



# Enrollment guide 2022

Prescription drug plan

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

**AARP® MedicareRx Preferred (PDP)**

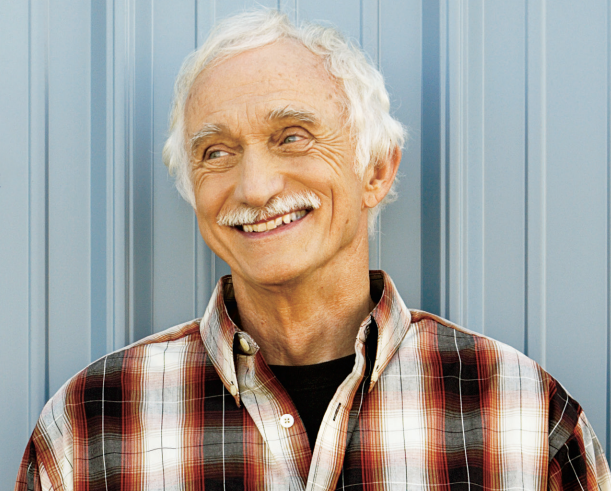
S5820-021-000

**Region: 22**



**Plan Year:** January 1, 2022 through December 31, 2022

# Take advantage of the experience and expertise UnitedHealthcare® has to offer



## More choice and more guidance

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



## Get the care you need

Whether it's a virtual appointment with your doctor, a 3 a.m. call with a nurse or a wellness visit in the comfort of your own home, we make it easier to connect you with care — when, where and how you need it, so you can stay on top of your health.



## 1-on-1 help using your Medicare plan

It's not just customer service. It's 1-on-1 support to help answer your questions and take the extra steps to understand your needs. It's helping navigate your care during a health event. And it's helping you get the most out of your plan, so you can be at your best health.

## The only Medicare plans that carry the AARP name

Medicare plans developed exclusively for AARP® members by UnitedHealthcare.

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Questions? We're here to help.



[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)



Call toll-free **1-888-867-5564**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week

# Start with Medicare basics

## Know how Medicare works, then choose what works for you

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



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



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

### Original Medicare does NOT include prescription drug coverage



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

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

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

### Option 1: Enroll in a Medicare Advantage plan



#### Also called Part C

They combine Part A and Part B. Most Medicare Advantage plans also include Part D, so your hospital, medical and prescription drug insurance is all in one plan



#### Extras

Some plans may include extra benefits not included with Original Medicare

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



#### Medicare Supplement

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



#### Medicare Part D plan

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

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

# Enroll in a Medicare Part D Prescription Drug plan (PDP)

## Here's how this Medicare Part D plan works



### What does it cover?

Original Medicare (Parts A and B) does not include prescription drug coverage. Medicare Part D plans cover certain prescription drugs. When comparing Medicare Part D coverage, check each plan's formulary (drug list) to make sure your drugs are included.

- ☐ The federal government sets guidelines for the types of drugs Medicare Part D plans must cover
- ☐ Each Medicare Part D plan decides which specific drugs it will cover and what members will pay
- ☐ Medicare Part D plans are available to those eligible for Medicare
- ☐ If you choose to enroll in a Part D plan, you can only do so through a private insurance company like UnitedHealthcare or other companies contracted with Medicare



### When to enroll in a Medicare Part D plan.

Your Initial Enrollment Period (IEP) is 7 months long. It includes your birthday month, plus the 3 months before and the 3 months after your birthday month. Your IEP begins and ends one month earlier if your birthday is on the first of the month.

If you have creditable drug coverage through your employer or other insurance, you don't need to enroll in a Part D plan right away. Creditable drug coverage is coverage at least as good as you could get through Medicare Part D. You have a two-month Special Election Period to enroll in a Medicare Part D plan after losing other coverage. You could be charged a penalty if you go without creditable drug coverage over 63 days. The annual open enrollment period is from Oct. 15 to Dec. 7 when you can join a drug plan for the first time if you missed your deadlines for your IEP or a SEP, or switch from original Medicare to a Medicare Advantage plan, from one Medicare Advantage plan to another, or from one Part D drug plan to another.



### 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.

# Are you eligible to enroll in this plan?

**You are eligible for a Medicare Part D plan if:**

✓ You are enrolled in Original Medicare Parts A or B (or both)      AND      ✓ Live in the plan's service area

## Considerations for selecting the Part D plan that's right for you

### **Does the plan cover my prescription drugs?**

Enter your drugs into our online Drug Cost Estimator tool, [EstimateDrugCostsAARP.com](https://www.estimateDrugCostsAARP.com) to determine the total annual drug cost for each plan.

### **Which plan will be most cost effective?**

When comparing plans be sure to consider all costs, including monthly premium, copays, deductibles and the tier your drugs fall into.

### **Are you willing to fill at a pharmacy in the plan's Preferred Pharmacy Network?**

Using a preferred network pharmacy helps ensure that you get the lowest drug cost.

## Helpful Resources

### Medicare Made Clear®

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



**MedicareMadeClear.com**

### You may qualify for Extra Help from Medicare

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

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

### Formulary and Pharmacy Network

- ☐ To determine if your drugs are included in plan formularies, go to [AARPMedicarePlans.com](https://AARPMedicarePlans.com) and enter your drug information.
- ☐ After entering your drugs, click on the Pick a Pharmacy tab to find a Preferred Retail Pharmacy near you.
- ☐ You can also call **1-888-867-5564**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week to speak with a customer service representative.



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.

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# Medicare Part D and Medicare Supplement Insurance

Together, they offer more complete coverage than Medicare alone.

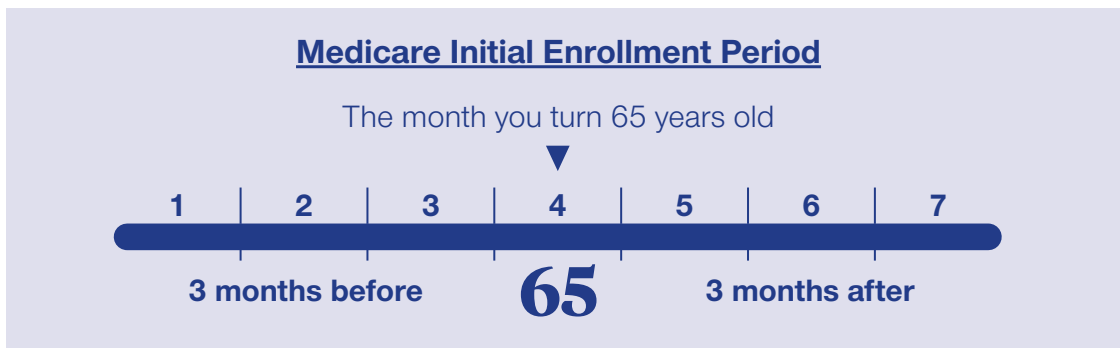
Original Medicare (Parts A and B) does not cover the cost of most prescription drugs or all of your medical expenses. Get more complete coverage by adding an **AARP® MedicareRx Part D Plan** and an **AARP® Medicare Supplement Insurance Plan**, both insured by **UnitedHealthcare Insurance Company (UnitedHealthcare)**.

## Here's how Part D works.

Part D prescription drug coverage is provided by UnitedHealthcare Insurance Company (UnitedHealthcare) and other Medicare-approved private insurance companies. If you have Original Medicare and would like to add prescription drug coverage, you can enroll in a stand-alone Part D plan.

## When do I sign up for Part D?

You can sign up for a Part D plan during your Initial Enrollment Period after you have enrolled in Original Medicare. If you enroll in Part D after your Initial Enrollment Period ends, you may have to pay a late-enrollment penalty.



## Are all Part D plans the same?

No. Private insurance companies each offer their own Part D plans, which cover different drugs and come with different costs. UnitedHealthcare offers a variety of AARP MedicareRx Part D plans, with benefits and features like **low monthly premiums, \$0 co-pays and \$0 deductibles**.



Insured through UnitedHealthcare Insurance Company



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## Here's how Part D works with Medicare supplement insurance.

Medicare supplement insurance plans help pay for some of the out-of-pocket costs not paid by Original Medicare. A Medicare Part D plan helps you pay for your prescription drugs. Together, Medicare supplement insurance and Part D provide you with more complete coverage than Original Medicare alone.

### How do I know which coverage is the right choice for me?

UnitedHealthcare Insurance Company (UnitedHealthcare) can help you compare plans and get clear answers to your questions about both Part D and Medicare supplement insurance plans. And when you've found the plan that best meets your needs, we can help you apply right over the phone.

For more information about **AARP MedicareRx Part D Plans** and **AARP Medicare Supplement Plans**, contact UnitedHealthcare today:

- Call **1-866-408-5440**, (TTY **711**)
- Visit **AARPMedicarePlans.com**



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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. AARP and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

Please note that each insurer has sole financial responsibility for its products.

#### **AARP Medicare Supplement Insurance Plans**

AARP endorses the AARP Medicare Supplement Plans, insured by UnitedHealthcare Insurance Company, Horsham, PA. Policy Form No. GRP 79171 GPS-1 (G36000-4).

**Plan A may be available to persons under age 65 who are eligible for Medicare by reason of disability or End-Stage Renal Disease.**

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

You must be an AARP member to enroll in an AARP Medicare Supplement Plan.

THESE PLANS HAVE ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS. FOR COSTS AND COMPLETE DETAILS (INCLUDING OUTLINES OF COVERAGE), CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE TOLL-FREE NUMBER SHOWN.

#### **AARP MedicareRx plans (PDP)**

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. You do not need to be an AARP member to enroll in a Prescription Drug Plan. You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Premium and/or co-payments may change on January 1 of each year.

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# **Plan information**

# Benefit highlights

## AARP® MedicareRx Preferred (PDP)

This is a short description of your 2022 plan benefits. For complete information, please refer to your Summary of Benefits or Evidence of Coverage. Limitations, exclusions and restrictions may apply.

### Plan Costs

	Your Cost	
Monthly premium	\$99.20	
Annual prescription (Part D) deductible	\$0	
Initial coverage stage	Preferred retail cost sharing (in-network 30-day supply)	Standard retail cost sharing (in-network 30-day supply)
Tier 1: Preferred Generic	\$5 copay	\$15 copay
Tier 2: Generic <sup>1</sup>	\$10 copay	\$20 copay
Tier 3: Preferred Brand	\$45 copay	\$47 copay
Select Insulin Drugs <sup>2</sup>	\$35 copay	\$35 copay
Tier 4: Non-Preferred Drug	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	33% coinsurance
Coverage gap stage	After your total drug costs reach \$4,430, 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 \$7,050, you will pay the greater of \$3.95 copay for generic (Including brand drugs treated as generic), \$9.85 copay for all other drugs, or 5% coinsurance	

<sup>1</sup> Tier includes enhanced drug coverage

<sup>2</sup> Select insulins \$35 maximum copay for 1-month supply until the catastrophic stage.

Includes \$0 for a 90-day supply of Tier 1 and Tier 2 medications (typically generic drugs) through our Preferred Mail Service Pharmacy. \$0 copay is applicable for Tier 1 and Tier 2 medications during the initial coverage phase and may not apply during the coverage gap; it does not apply during the catastrophic stage.

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

AARP® MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.



# Your drug coverage

## Make sure your drugs are covered

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

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

#### 1. Drug tiers

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



¹ And select insulin drugs

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

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

#### 2. Where you fill your prescriptions

There are thousands of national and local pharmacies in our network. You'll pay the lowest cost for your prescription when you use a pharmacy in our preferred retail pharmacy network. Visit [www.myAARPMedicare.com](http://www.myAARPMedicare.com) to find a location near you.



**Simplify with prescriptions delivered to your door**

You have a \$0 copay for a 90-day supply of Tier 1 and Tier 2 drugs with OptumRx, our preferred home delivery pharmacy.

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

**3. Prescription drug payment stages**

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

<b>Annual Deductible</b>	Your plan has no deductible. Your coverage starts in the Initial Coverage stage.
<b>Initial Coverage</b>	In this stage, you will pay a copay or coinsurance for your drugs until the total drug cost (the amount paid by you and your plan) reaches \$4,430.
<b>Coverage Gap (Donut Hole)</b>	After your total drug costs reach \$4,430, you will pay no more than 25% coinsurance for generic or brand name drugs, for any drug tier during the Coverage Gap.  If you use a covered insulin, you will continue to pay a flat copay through the Coverage Gap.
<b>Catastrophic Coverage</b>	After your total out-of-pocket costs reach \$7,050, you will pay the greater of \$3.95 copay for generic (including brand drugs treated as generic), \$9.85 copay for all other drugs or 5% coinsurance.

**4. Extra Help from Medicare**

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

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



**Additional drug coverage is available with this plan**

**Part D Senior Savings Model:** This plan has lower, stable out-of-pocket costs for covered insulin. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or “Donut Hole” stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”).

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



Other pharmacies are available in our network.

\$0 copay may be restricted to particular tiers, preferred medications, or home delivery prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic coverage stage. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-day supply of your maintenance medication.

Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

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.

AARP® MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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# Summary of benefits 2022

**AARP® MedicareRx Preferred (PDP)**  
S5820-021-000

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



**Toll-free 1-888-867-5564, TTY 711**  
8 a.m. - 8 p.m. local time, 7 days a week



**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**



# Summary of benefits

## **January 1st, 2022 - December 31st, 2022**

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](http://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® MedicareRx Preferred (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join AARP® MedicareRx Preferred (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **Texas**.

## **Use network pharmacies.**

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

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

# AARP® MedicareRx Preferred (PDP)

## Premiums and Benefits

	Cost-Share
Monthly Plan Premium	\$99.20
Annual Prescription Drug Deductible	This plan does not have a deductible.

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 Standard retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic	\$5 copay	\$15 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic <sup>1</sup>	\$10 copay	\$30 copay	\$20 copay	\$60 copay	\$0 copay	\$60 copay
Tier 3: Preferred Brand	\$45 copay	\$135 copay	\$47 copay	\$141 copay	\$120 copay	\$141 copay
Select Insulin Drugs <sup>2</sup>	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
Tier 4: Non-Preferred Drug	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	N/A <sup>3</sup>	33% coinsurance	N/A <sup>3</sup>	N/A <sup>3</sup>	N/A <sup>3</sup>
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, 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 \$7,050, you pay the greater of:  □ 5% coinsurance, or □ \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.					

<sup>1</sup> Tier includes enhanced drug coverage.

<sup>2</sup> For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

<sup>3</sup> Limited to a 30-day supply

## 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.

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

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

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-888-867-5575 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comuniquen con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-888-867-5575, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits and features vary by plan. Limitations and exclusions may apply.

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

AARP® MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

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.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

# 2021 Medicare star ratings

## UnitedHealthcare - S5820

Every year, Medicare evaluates plans based on a 5-star rating system. 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 focus 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 2021, UnitedHealthcare received the following Overall Star Rating from Medicare.

★ ★ ★ ☆ 3.5 stars

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

Health Plan Services: Not offered

Drug Plan Services: ★ ★ ★ ☆ 3.5 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](http://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 **888-867-5564** (toll-free) or **711** (TTY). Current members please call **888-867-5575** (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](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi díí naaltsoos bidáahgi t'áá jiik'eh naaltsoos báha'dít'éhígíí béesh 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.

## 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.

# Drug list

# Drug list

This is a partial alphabetical list of prescription drugs covered by the AARP® MedicareRx Preferred (PDP) plan as of August 1, 2021. This list can change throughout the year. Call us at UnitedHealthcare or go online for the most complete, up-to-date information. Our phone number and website are listed on the back cover of this book.

- ☐ **Brand name** drugs are in **bold** type. Generic drugs are in plain type
- ☐ Your plan may have an annual prescription deductible
- ☐ Covered drugs are placed in tiers. Each tier has a different cost
  - Tier 1: Preferred generic
  - Tier 2: Generic
  - Tier 3: Preferred brand
    - Select Insulin Drugs\*
  - Tier 4: Non-preferred drug
  - Tier 5: Specialty tier
- ☐ See the Summary of Benefits in this book to find out what you’ll pay for these drugs
- ☐ Some drugs have coverage requirements, such as Prior Authorization or Step Therapy

<b>PA</b> <b>Prior authorization</b>	The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don’t get prior approval, it may not be covered.
<b>QL</b> <b>Quantity limits</b>	The plan only covers a certain amount of this drug for 1 copay. Limits help make sure the drug is used safely. If your doctor prescribes more than the limit, you or your doctor can ask the plan to cover the additional quantity.
<b>ST</b> <b>Step therapy</b>	You may need to try lower-cost drugs that treat the same condition before the plan will cover your drug. If you have tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan for coverage.
<b>B/D</b> <b>Medicare Part B or Part D</b>	Depending on how this drug is used, it may be covered by Medicare Part B or Part D. Your doctor may need to give the plan more information about how this drug will be used to make sure it’s covered correctly.
<b>LA</b> <b>Limited access</b>	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.

<b>MME Morphine milligram equivalent</b>	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.
<b>7D 7-day limit</b>	An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.
<b>DL Dispensing limit</b>	Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.
<b>ISSP Part D Senior Savings Model</b>	You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, Initial Coverage and Coverage Gap or “Donut Hole” stages of your benefit. You will pay 5% of the cost of your insulin in the Catastrophic Coverage stage. This cost sharing only applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”).

<b>A</b>	
Abacavir Sulfate-Lamivudine (Oral Tablet),T4-QL	Tablet),T2-7D; MME; DL; QL
<b>Abilify Maintena (Intramuscular Prefilled Syringe),T5-DL</b>	Acetazolamide (Oral Tablet),T3
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER),T5-DL</b>	Acetazolamide ER (Oral Capsule Extended Release 12 Hour),T4
Abiraterone Acetate (250MG Oral Tablet),T4-PA; QL	Acyclovir (Oral Capsule),T2
Acamprosate Calcium (Oral Tablet Delayed Release),T4	Acyclovir (Oral Tablet),T2
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral	<b>Adacel (Intramuscular Suspension),T3-QL</b>
	<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated),T3-QL</b>
	<b>Advair HFA (Inhalation Aerosol),T3-QL</b>
	<b>Aimovig (Subcutaneous Solution Auto-</b>

**Bold type = Brand name drug**

Plain type = Generic drug

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<b>Injector),T4-PA; QL</b>	<b>QL</b>
Albendazole (Oral Tablet),T4-QL	<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL</b>
Alcohol Prep Pads,T3	<b>Apriso (Oral Capsule Extended Release 24 Hour),T3-QL</b>
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet),T1-QL	<b>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),T5-PA; DL</b>
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour),T2	<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution),T5-PA; DL</b>
Allopurinol (Oral Tablet),T1	<b>Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe),T4-PA</b>
Alosetron HCl (Oral Tablet),T5-PA; DL	<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution),T4-PA</b>
<b>Alphagan P (0.1% Ophthalmic Solution),T3</b>	Aripiprazole (Oral Tablet),T4-QL
Alprazolam (Oral Tablet Immediate Release),T2-QL	<b>Aristada (Intramuscular Prefilled Syringe),T5-DL</b>
Alyq (Oral Tablet),T4-PA; QL	<b>Aristada Initio (Intramuscular Prefilled Syringe),T5-DL</b>
Amantadine HCl (Oral Capsule),T3	<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL</b>
Amantadine HCl (Oral Syrup),T2	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour),T4-QL
Amantadine HCl (Oral Tablet),T3	Atazanavir Sulfate (Oral Capsule),T4-QL
Ambrisentan (Oral Tablet),T5-PA; DL; QL	Atenolol (Oral Tablet),T1
Amiloride HCl (Oral Tablet),T2	
Amiodarone HCl (200MG Oral Tablet),T2	
Amitriptyline HCl (Oral Tablet),T3	
Amlodipine Besylate (Oral Tablet),T1	
Amlodipine-Benazepril (Oral Capsule),T2-QL	
Ammonium Lactate (External Cream),T3	
Ammonium Lactate (External Lotion),T3	
Amoxicillin (Oral Capsule),T2	
Amoxicillin (Oral Tablet Immediate Release),T2	
Amphetamine-Dextroamphetamine (Oral Tablet),T3-QL	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour),T4-QL	
Anagrelide HCl (Oral Capsule),T3	
Anastrozole (Oral Tablet),T1	
<b>Androderm (Transdermal Patch 24 Hour),T3-</b>	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Atomoxetine HCl (Oral Capsule),T4-QL
Atorvastatin Calcium (Oral Tablet),T1-QL
Atovaquone-Proguanil HCl (Oral Tablet),T3
<b>Atrovent HFA (Inhalation Aerosol Solution),T4</b>
<b>Aubagio (Oral Tablet),T5-DL; QL</b>
<b>Auryxia (Oral Tablet),T4-PA</b>
<b>Austedo (Oral Tablet),T5-PA; DL; QL</b>
<b>Avonex Pen (Intramuscular Auto-Injector Kit),T5-DL; QL</b>
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit),T5-DL; QL</b>
Azathioprine (Oral Tablet),T2-B/D,PA
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution),T3
Azelastine HCl (Ophthalmic Solution),T3
Azithromycin (Oral Tablet),T2
<b>B</b>
<b>BRIVIACT (Oral Solution),T5-PA; DL; QL</b>
<b>BRIVIACT (Oral Tablet),T5-PA; DL; QL</b>
Baclofen (Oral Tablet),T2
Balsalazide Disodium (Oral Capsule),T4
<b>Baqsimi One Pack (Nasal Powder),T3</b>
<b>Belsomra (Oral Tablet),T3-QL</b>
Benazepril HCl (Oral Tablet),T1-QL
Benazepril-Hydrochlorothiazide (Oral Tablet),T1-QL
Benzotropine Mesylate (Oral Tablet),T2
<b>Bepreve (Ophthalmic Solution),T4</b>
<b>Berinert (Intravenous Kit),T5-PA; DL</b>
<b>Besivance (Ophthalmic Suspension),T4</b>
<b>Betaseron (Subcutaneous Kit),T5-DL; QL</b>
Bethanechol Chloride (Oral Tablet),T2

**Bold type = Brand name drug**

<b>Betimol (Ophthalmic Solution),T4</b>
<b>Bevespi Aerosphere (Inhalation Aerosol),T3-QL</b>
Bexarotene (Oral Capsule),T5-PA; DL
<b>BiDil (Oral Tablet),T3-QL</b>
Bicalutamide (Oral Tablet),T2
Bisoprolol Fumarate (Oral Tablet),T2
Bisoprolol-Hydrochlorothiazide (Oral Tablet),T2-QL
Bosentan (Oral Tablet),T5-PA; DL; QL
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL</b>
<b>Breztri Aerosphere (Inhalation Aerosol),T3-QL</b>
<b>Brilinta (Oral Tablet),T3-QL</b>
Brimonidine Tartrate (0.2% Ophthalmic Solution),T2
Budesonide (Inhalation Suspension),T4-B/D,PA
Budesonide (Oral Capsule Delayed Release Particles),T4
Bumetanide (Oral Tablet),T2
Buprenorphine (Transdermal Patch Weekly),T3-7D; DL; QL
Buprenorphine HCl (Tablet Sublingual),T2-QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film),T4-QL
Bupropion HCl (Oral Tablet Immediate Release),T2
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent),T2
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour),T2
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour),T2

Plain type = Generic drug

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Buspirone HCl (Oral Tablet),T2	<b>Chantix (Oral Tablet),T3</b>
<b>Bydureon BCise (Subcutaneous Auto-Injector),T3-QL</b>	<b>Chantix Continuing Month Pak (Oral Tablet),T3</b>
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector),T4-QL</b>	<b>Chantix Starting Month Pak (Oral Tablet),T3</b>
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector),T4-QL</b>	Chlorhexidine Gluconate (Mouth Solution),T2
<b>Bystolic (Oral Tablet),T3-QL</b>	Chlorthalidone (Oral Tablet),T2
<b>C</b>	Cholestyramine (Oral Packet),T3
Cabergoline (Oral Tablet),T3	Cholestyramine Light (Oral Powder),T3
<b>Calcitriol (External Ointment),T4</b>	Cilostazol (Oral Tablet),T2
Calcitriol (Oral Capsule),T2-B/D,PA	Cinacalcet HCl (30MG Oral Tablet),T4-B/D,PA; QL
Calcium Acetate (Phosphate Binder) (Oral Capsule),T3	Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet),T5-B/D,PA; DL; QL
Calcium Acetate (Phosphate Binder) (Oral Tablet),T3	<b>Cinryze (Intravenous Solution Reconstituted),T5-PA; DL</b>
Captopril (Oral Tablet),T2-QL	Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release),T2
<b>Carbaglu (Oral Tablet),T5-DL</b>	Citalopram Hydrobromide (Oral Tablet),T1
Carbamazepine (Oral Tablet Immediate Release),T3	Clarithromycin (Oral Tablet Immediate Release),T3
Carbidopa-Levodopa (Oral Tablet Immediate Release),T2	<b>Clenpiq (Oral Solution),T3</b>
Carbidopa-Levodopa ER (Oral Tablet Extended Release),T2	<b>Climara Pro (Transdermal Patch Weekly),T4</b>
Carbidopa-Levodopa ODT (10-100MG Oral Tablet Dispersible),T2	Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet),T2-QL
Carbidopa-Levodopa-Entacapone (Oral Tablet),T4	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-QL
Carvedilol (Oral Tablet),T1	Clonidine (Transdermal Patch Weekly),T4
Cefuroxime Axetil (Oral Tablet),T2	Clonidine HCl (Oral Tablet Immediate Release),T2
Celecoxib (Oral Capsule),T3-QL	Clopidogrel Bisulfate (75MG Oral Tablet),T2-QL
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule),T2	
Cephalexin (750MG Oral Capsule),T3	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5



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Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T3	Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble),T5-PA; DL
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible),T4-QL	Desmopressin Acetate (Oral Tablet),T3
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare),T3-QL</b>	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq),T3-QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys),T3-QL	Dexamethasone (Oral Tablet),T2
Colesevelam HCl (Oral Tablet),T3	<b>Dextrose-NaCl (5-0.2% Intravenous Solution),T4</b>
<b>Combigan (Ophthalmic Solution),T3</b>	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet),T2-QL
<b>Combivent Respimat (Inhalation Aerosol Solution),T3-QL</b>	Diazepam (5MG/5ML Oral Solution),T2
<b>Corlanor (Oral Solution),T4-PA; QL</b>	Diazepam Intensol (5MG/ML Oral Concentrate),T2-QL
<b>Corlanor (Oral Tablet),T4-PA; QL</b>	Diclofenac Potassium (Oral Tablet),T2
<b>Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL</b>	Diclofenac Sodium (1% External Gel),T3-QL
<b>Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector),T5-PA; DL; QL</b>	Diclofenac Sodium (Oral Tablet Delayed Release),T2
<b>Creon (Oral Capsule Delayed Release Particles),T3</b>	Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Cromolyn Sodium (Inhalation Nebulization Solution),T5-B/D,PA; DL	Dicyclomine HCl (Oral Capsule),T2
Cromolyn Sodium (Oral Concentrate),T3	Dicyclomine HCl (Oral Tablet),T2
Cyclophosphamide (Oral Capsule),T3-B/D,PA	<b>Difcid (Oral Suspension Reconstituted),T5-DL</b>
Cyproheptadine HCl (Oral Tablet),T3	<b>Difcid (Oral Tablet),T5-DL</b>
<b>D</b>	Digoxin (Oral Tablet),T2
Dalfampridine ER (Oral Tablet Extended Release 12 Hour),T3-QL	Dihydroergotamine Mesylate (Nasal Solution),T5-PA; DL; QL
Dapsone (Oral Tablet),T3	Diltiazem HCl (Oral Tablet Immediate Release),T2
Deferasirox (125MG Oral Tablet Soluble),T4-PA	Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour),T3
	Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour),T3
	Diltiazem HCl ER Coated Beads (120MG Oral

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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),T3
Diphenoxylate-Atropine (Oral Tablet),T3
Disulfiram (Oral Tablet),T4
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle),T2
Divalproex Sodium (Oral Tablet Delayed Release),T2
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour),T2
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet),T1-QL
Donepezil HCl (23MG Oral Tablet),T2-QL
Donepezil HCl ODT (Oral Tablet Dispersible),T2- QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution),T2
Doxazosin Mesylate (Oral Tablet),T2
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release),T3
Doxycycline Hyclate (Oral Capsule),T3
Dronabinol (Oral Capsule),T4-PA
<b>Duavee (Oral Tablet),T4</b>
<b>Dulera (Inhalation Aerosol),T4-QL</b>
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles),T2-QL
Dutasteride (Oral Capsule),T3-QL
<b>Dymista (Nasal Suspension),T4</b>

<b>E</b>
<b>Edarbi (Oral Tablet),T4-QL</b>
<b>Edarbyclor (Oral Tablet),T4-QL</b>
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet),T5-DL; QL
<b>Eliquis (Oral Tablet),T3-QL</b>
<b>Eliquis Starter Pack (Oral Tablet),T3-QL</b>
<b>Elmiron (Oral Capsule),T4</b>
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe),T4-PA; QL</b>
<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe),T4- PA; QL</b>
<b>Emgality (Subcutaneous Solution Auto- Injector),T4-PA; QL</b>
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet),T5-DL; QL
Enalapril Maleate (Oral Tablet),T2-QL
Enalapril-Hydrochlorothiazide (Oral Tablet),T1- QL
<b>Enbrel (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL</b>
<b>Enbrel (Subcutaneous Solution Reconstituted),T5-PA; DL; QL</b>
<b>Enbrel (Subcutaneous Solution),T5-PA; DL; QL</b>
<b>Enbrel Mini (Subcutaneous Solution Cartridge),T5-PA; DL; QL</b>
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector),T5-PA; DL; QL</b>
Entacapone (Oral Tablet),T4
Entecavir (Oral Tablet),T4
<b>Entresto (Oral Tablet),T3-QL</b>
<b>Envarsus XR (Oral Tablet Extended Release</b>

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<b>24 Hour),T4-B/D,PA</b>	75MCG/HR Transdermal Patch 72
<b>Epclusa (Oral Tablet),T5-PA; DL; QL</b>	Hour),T3-7D; MME; DL; QL
Epinephrine (Injection Solution Auto-Injector),T3-QL	<b>Finacea (External Foam),T4-QL</b>
Eplerenone (Oral Tablet),T3	Finasteride (5MG Oral Tablet) (Generic Proscar),T2
Ergotamine-Caffeine (Oral Tablet),T3	Flac (Otic Oil),T4
<b>Erleada (Oral Tablet),T5-PA; DL; QL</b>	<b>Flarex (Ophthalmic Suspension),T4</b>
Ertapenem Sodium (Injection Solution Reconstituted),T4	<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated),T3-QL</b>
Escitalopram Oxalate (Oral Tablet),T2	<b>Flovent HFA (Inhalation Aerosol),T3-QL</b>
Estradiol (Oral Tablet),T2	Fluconazole (Oral Tablet),T2
Estradiol (Transdermal Patch Weekly),T2-QL	Fluocinolone Acetonide (External Cream),T3
Estradiol (Vaginal Cream),T3	Fluocinolone Acetonide (External Ointment),T3
Eszopiclone (Oral Tablet),T3-QL	Fluocinolone Acetonide (Otic Oil),T4
Ethosuximide (Oral Capsule),T3	Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Ethosuximide (Oral Solution),T4	Fluticasone Propionate (External Cream),T3
Ezetimibe (Oral Tablet),T2-QL	Fluticasone Propionate (External Ointment),T3
Ezetimibe-Simvastatin (Oral Tablet),T3-QL	Fluticasone Propionate (Nasal Suspension),T2
<b>F</b>	<b>Forteo (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL</b>
Famotidine (20MG Oral Tablet, 40MG Oral Tablet),T2	Furosemide (Oral Tablet),T1
<b>Farxiga (Oral Tablet),T3-QL</b>	<b>Fuzeon (Subcutaneous Solution Reconstituted),T5-DL; QL</b>
<b>Fasenra (Subcutaneous Solution Prefilled Syringe),T5-PA; DL</b>	<b>Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet),T5-DL; QL</b>
<b>Fasenra Pen (Subcutaneous Solution Auto-Injector),T5-PA; DL</b>	<b>Fycompa (2MG Oral Tablet),T4-QL</b>
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet),T3	<b>Fycompa (Oral Suspension),T5-DL; QL</b>
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet),T2	<b>G</b>
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour,	Gabapentin (Oral Capsule),T2
	Gabapentin (Oral Tablet),T2
	<b>Gammagard (2.5GM/25ML Injection</b>

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<b>Solution),T5-PA; DL</b>	<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted),T5-PA; DL</b>	<b>Humalog Mix 50/50 (Subcutaneous Suspension),T3-ISSP</b>
Gemfibrozil (Oral Tablet),T2	<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector),T3-ISSP</b>
<b>Genotropin (Subcutaneous Solution Reconstituted),T5-PA; DL</b>	<b>Humalog Mix 75/25 (Subcutaneous Suspension),T3-ISSP</b>
<b>Genotropin MiniQuick (Subcutaneous Solution Reconstituted),T5-PA; DL</b>	<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector),T3-ISSP</b>
Gentamicin Sulfate (Ophthalmic Solution),T2	<b>Humira (Subcutaneous Prefilled Syringe Kit),T5-PA; DL; QL</b>
<b>Gilenya (0.5MG Oral Capsule),T5-DL; QL</b>	<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit),T5-PA; DL; QL</b>
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe),T5-DL; QL	<b>Humira Pen (Subcutaneous Pen-Injector Kit),T5-PA; DL; QL</b>
Glatopa (Subcutaneous Solution Prefilled Syringe),T5-DL; QL	<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit),T5-PA; DL; QL</b>
Glimepiride (Oral Tablet),T1-QL	<b>Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit),T5-PA; DL; QL</b>
Glipizide (Oral Tablet Immediate Release),T1-QL	<b>Humulin 70/30 (Subcutaneous Suspension),T3-ISSP</b>
Glipizide ER (Oral Tablet Extended Release 24 Hour),T1-QL	<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector),T3-ISSP</b>
Glucagon (Injection Kit) (Lilly),T3	<b>Humulin N (Subcutaneous Suspension),T3- ISSP</b>
<b>Glyxambi (Oral Tablet),T3-QL</b>	<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector),T3-ISSP</b>
<b>Guanidine HCl (125MG Oral Tablet),T3</b>	<b>Humulin R (Injection Solution),T3-ISSP</b>
<b>Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector),T3</b>	<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution),T3-ISSP</b>
<b>Gvoke PFS (Subcutaneous Solution Prefilled Syringe),T3</b>	<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
<b>H</b>	Hydralazine HCl (Oral Tablet),T2
<b>Haegarda (Subcutaneous Solution Reconstituted),T5-PA; DL</b>	Hydrochlorothiazide (Oral Capsule),T1
Haloperidol (Oral Tablet),T2	
<b>Humalog (Subcutaneous Solution Cartridge),T3-ISSP</b>	
<b>Humalog (Subcutaneous Solution),T3-ISSP</b>	
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP</b>	

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Hydrochlorothiazide (Oral Tablet),T1	<b>Solution Pen-Injector) (Brand Equivalent Humalog),T3-ISSP</b>
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3-7D; MME; DL; QL	<b>Insulin Lispro Prot &amp; Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog),T3-ISSP</b>
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release),T2-7D; MME; DL; QL	Insulin Syringes, Needles,T3
Hydroxychloroquine Sulfate (Oral Tablet),T2-QL	<b>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-DL</b>
Hydroxyurea (Oral Capsule),T2	<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe),T4</b>
Hydroxyzine HCl (Oral Syrup),T3	<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe),T5-DL</b>
Hydroxyzine HCl (Oral Tablet),T3	Ipratropium Bromide (Inhalation Solution),T2-B/D,PA
<b>I</b>	Ipratropium Bromide (Nasal Solution),T2
Ibandronate Sodium (Oral Tablet),T3-QL	Ipratropium-Albuterol (Inhalation Solution),T2-B/D,PA
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet),T2	Irbesartan (Oral Tablet),T1-QL
<b>Ilevro (Ophthalmic Suspension),T3</b>	Irbesartan-Hydrochlorothiazide (Oral Tablet),T2-QL
Imatinib Mesylate (Oral Tablet),T4-PA; QL	<b>Isentress (Oral Tablet),T5-DL; QL</b>
Imiquimod (5% External Cream),T4-QL	Isoniazid (Oral Tablet),T2
<b>Imvexxy Maintenance Pack (Vaginal Insert),T3-PA; QL</b>	Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T2
<b>Imvexxy Starter Pack (Vaginal Insert),T3-PA; QL</b>	Isosorbide Mononitrate (Oral Tablet Immediate Release),T2
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL</b>	Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour),T2
<b>Ingrezza (40MG Oral Capsule, 80MG Oral Capsule),T5-PA; DL; QL</b>	
<b>Ingrezza (Oral Capsule Therapy Pack),T5-PA; DL; QL</b>	
<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog),T3-ISSP</b>	
<b>Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog),T3-ISSP</b>	
<b>Insulin Lispro Junior KwikPen (Subcutaneous</b>	

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<b>Isturisa (Oral Tablet),T5-PA; DL</b>
Ivermectin (Oral Tablet),T3
<b>J</b>
<b>Janumet (Oral Tablet Immediate Release),T3-QL</b>
<b>Janumet XR (Oral Tablet Extended Release 24 Hour),T3-QL</b>
<b>Januvia (Oral Tablet),T3-QL</b>
<b>Jardiance (Oral Tablet),T3-QL</b>
<b>Jentadueto (Oral Tablet Immediate Release),T4-QL</b>
<b>Jentadueto XR (Oral Tablet Extended Release 24 Hour),T4-QL</b>
<b>Jublia (External Solution),T4</b>
<b>K</b>
<b>Kalydeco (50MG Oral Packet, 75MG Oral Packet),T5-PA; DL; QL</b>
<b>Kalydeco (Oral Tablet),T5-PA; DL; QL</b>
Ketoconazole (External Cream),T2-QL
Ketorolac Tromethamine (Ophthalmic Solution),T3
Ketorolac Tromethamine (Oral Tablet),T3
<b>Klor-Con 10 (Oral Tablet Extended Release),T2</b>
<b>Klor-Con 8 (Oral Tablet Extended Release),T2</b>
Klor-Con M10 (Oral Tablet Extended Release),T2
Klor-Con M20 (Oral Tablet Extended Release),T2
<b>Kombiglyze XR (Oral Tablet Extended Release 24 Hour),T3-QL</b>
<b>Korlym (Oral Tablet),T5-PA; DL; QL</b>
<b>Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film),T5-PA; DL; QL</b>

<b>L</b>
Lactulose (10GM/15ML Oral Solution),T2
Lamivudine (100MG Oral Tablet),T3
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet),T3-QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release),T2
<b>Lantus (Subcutaneous Solution),T3-ISSP</b>
<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
<b>Lastacraft (Ophthalmic Solution),T3</b>
Latanoprost (Ophthalmic Solution),T1
<b>Latuda (Oral Tablet),T5-DL; QL</b>
Leflunomide (Oral Tablet),T3
Letrozole (Oral Tablet),T2
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet),T3
Leucovorin Calcium (25MG Oral Tablet),T4
<b>Leukeran (Oral Tablet),T5-DL</b>
<b>Levemir (Subcutaneous Solution),T3-ISSP</b>
<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
Levetiracetam (Oral Tablet Immediate Release),T2
<b>Levocarnitine (330MG Oral Tablet),T3</b>
Levocetirizine Dihydrochloride (Oral Tablet),T2-QL
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet),T2
Levothyroxine Sodium (Oral Tablet),T1
Lidocaine (5% External Ointment),T3-QL

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Lidocaine (5% External Patch),T4-PA; QL	<b>Kit),T5-PA; DL</b>
Lidocaine HCl (4% External Solution),T4	<b>Lupron Depot (6-Month) (Intramuscular Kit),T5-PA; DL</b>
Lidocaine Viscous (2% Mouth/Throat Solution),T2	<b>Lysodren (Oral Tablet),T5-DL</b>
Lidocaine-Prilocaine (External Cream),T3	<b>Lyumjev (Injection Solution),T3-ISSP</b>
<b>Linzess (Oral Capsule),T3-QL</b>	<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
Liothyronine Sodium (Oral Tablet),T2	<b>M</b>
Lisinopril (Oral Tablet),T1-QL	<b>Mavyret (Oral Tablet),T5-PA; DL; QL</b>
Lisinopril-Hydrochlorothiazide (Oral Tablet),T1-QL	Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet),T2
Lithium Carbonate (Oral Capsule),T2	Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet),T2
Lithium Carbonate ER (Oral Tablet Extended Release),T2	Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension),T4
<b>Livalo (Oral Tablet),T3-QL</b>	Meloxicam (Oral Tablet),T1
<b>Lokelma (Oral Packet),T4-QL</b>	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet),T3-PA; QL
<b>Lonhala Magnair (Inhalation Solution),T5-DL; QL</b>	Memantine HCl ER (Oral Capsule Extended Release 24 Hour),T3-PA; QL
Loperamide HCl (Oral Capsule),T2	Mercaptopurine (Oral Tablet),T3
Lorazepam (Oral Tablet),T2-QL	Meropenem (Intravenous Solution Reconstituted),T4
Lorazepam Intensol (Oral Concentrate),T2-QL	Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda),T3-QL
Losartan Potassium (Oral Tablet),T1-QL	Metformin HCl (Oral Tablet Immediate Release),T1-QL
Losartan Potassium-HCTZ (Oral Tablet),T1-QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR),T1-QL
<b>Lotemax (Ophthalmic Gel),T4</b>	Methadone HCl (10MG/5ML Oral Solution),T3-7D; MME; DL; QL
<b>Lotemax (Ophthalmic Ointment),T4</b>	Methadone HCl (Oral Tablet),T3-7D; MME; DL; QL
<b>Lotemax (Ophthalmic Suspension),T4</b>	Methazolamide (Oral Tablet),T4
<b>Lotemax SM (Ophthalmic Gel),T4</b>	
Lovastatin (Oral Tablet),T1-QL	
<b>Lumigan (Ophthalmic Solution),T3</b>	
<b>Lupron Depot (1-Month) (Intramuscular Kit),T5-PA; DL</b>	
<b>Lupron Depot (3-Month) (Intramuscular Kit),T5-PA; DL</b>	
<b>Lupron Depot (4-Month) (Intramuscular</b>	

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Methimazole (Oral Tablet),T1	Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin),T3-7D; MME; DL; QL
Methotrexate (Oral Tablet),T2	
Methyldopa (Oral Tablet),T2	
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin),T3-QL	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin),T4-7D; MME; DL; QL
Methylprednisolone (Oral Tablet Therapy Pack),T2	<b>Motegrity (Oral Tablet),T4-QL</b>
Methylprednisolone (Oral Tablet),T2	<b>Movantik (Oral Tablet),T3-QL</b>
Metoclopramide HCl (Oral Tablet),T2	<b>Multaq (Oral Tablet),T3-QL</b>
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour),T1	<b>Myrbetriq (Oral Tablet Extended Release 24 Hour),T3</b>
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T1	<b>N</b>
Metronidazole (0.75% External Cream),T3	Nadolol (Oral Tablet),T4
Metronidazole (0.75% External Gel),T3	Naftifine HCl (2% External Cream),T4
Metronidazole (0.75% External Lotion),T4	<b>Naftin (2% External Gel),T4</b>
Metronidazole (1% External Gel),T4	Naloxone HCl (0.4MG/ML Injection Solution),T2
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet),T2	Naloxone HCl (Injection Solution Cartridge),T2
Migergot (Rectal Suppository),T4	Naloxone HCl (Injection Solution Prefilled Syringe),T2
Minocycline HCl (Oral Capsule),T2	Naltrexone HCl (Oral Tablet),T3
Minocycline HCl (Oral Tablet Immediate Release),T4	<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack),T3-PA; QL</b>
Minoxidil (Oral Tablet),T2	<b>Namzaric (Oral Capsule Extended Release 24 Hour),T3-PA; QL</b>
Mirtazapine (Oral Tablet),T2	Naproxen (Oral Tablet Immediate Release),T2
Mirtazapine ODT (Oral Tablet Dispersible),T2	<b>Narcan (Nasal Liquid),T3</b>
<b>Mirvaso (External Gel),T4</b>	<b>Nayzilam (Nasal Solution),T4-PA; QL</b>
Misoprostol (Oral Tablet),T3	Neomycin-Polymyxin-HC (Ophthalmic Suspension),T4
Modafinil (Oral Tablet),T3-PA; QL	Neomycin-Polymyxin-HC (Otic Suspension),T3
Mometasone Furoate (Nasal Suspension),T4	<b>Neulasta (Subcutaneous Solution Prefilled Syringe),T5-PA; DL</b>
Montelukast Sodium (Oral Packet),T2-QL	<b>Neupro (Transdermal Patch 24 Hour),T4</b>
Montelukast Sodium (Oral Tablet),T1-QL	
Morphine Sulfate ER (100MG Oral Tablet	

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Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release),T3	Olmesartan-Amlodipine-HCTZ (Oral Tablet),T2-QL
<b>Nicotrol (Inhalation Inhaler),T4</b>	Olopatadine HCl (Ophthalmic Solution),T3
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin),T3	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza),T4-QL
Nitrofurantoin Monohydrate (Generic Macrobid),T3	Omeprazole (10MG Oral Capsule Delayed Release),T2-QL
Nitroglycerin (Tablet Sublingual),T2	Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release),T2
Nizatidine (Oral Capsule),T3	Ondansetron HCl (Oral Tablet),T2-B/D,PA
Norethindrone Acetate (5MG Oral Tablet),T2	Ondansetron ODT (Oral Tablet Dispersible),T2-B/D,PA
Nortriptyline HCl (Oral Capsule),T2	<b>Onglyza (Oral Tablet),T3-QL</b>
<b>Nubeqa (Oral Tablet),T5-PA; DL; QL</b>	<b>Opsumit (Oral Tablet),T5-PA; DL</b>
<b>Nucala (Subcutaneous Solution Auto-Injector),T5-PA; DL; QL</b>	<b>Orenitram (0.125MG Oral Tablet Extended Release),T4-PA</b>
<b>Nucala (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL</b>	<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release),T5-PA; DL</b>
<b>Nucala (Subcutaneous Solution Reconstituted),T5-PA; DL; QL</b>	Oseltamivir Phosphate (Oral Capsule),T3-QL
<b>Nucynta ER (Oral Tablet Extended Release 12 Hour),T3-7D; MME; DL; QL</b>	<b>Osphena (Oral Tablet),T3-PA; QL</b>
<b>Nuedexta (Oral Capsule),T4-PA; QL</b>	Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet),T3
Nystatin (External Cream),T2	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour),T2-QL
Nystatin (External Ointment),T2	Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release),T3-7D; MME; DL; QL
Nystatin (External Powder),T2-QL	Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet),T3-7D; MME;
<b>O</b>	
Ofloxacin (Ophthalmic Solution),T2	
Ofloxacin (Otic Solution),T3	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet),T2-QL	
Olmesartan Medoxomil (Oral Tablet),T2-QL	
Olmesartan Medoxomil-HCTZ (Oral Tablet),T2-QL	

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DL; QL	Prazosin HCl (Oral Capsule),T2
<b>Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector),T3-QL</b>	Prednisolone Acetate (Ophthalmic Suspension),T3
<b>Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector),T3-QL</b>	Prednisone (5MG/5ML Oral Solution),T2
<b>P</b>	Prednisone (Oral Tablet),T2
Pantoprazole Sodium (Oral Tablet Delayed Release),T2-QL	<b>Premarin (Oral Tablet),T4-QL</b>
Penicillin V Potassium (Oral Tablet),T2	<b>Premarin (Vaginal Cream),T3</b>
<b>Pentasa (Oral Capsule Extended Release),T4-QL</b>	<b>Premphase (Oral Tablet),T4-QL</b>
<b>Perforomist (Inhalation Nebulization Solution),T4-B/D,PA; QL</b>	<b>Prempro (Oral Tablet),T4-QL</b>
Permethrin (External Cream),T3	Prenatal (27-1MG Oral Tablet),T3
<b>Perseris (Subcutaneous Prefilled Syringe),T5-DL</b>	<b>Prezista (Oral Suspension),T5-DL; QL</b>
Phenytoin Sodium Extended (Oral Capsule),T2	<b>Privigen (20GM/200ML Intravenous Solution),T5-PA; DL</b>
<b>Phoslyra (Oral Solution),T3</b>	<b>ProAir HFA (Inhalation Aerosol Solution),T3</b>
Pilocarpine HCl (Oral Tablet),T4	<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated),T3</b>
Pimecrolimus (External Cream),T4-ST; QL	<b>Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution),T4-PA</b>
Pioglitazone HCl (Oral Tablet),T1-QL	<b>Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution),T5-PA; DL</b>
<b>Pomalyst (Oral Capsule),T5-PA; DL; QL</b>	Proctosol HC (2.5% External Cream),T2
Potassium Chloride CR (Oral Tablet Extended Release),T2	Progesterone (Oral Capsule),T2
Potassium Chloride ER (Oral Capsule Extended Release),T2	<b>Prolastin-C (Intravenous Solution Reconstituted),T5-PA; DL</b>
Potassium Citrate ER (Oral Tablet Extended Release),T3	<b>Prolensa (Ophthalmic Solution),T4</b>
<b>Pradaxa (Oral Capsule),T4-QL</b>	<b>Prolia (Subcutaneous Solution Prefilled Syringe),T4-QL</b>
<b>Praluent (Subcutaneous Solution Auto-Injector),T3-PA; QL</b>	Promethazine HCl (Oral Tablet),T3
Pramipexole Dihydrochloride (Oral Tablet Immediate Release),T2	Propranolol HCl (Oral Tablet),T2
Pravastatin Sodium (Oral Tablet),T1-QL	Propranolol HCl ER (Oral Capsule Extended Release 24 Hour),T2
	Propylthiouracil (Oral Tablet),T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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

Pyridostigmine Bromide (60MG Oral Tablet Immediate Release),T3	<b>Solution Cartridge),T3-PA; QL</b>
<b>Q</b>	<b>Repatha SureClick (Subcutaneous Solution Auto-Injector),T3-PA; QL</b>
Quetiapine Fumarate (Oral Tablet Immediate Release),T2-QL	<b>Restasis Single-Use Vials (Ophthalmic Emulsion),T3-QL</b>
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour),T3-QL	<b>Retacrit (Injection Solution),T4-PA</b>
Quinapril HCl (Oral Tablet),T1-QL	<b>Rexulti (Oral Tablet),T5-DL; QL</b>
Quinapril-Hydrochlorothiazide (Oral Tablet),T2-QL	<b>Reyataz (Oral Packet),T5-DL; QL</b>
<b>R</b>	<b>Rhopressa (Ophthalmic Solution),T3-ST</b>
Raloxifene HCl (Oral Tablet),T3-QL	Ribavirin (Oral Tablet),T3
Ramipril (Oral Capsule),T1-QL	Rifabutin (Oral Capsule),T4
Ranolazine ER (500MG Oral Tablet Extended Release 12 Hour),T3-QL	Rifampin (150MG Oral Capsule, 300MG Oral Capsule),T3
Rasagiline Mesylate (Oral Tablet),T4	Riluzole (Oral Tablet),T3
<b>Rasuvo (Subcutaneous Solution Auto-Injector),T4-PA</b>	Rimantadine HCl (Oral Tablet),T4
<b>Rayaldee (Oral Capsule Extended Release),T5-DL; QL</b>	<b>Rinvoq (Oral Tablet Extended Release 24 Hour),T5-PA; DL; QL</b>
<b>Rebif (Subcutaneous Solution Prefilled Syringe),T5-ST; DL; QL</b>	<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER),T4</b>
<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector),T5-ST; DL; QL</b>	<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER),T5-DL</b>
<b>Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector),T5-ST; DL; QL</b>	Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet),T2
<b>Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe),T5-ST; DL; QL</b>	Ritonavir (Oral Tablet),T3-QL
<b>Regranex (External Gel),T5-PA; DL</b>	Rivastigmine Tartrate (Oral Capsule),T3-QL
<b>Relistor (Oral Tablet),T4-PA; QL</b>	Rizatriptan Benzoate (Oral Tablet),T3-QL
<b>Relistor (Subcutaneous Solution),T4-PA</b>	Rizatriptan Benzoate ODT (Oral Tablet Dispersible),T3-QL
<b>Repatha (Subcutaneous Solution Prefilled Syringe),T3-PA; QL</b>	<b>Rocklatan (Ophthalmic Solution),T3-ST</b>
<b>Repatha Pushtronex System (Subcutaneous</b>	Ropinirole HCl (Oral Tablet Immediate

Bold type = Brand name drug

Plain type = Generic drug

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Release),T2
Rosuvastatin Calcium (Oral Tablet),T2-QL
<b>Rybelsus (Oral Tablet),T3-QL</b>
<b>Rytary (Oral Capsule Extended Release),T4-ST</b>
<b>S</b>
SPS (Oral Suspension),T3
<b>Sancuso (Transdermal Patch),T5-DL; QL</b>
<b>Santyl (External Ointment),T4</b>
<b>Savella (Oral Tablet),T3</b>
<b>Savella Titration Pack (Oral Tablet),T3</b>
Scopolamine (Transdermal Patch 72 Hour),T4
Selegiline HCl (Oral Capsule),T3
Selegiline HCl (Oral Tablet),T3
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated),T3-QL</b>
Sertraline HCl (Oral Tablet),T1
Sevelamer Carbonate (Oral Packet),T4
Sevelamer Carbonate (Oral Tablet) (Generic Renvela),T4
<b>Shingrix (Intramuscular Suspension Reconstituted),T3-PA; QL</b>
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio),T3-PA; QL
Silodosin (Oral Capsule),T3-QL
Silver Sulfadiazine (External Cream),T3
<b>Simbrinza (Ophthalmic Suspension),T3</b>
Simvastatin (Oral Tablet),T1-QL
<b>Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit),T5-PA; DL; QL</b>
Sodium Polystyrene Sulfonate (Oral Powder),T3
Sofosbuvir-Velpatasvir (Oral Tablet),T5-PA; DL; QL
Solifenacin Succinate (Oral Tablet),T3-QL

<b>Soliqua (Subcutaneous Solution Pen-Injector),T3-SSP; QL</b>
Sotalol HCl (Oral Tablet),T2
Sotalol HCl AF (Oral Tablet),T2
<b>Spiriva HandiHaler (Inhalation Capsule),T3-QL</b>
<b>Spiriva Respimat (Inhalation Aerosol Solution),T3-QL</b>
Spironolactone (Oral Tablet),T2
<b>Sprycel (Oral Tablet),T5-PA; DL; QL</b>
<b>Stiolto Respimat (Inhalation Aerosol Solution),T3-QL</b>
<b>Suboxone (Sublingual Film),T4-QL</b>
Sucralfate (Oral Suspension),T4
Sucralfate (Oral Tablet),T2
Sulfamethoxazole-Trimethoprim (800-160MG Oral Tablet),T2
Sulfasalazine (Oral Tablet Delayed Release),T2
Sulfasalazine (Oral Tablet Immediate Release),T2
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet),T2-QL
<b>Suprep Bowel Prep Kit (Oral Solution),T3</b>
<b>Symbicort (Inhalation Aerosol),T3-QL</b>
<b>Synjardy (Oral Tablet Immediate Release),T3-QL</b>
<b>Synjardy XR (Oral Tablet Extended Release 24 Hour),T3-QL</b>
<b>Synthroid (Oral Tablet),T3</b>
<b>T</b>
<b>TOBI Podhaler (Inhalation Capsule),T5-PA; DL; QL</b>
Tadalafil (PAH) (20MG Oral Tablet),T4-PA; QL
Tamoxifen Citrate (Oral Tablet),T2

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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Tamsulosin HCl (Oral Capsule),T2	XE),T3
<b>Targretin (External Gel),T5-PA; DL; QL</b>	<b>Tivicay (25MG Oral Tablet),T4-QL</b>
<b>Tasigna (Oral Capsule),T5-PA; DL; QL</b>	<b>Tivicay (50MG Oral Tablet),T5-DL; QL</b>
<b>Tecfidera (Oral Capsule Delayed Release),T5-DL; QL</b>	Tizanidine HCl (Oral Tablet),T2
<b>Tecfidera Starter Pack (Oral),T5-DL; QL</b>	Tobramycin (Ophthalmic Solution),T2
Telmisartan (Oral Tablet),T3-QL	Tobramycin-Dexamethasone (Ophthalmic Suspension),T3
Telmisartan-HCTZ (Oral Tablet),T3-QL	Topiramate (Oral Capsule Sprinkle Immediate Release),T2
Temazepam (15MG Oral Capsule, 30MG Oral Capsule),T2-QL	Topiramate (Oral Tablet),T2
Tenofovir Disoproxil Fumarate (Oral Tablet),T4-QL	Toremifene Citrate (Oral Tablet),T5-DL
Terazosin HCl (Oral Capsule),T2	<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
Terbinafine HCl (Oral Tablet),T2	<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
<b>Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL</b>	<b>Tracleer (Oral Tablet Soluble),T5-PA; DL; QL</b>
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel),T4	<b>Tradjenta (Oral Tablet),T4-QL</b>
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel),T3	Tramadol HCl (50MG Oral Tablet Immediate Release),T2-7D; MME; DL; QL
Testosterone Cypionate (Intramuscular Solution),T2	Tramadol-Acetaminophen (Oral Tablet),T2-7D; MME; DL; QL
Theophylline (Oral Solution),T2	Tranexamic Acid (Oral Tablet),T3
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour),T2	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet),T1
Theophylline ER (Oral Tablet Extended Release 24 Hour),T2	<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated),T3-QL</b>
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic),T2	<b>Tremfya (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL</b>
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-	<b>Tremfya (Subcutaneous Solution Prefilled Syringe),T5-PA; DL; QL</b>
	<b>Tresiba (Subcutaneous Solution),T3-ISSP</b>
	<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector),T3-ISSP</b>
	Tretinoin (0.01% External Gel, 0.025% External

**Bold type = Brand name drug**

Plain type = Generic drug



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

Gel),T4-PA
Tretinoin (External Cream),T4-PA
Tretinoin (Oral Capsule),T5-DL
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment),T2
Triamcinolone Acetonide (External Cream),T2
Triamterene-HCTZ (Oral Capsule),T2
Triamterene-HCTZ (Oral Tablet),T2
Trihexyphenidyl HCl (Oral Solution),T2
Trihexyphenidyl HCl (Oral Tablet),T2
<b>Trijardy XR (Oral Tablet Extended Release 24 Hour),T3-QL</b>
<b>Trintellix (Oral Tablet),T4-QL</b>
<b>Trulance (Oral Tablet),T4-QL</b>
<b>Trulicity (Subcutaneous Solution Pen-Injector),T3-QL</b>
<b>Tymlos (Subcutaneous Solution Pen-Injector),T5-PA; DL; QL</b>
<b>U</b>
Ursodiol (Oral Capsule),T3
Ursodiol (Oral Tablet),T4
<b>V</b>
Valacyclovir HCl (Oral Tablet),T3-QL
Valganciclovir HCl (450MG Oral Tablet),T3-QL
Valproic Acid (Oral Capsule),T2
Valproic Acid (Oral Solution),T2
Valsartan (Oral Tablet),T2-QL
Valsartan-Hydrochlorothiazide (Oral Tablet),T2-QL
<b>Vascepa (Oral Capsule),T4</b>
<b>Velphoro (Oral Tablet Chewable),T4</b>
<b>Veltassa (Oral Packet),T4-QL</b>

Verapamil HCl (Oral Tablet Immediate Release),T2
<b>Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour),T3</b>
Verapamil HCl ER (Oral Tablet Extended Release),T2
<b>Versacloz (Oral Suspension),T5-DL</b>
<b>Victoza (Subcutaneous Solution Pen-Injector),T3-QL</b>
<b>Viibryd (Oral Tablet),T4-QL</b>
<b>Viibryd Starter Pack (Oral Kit),T4-QL</b>
<b>Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet),T5-DL; QL</b>
<b>Vimpat (50MG Oral Tablet),T4-QL</b>
<b>Vimpat (Oral Solution),T5-DL; QL</b>
<b>Vosevi (Oral Tablet),T5-PA; DL; QL</b>
<b>Vyvanse (Oral Capsule),T4</b>
<b>Vyvanse (Oral Tablet Chewable),T4</b>
<b>Vyzulta (Ophthalmic Solution),T4</b>
<b>W</b>
Warfarin Sodium (Oral Tablet),T1
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair),T3-QL
<b>X</b>
<b>Xarelto (Oral Tablet),T3-QL</b>
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack),T3-QL</b>
<b>Xcopri (14x12.5MG &amp; 14x25MG Oral Tablet Therapy Pack),T4-PA; QL</b>
<b>Xcopri (14x150MG &amp; 14x200MG Oral Tablet</b>

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

T4 = Tier 4

T5 = Tier 5

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Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack),T5-PA; DL; QL	Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent),T3-7D; MME; DL; QL
Xcopri (250MG Daily Dose) (50 & 200MG Oral Tablet Therapy Pack),T5-PA; DL; QL	Xtandi (Oral Capsule),T5-PA; DL; QL
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack),T5-PA; DL; QL	Xyrem (Oral Solution),T5-PA; DL; QL
Xcopri (Oral Tablet),T5-PA; DL; QL	Z
Xeljanz (Oral Tablet Immediate Release),T5-PA; DL; QL	Zafirlukast (Oral Tablet),T3-QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour),T5-PA; DL; QL	Zaleplon (Oral Capsule),T3-QL
Xifaxan (550MG Oral Tablet),T5-PA; DL	Zarxio (Injection Solution Prefilled Syringe),T5-DL
Xigduo XR (Oral Tablet Extended Release 24 Hour),T3-QL	Zenpep (Oral Capsule Delayed Release Particles),T3
Xiidra (Ophthalmic Solution),T4-QL	Ziextenzo (Subcutaneous Solution Prefilled Syringe),T5-PA; DL
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack),T3-QL	Zirgan (Ophthalmic Gel),T4
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack),T3-QL	Zolpidem Tartrate (Oral Tablet Immediate Release),T2-QL
	Zonisamide (Oral Capsule),T2

# Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay when you fill prescriptions for these drugs does not count toward your total drug costs. This means, the amount you pay doesn't help you qualify for catastrophic coverage. Also, if you're receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

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



# Alternative covered drugs

Your plan’s Drug list includes many different types of drugs, but it doesn’t include all drugs. Drugs not covered by your plan typically have alternative drugs that can be used instead. This is a **partial** list of alternative drugs that you can use in place of some drugs that are not covered by your plan. Talk with your provider or pharmacist to see if the alternative drugs listed here are appropriate for you.

Drugs not covered by the plan	Alternative covered drugs – Tier
Amitiza	Linzess – 3 Lubiprostone – 3 Movantik – 3 Motegrity – 4 Relistor – 4 Trulance – 4
Basaglar	Lantus – 3 Levemir – 3 Toujeo – 3 Tresiba – 3
Cialis and Tadalafil 2.5mg and 5mg (BPH Only)	Alfuzosin Extended Release – 2 Doxazosin – 2 Tamsulosin – 2
Fluoxetine HCL Tablet	Fluoxetine Immediate Release Capsule – 2
Invokana	Farxiga – 3 Jardiance – 3
Invokamet and Invokamet XR	Synjardy and Synjardy XR – 3 Xigduo XR – 3
Metformin HCL Extended Release (Osmotic)	Metformin Extended Release (Generic <b>Glucophage XR</b> ) – 1
Novolin	Humulin – 3
Novolog	Humalog – 3 Insulin Lispro – 3 Lyumjev – 3
OxyContin	Xtampza XR – 3
Proventil HFA	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> ) – 2 Proair HFA – 3 Proair Respiclick – 3
Qvar Redihaler	Arnuity – 3 Flovent – 3
Temazepam 7.5mg and 22.5mg	Temazepam 15mg and 30mg – 2
Venlafaxine HCL Extended Release Tablet	Venlafaxine HCL Extended Release Capsule – 2

Drugs not covered by the plan	Alternative covered drugs – Tier
Ventolin HFA	Albuterol HFA (Generic <b>Proair/Proventil HFA</b> ) – 2 <b>Proair HFA – 3</b> <b>Proair Respiclick – 3</b>
Zolpidem Tartrate Extended Release	Trazodone 50mg, 100mg, 150mg Tablet – 1 Zolpidem Immediate Release – 2 <b>Belsomra – 3</b>

**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, 2021 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.

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 in a Medicare Advantage or Prescription Drug Plan. 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**

# 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 Sales Representative (if applicable).

## Plan Information


**Here are some details about your new plan.**

My new plan is a Medicare Part D Plan.  
The name of my new plan is: \_\_\_\_\_  
Proposed effective date:     -     -  
I must have Medicare Part A and/or Part B to enroll in this plan.  
I can cancel my enrollment in this plan before my coverage starts. Once my coverage starts, I may have to wait until I have a valid election period to make a plan change.  
My plan (circle one): **does / does not** have a prescription drug deductible.  
If I have a deductible, the amount is \$ \_\_\_\_\_ and it applies to drugs in (check the answer(s)):  
☐ Tier 1   ☐ Tier 2   ☐ Tier 3   ☐ Tier 4   ☐ Tier 5 or   ☐ ALL tiers  
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.  
I cannot have a stand-alone Medicare Part D plan and a Medicare Advantage 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. If I qualify for Extra Help, my premium may be less.\* In addition, I must remain enrolled in Medicare Part A and/or Part B and if I have Part B, I 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.  
\* 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

 **Contact your Sales Representative.** If I have questions about my plan, I will call my Sales Representative, \_\_\_\_\_ at \_\_\_\_\_ or Customer Service at \_\_\_\_\_.

## Prescription Drug Coverage

**Know how prescription drugs are covered on your plan.**

List the medications you use in this table. Be sure to note their tier level, whether there are any limits on the drug, and if the prescription drug deductible applies.

TEAR HERE

Medication	Tier Level <sup>1</sup>	Has Limits <sup>2</sup> (Yes/No)	Deductible (Yes/No)
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My current pharmacy is \_\_\_\_\_. I understand that preferred network pharmacies tend to offer lower prescription drug costs.

I (circle one) **do / do not** have drugs that are not on the covered drug list (formulary).

My drugs that are not on the formulary are \_\_\_\_\_ and \_\_\_\_\_. I can discuss alternatives by calling customer service or checking with my doctor or pharmacist.

I understand how my prescription drug plan works, including:

- The plan start date
- The monthly premium
- The cost difference between preferred network, standard network and out-of-network pharmacies
- Home delivery options
- Tier levels
- Prior authorizations
- Quantity limits
- Step therapy
- Drug coverage stages and how they impact my costs
- Late Enrollment Penalty

<sup>1</sup> 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, and if my plan is participating in the Part D Senior Savings Model. <sup>2</sup> 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.

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



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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 Sales Representatives toll-free at **1-888-867-5564, TTY 711** during 8 a.m. - 8 p.m. local time, 7 days a week to enroll over the phone.

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## Online

Go to **[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)** and follow the step-by-step instructions to enroll.

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## By mail

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

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## By fax

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

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## 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                                     | ✓ Use the drug list to be sure your drugs are covered |

# Scope of appointment confirmation form

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

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

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

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

**Beneficiary or authorized representative signature and signature date:**

<b>Signature of applicant/member/authorized representative</b>	<b>Today's date</b>
<div></div>	MM-DD-YYYY

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

Name (First_Last)	Relationship to beneficiary
<div></div>	<div></div>

**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
<div></div>	<div></div>

Licensed sales representative signature

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## Medicare Advantage Plans (Part C) and Cost Plans

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

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

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

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

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

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

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

## Stand-alone Medicare Prescription Drug (Part D) Plan

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

## Other related products

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

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

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





## 2022 Enrollment Request Form

☐ AARP® MedicareRx Preferred (PDP) - A

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

Last Name		First Name		Middle Initial
Birth Date			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone Number (      )      —			Mobile Phone Number: (      )      —	
Medicare Number				
Permanent Residence Street Address (P.O. Box is not allowed)				
City	County	State	ZIP Code	
Mailing Address (only if it's different from above. You can give a P.O. Box.)				
City		State	ZIP Code	
E-mail Address (Optional)				

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

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

If **yes**, what is it?

Name of Other Insurance

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

### How do you want to pay?

If you have a monthly plan premium (including any late enrollment penalty you may owe) you can pay your premium by automatic deduction from your Social Security or Railroad Retirement

Enrollee Name \_\_\_\_\_

Agent Name / ID No. \_\_\_\_\_

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Board (RRB) benefit check each month. You can also pay from a bank account through Electronic Funds Transfer (EFT).

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

If you must pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA)

Social Security (SS) will send you a letter and ask you how you want to pay it:

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

Account Type ☐ Checking ☐ Savings

Account Holder Name: \_\_\_\_\_

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

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

### A few questions to help us manage your plan.

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

Please check what you'd like: ☐ Spanish ☐ Braille ☐ Other \_\_\_\_\_

If you don't see the language or format you want, please call UnitedHealthcare toll-free at 1-888-867-5564, TTY 711 during 8 a.m. - 8 p.m. local time, 7 days a week. Or visit [www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com) for online help.

**2. Do you or your spouse work?** ☐ Yes ☐ No

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

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

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

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

Enrollee Name \_\_\_\_\_  
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**Please read and sign**

**By completing this form, I agree to the following:**

- ☐ I must keep Part A or Part B (or both) to stay in UnitedHealthcare. I must keep paying my Part B premium if I have one, unless Medicaid or someone else pays for it.
- ☐ I understand that I am joining the plan for the entire calendar year. If I want to change plans, I'll need to do so between October 15 and December 7. This is the Annual Enrollment Period for Medicare Advantage **and** Medicare prescription drug coverage. I understand that there may be special situations at other times during the year in which I can leave the plan.
- ☐ I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border. This plan covers emergency and urgent care outside of the U.S. See the Summary of Benefits for more information.
- ☐ I understand that when my UnitedHealthcare coverage begins, I must get all of my prescription drug benefits from UnitedHealthcare. Benefits and services authorized by UnitedHealthcare and contained in my UnitedHealthcare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. **Without authorization, neither Medicare nor UnitedHealthcare will pay for benefits or services.**
- ☐ **Release of Information:** By joining this Medicare Advantage Plan or Medicare Prescription Drug Plan, I acknowledge that the plan will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that UnitedHealthcare will release my information, including my prescription drug event data, to Medicare, who may release it for research and other purposes applicable to Federal statutes that authorize the collection of this information (see Privacy Act Statement below).
- ☐ I give UnitedHealthcare permission to share my protected health information with organizations or person(s) for permissible purposes under applicable law as required to administer my health plan.
- ☐ I give consent for all entities under UnitedHealthcare and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided.
- ☐ The information on this form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form I will be disenrolled from the plan.
- ☐ My response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

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Enrollee Name \_\_\_\_\_  
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**When I sign below, it means that I have read and understand the information on this form.**

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

**Signature of Applicant/ Member / Authorized Representative      Today's Date**

**If you are the authorized representative, please sign above and complete the information below.**  
**\*NOT A SALES AGENT**

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

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**For sales representative/agency use only.**

Employer Group Name

Employer Group ID		Branch ID	
Sales Representative/Writing ID		Initial Receipt Date	
Sales Representative/Agent Name		Proposed Effective Date	

**Agent must complete**

<input type="checkbox"/> IEP	<input type="checkbox"/> IEP 2	<input type="checkbox"/> SEP (Institutional)
<input type="checkbox"/> SEP (GEP Part B)	<input type="checkbox"/> SEP (Change in residence)	<input type="checkbox"/> SEP (Loss of EGHP coverage)
<input type="checkbox"/> SEP (PDP/OEP)	<input type="checkbox"/> SEP (CMS/State Assignment)	<input type="checkbox"/> SEP (Dual LIS change of status)
<input type="checkbox"/> SEP (Dual LIS maintaining)	<input type="checkbox"/> AEP (October 15 – December 7)	
<input type="checkbox"/> SEP (SEP Reason) _____		

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

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

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

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

OMB No. 0938-NEW

Expires: 07/31/2023

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# Enrollment checklist

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

## Understanding the Benefits

- ✓ 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

- ✓ Benefits, premiums and/or copays/coinsurance may change on January 1 of each year.

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# 2022 Enrollment receipt

## To be completed if enrolling with a 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.**

**Applicant 1:**

Name

Application Date - -

Proposed Effective Date - -

Plan Name

Plan Type

Enrollment Tracking No. (if applicable)

**Call your Sales Representative if you have any questions:**

Sales Representative Name and ID Number

Sales Representative Phone No.

-    -

**RxBIN: 610097**

**Rx PCN: 9999**

**RxGRP: PDPIND**

**We're here to help. If you have additional questions you can call UnitedHealthcare® Customer Service toll-free at 1-888-867-5564, TTY 711, 8 a.m. - 8 p.m. local time, 7 days a week.**



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[illegible]



[illegible]

[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.

[illegible]

[illegible]

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# Take advantage of what's next

Your enrollment application has been submitted. Use this page to track upcoming communications and actions you can take to get the most from your new plan. We're here to help every step of the way.

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**You are here**  
**Enrollment submitted**



**Quick Start Guide and  
UnitedHealthcare member  
ID card**



**Manage your plan online**



**Your plan coverage  
begins. You can start  
using your plan.**



## Manage your plan online

Once you receive your UnitedHealthcare member ID card, you can use it to create your online account at [www.myaarpmedicare.com](http://www.myaarpmedicare.com) to:

- Find pharmacies in your area
- Review your Drug List
- View plan documents
- Explore health and wellness activities and resources from Renew



## Once your coverage begins

- Review your drugs with your provider and ask about generic drugs and lower-cost options that may be available to you
- Fill your prescriptions through our Preferred Retail Pharmacy Network and get member-only savings<sup>1</sup>
- Get a 3-month supply of your prescriptions using a home delivery pharmacy service



## Thank you for choosing UnitedHealthcare

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

<sup>1</sup>Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Other pharmacies are available in our network. Copay apply after deductible.

Renew by UnitedHealthcare is not available in all plans.

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



Call UnitedHealthcare toll-free **1-888-867-5564**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**

**Service area:** Texas