.	50%*

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Scaling and Root Planing			
Deep cleaning for 4 or more teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years	Covered when bone loss is shown on the X-rays in addition to recorded tartar buildup and pocketing of the gums sufficient to warrant deep cleaning.	50%*
Deep cleaning for 1–3 teeth in a mouth quadrant	One procedure per quadrant every two plan years, not to exceed four unique quadrants every two plan years		50%*
Cleaning buildup off the teeth to allow for proper visibility of the teeth for examination	One procedure every three plan years	Used when there is extensive buildup that needs to be removed in order to perform an exam. Cannot be performed same day as a standard adult dental cleaning or routine dental cleaning for an adult who has documented history of gum disease.	50%*
Medicine applied to gum space around a tooth (per tooth) for management of gum disease	Unlimited per plan year	Cannot be used same day as deep cleaning for 4 or more teeth in a mouth quadrant or deep cleaning for 1–3 teeth in a mouth quadrant.	50%*

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Complete Dentures			
Complete upper denture	One procedure every five plan years	Denture covered when there are no erupted teeth remaining in the mouth.	50% *
Complete lower denture	One procedure every five plan years		50% *
Complete upper denture delivered at the time of extracting remaining upper teeth	One procedure per lifetime of member		50% *
Complete lower denture delivered at the time of extraction of remaining lower teeth	One procedure per lifetime of member		50% *
Partials (Removable Partial Dentures)			
Upper partial denture — resin base	One procedure every five plan years	Partial denture covered when remaining/supporting teeth are free of cavities and have good bone to support the partial denture. Includes retentive/ clasping materials, rests and teeth.	50% *
Lower partial denture — resin base	One procedure every five plan years		50% *
Upper partial dentures — cast metal framework with resin denture bases	One procedure every five plan years		50% *
Lower partial denture — cast metal framework with resin denture base	One procedure every five plan years		50% *
Upper partial denture delivered at the time of extractions — resin base	One procedure every five plan years		50% *
Lower partial denture delivered at the time of extractions — resin base	One procedure every five plan years		50% *
Upper partial denture — flexible base	One procedure every five plan years		50% *
Lower partial denture — flexible base	One procedure every five plan years		50% *

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Adjustments and Repairs for Complete Dentures			
Denture adjustments or tissue conditioning for complete upper and/or lower denture	Two of each type of procedure per denture per plan year	Covers adjustments, relines, repairs, tissue conditioning, and replacing of missing or broken teeth for complete dentures. Cannot be billed within 6 months of delivery of the new denture.	50% *
Repairs and relines for broken complete upper and/or lower dentures	One of each type of procedure per denture per plan year		50% *
Adjustments and Repairs for Partial Dentures			
Adjustment of upper and/or lower partial denture	Two procedures per denture per plan year	Covers partial denture adjustments and relines. Covers repairs to framework of the partial denture, repair or replacement of missing or broken partial denture teeth, and addition of clasps or denture teeth to an existing partial denture. Cannot be billed within 6 months of delivery of the new partial denture.	50% *
Repair or reline for upper and/or lower partial denture	One procedure of each procedure type per partial denture per plan year		50% *
Bridges			
Part of the bridge that is the fake tooth replacing the missing tooth (the pontic)	One procedure per tooth every five plan years	Can only be used to replace a missing tooth. Covers bridges made of porcelain/ceramic; porcelain fused to high noble, predominately base, or noble metal; full cast high noble, predominately base, or noble metal; and titanium. Does not cover any part of an implant supported bridge.	50% *
Crowns that are placed on teeth supporting the bridge (retainer crowns)	One procedure per tooth every five plan years	Only covers crowns that are part of a bridge. Does not support any part of an implant supported bridge.	50% *

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Re-cementing a bridge that has fallen off	Unlimited per plan year	Does not cover cementing a bridge on the day of initial bridge delivery.	50%*
Extractions and Oral Surgery Procedures			
Extractions	One procedure per tooth per lifetime of the member	Covers extraction of erupted permanent teeth, exposed tooth roots, and remnants of primary teeth. Covers surgical extraction of erupted teeth or exposed tooth roots. Does not cover extraction of impacted (unerupted) teeth.	50%*
Reshaping of the bone that surrounds the teeth or tooth spaces	One procedure per quadrant per plan year, up to four procedures on different/unique quadrants per plan year	Covers alveoloplasty either in conjunction with or not in conjunction with extractions.	50%*
Surgical drainage of an abscess	Unlimited per plan year	Covers incision and drainage of an abscess through soft tissue in the mouth (intraoral). Does not cover incision and drainage through the skin outside the mouth (extraoral).	50%*
Emergency Treatment of Pain			
Minor procedure for emergency treatment of dental pain	Unlimited per plan year	Covered for an urgent or emergent visit only.	50%*
Application of desensitizing agent to a tooth or teeth	Unlimited per plan year	Covered once per visit. Does not cover bases, liners or adhesives used under restorations.	50%*
Nitrous Oxide and Sedation			
Evaluation for sedation or general anesthesia	Unlimited per plan year	Covers administration of, evaluation for, and monitoring for intravenous moderate (conscious) sedation/analgesia, deep sedation/general anesthesia, and nitrous oxide/analgesia — anxiolysis. Medications used for these procedures is considered included in the procedure code and cannot be billed for separately.	50%*
Deep Sedation/General Anesthesia	Unlimited per plan year		50%*
Nitrous Oxide	Unlimited per plan year		\$0*
IV sedation	Unlimited per plan year		50%*

Description of Dental Procedure	Frequency	Criteria and Exclusions	Copay or Coinsurance
Splints			
Splint used to treat the TMJ	One procedure every three plan years	Covers occlusal orthotic devices provided for treatment of TMJ dysfunction.	50% *
Adjustment of occlusal guard	Two procedures per plan year	Not covered within 6 months of occlusal guard delivery.	50% *
Top or bottom, full-arch hard occlusal guard	One procedure every three plan years	Only covered in association with documented tooth clenching or grinding. Does not cover any type of sleep apnea, snoring or TMD appliances.	50% *

* Providers are paid based on Maximum Allowable Charge (MAC). You may be billed by the out-of-network provider for any amount greater than the payment made by the plan to the provider or any services not covered by the plan. Generally, an out-of-network provider will submit a claim on your behalf. If your provider does not submit the claim on your behalf and you pay for out-of-network services.

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.
14. Any services not listed above are not covered.

To find a network dentist in your area, go to www.UHCMedicareDentistSearch.com and select the UHC Dental National Medicare Advantage Network.

For more information or to find a network dentist, call the number on the back of your member id card.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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

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.

NOTES

[illegible]

Summary of Benefits 2020



Overview of your plan

AARP® Medicare Advantage (HMO-POS)

H4590-043-000

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



www.AARPMedicarePlans.com

AARP | **Medicare Advantage**
from **UnitedHealthcare**

Summary of Benefits

January 1st, 2020 - December 31st, 2020

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

About this plan.

AARP® Medicare Advantage (HMO-POS) is a Medicare Advantage HMOPOS 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 these counties in:

Texas: Collin, Cooke, Dallas, Denton, Ellis, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Van Zandt, Wise.

Use network providers and pharmacies.

AARP® Medicare Advantage (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. This health plan requires you to select a primary care provider (PCP) from the network. Your PCP can handle most routine health care needs and will be responsible to coordinate your care. If you need to see a network specialist or other network provider, you may need to get a referral from your PCP. We encourage you to find out which specialists and hospitals your primary care provider would recommend for you and would refer you to for care, prior to selecting them as your plan's PCP. For some services you can use providers that are not in our network. 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 www.AARPMedicarePlans.com 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.

AARP® Medicare Advantage (HMO-POS)

Premiums and Benefits	In-Network	Out-of-Network
Monthly Plan Premium	There is no monthly premium for this plan.	
Annual Medical Deductible	This plan does not have a deductible.	
Maximum Out-of-Pocket Amount (does not include prescription drugs)	\$3,400 annually for Medicare-covered services you receive from in-network providers.	Unlimited Out-of-Network
	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. Please note that you will still need to pay your share of the cost for your Part D prescription drugs.	

AARP® Medicare Advantage (HMO-POS)

Benefits		In-Network	Out-of-Network
Inpatient Hospital ^{1,2}		\$325 copay per day: for days 1-6 \$0 copay per day: for days 7 and beyond Our plan covers an unlimited number of days for an inpatient hospital stay.	Not covered
Outpatient Hospital Cost sharing for additional plan covered services will apply.	Ambulatory Surgical Center (ASC) ^{1,2}	\$0 copay for a diagnostic colonoscopy \$325 copay otherwise	Not covered
	Outpatient Hospital, including surgery ^{1,2}	\$0 copay for a diagnostic colonoscopy \$325 copay otherwise	Not covered
	Outpatient Hospital Observation Services ^{1,2}	\$325 copay	Not covered
Doctor Visits	Primary	\$0 copay	Not covered
	Specialists ^{1,2}	\$30 copay	Not covered
	Virtual Medical Visits	Speak to network telehealth providers using your computer or mobile device. Visit www.amwell.com to access virtual visits or if you are an existing Wellmed patient, contact your provider to access virtual visits.	No coverage
Preventive Care	Medicare-covered	\$0 copay	Flu shots: \$0 copay All other services: Not covered
		Abdominal aortic aneurysm screening Alcohol misuse counseling Annual “Wellness” visit Bone mass measurement	

Benefits		In-Network	Out-of-Network
		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) 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 flu shots, hepatitis B shots, pneumococcal shots “Welcome to Medicare” preventive visit (one-time)	
		Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.	
	Routine physical	\$0 copay; 1 per year	Not covered
Emergency Care		\$90 copay (worldwide) per visit If you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the Emergency copay. See the “Inpatient Hospital Care” section of this booklet for other costs.	
Urgently Needed Services		\$40 copay	

Benefits		In-Network	Out-of-Network
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (e.g. MRI) ^{1,2}	\$0 copay for each diagnostic mammogram \$150 copay per service otherwise	Not covered
	Lab services ^{1,2}	\$0 copay	Not covered
	Diagnostic tests and procedures ^{1,2}	\$25 copay	Not covered
	Therapeutic Radiology ^{1,2}	\$60 copay per service	Not covered
	Outpatient X-rays ^{1,2}	\$0 copay per service	Not covered
Hearing Services	Exam to diagnose and treat hearing and balance issues ^{1,2}	\$0 copay	Not covered
	Routine hearing exam	\$0 copay; 1 per year	Not covered
Routine Dental Services	Preventive	\$0 copay for exams, cleanings, x-rays, and fluoride*	\$0 copay for exams, cleanings, x-rays, and fluoride*
	Comprehensive ²	\$0 copay or 50% coinsurance for comprehensive dental services*	\$0 copay or 50% coinsurance for comprehensive dental services*
	Benefit limit	\$1,000 limit on all covered dental services	
Vision Services	Exam to diagnose and treat diseases and conditions of the eye ^{1,2}	\$0 copay	Not covered
	Eyewear after cataract surgery ¹	\$0 copay	Not covered
	Routine eye exam	\$0 copay; 1 every year	Not covered
	Eyewear	\$0 copay every 2 years; up to \$100 for lenses/frames and contacts	No coverage

Benefits		In-Network	Out-of-Network
Mental Health	Inpatient visit ^{1,2}	\$325 copay per day: for days 1-5 \$0 copay per day: for days 6-90 Our plan covers 90 days for an inpatient hospital stay.	Not covered
	Outpatient group therapy visit ^{1,2}	\$30 copay	Not covered
	Outpatient individual therapy visit ^{1,2}	\$40 copay	Not covered
Skilled Nursing Facility (SNF)^{1,2}		\$0 copay per day: for days 1-20 \$160 copay per day: for days 21-42 \$0 copay per day: for days 43-100 Our plan covers up to 100 days in a SNF.	Not covered
Physical therapy and speech and language therapy visit^{1,2}		\$30 copay	Not covered
Ambulance^{1,2} Your provider must obtain prior authorization for non-emergency transportation. Referral is required for non-emergency transportation.		\$295 copay for ground \$295 copay for air	\$295 copay for ground \$295 copay for air
Routine Transportation		Not covered	
Medicare Part B Drugs Part B Drugs may be subject to Step Therapy. See Evidence of Coverage for details.	Chemotherapy drugs ²	20% coinsurance	Not covered
	Other Part B drugs ²	20% coinsurance	Not covered

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 Deductible	\$0 per year for Tier 1, Tier 2 and Tier 3; \$255 for 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	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$3 copay	\$9 copay	\$0 copay	\$9 copay
Tier 2: Generic Drugs	\$14 copay	\$42 copay	\$0 copay	\$42 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay	\$131 copay	\$141 copay
Tier 4: Non-Preferred Drugs	\$100 copay	\$300 copay	\$290 copay	\$300 copay
Tier 5: Specialty Tier Drugs	28% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,020, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier 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 \$6,350, you pay the greater of: <div><input type="checkbox"/> 5% coinsurance, or <input type="checkbox"/> \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.</div>			

Additional Benefits		In-Network	Out-of-Network
Chiropractic Care	Manual manipulation of the spine to correct subluxation ^{1,2}	\$20 copay	Not covered
Diabetes Management	Diabetes monitoring supplies ²	\$0 copay	Not covered
	Diabetes Self-management training	\$0 copay	Not covered
	Therapeutic shoes or inserts ²	20% coinsurance	Not covered
Durable Medical Equipment (DME) and Related Supplies	Durable Medical Equipment (e.g., wheelchairs, oxygen) ²	20% coinsurance	Not covered
	Prosthetics (e.g., braces, artificial limbs) ²	20% coinsurance	Not covered
Fitness program through Renew Active™		Standard membership to participating fitness locations with access to group fitness classes – depending on availability. Programs such as: online brain exercises, activities and an in-person fitness orientation at no cost to you. For the complete details about the program, please visit www.UHCRenewActive.com , and click the link in the footer entitled Terms and Conditions.	
Foot Care (podiatry services)	Foot exams and treatment ^{1,2}	\$30 copay	Not covered
	Routine foot care	\$30 copay; for each visit up to 6 visits every year	Not covered
Home Health Care^{1,2}		\$0 copay	Not covered
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.	

Additional Benefits		In-Network	Out-of-Network
NurseLine		Speak with a registered nurse (RN) 24 hours a day, 7 days a week	
Occupational Therapy Visit^{1,2}		\$30 copay	Not covered
Opioid Treatment Services		\$0 copay	Not covered
Outpatient Substance Abuse	Outpatient group therapy visit ^{1,2}	\$30 copay	Not covered
	Outpatient individual therapy visit ^{1,2}	\$40 copay	Not covered
Health & Wellness Products Catalog		\$40 credit per quarter to use on approved health products. Order online at Walmart.com, over the phone, or by mail.	
Renal Dialysis^{1,2}		20% coinsurance	Not covered out-of-network (except in emergency situations).

Services with a 1 may require a referral from your doctor.

Services with a 2 may require your provider to obtain prior authorization from the plan for in-network benefits.

*Benefits are combined in and out-of-network

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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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 <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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

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

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

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

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

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

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year.

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

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

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

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx

should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Participation in the Renew Active™ by UnitedHealthcare program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Equipment and classes may vary by location. Services, including equipment, classes, personalized fitness plans provided by fitness centers, and brain activities provided by BrainHQ, are provided by third parties not affiliated with AARP or UnitedHealthcare. AARP and UnitedHealthcare do not endorse and are not responsible for the services or information provided by this program. Availability of the Renew Active™ program varies by plan/area.

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.

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

- ✓ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Call us or go online 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. If they are not listed, it means you will likely have to select a new doctor.
- ✓ 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.

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, premiums and/or copays/coinsurance 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 provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you may pay a higher copay for services received by non-contracted providers.

Vendor Information

AARP® Medicare Advantage (HMO-POS)

As a member of the plan you get additional supplemental benefits not covered by Original Medicare. To get the most out of your additional benefits choose a network provider. You can find network providers online. You can also call Customer Service to help you find a network provider, or you can request to receive a paper copy.

Please see Chapter 4 of the Evidence of Coverage for details about these additional plan benefits.

Before contacting any of the providers below you must be fully enrolled in the plan.

Benefit Type	Vendor Name	Contact Information
Hearing Exams	Plan network providers in your service area	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myAARPMedicare.com
Vision Care	Plan network providers	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.myAARPMedicare.com If you belong to a medical group or IPA, you may have to receive all vision care through them, please see the Provider Directory for more information and a list of medical groups and IPAs that are responsible for providing routine vision benefits.
Dental Services	UnitedHealthcare Dental	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week To find a provider go to: www.UHCMedicareDentistSearch.com
NurseLine	NurseLine	1-877-365-7949, TTY 711 24 hours a day, 7 days a week
Health & Wellness Products Catalog	Solutran	1-833-845-8798, TTY 711 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept www.HealthyBenefitsPlus.com/HWP
Fitness Membership	Renew Active™	1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week www.UHCRenewActive.com

Benefit Type	Vendor Name	Contact Information
Virtual Medical Visits	American Well/Wellmed	<p>1-800-950-9355, TTY 711 8 a.m. - 8 p.m. local time, 7 days a week</p> <p>www.amwell.com or if you are an existing Wellmed patient, contact your provider to access virtual visits. Not all medical conditions can be treated through virtual visits. The virtual doctor will identify if you need to see an in-person doctor for treatment.</p>



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.

UnitedHealthcare - H4590

2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- ☐ How our members rate our plan's services and care;
- ☐ How well our doctors detect illnesses and keep members healthy;
- ☐ How well our plan helps our members use recommended and safe prescription medications.

For 2019, UnitedHealthcare received the following Overall Star Rating from Medicare.

★★★★★
4 stars

We received the following Summary Star Rating for UnitedHealthcare's health/drug plan services:

Health Plan Services: ★★★★★
3.5 stars

Drug Plan Services: ★★★★★
4 stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 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 800-950-9355 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता 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 yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódí díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béésh bee hane'í biká'ígíí bee hodiilnih.

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, 2019. This list can change throughout the year. Call us at UnitedHealthcare 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
 - Tier 4: Non-preferred drug
 - Tier 5: Specialty tier
- ☐ 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 contact UnitedHealthcare or view the complete drug list on our website

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

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

Bold type = Brand name drug

Plain type = Generic drug

Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted),T2	Aralast NP (1000MG Intravenous Solution Reconstituted),T5
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable),T2	Aranelle (Oral Tablet),T4
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release),T2	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
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour),T4	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution),T5
Amphetamine-Dextroamphetamine (Oral Tablet),T3	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
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution),T4
Amphotericin B (Intravenous Solution Reconstituted),T4	Arcalyst (Subcutaneous Solution Reconstituted),T5
Ampicillin (Oral Capsule),T2	Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet),T3
Ampicillin Sodium (10GM Intravenous Solution Reconstituted),T4	Aripiprazole (1MG/ML Oral Solution),T4
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted),T4	Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible),T5
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted),T4	Aristada (Intramuscular Prefilled Syringe),T5
Ampyra (Oral Tablet Extended Release 12 Hour),T5	Aristada Initio (Intramuscular Prefilled Syringe),T5
Anadrol-50 (Oral Tablet),T5	Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3
Anagrelide HCl (Oral Capsule),T3	Ashlyna (Oral Tablet),T4
Anastrozole (Oral Tablet),T1	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T3
Androderm (Transdermal Patch 24 Hour),T3	Atazanavir Sulfate (Oral Capsule),T5
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3	Atenolol (Oral Tablet),T1
Apokyn (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	
Optiom (Oral Tablet),T5	
Aptivus (Oral Capsule),T5	
Aptivus (Oral Solution),T5	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Atenolol-Chlorthalidone (Oral Tablet),T1	Bacitracin (Ophthalmic Ointment),T2
Atomoxetine HCl (Oral Capsule),T4	Bacitracin-Polymyxin B (Ophthalmic Ointment),T2
Atorvastatin Calcium (Oral Tablet),T1	Baclofen (Oral Tablet),T2
Atovaquone (Oral Suspension),T5	Bactocill in Dextrose (Intravenous Solution),T4
Atovaquone-Proguanil HCl (Oral Tablet),T3	Bactroban (2% Nasal Ointment),T4
Atripla (Oral Tablet),T5	Balsalazide Disodium (Oral Capsule),T4
Atropine Sulfate (Ophthalmic Solution),T3	Balversa (Oral Tablet),T5
Atrovent HFA (Inhalation Aerosol Solution),T4	Balziva (Oral Tablet),T4
Aubagio (Oral Tablet),T5	Banzel (Oral Suspension),T5
Aubra (Oral Tablet),T4	Banzel (Oral Tablet),T5
Auryxia (Oral Tablet),T5	Baraclude (Oral Solution),T4
Austedo (Oral Tablet),T5	Belsomra (Oral Tablet),T3
Aviane (Oral Tablet),T4	Benazepril HCl (Oral Tablet),T1
Avonex (30MCG Intramuscular Kit),T5	Benazepril-Hydrochlorothiazide (Oral Tablet),T1
Avonex Pen (Intramuscular Auto-Injector Kit),T5	Benlysta (Subcutaneous Solution Auto-Injector),T5
Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5	Benlysta (Subcutaneous Solution Prefilled Syringe),T5
Azasite (Ophthalmic Solution),T4	Benznidazole (Oral Tablet),T4
Azathioprine (Oral Tablet),T2	Benzoyl Peroxide-Erythromycin (External Gel),T4
Azelaic Acid (External Gel),T4	Benztropine Mesylate (Oral Tablet),T2
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3	Bepreve (Ophthalmic Solution),T4
Azelastine HCl (Ophthalmic Solution),T3	Berinert (Intravenous Kit),T5
Azithromycin (Intravenous Solution Reconstituted),T4	Besivance (Ophthalmic Suspension),T4
Azithromycin (Oral Suspension Reconstituted),T1	Betamethasone Dipropionate (External Cream),T3
Azithromycin (Oral Tablet),T1	Betamethasone Dipropionate (External Lotion),T3
Azoft (Ophthalmic Suspension),T3	Betamethasone Dipropionate (External Ointment),T3
Aztreonam (1GM Injection Solution Reconstituted),T4	Betamethasone Dipropionate Aug (External Cream),T3
B	Betamethasone Dipropionate Aug (External Gel),T3
BCG Vaccine (Injection),T3	Betamethasone Dipropionate Aug (External Lotion),T3
BIVIGAM (10GM/100ML Intravenous Solution),T5	Betamethasone Dipropionate Aug (External Ointment),T3
BRIVIACT (Oral Solution),T5	Betamethasone Valerate (External Cream),T3
BRIVIACT (Oral Tablet),T5	

Bold type = Brand name drug

Plain type = Generic drug

Betamethasone Valerate (External Lotion),T3	Solution),T4
Betamethasone Valerate (External Ointment),T3	Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
Betaseron (Subcutaneous Kit),T5	Bromocriptine Mesylate (Oral Capsule),T3
Betaxolol HCl (Ophthalmic Solution),T3	Bromocriptine Mesylate (Oral Tablet),T3
Betaxolol HCl (Oral Tablet),T3	Budesonide (Inhalation Suspension),T4
Bethanechol Chloride (Oral Tablet),T2	Budesonide (Oral Capsule Delayed Release Particles),T4
Bethkis (Inhalation Nebulization Solution),T5	Budesonide ER (Oral Tablet Extended Release 24 Hour),T5
Betimol (Ophthalmic Solution),T4	Bumetanide (Injection Solution),T4
Bevespi Aerosphere (Inhalation Aerosol),T3	Bumetanide (Oral Tablet),T1
Bexarotene (Oral Capsule),T5	Buprenorphine (Transdermal Patch Weekly),T4
Bexsero (Intramuscular Suspension Prefilled Syringe),T3	Buprenorphine HCl (Tablet Sublingual),T2
BiDil (Oral Tablet),T3	Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4
Bicalutamide (Oral Tablet),T2	Buprenorphine HCl-Naloxone HCl (Tablet Sublingual),T2
Bicillin C-R (Intramuscular Suspension),T4	Bupropion HCl (Oral Tablet Immediate Release),T2
Bicillin C-R 900/300 (Intramuscular Suspension),T4	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Bicillin L-A (Intramuscular Suspension),T4	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Biktarvy (Oral Tablet),T5	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2
Binosto (Oral Tablet Effervescent),T4	Buspirone HCl (Oral Tablet),T2
Bisoprolol Fumarate (Oral Tablet),T2	Butalbital-Acetaminophen-Caffeine (Oral Tablet),T3
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T2	Butalbital-Aspirin-Caffeine (Oral Capsule),T3
Blephamide (Ophthalmic Suspension),T4	Butorphanol Tartrate (Nasal Solution),T3
Blephamide S.O.P. (Ophthalmic Ointment),T4	Bydureon (Subcutaneous Pen-Injector),T3
Blisovi 24 Fe (Oral Tablet),T4	Bydureon BCise (Subcutaneous Auto-Injector),T3
Blisovi Fe 1.5/30 (Oral Tablet),T4	Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T4
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension),T3	Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T4
Bosentan (Oral Tablet),T5	
Bosulif (Oral Tablet),T5	
Braftovi (Oral Capsule),T5	
Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3	
Brielllyn (Oral Tablet),T4	
Brilinta (Oral Tablet),T3	
Brimonidine Tartrate (0.15% Ophthalmic	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Bystolic (Oral Tablet),T3

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 (Phosphate Binder) (Oral Capsule),T3

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

Calquence (Oral Capsule),T5

Camila (Oral Tablet),T3

Camrese Lo (Oral Tablet),T4

Canasa (Rectal Suppository),T5

Candesartan Cilexetil (Oral Tablet),T1

Candesartan Cilexetil-HCTZ (Oral Tablet),T1

Caprelsa (Oral Tablet),T5

Captopril (Oral Tablet),T1

Captopril-Hydrochlorothiazide (Oral Tablet),T1

Carac (External Cream),T5

Carafate (Oral Suspension),T4

Carbaglu (Oral Tablet),T5

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

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),T2

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 Suspension Reconstituted),T4

Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted),T4

Cefoxitin Sodium (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

Bold type = Brand name drug

Plain type = Generic drug

Ceftazidime (Injection Solution Reconstituted),T4	Ciclopirox Olamine (External Cream),T3
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted),T4	Ciclopirox Olamine (External Suspension),T3
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted),T4	Cilostazol (Oral Tablet),T2
Cefuroxime Axetil (Oral Tablet),T2	Ciloxan (Ophthalmic Ointment),T4
Cefuroxime Sodium (Injection Solution Reconstituted),T4	Cimduo (Oral Tablet),T5
Cefuroxime Sodium (Intravenous Solution Reconstituted),T4	Cimetidine (Oral Tablet),T2
Celecoxib (Oral Capsule),T3	Cimetidine HCl (Oral Solution),T2
Celontin (Oral Capsule),T4	Cimzia (Subcutaneous Kit),T5
Cephalexin (Oral Capsule),T2	Cimzia Prefilled (Subcutaneous Kit),T5
Cephalexin (Oral Suspension Reconstituted),T2	Cinacalcet HCl (30MG Oral Tablet),T4
Cesamet (Oral Capsule),T5	Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T5
Cetirizine HCl (1MG/ML Oral Solution),T2	Cinryze (Intravenous Solution Reconstituted),T5
Chantix (Oral Tablet),T3	Cipro HC (Otic Suspension),T4
Chantix Continuing Month Pak (Oral Tablet),T3	Ciprodex (Otic Suspension),T3
Chantix Starting Month Pak (Oral Tablet),T3	Ciprofloxacin (Oral Suspension Reconstituted),T4
Chemet (Oral Capsule),T5	Ciprofloxacin HCl (100MG Oral Tablet Immediate Release),T3
Chenodal (Oral Tablet),T5	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
Chlordiazepoxide HCl (Oral Capsule),T2	Ciprofloxacin HCl (Ophthalmic Solution),T2
Chlorhexidine Gluconate (Mouth Solution),T2	Ciprofloxacin in D5W (200MG/100ML Intravenous Solution),T4
Chloroquine Phosphate (Oral Tablet),T2	Citalopram Hydrobromide (Oral Solution),T3
Chlorothiazide (Oral Tablet),T2	Citalopram Hydrobromide (Oral Tablet),T1
Chlorpromazine HCl (Oral Tablet),T4	Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule),T4
Chlorthalidone (Oral Tablet),T2	Clarithromycin (Oral Suspension Reconstituted),T4
Chlorzoxazone (500MG Oral Tablet),T3	Clarithromycin (Oral Tablet Immediate Release),T3
Cholbam (Oral Capsule),T5	Clarithromycin ER (Oral Tablet Extended Release 24 Hour),T3
Cholestyramine (Oral Packet),T4	Clenpiq (Oral Solution),T3
Cholestyramine Light (Oral Powder),T4	Climara Pro (Transdermal Patch Weekly),T4
Ciclopirox (External Gel),T3	
Ciclopirox (External Shampoo),T3	
Ciclopirox (External Solution),T3	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Clindamycin HCl (Oral Capsule),T2	Clorazepate Dipotassium (Oral Tablet),T3
Clindamycin Palmitate HCl (Oral Solution Reconstituted),T2	Clotrimazole (External Cream),T2
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution),T4	Clotrimazole (External Solution),T2
Clindamycin Phosphate (External Gel),T3	Clotrimazole (Mouth/Throat Lozenge),T2
Clindamycin Phosphate (External Lotion),T3	Clotrimazole-Betamethasone (External Cream),T3
Clindamycin Phosphate (External Solution),T3	Clotrimazole-Betamethasone (External Lotion),T4
Clindamycin Phosphate (External Swab),T3	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3
Clindamycin Phosphate (Vaginal Cream),T3	Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T4
Clindamycin Phosphate in D5W (Intravenous Solution),T4	Coartem (Oral Tablet),T4
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel),T4	Codeine Sulfate (Oral Tablet),T3
Clobazam (10MG Oral Tablet),T4	Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3
Clobazam (2.5MG/ML Oral Suspension),T5	Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys),T3
Clobazam (20MG Oral Tablet),T5	Colcrys (Oral Tablet),T3
Clobetasol Propionate (External Cream),T4	Colesevelam HCl (Oral Packet),T3
Clobetasol Propionate (External Gel),T4	Colesevelam HCl (Oral Tablet),T3
Clobetasol Propionate (External Ointment),T4	Colestipol HCl (Oral Packet),T4
Clobetasol Propionate (External Shampoo),T4	Colestipol HCl (Oral Tablet),T3
Clobetasol Propionate (External Solution),T3	Colistimethate Sodium (CBA) (Injection Solution Reconstituted),T5
Clobetasol Propionate Emollient Base (External Cream),T4	Colocort (Rectal Enema),T4
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),T4	Complera (Oral Tablet),T5
Clopidogrel Bisulfate (75MG Oral Tablet),T2	Compro (Rectal Suppository),T4
	Constulose (Oral Solution),T2
	Copiktra (Oral Capsule),T5
	Cordran (External Tape),T4

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Corlanor (Oral Tablet),T4

Cortisone Acetate (Oral Tablet),T4

Cortisporin (External Cream),T4**Cortisporin (External Ointment),T4****Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5****Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5****Cosopt PF (Ophthalmic Solution),T4****Cotellic (Oral Tablet),T5****Coumadin (Oral Tablet),T4****Creon (Oral Capsule Delayed Release Particles),T3****Crinone (Vaginal Gel),T4****Crixivan (Oral Capsule),T3**

Cromolyn Sodium (Inhalation Nebulization Solution),T3

Cromolyn Sodium (Ophthalmic Solution),T2

Cromolyn Sodium (Oral Concentrate),T3

Cryselle-28 (Oral Tablet),T4

Cuvposa (Oral Solution),T4

Cyclafem 1/35 (Oral Tablet),T4

Cyclafem 7/7/7 (Oral Tablet),T4

Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2

Cyclobenzaprine HCl (7.5MG Oral Tablet),T4

Cyclophosphamide (Oral Capsule),T4

Cycloset (Oral Tablet),T4

Cyclosporine (Oral Capsule),T3

Cyclosporine Modified (Oral Capsule),T3

Cyclosporine Modified (Oral Solution),T3

Cyproheptadine HCl (Oral Syrup),T4

Cyproheptadine HCl (Oral Tablet),T4

Cyred (Oral Tablet),T4

Cystadane (Oral Powder),T5**Cystagon (Oral Capsule),T4****Cystaran (Ophthalmic Solution),T5****D****DARAPRIM (Oral Tablet),T5****Daklinza (30MG Oral Tablet, 60MG Oral Tablet),T5**

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

Daliresp (Oral Tablet),T4**Dalvance (Intravenous Solution Reconstituted),T5**

Danazol (Oral Capsule),T4

Dantrolene Sodium (Oral Capsule),T4

Dapsone (Oral Tablet),T3

Daptacel (Intramuscular Suspension),T3**Daptomycin (350MG Intravenous Solution Reconstituted),T5**

Daptomycin (500MG Intravenous Solution Reconstituted),T5

Daurismo (Oral Tablet),T5

Deblitane (Oral Tablet),T3

Deferasirox (Oral Tablet Soluble),T5

Delstrigo (Oral Tablet),T5

Delyla (Oral Tablet),T4

Demeclocycline HCl (Oral Tablet),T4

Demser (Oral Capsule),T5**Denavir (External Cream),T5****Depen Titratabs (Oral Tablet),T5**

Depo-Estradiol (Intramuscular Oil),T4

Depo-Provera (400MG/ML Intramuscular Suspension),T4**Descovy (Oral Tablet),T5**

Desipramine HCl (Oral Tablet),T3

Desmopressin Acetate (Oral Tablet),T3

Desmopressin Acetate Spray (Nasal Solution),T4

Desogestrel-Ethinyl Estradiol (Oral Tablet),T4

Desonide (External Ointment),T4

Desoximetasone (External Cream),T4

Desvenlafaxine Succinate ER (Oral Tablet)

T1 = Tier 1

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Extended Release 24 Hour) (Generic Pristiq),T3	Dicloxacillin Sodium (Oral Capsule),T2
Dexamethasone (Oral Elixir),T2	Dicyclomine HCl (Oral Capsule),T2
Dexamethasone (Oral Tablet),T2	Dicyclomine HCl (Oral Solution),T2
Dexamethasone Intensol (Oral Concentrate),T2	Dicyclomine HCl (Oral Tablet),T2
Dexamethasone Sodium Phosphate (Ophthalmic Solution),T2	Didanosine (Oral Capsule Delayed Release),T3
Dexilant (Oral Capsule Delayed Release),T4	Difcid (Oral Tablet),T5
Dexmethylphenidate HCl (Oral Tablet),T3	Diflunisal (Oral Tablet),T3
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour),T4	Digitek (Oral Tablet),T2
Dextroamphetamine Sulfate (Oral Tablet),T4	Digox (Oral Tablet),T2
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour),T4	Digoxin (Oral Solution),T3
Dextrose (10% Intravenous Solution),T4	Digoxin (Oral Tablet),T2
Dextrose (5% Intravenous Solution),T4	Dihydroergotamine Mesylate (Nasal Solution),T5
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution),T4	Dilantin (Oral Capsule),T3
Dextrose-NaCl (5-0.9% Intravenous Solution),T4	Dilantin INFATABS (Oral Tablet Chewable),T3
Diastat AcuDial (Rectal Gel),T4	Dilt-XR (Oral Capsule Extended Release 24 Hour),T2
Diastat Pediatric (Rectal Gel),T4	Diltiazem HCl (Oral Tablet Immediate Release),T2
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T2
Diazepam (5MG/5ML Oral Solution),T2	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T2
Diazepam Intensol (5MG/ML Oral Concentrate),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
Diclofenac Epolamine (Transdermal Patch),T4	Dipentum (Oral Capsule),T5
Diclofenac Potassium (Oral Tablet),T2	Diphenoxylate-Atropine (Oral Liquid),T4
Diclofenac Sodium (1% Transdermal Gel),T3	Diphenoxylate-Atropine (Oral Tablet),T4
Diclofenac Sodium (3% Transdermal Gel),T4	Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension),T3
Diclofenac Sodium (Ophthalmic Solution),T2	Disulfiram (Oral Tablet),T3
Diclofenac Sodium (Oral Tablet Delayed Release),T2	Diuril (Oral Suspension),T4
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2
	Divalproex Sodium (Oral Tablet Delayed Release Sprinkle),T2

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Release),T2	Duramorph (Injection Solution),T4
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2	Durezol (Ophthalmic Emulsion),T3
Dofetilide (Oral Capsule),T4	Dutasteride (Oral Capsule),T3
Donepezil HCl (Oral Tablet),T1	Dymista (Nasal Suspension),T4
Donepezil HCl ODT (Oral Tablet Dispersible),T2	Dyrenium (Oral Capsule),T4
Dorzolamide HCl (Ophthalmic Solution),T2	E
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2	E.E.S. Granules (Oral Suspension Reconstituted),T4
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution),T4	Econazole Nitrate (External Cream),T4
Dovato (Oral Tablet),T5	Edarbi (Oral Tablet),T4
Doxazosin Mesylate (Oral Tablet),T2	Edarbyclor (Oral Tablet),T4
Doxepin HCl (External Cream),T5	Edurant (Oral Tablet),T5
Doxepin HCl (Oral Capsule),T3	Efavirenz (Oral Capsule),T4
Doxepin HCl (Oral Concentrate),T3	Efavirenz (Oral Tablet),T5
Doxercalciferol (Oral Capsule),T4	Egrifta (Subcutaneous Solution Reconstituted),T5
Doxy 100 (Intravenous Solution Reconstituted),T4	Elestrin (Transdermal Gel),T4
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3	Eliquis (Oral Tablet),T3
Doxycycline Hyclate (Oral Capsule),T3	Eliquis Starter Pack (Oral Tablet),T3
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule),T3	Elmiron (Oral Capsule),T5
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet),T3	Embeda (Oral Capsule Extended Release),T3
Doxycycline Monohydrate (Oral Suspension Reconstituted),T4	Emcyt (Oral Capsule),T5
Dronabinol (Oral Capsule),T4	Emoquette (Oral Tablet),T4
Drospirenone-Ethinyl Estradiol (Oral Tablet),T4	Emsam (Transdermal Patch 24 Hour),T5
Droxia (Oral Capsule),T4	Emtriva (Oral Capsule),T4
Duavee (Oral Tablet),T4	Emtriva (Oral Solution),T4
Dulera (Inhalation Aerosol),T4	Enalapril Maleate (Oral Tablet),T1
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2	Enalapril-Hydrochlorothiazide (Oral Tablet),T1
	Enbrel (Subcutaneous Solution Prefilled Syringe),T5
	Enbrel (Subcutaneous Solution Reconstituted),T5
	Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5
	Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3
	Engerix-B (Injection Suspension),T3

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Enoxaparin Sodium (Subcutaneous Solution),T4	Reconstituted),T4
Enpresse-28 (Oral Tablet),T4	Erythromycin (External Gel),T4
Enskyce (Oral Tablet),T4	Erythromycin (External Solution),T2
Entacapone (Oral Tablet),T4	Erythromycin (Ophthalmic Ointment),T2
Entecavir (Oral Tablet),T4	Erythromycin Base (Oral Capsule Delayed Release Particles),T4
Entresto (Oral Tablet),T3	Erythromycin Base (Oral Tablet Immediate Release),T4
Enulose (Oral Solution),T2	Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted),T4
Envarsus XR (Oral Tablet Extended Release 24 Hour),T4	Erythromycin Ethylsuccinate (Oral Tablet),T4
Epclusa (Oral Tablet),T5	Esbriet (Oral Capsule),T5
EpiPen 2-Pak (Injection Solution Auto-Injector),T3	Esbriet (Oral Tablet),T5
EpiPen Jr 2-Pak (Injection Solution Auto-Injector),T3	Escitalopram Oxalate (Oral Solution),T2
Epidiolex (Oral Solution),T5	Escitalopram Oxalate (Oral Tablet),T1
Epinastine HCl (Ophthalmic Solution),T3	Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium),T3
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen-JR), Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen),T3	Estartylla (Oral Tablet),T4
Epitol (Oral Tablet),T3	Estradiol (Oral Tablet),T3
Epivir HBV (Oral Solution),T4	Estradiol (Transdermal Patch Weekly),T3
Eplerenone (Oral Tablet),T3	Estradiol (Vaginal Cream),T4
Eprosartan Mesylate (Oral Tablet),T1	Estradiol (Vaginal Tablet),T4
Eraxis (100MG Intravenous Solution Reconstituted),T5	Estradiol Valerate (Intramuscular Oil),T4
Eraxis (50MG Intravenous Solution Reconstituted),T4	Estring (Vaginal Ring),T4
Ergotamine-Caffeine (Oral Tablet),T3	Ethacrynic Acid (Oral Tablet),T4
Erivedge (Oral Capsule),T5	Ethambutol HCl (Oral Tablet),T3
Erleada (Oral Tablet),T5	Ethosuximide (Oral Capsule),T3
Erlotinib HCl (Oral Tablet),T5	Ethosuximide (Oral Solution),T3
Errin (Oral Tablet),T3	Ethynodiol Diacetate-Ethinyl Estradiol (Oral Tablet),T4
Ertapenem Sodium (Injection Solution Reconstituted),T4	Etodolac (Oral Capsule),T3
Ery (External Pad),T3	Etodolac (Oral Tablet Immediate Release),T3
Ery-Tab (Oral Tablet Delayed Release),T4	Etodolac ER (Oral Tablet Extended Release 24 Hour),T4
Erythrocin Lactobionate (Intravenous Solution	Eurax (External Cream),T4
	Eurax (External Lotion),T4
	Evotaz (Oral Tablet),T5

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Exelderm (External Cream),T4	25MCG/HR Transdermal Patch 72 Hour,
Exelderm (External Solution),T4	50MCG/HR Transdermal Patch 72 Hour,
Exemestane (Oral Tablet),T4	75MCG/HR Transdermal Patch 72 Hour),T4
Ezetimibe (Oral Tablet),T2	Fentanyl Citrate (Buccal Lozenge On A
Ezetimibe-Simvastatin (Oral Tablet),T3	Handle),T5
F	Feriprox (Oral Solution),T5
FML (Ophthalmic Ointment),T4	Feriprox (Oral Tablet),T5
FML Forte (Ophthalmic Suspension),T4	Fetzima (Oral Capsule Extended Release 24
Falmina (Oral Tablet),T4	Hour),T4
Famciclovir (Oral Tablet),T3	Fetzima Titration (Oral Capsule ER 24 Hour
Famotidine (20MG Oral Tablet, 40MG Oral	Therapy Pack),T4
Tablet),T2	Finacea (External Foam),T4
Famotidine (Oral Suspension Reconstituted),T4	Finasteride (5MG Oral Tablet) (Generic
Fanapt (10MG Oral Tablet, 12MG Oral Tablet,	Proscar),T1
4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral	Firazyr (Subcutaneous Solution),T5
Tablet),T5	Firmagon (120MG Subcutaneous Solution
Fanapt (1MG Oral Tablet, 2MG Oral Tablet),T4	Reconstituted),T5
Fanapt Titration Pack (Oral Tablet),T4	Firmagon (80MG Subcutaneous Solution
Farydak (Oral Capsule),T5	Reconstituted),T4
Fayosim (Oral Tablet),T4	Flac (Otic Oil),T4
Felbamate (Oral Suspension),T5	Flarex (Ophthalmic Suspension),T4
Felbamate (Oral Tablet),T4	Flebogamma DIF (5GM/50ML Intravenous
Felodipine ER (Oral Tablet Extended Release 24	Solution),T5
Hour),T2	Flecainide Acetate (Oral Tablet),T2
Femring (Vaginal Ring),T4	Flector (Transdermal Patch),T4
Femynor (Oral Tablet),T4	Flovent Diskus (Inhalation Aerosol Powder
Fenofibrate (145MG Oral Tablet, 48MG Oral	Breath Activated),T3
Tablet),T2	Flovent HFA (Inhalation Aerosol),T3
Fenofibrate (160MG Oral Tablet, 54MG Oral	Fluconazole (Oral Suspension Reconstituted),T2
Tablet),T1	Fluconazole (Oral Tablet),T2
Fenofibrate Micronized (134MG Oral Capsule,	Fluconazole in Sodium Chloride (Intravenous
200MG Oral Capsule, 67MG Oral Capsule),T2	Solution),T4
Fenofibric Acid (105MG Oral Tablet),T3	Flucytosine (Oral Capsule),T5
Fenofibric Acid (35MG Oral Tablet),T3	Fludrocortisone Acetate (Oral Tablet),T2
Fenofibric Acid (Oral Capsule Delayed	Flunisolide (Nasal Solution),T1
Release),T3	Fluocinolone Acetonide (External Cream),T3
Fentanyl (100MCG/HR Transdermal Patch 72	Fluocinolone Acetonide (External Ointment),T3
Hour, 12MCG/HR Transdermal Patch 72 Hour,	Fluocinolone Acetonide (External Solution),T3

T1 = Tier 1

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Fluocinolone Acetonide (Otic Oil),T4	Subcutaneous Solution, 7.5MG/0.6ML
Fluocinolone Acetonide Scalp (External Oil),T4	Subcutaneous Solution),T5
Fluocinonide (External Gel),T3	Fondaparinux Sodium (2.5MG/0.5ML
Fluocinonide (External Ointment),T3	Subcutaneous Solution),T4
Fluocinonide (External Solution),T3	Forteo (Subcutaneous Solution),T5
Fluocinonide Emulsified Base (External Cream),T3	Fosamprenavir Calcium (Oral Tablet),T5
Fluorometholone (Ophthalmic Suspension),T3	Fosinopril Sodium (Oral Tablet),T1
Fluorouracil (0.5% External Cream),T5	Fosinopril Sodium-HCTZ (Oral Tablet),T1
Fluorouracil (5% External Cream),T4	FreAmine HBC (Intravenous Solution),T4
Fluorouracil (External Solution),T3	Furosemide (Injection Solution),T4
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release),T2	Furosemide (Oral Solution),T2
Fluoxetine HCl (20MG/5ML Oral Solution),T2	Furosemide (Oral Tablet),T1
Fluoxetine HCl (90MG Oral Capsule Delayed Release),T4	Fuzeon (Subcutaneous Solution Reconstituted),T5
Fluphenazine Decanoate (Injection Solution),T4	Fyavolv (Oral Tablet),T4
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2	Fycompa (Oral Suspension),T5
Fluphenazine HCl (2.5MG/5ML Oral Elixir),T4	Fycompa (Oral Tablet),T5
Fluphenazine HCl (2.5MG/ML Injection Solution),T4	G
Fluphenazine HCl (5MG/ML Oral Concentrate),T3	Gabapentin (250MG/5ML Oral Solution),T3
Flurbiprofen (Oral Tablet),T2	Gabapentin (Oral Capsule),T2
Flurbiprofen Sodium (Ophthalmic Solution),T2	Gabapentin (Oral Tablet),T2
Flutamide (Oral Capsule),T3	Galantamine Hydrobromide (Oral Solution),T4
Fluticasone Propionate (External Cream),T3	Galantamine Hydrobromide (Oral Tablet),T4
Fluticasone Propionate (External Ointment),T3	Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour),T4
Fluticasone Propionate (Nasal Suspension),T2	Gammagard (2.5GM/25ML Injection Solution),T5
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated),T3	Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5
Fluvastatin Sodium (Oral Capsule),T2	Gammaked (1GM/10ML Injection Solution),T5
Fluvoxamine Maleate (Oral Tablet),T3	Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution),T5
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML	Gamunex-C (1GM/10ML Injection Solution),T5
	Gardasil 9 (Intramuscular Suspension Prefilled Syringe),T3

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Gardasil 9 (Intramuscular Suspension),T3

Gatifloxacin (Ophthalmic Solution),T3

Gattex (Subcutaneous Kit),T5

Gauze (Non-medicated 2X2 Pad),T3

GaviLyte-C (Oral Solution Reconstituted),T2

GaviLyte-G (Oral Solution Reconstituted),T2

GaviLyte-N with Flavor Pack (Oral Solution Reconstituted),T2

Gemfibrozil (Oral Tablet),T2

Generlac (Oral Solution),T2

Gengraf (Oral Capsule),T3

Gengraf (Oral Solution),T3

Genotropin (Subcutaneous Solution Reconstituted),T5**Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5**

Gentak (Ophthalmic Ointment),T2

Gentamicin Sulfate (40MG/ML Injection Solution),T4

Gentamicin Sulfate (External Cream),T2

Gentamicin Sulfate (External Ointment),T2

Gentamicin Sulfate (Ophthalmic Solution),T2

Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution),T4

Genvoya (Oral Tablet),T5**Geodon (Intramuscular Solution Reconstituted),T4**

Gianvi (Oral Tablet),T4

Gilenya (0.5MG Oral Capsule),T5**Gilotrif (Oral Tablet),T5****Glassia (Intravenous Solution),T5**

Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5

Glatopa (Subcutaneous Solution Prefilled Syringe),T5

Gleostine (100MG Oral Capsule),T5**Gleostine (10MG Oral Capsule, 40MG Oral Capsule),T3**

Glimepiride (Oral Tablet),T1

Glipizide (Oral Tablet Immediate Release),T1

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

Glipizide-Metformin HCl (Oral Tablet),T1

GlucaGen HypoKit (Injection Solution Reconstituted),T4**Glucagon Emergency (Injection Kit),T3****Glyxambi (Oral Tablet),T3**

Granisetron HCl (Oral Tablet),T4

Granix (Subcutaneous Solution Prefilled Syringe),T5**Granix (Subcutaneous Solution),T5**

Griseofulvin Microsize (Oral Suspension),T4

Griseofulvin Microsize (Oral Tablet),T4

Griseofulvin Ultramicrosize (Oral Tablet),T4

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

Guanidine HCl (Oral Tablet),T3**H****Haegarda (Subcutaneous Solution Reconstituted),T5**

Hailey 24 Fe (Oral Tablet),T4

Halobetasol Propionate (External Cream),T4

Halobetasol Propionate (External Ointment),T4

Haloperidol (Oral Tablet),T2

Haloperidol Decanoate (Intramuscular Solution),T4

Haloperidol Lactate (Injection Solution),T4

Haloperidol Lactate (Oral Concentrate),T2

Havrix (Intramuscular Suspension),T3

Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution),T3

Heparin Sodium (1000UNIT/ML Injection Solution),T3

HepatAmine (Intravenous Solution),T4**Hetlioz (Oral Capsule),T5**

T1 = Tier 1

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Hiberix (Injection Solution Reconstituted),T3	Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3
Humalog (Subcutaneous Solution Cartridge),T3	Hydralazine HCl (Oral Tablet),T2
Humalog (Subcutaneous Solution),T3	Hydrochlorothiazide (Oral Capsule),T1
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3	Hydrochlorothiazide (Oral Tablet),T1
Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3
Humalog Mix 50/50 (Subcutaneous Suspension),T3	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution),T3
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet),T3
Humalog Mix 75/25 (Subcutaneous Suspension),T3	Hydrocortisone (1% External Cream, 2.5% External Cream),T2
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3	Hydrocortisone (1% External Ointment, 2.5% External Ointment),T2
Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection),T5	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 (Rectal Enema),T4
Humira Pen (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Butyrate (External Ointment),T3
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Valerate (External Cream),T4
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5	Hydrocortisone Valerate (External Ointment),T4
Humulin 70/30 (Subcutaneous Suspension),T3	Hydrocortisone-Acetic Acid (Otic Solution),T3
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3	Hydromorphone HCl (1MG/ML Oral Liquid),T4
Humulin N (Subcutaneous Suspension),T3	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release),T2
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3	Hydromorphone HCl (2MG/ML Injection Solution),T4
Humulin R (Injection Solution),T3	Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent),T4
Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3	Hydromorphone HCl PF (10MG/ML Injection Solution, 50MG/5ML Injection Solution),T4
	Hydroxychloroquine Sulfate (Oral Tablet),T2
	Hydroxyurea (Oral Capsule),T2
	Hydroxyzine HCl (Oral Syrup),T3
	Hydroxyzine HCl (Oral Tablet),T3
	Hydroxyzine Pamoate (Oral Capsule),T3

Bold type = Brand name drug

Plain type = Generic drug

Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent),T3

I

IDHIFA (Oral Tablet),T5

IPOL (Injection),T3

Ibandronate Sodium (Oral Tablet),T2

Ibrance (Oral Capsule),T5

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

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

Ibuprofen (Oral Suspension),T2

Iclusig (Oral Tablet),T5

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

Imvexxy Maintenance Pack (Vaginal Insert),T3

Imvexxy Starter Pack (Vaginal Insert),T3

Incassia (Oral Tablet),T3

Increlex (Subcutaneous Solution),T5

Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3

Indapamide (Oral Tablet),T2

Indomethacin (Oral Capsule Immediate Release),T2

Infanrix (Intramuscular Suspension),T3

Ingrezza (Oral Capsule Therapy Pack),T5

Ingrezza (Oral Capsule),T5

Inlyta (Oral Tablet),T5

Insulin Lispro (Subcutaneous Solution Pen-

Injector),T3

Insulin Lispro (Subcutaneous Solution),T3

Insulin Syringes, Needles,T3

Intelence (100MG Oral Tablet, 200MG Oral Tablet),T5

Intelence (25MG Oral Tablet),T4

Intralipid (Intravenous Emulsion),T4

Intron A (Injection Solution Reconstituted),T5

Intron A (Injection Solution),T5

Introvale (Oral Tablet),T4

Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe),T5

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

Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5

Invirase (Oral Tablet),T5

Invokamet (Oral Tablet Immediate Release),T3

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

Invokana (Oral Tablet),T3

Ionosol-MB in D5W (Intravenous Solution),T4

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),T5

Isentress (25MG Oral Tablet Chewable),T3

Isentress (Oral Packet),T4

Isentress (Oral Tablet),T5

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Isentress HD (Oral Tablet),T5
Isibloom (Oral Tablet),T4
Isolyte-P in D5W (Intravenous Solution),T4
Isolyte-S (Intravenous Solution),T4
Isoniazid (Oral Syrup),T4
Isoniazid (Oral Tablet),T2
Isosorbide Dinitrate (Oral Tablet Immediate Release),T2
Isosorbide Dinitrate ER (Oral Tablet Extended Release),T2
Isosorbide Mononitrate (Oral Tablet Immediate Release),T2
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2
Isotretinoin (Oral Capsule),T4
Itraconazole (Oral Capsule),T4
Itraconazole (Oral Solution),T5
Ivermectin (Oral Tablet),T3
Ixiaro (Intramuscular Suspension),T3
J
Jadenu (Oral Tablet),T5
Jadenu Sprinkle (Oral Packet),T5
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
Jentadueto (Oral Tablet Immediate Release),T3
Jentadueto XR (Oral Tablet Extended Release 24 Hour),T3
Jinteli (Oral Tablet),T4
Jolivette (0.35MG Oral Tablet),T3
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 (Injection),T4
KCl-Lactated Ringers-D5W (Intravenous Solution),T4
Kaitlib Fe (Oral Tablet Chewable),T4
Kaletra (100-25MG Oral Tablet),T4
Kaletra (200-50MG Oral Tablet),T5
Kalydeco (Oral Packet),T5
Kalydeco (Oral Tablet),T5
Kariva (Oral Tablet),T4
Kelnor 1/35 (Oral Tablet),T4
Kelnor 1/50 (Oral Tablet),T4
Ketoconazole (External Cream),T2
Ketoconazole (External Shampoo),T2
Ketoconazole (Oral Tablet),T2
Ketoprofen (Oral Capsule Immediate Release),T3
Ketorolac Tromethamine (Ophthalmic Solution),T3
Kineret (Subcutaneous Solution Prefilled Syringe),T5
Kinrix (Intramuscular Suspension),T3
Kionex (Oral Suspension),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

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Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack),T5
Klor-Con (Oral Packet),T3
Klor-Con 10 (Oral Tablet Extended Release),T3
Klor-Con 8 (Oral Tablet Extended Release),T3
Klor-Con M10 (Oral Tablet Extended Release),T2
Klor-Con M15 (Oral Tablet Extended Release),T2
Klor-Con M20 (Oral Tablet Extended Release),T2
Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release),T3
Korlym (Oral Tablet),T5
Kurvelo (Oral Tablet),T4
Kuvan (Oral Packet),T5
Kuvan (Oral Tablet Soluble),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),T2
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
Larissia (Oral Tablet),T4
Lastacraft (Ophthalmic Solution),T3
Latanoprost (Ophthalmic Solution),T1
Latuda (Oral Tablet),T5
Layolis Fe (Oral Tablet Chewable),T4
Leena (Oral Tablet),T4
Leflunomide (Oral Tablet),T2
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
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
Levemir (Subcutaneous Solution),T3
Levemir FlexTouch (Subcutaneous Solution

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Pen-Injector),T3	Linezolid (Intravenous Solution),T4
Levetiracetam (Oral Solution),T2	Linezolid (Oral Suspension Reconstituted),T5
Levetiracetam (Oral Tablet Immediate Release),T2	Linezolid (Oral Tablet),T4
Levetiracetam ER (Oral Tablet Extended Release 24 Hour),T3	Linzess (Oral Capsule),T3
Levo-T (Oral Tablet),T3	Liothyronine Sodium (Oral Tablet),T2
Levobunolol HCl (Ophthalmic Solution),T2	Lisinopril (Oral Tablet),T1
Levocarnitine (1GM/10ML Oral Solution),T3	Lisinopril-Hydrochlorothiazide (Oral Tablet),T1
Levocarnitine (330MG Oral Tablet),T3	Lithium (Oral Solution),T3
Levocetirizine Dihydrochloride (Oral Tablet),T1	Lithium Carbonate (Oral Capsule),T2
Levofloxacin (0.5% Ophthalmic Solution),T3	Lithium Carbonate (Oral Tablet Immediate Release),T2
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet),T1	Lithium Carbonate ER (Oral Tablet Extended Release),T2
Levofloxacin (25MG/ML Intravenous Solution),T4	Lithostat (Oral Tablet),T5
Levofloxacin (25MG/ML Oral Solution),T4	Livalo (Oral Tablet),T3
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution),T4	Lokelma (Oral Packet),T4
Levonest (Oral Tablet),T4	Lonhala Magnair Refill Kit (Inhalation Solution),T5
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet),T4	Lonsurf (Oral Tablet),T5
Levonorgestrel-Ethinyl Estradiol (Oral Tablet),T4	Loperamide HCl (Oral Capsule),T2
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet),T4	Lopinavir-Ritonavir (Oral Solution),T4
Levora 0.15/30 (28) (Oral Tablet),T4	Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T1
Levorphanol Tartrate (Oral Tablet),T5	Lorazepam (2MG/ML Oral Concentrate),T2
Levothyroxine Sodium (Oral Tablet),T1	Lorbrena (Oral Tablet),T5
Levoxyl (Oral Tablet),T3	Lorcet (Oral Tablet),T3
Lexiva (Oral Suspension),T4	Lorcet HD (Oral Tablet),T3
Lidocaine (5% External Ointment),T4	Lorcet Plus (Oral Tablet),T3
Lidocaine (5% External Patch),T4	Loryna (Oral Tablet),T4
Lidocaine HCl (4% External Solution),T2	Losartan Potassium (Oral Tablet),T1
Lidocaine HCl (External Gel),T2	Losartan Potassium-HCTZ (Oral Tablet),T1
Lidocaine Viscous (2% Mouth/Throat Solution),T2	Lotemax (Ophthalmic Gel),T4
Lidocaine-Prilocaine (External Cream),T3	Lotemax (Ophthalmic Ointment),T4
Lindane (External Shampoo),T4	Lotemax (Ophthalmic Suspension),T4
	Lotemax SM (Ophthalmic Gel),T4
	Loteprednol Etabonate (Ophthalmic Suspension),T4

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Lovastatin (Oral Tablet),T1	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe),T4
Low-Ogestrel (Oral Tablet),T4	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4
Loxapine Succinate (Oral Capsule),T2	Mefloquine HCl (Oral Tablet),T2
Lumigan (Ophthalmic Solution),T3	Megestrol Acetate (40MG/ML Oral Suspension),T3
Lupaneta Pack (Combination Kit),T5	Megestrol Acetate (625MG/5ML Oral Suspension),T4
Lupron Depot (1-Month) (Intramuscular Kit),T5	Megestrol Acetate (Oral Tablet),T3
Lupron Depot (3-Month) (Intramuscular Kit),T5	Mekinist (Oral Tablet),T5
Lupron Depot (4-Month) (Intramuscular Kit),T5	Mektovi (Oral Tablet),T5
Lupron Depot (6-Month) (Intramuscular Kit),T5	Melodetta 24 Fe (Oral Tablet Chewable),T4
Lutera (Oral Tablet),T4	Meloxicam (Oral Tablet),T1
Lynparza (Oral Tablet),T5	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T2
Lyrica (Oral Capsule),T3	Memantine HCl (Oral Solution),T4
Lyrica (Oral Solution),T3	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3
Lysodren (Oral Tablet),T5	Memantine HCl Titration Pak (Oral Tablet),T3
Lyza (Oral Tablet),T3	Menactra (Intramuscular Injectable),T3
M	Menest (Oral Tablet),T3
M-M-R II (Subcutaneous Injectable),T3	Mentax (External Cream),T4
Magnesium Sulfate (50% (10ML Syringe) Injection Solution),T4	Menveo (Intramuscular Solution Reconstituted),T3
Magnesium Sulfate (50% Injection Solution),T4	Mercaptopurine (Oral Tablet),T3
Malathion (External Lotion),T4	Meropenem (Intravenous Solution Reconstituted),T4
Maprotiline HCl (Oral Tablet),T4	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3
Marlissa (Oral Tablet),T4	Mesalamine (Rectal Enema),T4
Marplan (Oral Tablet),T4	Mesalamine (Rectal Suppository),T5
Matulane (Oral Capsule),T5	Mesnex (Oral Tablet),T5
Matzim LA (Oral Tablet Extended Release 24 Hour),T2	Metadate ER (Oral Tablet Extended Release),T4
Mavyret (Oral Tablet),T5	Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet),T4
Mayzent (Oral Tablet),T5	Metaproterenol Sulfate (Oral Syrup),T4
Meclizine HCl (Oral Tablet),T2	Metformin HCl (Oral Tablet Immediate

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Release),T1	Gel),T4
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1	Metronidazole (0.75% External Lotion),T4
Methadone HCl (Oral Solution),T3	Metronidazole (0.75% Vaginal Gel),T3
Methadone HCl (Oral Tablet),T3	Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2
Methazolamide (Oral Tablet),T4	Metronidazole in NaCl 0.79% (Intravenous Solution),T4
Methenamine Hippurate (Oral Tablet),T4	Mexiletine HCl (Oral Capsule),T3
Methimazole (Oral Tablet),T2	Mibelas 24 Fe (Oral Tablet Chewable),T4
Methotrexate (Oral Tablet),T2	Miconazole 3 (Vaginal Suppository),T3
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe),T2	Microgestin 1.5/30 (Oral Tablet),T4
Methotrexate Sodium (50MG/2ML Injection Solution),T2	Microgestin 1/20 (Oral Tablet),T4
Methoxsalen Rapid (Oral Capsule),T5	Microgestin Fe 1.5/30 (Oral Tablet),T4
Methscopolamine Bromide (Oral Tablet),T4	Microgestin Fe 1/20 (Oral Tablet),T4
Methyclothiazide (5MG Oral Tablet),T3	Midodrine HCl (Oral Tablet),T3
Methyldopa (Oral Tablet),T3	Migergot (Rectal Suppository),T5
Methyldopa-Hydrochlorothiazide (Oral Tablet),T3	Miglitol (Oral Tablet),T4
Methylphenidate HCl (Oral Solution),T4	Miglustat (Oral Capsule),T5
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3	Mili (Oral Tablet),T4
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release),T4	Minitran (Transdermal Patch 24 Hour),T2
Methylprednisolone (Oral Tablet Therapy Pack),T2	Minocycline HCl (Oral Capsule),T2
Methylprednisolone (Oral Tablet),T2	Minocycline HCl (Oral Tablet Immediate Release),T4
Metoclopramide HCl (5MG/5ML Oral Solution),T2	Minoxidil (Oral Tablet),T2
Metoclopramide HCl (Oral Tablet),T1	Mirtazapine (Oral Tablet),T2
Metolazone (Oral Tablet),T3	Mirtazapine ODT (Oral Tablet Dispersible),T2
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	Mirvaso (External Gel),T4
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	Misoprostol (Oral Tablet),T3
Metoprolol-Hydrochlorothiazide (Oral Tablet),T2	Modafinil (Oral Tablet),T4
Metronidazole (0.75% External Cream),T4	Moexipril HCl (Oral Tablet),T1
Metronidazole (0.75% External Gel, 1% External	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
	MonoNessa (Oral Tablet),T4
	Montelukast Sodium (Oral Packet),T2

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Montelukast Sodium (Oral Tablet Chewable),T2
Montelukast Sodium (Oral Tablet),T1
Morphine Sulfate (100MG/5ML Oral Solution),T3
Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution),T4
Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution),T4
Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe),T4
Morphine Sulfate (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
Moxifloxacin HCl (Ophthalmic Solution),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
Mycamine (Intravenous 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
Myrbetriq (Oral Tablet Extended Release 24 Hour),T3

N
Nabumetone (Oral Tablet),T2
Nadolol (Oral Tablet),T4
Nadolol-Bendroflumethiazide (40-5MG Oral Tablet),T3
Nafcillin Sodium (10GM Intravenous Solution Reconstituted),T4
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted),T4
Naftifine HCl (External Cream),T4
Naftin (External Gel),T4
Naloxone HCl (0.4MG/ML Injection Solution),T2
Naloxone HCl (Injection Solution Cartridge),T2
Naloxone HCl (Injection Solution Prefilled Syringe),T2
Naltrexone HCl (Oral Tablet),T3
Namzarcic (Oral Capsule ER 24 Hour Therapy Pack),T3
Namzarcic (Oral Capsule Extended Release 24 Hour),T3
Naproxen (Oral Suspension),T4
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
Nebupent (Inhalation Solution Reconstituted),T4
Necon 0.5/35 (28) (Oral Tablet),T4
Nefazodone HCl (Oral Tablet),T4
Neomycin Sulfate (Oral Tablet),T2
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment),T3
Neomycin-Polymyxin-Bacitracin-Hydrocortisone

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(Ophthalmic Ointment),T3	Nitro-Bid (Transdermal Ointment),T4
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension),T2	Nitrofurantoin (Oral Suspension),T4
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment),T2	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution),T3	Nitrofurantoin Monohydrate (Generic Macrobid),T3
Neomycin-Polymyxin-HC (1% Otic Solution),T3	Nitroglycerin (Tablet Sublingual),T2
Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4	Nitroglycerin (Transdermal Patch 24 Hour),T2
Neomycin-Polymyxin-HC (Otic Suspension),T3	Nitroglycerin (Translingual Solution),T3
NephrAmine (Intravenous Solution),T4	Nitrostat (Tablet Sublingual),T3
Nerlynx (Oral Tablet),T5	Nora-BE (Oral Tablet),T3
Neulasta (Subcutaneous Solution Prefilled Syringe),T5	Norditropin FlexPro (Subcutaneous Solution),T5
Neupogen (Injection Solution Prefilled Syringe),T5	Norethindrone (0.35MG Oral Tablet),T3
Neupogen (Injection Solution),T5	Norethindrone Acetate (5MG Oral Tablet),T2
Neupro (Transdermal Patch 24 Hour),T4	Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet),T4
Nevirapine (Oral Suspension),T4	Norethindrone Acetate-Ethinyl Estradiol (1-20MG- MCG Oral Tablet),T4
Nevirapine (Oral Tablet Immediate Release),T3	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
Nevirapine ER (Oral Tablet Extended Release 24 Hour),T4	Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet),T4
Nexavar (Oral Tablet),T5	Norgestimate-Ethinyl Estradiol (Oral Tablet),T4
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T4	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet),T4
Niacor (Oral Tablet),T2	Norlyroc (Oral Tablet),T3
Nicardipine HCl (Oral Capsule),T3	Normosol-M in D5W (Intravenous Solution),T4
Nicotrol (Inhalation Inhaler),T4	Normosol-R in D5W (Intravenous Solution),T4
Nicotrol NS (Nasal Solution),T4	Normosol-R pH 7.4 (Intravenous Solution),T4
Nifedipine ER (Oral Tablet Extended Release 24 Hour),T2	Northera (Oral Capsule),T5
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour),T2	Nortrel 0.5/35 (28) (Oral Tablet),T4
Nikki (Oral Tablet),T4	Nortrel 1/35 (21) (Oral Tablet),T4
Nilutamide (Oral Tablet),T5	Nortrel 1/35 (28) (Oral Tablet),T4
Nimodipine (Oral Capsule),T4	
Ninlaro (Oral Capsule),T5	

Bold type = Brand name drug

Plain type = Generic drug

Nortrel 7/7/7 (Oral Tablet),T4	2GM/20ML Intravenous Solution),T5
Nortriptyline HCl (Oral Capsule),T2	Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution),T5
Nortriptyline HCl (Oral Solution),T2	Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution),T4
Norvir (Oral Packet),T4	Odefsey (Oral Tablet),T5
Norvir (Oral Solution),T4	Odomzo (Oral Capsule),T5
Noxafil (Oral Suspension),T5	Ofev (Oral Capsule),T5
Noxafil (Oral Tablet Delayed Release),T5	Ofloxacin (Ophthalmic Solution),T2
Nucala (Subcutaneous Solution Auto-Injector),T5	Ofloxacin (Oral Tablet),T3
Nucala (Subcutaneous Solution Prefilled Syringe),T5	Ofloxacin (Otic Solution),T3
Nucala (Subcutaneous Solution Reconstituted),T5	Ogestrel (Oral Tablet),T4
Nucynta ER (Oral Tablet Extended Release 12 Hour),T3	Olanzapine (10MG Intramuscular Solution Reconstituted),T4
Nuedexta (Oral Capsule),T4	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T2
Nuplazid (Oral Capsule),T5	Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible),T4
Nuplazid (Oral Tablet),T5	Olmesartan Medoxomil (Oral Tablet),T1
Nutrilipid (Intravenous Emulsion),T4	Olmesartan Medoxomil-HCTZ (Oral Tablet),T1
Nutropin AQ NuSpin 10 (Subcutaneous Solution),T5	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T2
Nutropin AQ NuSpin 20 (Subcutaneous Solution),T5	Olopatadine HCl (Ophthalmic Solution),T3
Nutropin AQ NuSpin 5 (Subcutaneous Solution),T5	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T4
Nyamyc (External Powder),T2	Omeprazole (10MG Oral Capsule Delayed Release),T2
Nymalize (60MG/20ML Oral Solution),T5	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2
Nystatin (External Cream),T2	Ondansetron HCl (Oral Solution),T4
Nystatin (External Ointment),T2	Ondansetron HCl (Oral Tablet),T2
Nystatin (External Powder),T2	Ondansetron ODT (Oral Tablet Dispersible),T2
Nystatin (Mouth/Throat Suspension),T2	Opsumit (Oral Tablet),T5
Nystatin (Oral Tablet),T2	Orencia (Subcutaneous Solution Prefilled Syringe),T5
Nystop (External Powder),T2	
O	
Ocaliva (Oral Tablet),T5	
Ocella (Oral Tablet),T4	
Octagam (1GM/20ML Intravenous Solution,	

T1 = Tier 1

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Orencia ClickJect (Subcutaneous Solution Auto-Injector),T5	Tablet Immediate Release),T2
Orenitram (0.125MG Oral Tablet Extended Release),T4	Oxycodone HCl (5MG/5ML Oral Solution),T3
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5	Oxycodone-Acetaminophen (Oral Tablet),T3
Orfadin (Oral Capsule),T5	Oxycodone-Aspirin (Oral Tablet),T3
Orfadin (Oral Suspension),T5	Oxycodone-Ibuprofen (Oral Tablet),T3
Orkambi (Oral Packet),T5	Ozempic (Subcutaneous Solution Pen-Injector),T3
Orkambi (Oral Tablet),T5	P
Orsythia (Oral Tablet),T4	PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte),T2
Oseltamivir Phosphate (Oral Capsule),T3	PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY),T2
Oseltamivir Phosphate (Oral Suspension Reconstituted),T3	PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY),T2
Osphena (Oral Tablet),T3	PENTAM 300 (Injection Solution Reconstituted),T4
Otezla (Oral Tablet Therapy Pack),T5	Pacerone (200MG Oral Tablet),T1
Otezla (Oral Tablet),T5	Paliperidone ER (Oral Tablet Extended Release 24 Hour),T4
Oxacillin Sodium (Injection Solution Reconstituted),T4	Panretin (External Gel),T5
Oxandrolone (10MG Oral Tablet),T4	Pantoprazole Sodium (Oral Tablet Delayed Release),T1
Oxandrolone (2.5MG Oral Tablet),T3	Panzyga (Intravenous Solution),T5
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet),T3	Paricalcitol (Oral Capsule),T4
Oxcarbazepine (300MG/5ML Oral Suspension),T4	Paromomycin Sulfate (Oral Capsule),T4
Oxsoralen Ultra (Oral Capsule),T5	Paroxetine HCl (Oral Tablet Immediate Release),T2
Oxybutynin Chloride (Oral Syrup),T2	Paser (Oral Packet),T4
Oxybutynin Chloride (Oral Tablet Immediate Release),T2	Paxil (Oral Suspension),T4
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2	Pazeo (Ophthalmic Solution),T3
Oxycodone HCl (100MG/5ML Oral Concentrate),T4	Pediarix (Intramuscular Suspension),T3
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral	Pedvax HIB (Intramuscular Suspension),T3
	Peganone (Oral Tablet),T4
	Pegasys (Subcutaneous Solution),T5
	Pegasys ProClick (Subcutaneous Solution),T5
	Penicillamine (Oral Capsule),T5
	Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted),T4

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Penicillin G Procaine (Intramuscular Suspension),T4	Pioglitazone HCl-Glimepiride (Oral Tablet),T1
Penicillin G Sodium (Injection Solution Reconstituted),T5	Pioglitazone HCl-Metformin HCl (Oral Tablet),T1
Penicillin V Potassium (Oral Solution Reconstituted),T2	Piperacillin-Tazobactam (Intravenous Solution Reconstituted),T4
Penicillin V Potassium (Oral Tablet),T2	Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack),T5
Pentasa (Oral Capsule Extended Release),T4	Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack),T5
Pentoxifylline ER (Oral Tablet Extended Release),T2	Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack),T5
Perforomist (Inhalation Nebulization Solution),T4	Pirmella 1/35 (Oral Tablet),T4
Perindopril Erbumine (Oral Tablet),T1	Piroxicam (Oral Capsule),T3
Permethrin (External Cream),T3	Plasma-Lyte 148 (Intravenous Solution),T4
Perphenazine (Oral Tablet),T4	Plasma-Lyte A (Intravenous Solution),T4
Perseris (Subcutaneous Prefilled Syringe),T5	Plenamine (Intravenous Solution),T4
Phenadoz (12.5MG Rectal Suppository),T4	Podofilox (External Solution),T3
Phenelzine Sulfate (Oral Tablet),T3	Polymyxin B Sulfate (Injection Solution Reconstituted),T4
Phenobarbital (Oral Elixir),T2	Polymyxin B-Trimethoprim (Ophthalmic Solution),T2
Phenobarbital (Oral Tablet),T2	Pomalyst (Oral Capsule),T5
Phenoxybenzamine HCl (Oral Capsule),T5	Portia-28 (Oral Tablet),T4
Phenytek (Oral Capsule),T2	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution),T4
Phenytoin (Oral Suspension),T2	Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution),T4
Phenytoin (Oral Tablet Chewable),T2	Potassium Chloride (Oral Packet),T3
Phenytoin Sodium Extended (Oral Capsule),T2	Potassium Chloride (Oral Solution),T3
Phoslyra (Oral Solution),T3	Potassium Chloride CR (Oral Tablet Extended Release),T2
Phospholine Iodide (Ophthalmic Solution Reconstituted),T4	Potassium Chloride ER (Oral Capsule Extended Release),T2
Picato (External Gel),T3	Potassium Chloride in Dextrose (Intravenous Solution),T4
Pifeltro (Oral Tablet),T5	Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution),T4
Pilocarpine HCl (Ophthalmic Solution),T3	
Pilocarpine HCl (Oral Tablet),T4	
Pimecrolimus (External Cream),T4	
Pimozide (Oral Tablet),T4	
Pimtreea (Oral Tablet),T4	
Pindolol (Oral Tablet),T3	
Pioglitazone HCl (Oral Tablet),T1	

T1 = Tier 1

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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
Praluent (Subcutaneous Solution Pen-Injector),T4
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
Pred Mild (Ophthalmic Suspension),T4
Pred-G (Ophthalmic Suspension),T4
Pred-G S.O.P. (Ophthalmic Ointment),T4
Prednicarbate (External Cream),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
Premarin (Oral Tablet),T4
Premarin (Vaginal Cream),T3
Premasol (Intravenous Solution),T4
Premphase (Oral Tablet),T4
Prempro (Oral Tablet),T4

Bold type = Brand name drug

Prevalite (Oral Packet),T4
Previfem (Oral Tablet),T4
Prezcobix (Oral Tablet),T5
Prezista (150MG Oral Tablet, 75MG Oral Tablet),T4
Prezista (600MG Oral Tablet, 800MG Oral Tablet),T5
Prezista (Oral Suspension),T5
Priftin (Oral Tablet),T4
Prilosec (Oral Packet),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),T2
Probenecid-Colchicine (Oral Tablet),T2
Procalamine (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 (Rectal Cream),T2
Procto-Pak (Rectal Cream),T2
Proctosol HC (Rectal Cream),T2
Proctozone-HC (Rectal Cream),T2
Progesterone Micronized (Oral Capsule),T2
Proglycem (Oral Suspension),T5
Prograf (Oral Packet),T5
Prolastin-C (Intravenous Solution

Plain type = Generic drug

Reconstituted),T5	Quinapril HCl (Oral Tablet),T1
Prolensa (Ophthalmic Solution),T4	Quinapril-Hydrochlorothiazide (Oral Tablet),T1
Prolia (Subcutaneous Solution Prefilled Syringe),T4	Quinidine Gluconate ER (Oral Tablet Extended Release),T4
Promacta (Oral Packet),T5	Quinidine Sulfate (Oral Tablet),T2
Promacta (Oral Tablet),T5	Quinine Sulfate (Oral Capsule),T4
Promethazine HCl (12.5MG Rectal Suppository, 25MG Rectal Suppository),T4	R
Promethazine HCl (Oral Syrup),T3	RAVICTI (Oral Liquid),T5
Promethazine HCl (Oral Tablet),T3	RabAvert (Intramuscular Suspension Reconstituted),T3
Promethegan (25MG Rectal Suppository),T4	Rabeprazole Sodium (Oral Tablet Delayed Release),T3
Propafenone HCl (Oral Tablet),T2	Raloxifene HCl (Oral Tablet),T3
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour),T4	Ramipril (Oral Capsule),T1
Proparacaine HCl (Ophthalmic Solution),T2	Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet),T2
Propranolol HCl (Oral Solution),T2	Ranitidine HCl (75MG/5ML Oral Syrup),T2
Propranolol HCl (Oral Tablet),T2	Ranolazine ER (Oral Tablet Extended Release 12 Hour),T3
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2	Rasagiline Mesylate (Oral Tablet),T4
Propranolol-HCTZ (Oral Tablet),T2	Rasuvo (Subcutaneous Solution Auto-Injector),T4
Propylthiouracil (Oral Tablet),T2	Royaldee (Oral Capsule Extended Release),T5
Prosol (Intravenous Solution),T4	Rebif (Subcutaneous Solution Prefilled Syringe),T5
Protriptyline HCl (Oral Tablet),T4	Rebif Rebidoso (Subcutaneous Solution Auto-Injector),T5
Pulmozyme (Inhalation Solution),T5	Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector),T5
Purixan (Oral Suspension),T5	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5
Pyrazinamide (Oral Tablet),T4	Reclipsen (Oral Tablet),T4
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3	Recombivax HB (Injection Suspension),T3
Pyridostigmine Bromide (Oral Solution),T5	Rectiv (Rectal Ointment),T4
Pyridostigmine Bromide ER (Oral Tablet Extended Release),T4	Regranex (External Gel),T5
Q	Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated),T3
Quadracel (Intramuscular Suspension),T3	Relistor (Oral Tablet),T5
Quetiapine Fumarate (Oral Tablet Immediate Release),T2	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T3	

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Relistor (Subcutaneous Solution),T5

Repaglinide (Oral Tablet),T1
Repaglinide-Metformin HCl (Oral Tablet),T4

Repatha (Subcutaneous Solution Prefilled Syringe),T4

Repatha Pushtronex System (Subcutaneous Solution Cartridge),T4

Repatha SureClick (Subcutaneous Solution Auto-Injector),T4

Rescriptor (Oral Tablet),T4

Restasis (Ophthalmic Emulsion),T3

Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4

Retacrit (40000UNIT/ML Injection Solution),T5

Revlimid (Oral Capsule),T5

Rexulti (Oral Tablet),T5

Reyataz (Oral Packet),T5

Rhopressa (Ophthalmic Solution),T3

Ribasphere (600MG Oral Tablet),T3
Ribavirin (Oral Tablet),T3

Ridaura (Oral Capsule),T5

Rifabutin (Oral Capsule),T4
Rifampin (Intravenous Solution Reconstituted),T4
Rifampin (Oral Capsule),T3

Rifater (Oral Tablet),T5

Riluzole (Oral Tablet),T3
Rimantadine HCl (Oral Tablet),T4

Riomet (Oral Solution),T4

Risedronate Sodium (Oral Tablet Immediate Release),T3

Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted, 25MG Intramuscular Suspension Reconstituted),T4

Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted, 50MG

Intramuscular Suspension Reconstituted),T5

Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet),T2

Risperidone (1MG/ML Oral Solution),T4

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

Ritonavir (Oral Tablet),T3

Rivastigmine (Transdermal Patch 24 Hour),T4

Rivastigmine Tartrate (Oral Capsule),T3

Rivelsa (Oral Tablet),T4

Rizatriptan Benzoate (Oral Tablet),T3

Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3

Ropinirole HCl (Oral Tablet Immediate Release),T2

Rosuvastatin Calcium (Oral Tablet),T1

RotaTeq (Oral Solution),T3

Rotarix (Oral Suspension Reconstituted),T3

Roweepra (Oral Tablet Immediate Release),T2
Roweepra XR (Oral Tablet Extended Release 24 Hour),T3

Rubraca (Oral Tablet),T5

Ruconest (Intravenous Solution Reconstituted),T5

Rydapt (Oral Capsule),T5

Rytary (Oral Capsule Extended Release),T4

S

SPS (Oral Suspension),T3

SSD (External Cream),T3

Saizen (Injection Solution Reconstituted),T5

Saizenprep (Injection Solution Reconstituted),T5

Sancuso (Transdermal Patch),T5

Sandimmune (Oral Solution),T4

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Santyl (External Ointment),T4	Sirturo (Oral Tablet),T5
Saphris (Tablet Sublingual),T5	Sodium Chloride (0.45% Intravenous Solution),T4
Savella (Oral Tablet),T3	Sodium Chloride (0.9% Intravenous Solution),T4
Savella Titration Pack (Oral Tablet),T3	Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution),T4
Scopolamine (Transdermal Patch 72 Hour),T4	Sodium Chloride (Irrigation Solution),T3
Selegiline HCl (Oral Capsule),T3	Sodium Fluoride (Oral Tablet),T2
Selegiline HCl (Oral Tablet),T3	Sodium Lactate (Intravenous Solution),T4
Selenium Sulfide (External Lotion),T2	Sodium Phenylbutyrate (Oral Powder),T5
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet),T5	Sodium Phenylbutyrate (Oral Tablet),T5
Selzentry (25MG Oral Tablet),T3	Sodium Polystyrene Sulfonate (Oral Powder),T3
Selzentry (Oral Solution),T5	Sodium Polystyrene Sulfonate (Oral Suspension),T3
Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3	Sofosbuvir-Velpatasvir (Oral Tablet),T5
Serostim (Subcutaneous Solution Reconstituted),T5	Solifenacin Succinate (Oral Tablet),T3
Sertraline HCl (Oral Concentrate),T4	Soliqua (Subcutaneous Solution Pen-Injector),T3
Sertraline HCl (Oral Tablet),T1	Soltamox (Oral Solution),T5
Setlakin (Oral Tablet),T4	Somatuline Depot (Subcutaneous Solution),T5
Sevelamer Carbonate (Oral Packet),T5	Somavert (Subcutaneous Solution Reconstituted),T5
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4	Sotalol HCl (AF) (120MG Oral Tablet),T2
Sharobel (Oral Tablet),T3	Sotalol HCl (Oral Tablet),T2
Shingrix (Intramuscular Suspension Reconstituted),T3	Sovaldi (Oral Tablet),T5
Signifor (Subcutaneous Solution),T5	Spiriva HandiHaler (Inhalation Capsule),T3
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3	Spiriva Respimat (Inhalation Aerosol Solution),T3
Silodosin (Oral Capsule),T3	Spironolactone (Oral Tablet),T2
Silver Sulfadiazine (External Cream),T3	Spironolactone-HCTZ (Oral Tablet),T2
Simbrinza (Ophthalmic Suspension),T3	Sprintec 28 (Oral Tablet),T4
Simponi (Subcutaneous Solution Auto-Injector),T5	Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble),T4
Simponi (Subcutaneous Solution Prefilled Syringe),T5	Sprycel (Oral Tablet),T5
Simvastatin (Oral Tablet),T1	Sronyx (Oral Tablet),T4
Sirolimus (Oral Solution),T5	
Sirolimus (Oral Tablet),T4	

T1 = Tier 1

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Stavudine (Oral Capsule),T3	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution),T4
Stelara (Subcutaneous Solution Prefilled Syringe),T5	Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge),T4
Stelara (Subcutaneous Solution),T5	Suprax (500MG/5ML Oral Suspension Reconstituted),T3
Stiolto Respimat (Inhalation Aerosol Solution),T3	Suprax (Oral Capsule),T3
Stivarga (Oral Tablet),T5	Suprax (Oral Tablet Chewable),T3
Streptomycin Sulfate (Intramuscular Solution Reconstituted),T5	Suprep Bowel Prep Kit (Oral Solution),T3
Stribild (Oral Tablet),T5	Sutent (Oral Capsule),T5
Suboxone (Sublingual Film),T4	Syeda (Oral Tablet),T4
Sucraid (Oral Solution),T5	Sylatron (Subcutaneous Kit),T5
Sucralfate (Oral Tablet),T2	Symbicort (Inhalation Aerosol),T3
Sulfacetamide Sodium (Ophthalmic Ointment),T2	Symfi (Oral Tablet),T5
Sulfacetamide Sodium (Ophthalmic Solution),T2	Symfi Lo (Oral Tablet),T5
Sulfacetamide-Prednisolone (Ophthalmic Solution),T2	SymlinPen 120 (Subcutaneous Solution Pen-Injector),T5
Sulfadiazine (Oral Tablet),T4	SymlinPen 60 (Subcutaneous Solution Pen-Injector),T5
Sulfamethoxazole-Trimethoprim (Oral Suspension),T2	Sympazan (Oral Film),T5
Sulfamethoxazole-Trimethoprim (Oral Tablet),T2	Symtuza (Oral Tablet),T5
Sulfamylon (External Cream),T4	Synarel (Nasal Solution),T5
Sulfasalazine (Oral Tablet Delayed Release),T2	Synjardy (Oral Tablet Immediate Release),T3
Sulfasalazine (Oral Tablet Immediate Release),T2	Synjardy XR (Oral Tablet Extended Release 24 Hour),T3
Sulindac (Oral Tablet),T2	Synribo (Subcutaneous Solution Reconstituted),T5
Sumatriptan (Nasal Solution),T4	Synthroid (Oral Tablet),T3
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2	T
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector),T4	TDVAX (Intramuscular Suspension),T3
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose),T4	TOBI Podhaler (Inhalation Capsule),T5
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex),T4	TPN Electrolytes (Intravenous Solution),T4
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe),T4	Tabloid (Oral Tablet),T4
	Tacrolimus (External Ointment),T4
	Tacrolimus (Oral Capsule),T3
	Tadalafil (PAH) (20MG Oral Tablet),T5
	Tafinlar (Oral Capsule),T5

Bold type = Brand name drug

Plain type = Generic drug

Tagrisso (Oral Tablet),T5	Solution),T2
Talzenna (Oral Capsule),T5	Testosterone Enanthate (Intramuscular Solution),T3
Tamoxifen Citrate (Oral Tablet),T2	Tetrabenazine (Oral Tablet),T5
Tamsulosin HCl (Oral Capsule),T1	Tetracycline HCl (Oral Capsule),T4
Targretin (External Gel),T5	Thalomid (Oral Capsule),T5
Tarina 24 Fe (Oral Tablet),T4	Theophylline (Oral Solution),T2
Tarina Fe 1/20 (Oral Tablet),T4	Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour),T2
Tasigna (Oral Capsule),T5	Theophylline ER (Oral Tablet Extended Release 24 Hour),T2
Tazarotene (External Cream),T4	Thioridazine HCl (Oral Tablet),T3
Tazicef (Injection Solution Reconstituted),T4	Thiothixene (Oral Capsule),T3
Tazorac (0.05% External Cream),T4	Tiagabine HCl (Oral Tablet),T4
Tazorac (0.05% External Gel),T5	Tibsovo (Oral Tablet),T5
Tazorac (0.1% External Gel),T4	Tigecycline (Intravenous Solution Reconstituted),T5
Taztia XT (Oral Capsule Extended Release 24 Hour),T2	Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2
Tecfidera (Oral Capsule Delayed Release),T5	Timolol Maleate (Oral Tablet),T3
Tecfidera Starter Pack (Oral),T5	Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE),T3
Tegsedi (Subcutaneous Solution Prefilled Syringe),T5	Tinidazole (Oral Tablet),T4
Telmisartan (Oral Tablet),T1	Tivicay (10MG Oral Tablet),T4
Telmisartan-Amlodipine (Oral Tablet),T1	Tivicay (25MG Oral Tablet, 50MG Oral Tablet),T5
Telmisartan-HCTZ (Oral Tablet),T1	Tizanidine HCl (Oral Tablet),T2
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2	TobraDex (Ophthalmic Ointment),T3
Tenivac (Intramuscular Injectable),T3	TobraDex ST (Ophthalmic Suspension),T4
Tenofovir Disoproxil Fumarate (Oral Tablet),T4	Tobramycin (Inhalation Nebulization Solution),T5
Terazosin HCl (Oral Capsule),T2	Tobramycin (Ophthalmic Solution),T2
Terbinafine HCl (Oral Tablet),T2	Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution),T4
Terconazole (Vaginal Cream),T3	Tobramycin-Dexamethasone (Ophthalmic Suspension),T3
Terconazole (Vaginal Suppository),T3	
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	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Tobrex (Ophthalmic Ointment),T4	Tretinoin (0.01% External Gel, 0.025% External Gel),T4
Tolak (External Cream),T4	Tretinoin (External Cream),T4
Tolcapone (Oral Tablet),T5	Tretinoin (Oral Capsule),T5
Topiramate (Oral Capsule Sprinkle Immediate Release),T2	Tretinoin Microsphere (External Gel),T4
Topiramate (Oral Tablet),T2	Trexall (Oral Tablet),T4
Toremifene Citrate (Oral Tablet),T5	Trezix (Oral Capsule),T4
Torsemide (Oral Tablet),T2	Tri-Estarylla (Oral Tablet),T4
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3	Tri-Legest Fe (Oral Tablet),T4
Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3	Tri-Lo-Estarylla (Oral Tablet),T4
Tracleer (Oral Tablet Soluble),T5	Tri-Lo-Sprintec (Oral Tablet),T4
Tradjenta (Oral Tablet),T3	Tri-Mili (Oral Tablet),T4
Tramadol HCl (Oral Tablet Immediate Release),T2	Tri-Previfem (Oral Tablet),T4
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour),T3	Tri-Sprintec (Oral Tablet),T4
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour),T3	Tri-VyLibra (Oral Tablet),T4
Tramadol-Acetaminophen (Oral Tablet),T2	Tri-VyLibra Lo (Oral Tablet),T4
Trandolapril (Oral Tablet),T1	TriLyte (Oral Solution Reconstituted),T2
Tranexamic Acid (Oral Tablet),T3	Triamcinolone Acetonide (Dental Paste),T3
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour),T4	Triamcinolone Acetonide (External Cream),T2
Tranylcypromine Sulfate (Oral Tablet),T4	Triamcinolone Acetonide (External Lotion),T2
Travasol (Intravenous Solution),T4	Triamcinolone Acetonide (External Ointment),T2
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1	Triamterene-HCTZ (Oral Capsule),T2
Trazodone HCl (300MG Oral Tablet),T2	Triamterene-HCTZ (Oral Tablet),T2
Trecator (Oral Tablet),T4	Triderm (0.1% External Cream),T2
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3	Trientine HCl (Oral Capsule),T5
Trelstar Mixject (Intramuscular Suspension Reconstituted),T5	Trifluoperazine HCl (Oral Tablet),T3
Tresiba (Subcutaneous Solution),T3	Trifluridine (Ophthalmic Solution),T3
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3	Trihexyphenidyl HCl (Oral Elixir),T2
	Trihexyphenidyl HCl (Oral Tablet),T2
	Trimethoprim (Oral Tablet),T2
	Trimipramine Maleate (Oral Capsule),T4
	Trintellix (Oral Tablet),T4
	Triumeq (Oral Tablet),T5
	Trivora (28) (Oral Tablet),T4
	TrophAmine (10% Intravenous Solution),T4
	Trulicity (Subcutaneous Solution Pen-Injector),T3

Bold type = Brand name drug

Plain type = Generic drug

Trumenba (Intramuscular Suspension Prefilled Syringe),T3	Vancomycin HCl (250MG Intravenous Solution Reconstituted),T4
Truvada (Oral Tablet),T5	Vancomycin HCl (Oral Capsule),T4
Twinrix (Intramuscular Suspension Prefilled Syringe),T3	Vandazole (Vaginal Gel),T3
Tybost (Oral Tablet),T4	Varivax (Subcutaneous Injectable),T3
Tykerb (Oral Tablet),T5	Varizig (Intramuscular Solution),T5
Tymlos (Subcutaneous Solution Pen-Injector),T5	Vascepa (Oral Capsule),T4
Typhim Vi (Intramuscular Solution),T3	Velivet (Oral Tablet),T4
U	Velphoro (Oral Tablet Chewable),T5
Udenyca (Subcutaneous Solution Prefilled Syringe),T5	Veltassa (Oral Packet),T5
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet),T3	Vemlidy (Oral Tablet),T5
Ursodiol (Oral Capsule),T3	Venclexta (100MG Oral Tablet, 50MG Oral Tablet),T5
Ursodiol (Oral Tablet),T4	Venclexta (10MG Oral Tablet),T3
V	Venclexta Starting Pack (Oral Tablet Therapy Pack),T5
VAQTA (Intramuscular Suspension),T3	Venlafaxine HCl (Oral Tablet Immediate Release),T3
VP-PNV-DHA (Oral Capsule),T2	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour),T2
Valacyclovir HCl (Oral Tablet),T3	Ventavis (Inhalation Solution),T5
Valchlor (External Gel),T5	Verapamil HCl (Oral Tablet Immediate Release),T2
Valganciclovir HCl (Oral Solution Reconstituted),T5	Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour),T3
Valganciclovir HCl (Oral Tablet),T5	Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour),T3
Valproic Acid (Oral Capsule),T2	Verapamil HCl ER (Oral Tablet Extended Release),T2
Valproic Acid (Oral Solution),T2	Versacloz (Oral Suspension),T5
Valsartan (Oral Tablet),T1	Verzenio (Oral Tablet),T5
Valsartan-Hydrochlorothiazide (Oral Tablet),T1	Vibramycin (50MG/5ML Oral Syrup),T4
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted),T4	Victoza (Subcutaneous Solution Pen-

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

Injector),T3
Videx (4GM Oral Solution Reconstituted),T4
Videx EC (125MG Oral Capsule Delayed Release),T4
Vienva (Oral Tablet),T4
Vigabatrin (Oral Packet),T5
Vigabatrin (Oral Tablet),T5
Vigadrone (Oral Packet),T5
Viibryd (Oral Tablet),T4
Viibryd Starter Pack (Oral Kit),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
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
VyLibra (Oral Tablet),T4
Vyfemla (Oral Tablet),T4
Vyvanse (Oral Capsule),T4
Vyvanse (Oral Tablet Chewable),T4
Vyzulta (Ophthalmic Solution),T4

W
WYMZYA Fe (Oral Tablet Chewable),T4
Warfarin Sodium (Oral Tablet),T1
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
Xeljanz (Oral Tablet Immediate Release),T5
Xeljanz XR (Oral Tablet Extended Release 24 Hour),T5
Xgeva (Subcutaneous Solution),T5
Xifaxan (Oral Tablet),T5
Xiidra (Ophthalmic Solution),T4
Xofluza (Oral Tablet Therapy Pack),T3
Xolair (Subcutaneous Solution Prefilled Syringe),T5
Xolair (Subcutaneous Solution Reconstituted),T5
Xospata (Oral Tablet),T5
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3
Xtandi (Oral Capsule),T5
Xulane (Transdermal Patch Weekly),T4
Xyrem (Oral Solution),T5
Y
YF-Vax (Subcutaneous Injectable),T3
Yuvaferm (Vaginal Tablet),T4
Z
Zafirlukast (Oral Tablet),T3
Zaleplon (Oral Capsule),T3
Zarah (Oral Tablet),T4
Zarxio (Injection Solution Prefilled Syringe),T5

Bold type = Brand name drug

Plain type = Generic drug

Zejula (Oral Capsule),T5	Zolinza (Oral Capsule),T5
Zelapar (Oral Tablet Dispersible),T5	Zolpidem Tartrate (Oral Tablet Immediate Release),T2
Zelboraf (Oral Tablet),T5	Zonisamide (Oral Capsule),T2
Zemaira (Intravenous Solution Reconstituted),T5	Zorbtive (Subcutaneous Solution Reconstituted),T5
Zenpep (Oral Capsule Delayed Release Particles),T3	Zortress (Oral Tablet),T5
Zerbaxa (Intravenous Solution Reconstituted),T5	Zostavax (Subcutaneous Suspension Reconstituted),T4
Zidovudine (Oral Capsule),T3	Zovia 1/35E (28) (Oral Tablet),T4
Zidovudine (Oral Syrup),T3	Zyclara Pump (External Cream),T5
Zidovudine (Oral Tablet),T3	Zydelig (Oral Tablet),T5
Zileuton ER (Oral Tablet Extended Release 12 Hour),T5	Zyflo (Oral Tablet Immediate Release),T5
Zioptan (Ophthalmic Solution),T4	Zykadia (Oral Capsule),T5
Ziprasidone HCl (Oral Capsule),T3	Zykadia (Oral Tablet),T5
Zirgan (Ophthalmic Gel),T4	Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted),T4

Alternative Covered Drugs

Your plan has a long list of covered drugs, but it doesn’t cover all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial list** of drugs that aren’t covered and the alternative covered drug.

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

Drugs not covered by the plan	Alternative covered drugs – Tier
Amiodarone HCL 100mg and 400mg Tablet	Amiodarone 200mg Tablet – 1
Armodafinil	Modafinil – 4 (PA Required)
Cialis 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Silodosin (Generic Rapaflo) – 3 Tamsulosin – 1
Dutasteride	Finasteride – 1
Eszopiclone	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 Belsomra – 3
Farxiga	Invokana – 3 Jardiance – 3
Fluoxetine HCL Tablet	Fluoxetine HCL Capsule – 2
Kombiglyze and Kombiglyze XR	Janumet and Janumet XR – 3 Jentadueto and Jentadueto XR – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic Glucophage XR) – 1
Movantik	Lactulose Solution – 2 Amitiza – 3
Nexium	Esomeprazole Magnesium (Generic Nexium) – 3 Lansoprazole 15mg and 30mg Capsule – 2 Omeprazole – 2 Pantoprazole Tablet – 2
Novolin	Humulin – 3
Novolog	Humalog – 3
Onglyza	Januvia – 3 Tradjenta – 3
Pradaxa	Eliquis – 3 Xarelto – 3
Proventil HFA	Proair HFA – 3

Bold type = Brand name drug Plain type = Generic drug

Drugs not covered by the plan	Alternative covered drugs – Tier
Qvar Redihaler	Arnuity – 3 Flovent – 3
Ranexa	Ranolazine (Generic Ranexa) – 3
Rapaflo	Silodosin (Generic Rapaflo) – 3
Tolterodine Tartrate Extended Release	Oxybutynin Extended Release – 2 Solifenacin (Generic Vesicare) – 3 Myrbetriq – 3
Travatan Z	Latanoprost – 1 Lumigan – 3
Uloric	Allopurinol – 1
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2
Ventolin HFA	Proair HFA – 3
Vesicare	Solifenacin (Generic Vesicare) – 3
Xopenex HFA	Proair HFA – 3
Zolpidem Tartrate Extended Release	Trazodone – 1 Zolpidem Immediate Release – 2 Zaleplon – 3 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, 2019 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.

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. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

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**Ready
to Enroll**

How to Enroll

You can enroll by phone, online, by mail or 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** during 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 agent in your area.



Online

Go to **www.AARPMedicarePlans.com** 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	✓ Sign and date where indicated
✓ Make sure you have chosen the plan type that works best for you	✓ Verify your Date of Birth
✓ Make sure your permanent address is correct	✓ 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:**

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

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
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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
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Licensed Sales Representative Signature

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Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — 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) Plans — 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 Plans (Part D)

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.

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.

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2020 Enrollment Request Form

Please contact the plan if you need this information in another language or an accessible format (Braille).

☐ **AARP® Medicare Advantage (HMO-POS) H4590-043-000 - AA1**

This is a Health Maintenance Organization - Point of Service (HMO-POS) plan. It has a network of doctors, specialists, hospitals and other providers you can use. In some cases, you may get covered services from out-of-network providers. However, if you go to a provider within the network, the costs may be lower.

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

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name	First Name	Middle Initial

Birth Date MM-DD-YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Daytime Phone Number () -	Mobile Phone Number () -
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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	County	State	ZIP Code
------	--------	-------	----------

Email Address

Enrollee Name _____
 Agent Name / ID No. _____
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To select paperless delivery complete and sign the application and provide your email address.

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.

Information about your Medicare.

Please take out your red, white and blue Medicare card to complete this section.

<input type="checkbox"/> Fill out this information as it appears on your Medicare card.	Name (as it appears on your Medicare card): _____
-OR-	
<input type="checkbox"/> Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.	Medicare Number: _____ Sex: _____ Is Entitled to _____ Effective Date _____ Hospital (Part A) MM-DD-YYYY Medical (Part B) MM-DD-YYYY You must have Medicare Part A and Part B to join a Medicare Advantage plan.

How do you want to pay?

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

If you need to pay a late enrollment penalty (LEP), please choose how you want to pay it.

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

- ☐ **I want to pay from my Social Security or Railroad Retirement Board (RRB) check.**
I get monthly benefits from: ☐ Social Security ☐ RRB

We'll set it up. It may take a few months before payment starts, so the first payment may include more than one premium. In most cases, if Social Security or RRB accepts your request

Enrollee Name _____
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for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction or there is a delay in setup, we will send you a paper bill for your monthly premiums.

☐ **I want to pay directly from a bank account.**

- ☐ Please attach a blank check from the account you'd like to use. Write "VOID" across the front. Please DO NOT send a deposit slip or money order.
- ☐ Please read the statement below.

The bank may pay my plan premium to UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York for New York residents) (UHIC). The bank will pay the funds from a checking or savings account on or about the fifth of each month. The charges may include up to \$200 of current retroactive charges plus the monthly premium amount. If I choose to stop paying directly from the account, I will tell both UHIC and the bank. I will give them a reasonable amount of time to change the method of payment.

Account Type ☐ **Checking** ☐ **Savings**

Account Holder Name: _____

Bank Routing Number

Bank Account Number

Signature _____ **Date** **MM-DD-YYYY**

☐ **I want to pay online.**

Visit www.AARPMedicarePlans.com to make a payment directly from a bank account or a Visa, Mastercard or Discover credit card.

☐ **I want to pay by mail.**

We'll send a bill to your mailing address each month or you will receive an email notification if you signed up for e-delivery.

If you want to pay by credit card.

After you become a member, you can call us to have your monthly payment automatically charged to a Visa, Mastercard or Discover credit card. Until then, we'll send you a bill each month.

Enrollee Name _____
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A few notes about your costs.

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

Please DO NOT pay the plan the Part D-IRMAA at this time.

Need help with your prescription drug costs?

If you have a limited income, you may be able to get Extra Help with your prescription drug costs. If you qualify, Medicare could pay for 75% or more of your costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, you won't have a coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only part of your premium, we will bill you for the amount that Medicare doesn't cover.

For more information about this 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.

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 ☐ Other _____

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

2. Do you have end stage renal disease? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis; otherwise, we may need to contact you to obtain additional information.

If "yes," are you currently a member of a health care company? ☐ Yes ☐ No

Name of Company _____

Member Number _____

3. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If yes, please give us your Medicaid number: _____

Enrollee Name _____
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4. Do you live in a nursing home or a long-term care facility?

☐ Yes ☐ No

If yes, please give us information on the long-term care facility:

Name			
Address	City	State	ZIP Code
Phone Number () -		Date You Moved There MM-DD-YYYY	

5. Do you have health insurance with an employer or union right now?

☐ Yes ☐ No

If yes, you could lose that plan if you join this plan. Please talk to your employer or union. Ask how joining this plan could affect your current plan. You may also want to check your employer or union's website, or read any information sent to you. If there is no information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

6. 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, Workman's Compensation, Auto Liability, or Veterans benefits)

☐ Yes ☐ No

If yes, please complete the following:

Name of Health Insurance Company	
Subscriber Name	Group Number
Member Number	Effective Dates (if applicable) MM-DD-YYYY - MM-DD-YYYY

7. 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	Date Plan Started MM-DD-YYYY

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

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

Provider or PCP Full Name	Phone Number () -
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 doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please read and sign.

By completing this form, I agree to the following:

- ☐ This is a Medicare Advantage plan. It has a contract with the federal government. This is not a Medicare Supplement plan.
- ☐ I need to keep my Medicare Parts A and B. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I can only be in one Medicare health plan or Prescription Drug plan at a time. If I'm a member of another Medicare health plan or Prescription Drug plan and I join this plan, I will lose the other plan.
- ☐ If I have prescription drug coverage now or if I get it from somewhere else later, I will tell the plan.
- ☐ I may have to pay a late enrollment penalty (LEP). This would only happen if I didn't sign up for and keep creditable prescription drug coverage when I first qualified for Medicare. "Creditable" means the coverage is as good as a Medicare prescription drug plan. If I need to pay a LEP, the plan will tell me.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so during the Annual Enrollment Period for Medicare Advantage AND Medicare prescription drug coverage between October 15 and December 7. There may be special situations that would allow me to leave the plan at other times.
- ☐ This plan covers a specific area. If I plan to move out of the area, I will call my plan to switch to a plan in the new area. Medicare may not cover me when I'm out of the country. However, I have some limited coverage near the U.S. border.
- ☐ I will receive information on how to get an Evidence of Coverage. (The EOC is also known as a member contract or subscriber agreement.) The EOC will list services the plan covers, as well as the plan's terms and conditions. The plan will cover services it approves, as well as services listed in the EOC. If a service isn't listed in the EOC or approved by the plan, Medicare and the plan won't pay for it. If I disagree with how the plan covers my care, I have the right to make an appeal.
- ☐ I understand that beginning on the date the plan coverage begins, using network services can cost less than using services out-of-network, except for emergency or urgently needed services

Enrollee Name _____
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For licensed sales representative/agency use only.

- ☐ New Member
☐ Plan Change

Employer Group Name

Employer Group ID

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

Branch ID

■ ■ ■ ■ ■ ■ ■ ■

Licensed Sales Representative/Writing ID

Initial Receipt Date

MM-DD-YYYY

Licensed Sales Representative/Agent Name

Proposed Effective Date

MM-DD-YYYY

Licensed Sales Representative Phone Number ()

-

Where did this application originate?

- ☐ National Retail/Mall Program ☐ Community Meeting ☐ Appointment ☐ Other
☐ Member Meeting ☐ Local Event Outreach ☐ Walmart Program

How was this application submitted?

- ☐ Mail ☐ Fax ☐ Online

Agent must complete

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> IEP (MA-PD enrollees) | <input type="checkbox"/> ICEP (MA enrollees) | <input type="checkbox"/> IEP (MA-PD enrollees eligible for 2nd IEP) | <input type="checkbox"/> OEP (Jan1 – Mar 31) |
| <input type="checkbox"/> OEP (newly eligible) | <input type="checkbox"/> SEP (Dual LIS change of status) | <input type="checkbox"/> SEP (change in residence) | <input type="checkbox"/> SEP (loss of EGHP coverage) |
| <input type="checkbox"/> SEP (Chronic) | <input type="checkbox"/> SEP (Dual LIS maintaining) | <input type="checkbox"/> AEP (October 15-December 7) | <input type="checkbox"/> OEPI |

☐ SEP (SEP Reason) _____

☐ SEP Eligibility Date MM-DD-YYYY

Licensed Sales Representative Signature (required)

Date: MM-DD-YYYY

Please mail or fax this completed form to:

UnitedHealthcare
P.O. Box 30770
Salt Lake City, UT 84130-0770

Fax: 1-888-950-1170

Enrollee Name _____

Y0066_190611_023600_M

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Plans are insured through UnitedHealthcare® Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-814-6894 (TTY: 711). 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-814-6894 (聽力語言殘障服務專線 TTY : 711).

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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).

i Plan Information Here are some details about your new plan.

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

The name of my new plan is: _____

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

My plan: ☐ Requires referrals ☐ Does not require referrals
☐ Includes a medical deductible ☐ Does not include a medical deductible

My plan will provide: ☐ all my Medicare health coverage
☐ all my Medicare prescription drug coverage

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

Proposed effective date: M M - D D - Y Y Y Y

I can cancel my enrollment in this plan before my coverage starts by calling Customer Service at _____. 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. (There is one exception: Medicare Advantage Private Fee-for-Service plans that do not include prescription drug coverage.)

\$ Premium Information What you need to know about paying your monthly plan premium.

My plan has a \$ _____ monthly premium that I must pay to stay in this plan. In addition, I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium. I will need to add it to my premium each month.

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Network Information

Understanding your network is important.

Circle the correct answers: I need to get my care and services from **network / out-of-network** providers. I may have to pay the full cost for any care I get from **network / out-of-network** providers. For my dental care, I can see providers inside or outside the network.

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)



Prescription Drug Coverage

Know what is covered by your prescription drug plan.

Medication	Tier Level ¹	Has Limits ² (Yes/No)	Deductible (Yes/No)

I have the option to access my plan documents, such as Explanation of Benefit (EOB), electronically.

- ☐ I have opted to access documents electronically.
- ☐ I have not opted to access documents electronically at this time, but can contact the plan in the future to activate this option.
- ☐ I have provided an email address to provide the plan with various ways to reach me regarding important information.
- ☐ I do not have an email address; should I get one in the future, I can provide it to the plan to provide other ways to reach me with important information.

Contact your Licensed Sales Representative

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

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), and if I have Extra Help.

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.

2020 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® member ID card. 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

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

Plan Name

Plan Type

Health Plan/PBP No.

Enrollment Tracking No. (if applicable)

Applicant 2 (if applicable):

Name

Application Date

MM - DD - YYYY

Proposed Effective Date

MM - DD - YYYY

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: SHTX

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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 should not have a Medicare supplement insurance plan (also called Medigap) with a Medicare Advantage plan. Once Medicare confirms your enrollment you should cancel your Medicare supplement plan by contacting the insurer.

AARP | **Medicare Advantage**
from **UnitedHealthcare**

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Ready to Enroll

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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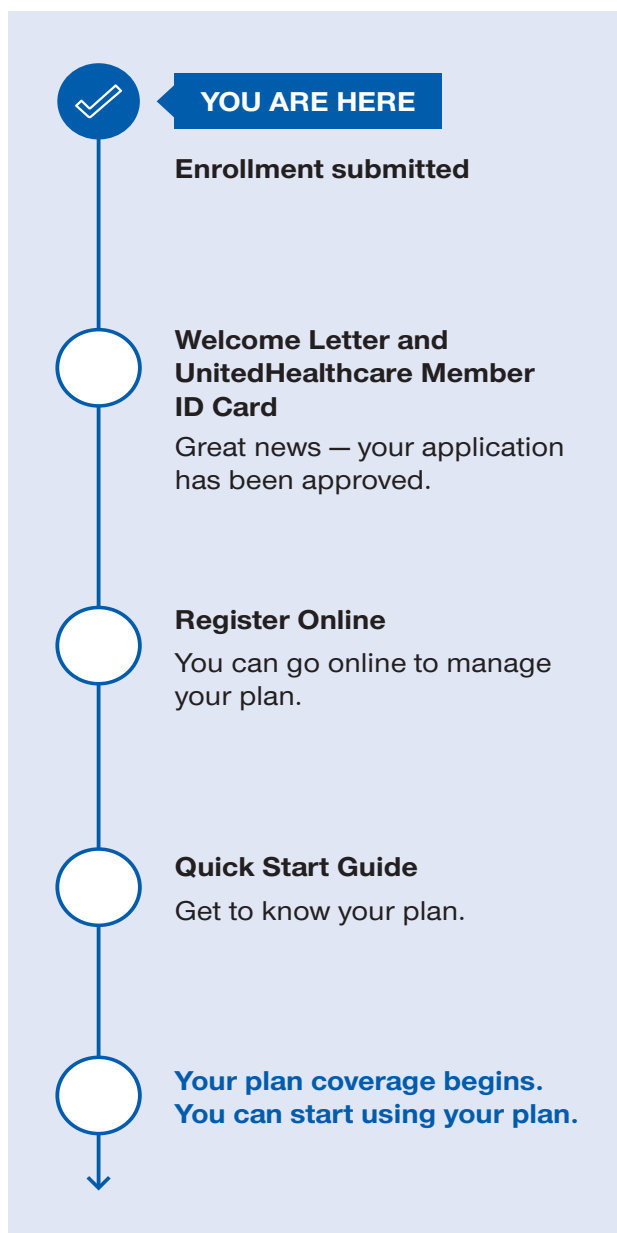
[illegible]

Take Advantage of What's Next

Your enrollment application has been submitted, and we want to help you get ready to use your plan. Use this page to track your progress as you go. We're here to help every step of the way.

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Go online to manage your plan

Once you receive your UnitedHealthcare member ID card, you can use it to register online at **MyAARPMedicare.com** to:

- ✓ Find providers and pharmacies in your area
- ✓ Review your Drug List (Formulary)
- ✓ Complete your health assessment
- ✓ Set up automatic payments
- ✓ View plan documents

Once your coverage begins

- ✓ Schedule your Annual Physical and Wellness Visit to begin your preventive care
- ✓ Sign up for home delivery and save by having your 3-month supply of medication conveniently mailed to your home
- ✓ Add an Authorized Representative to your account. You can name someone you trust to get a copy of your monthly statement and to speak with us about your account.

Thank you for choosing UnitedHealthcare®

If you have any questions, you can call the UnitedHealthcare Customer Service number on the back of your UnitedHealthcare member ID card.

Questions? We're here to help.

For 1-on-1 support, please contact the plan or your Licensed Sales Representative.



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



Learn more at
www.AARPMedicarePlans.com

