

2019 PLAN GUIDE

What you need to know about your prescription drug plan.

Employees Retirement System of Texas

HealthSelectSM Medicare Rx (PDP) Plan

Effective: January 1, 2019 through December 31, 2019

Group Number: 24731



Table of Contents

Introduction..... 3



Plan Information

Benefit Highlights..... 6
Plan Information..... 9
Summary of Benefits..... 14



Drug List

Drug List..... 22
Additional Drug Coverage..... 37



What's Next

Here's What You Can Expect Next..... 60
Statements of Understanding..... 61

Dear Retiree,

As the plan administrator for HealthSelectSM Medicare Rx (PDP), we at UnitedHealthcare[®] are pleased to offer prescription drug coverage for all eligible retirees. We believe you should get more than simply a good plan — and that's why we have the people, tools and resources in place to help you live a healthier life.

Let us help you:

- Find ways to save money, so you can spend more on what matters most to you
- Get the tools and resources you need to be in more control of your health

In this book you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- What you can expect after you enroll

Enrolling is easy

- 1 You're enrolled and coverage will begin on your effective date, noted in the paperwork you receive.
- 2 If you do not want to be enrolled in the prescription drug plan, you must notify ERS.
- 3 If you decline this coverage, you will not have any prescription drug coverage through the Texas Employees Group Benefits Program (GBP).

You can get 2019 plan information online by going to the website below. You will need your Group Number found on the front cover of this book to access your materials.

Healthy extras by UnitedHealthcare



**GET A 90-DAY
SUPPLY**



**OVER 68,000
PHARMACIES**



**OPTUMRx HOME
DELIVERY**

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609** (TTY: **711**)
7 a.m. – 7 p.m. CT, Monday – Friday,
7 a.m. – 3 p.m. CT, Saturday

This page left intentionally blank.



Plan Information

Benefit Highlights

HealthSelectSM Medicare Rx (PDP)

Group Number: 24731

Effective January 1, 2019 to December 31, 2019

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

You can choose where and how often to fill your prescriptions. There are retail pharmacies offering 30-, 60- and 90-day supplies. Or, you can have your medications mailed to you. See the chart below for cost information.

Prescription Drugs

	Your costs			
Annual prescription deductible	\$50			
Initial coverage stage (After you pay your deductible)	Retail Cost-Sharing*		Retail Cost Share* in the Extended Days Supply (EDS) Network	
	(30-day supply of non-maintenance drugs)	(30-day supply of maintenance drugs [†])	(31- to 60-day supply)	(61- to 90-day supply)
Tier 1 – Preferred Generic	\$10 copay	\$10 copay	\$20 copay	\$30 copay
Tier 2 – Preferred Brand	\$35 copay	\$45 copay	\$70 copay	\$105 copay
Tier 3 – Non-preferred Drug	\$60 copay	\$75 copay	\$120 copay	\$180 copay
Initial coverage stage	Mail Order Cost-Sharing*			
	(31- to 60-day supply)		(61- to 90-day supply)	
Tier 1 – Preferred Generic	\$20 copay		\$30 copay	
Tier 2 – Preferred Brand	\$70 copay		\$105 copay	
Tier 3 – Non-preferred Drug	\$120 copay		\$180 copay	
Coverage gap stage	After your total drug costs reach \$3,820, the plan covers all formulary drugs through the coverage gap at the same copays listed above.			

	Your costs
Catastrophic coverage stage	<p>When your out-of-pocket costs reach the \$5,100 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage.</p> <p>The catastrophic coverage will go towards Part D covered medications.</p>

* Cost-Sharing or Cost Share refer to amounts that a member has to pay when drugs are received.

† Please see Additional Drug Coverage for a list of the plan's maintenance drugs.

ERS continues to offer additional coverage on some prescription drugs that are normally excluded from coverage on your Formulary. Please see your Additional Drug Coverage list for more information.

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

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

This page left intentionally blank.

Plan Details

HealthSelectSM Medicare Rx (PDP)

UnitedHealthcare® is the administrator for the HealthSelect Medicare Rx (PDP) plan, a Medicare Part D prescription drug plan. Original Medicare (Parts A and B) helps pay for some of the costs of hospital stays and doctor visits, but it doesn't cover prescription drugs. Medicare Part D plans help with prescription drugs costs. The HealthSelect Medicare Rx (PDP) plan could help you save time and money when it comes to your prescription drugs.

Make sure you are signed up for Medicare



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

- If you're not sure if you are enrolled, check with your local Social Security office. To find an office where you live, visit www.ssa.gov/locator or call **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday.
- If you are enrolled in Part B, you need to continue to pay your Part B monthly premium to Social Security to keep your Part B coverage. If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage.

When to enroll in a Medicare Part D plan:

- **You turn 65 or become Medicare eligible.** This is your Initial Enrollment Period. It's your first chance to enroll in Medicare Part D.
- **You need a Medicare Part D plan but have never had one before.** Or, you want to change to a different plan option. You may make changes to your coverage during ERS' Fall Enrollment period.
- **You are a retiree and move out of a different group-sponsored plan, or you move out of the plan's service area.** These are examples of Special Election Periods and may happen for various reasons.

Medicare has certain rules about what types of coverage you can have either as an addition to or combined with a Group-sponsored Medicare Part D prescription drug plan.

One prescription plan at a time

You may be enrolled in only one Medicare Part D prescription drug plan at a time. If you enroll in another stand-alone Medicare Part D plan or a medical plan that includes prescription drug coverage, you may be disenrolled from this plan.

Prescription drug coverage plan basics

Here are some of the highlights of your new plan:

Dedicated service

UnitedHealthcare is here for you. Our trained Customer Service team knows the details about your plan.

Comprehensive drug list

The plan's drug list (also called a "formulary list") includes most brand name and generic drugs covered by Medicare Part D. Your plan also includes drug coverage beyond what Medicare allows.

Filling your prescriptions is convenient

There are more than 68,000 national, regional, local chains and independent neighborhood pharmacies in the UnitedHealthcare network. Using a UnitedHealthcare network pharmacy can help make sure you are getting the lowest cost available through your plan.



**OVER 68,000
PHARMACIES¹**

¹2018 Optum Internal Report Data

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609** (TTY: **711**)
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday



What is IRMAA?

The Income-Related Monthly Adjustment Amount (IRMAA) is an amount you may need to pay in addition to your monthly plan premium if your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit. This extra amount is paid directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMAA.



What is a Medicare Part D Late Enrollment Penalty (LEP)?

Most people first become eligible for Medicare when they turn 65. This is your Initial Enrollment Period. If a late enrollment penalty occurs, it is usually because:

- The individual was eligible to enroll in a Part D plan;
- The individual was not covered under any creditable prescription drug coverage; and
- The individual was not enrolled in a Part D plan

Creditable coverage is prescription drug coverage that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium which you may have to pay. If you receive a letter from UnitedHealthcare asking for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC).

Call Medicare to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help from Medicare. If you qualify, Medicare could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying, and you can re-apply every year.



For more information, call toll-free **1-800-772-1213**, TTY **1-800-325-0778**, between 7 a.m. – 7 p.m. local time, Monday – Friday

How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check the complete drug list online or the partial drug list in this book to see if your drugs are covered.



What pharmacies can I use?

You can choose from over 68,000 national, regional, local chains and independent neighborhood pharmacies.



What is a drug cost tier?

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Drugs are divided into different tiers. Generics are typically in Tier 1, which is the lowest copay tier. In general, the higher the tier, the higher the cost of the drug.



What will I pay for my prescription drugs?

In most cases, you will pay a copay for your medication. Please refer to the Benefit Highlights or Summary of Benefits to see the different copay levels. Your cost may also change during the year based on the total cost of the drugs you have taken.¹



EASY ACCESS TO PHARMACIES NATIONWIDE

¹To learn more about your coverage, please refer to your Benefit Highlights or your Summary of Benefits.

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609** (TTY: **711**)
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday

Ways to save on your prescription drugs

Find local pharmacies from UnitedHealthcare's nationwide network with ease.

Simply go to www.HSMedicareRx.com or call UnitedHealthcare customer service at the number in this booklet to find participating pharmacies located in popular retailers and local drugstores. Your pharmacist and UnitedHealthcare will work with you to make sure you're taking the right prescriptions at the right times.

You could save on the medications you take regularly

If you prefer the convenience of mail order, you could save time by receiving your maintenance medications through the OptumRx[®] mail service pharmacy program. You'll get automatic refill reminders and access to licensed pharmacists if you have a question.

Ask your doctor about trial supplies

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

Explore lower cost options

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

Have an annual medication review

Make an appointment to have an annual medication review with your doctor, to make sure you are only taking the drugs you need.

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

The UnitedHealthcare Savings Promise



UnitedHealthcare is committed to keeping your prescription drug costs down. As a UnitedHealthcare member, you have our Savings Promise that you'll get the lowest price available. That low price may be your plan copay, the pharmacy's retail price or our contracted price with the pharmacy.

HealthSelectSM Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

2019 SUMMARY OF BENEFITS



Overview of your plan

HealthSelectSM Medicare Rx (PDP) provided through the Employees Retirement System of Texas (ERS)

S5805-833

Group Name: HealthSelect Medicare Rx

Group Number: 24731

Look inside to learn more about your prescription drug coverage.
Call Customer Service or go online for more information about the plan.



Toll-free (866) 868-0609 (TTY: 711)

7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday



www.HSMedicareRx.com



Summary of Benefits

January 1, 2019 – December 31, 2019

The benefit information in this document is a summary of what you will pay for covered drugs. It does not include details about your plan. You can find detailed information about your rights and responsibilities, what we cover, and what you'll pay in the Evidence of Coverage (EOC). You can find the EOC at www.HSMedicareRx.com, or you can call Customer Service to have one mailed to you.

About this plan.

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor.

To join HealthSelect Medicare Rx you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B, live within the 50 United States, the District of Columbia and all US territories, be a United States citizen or lawfully present in the United States, and meet the eligibility requirements of ERS.

Use network 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.

Go to www.HSMedicareRx.com and use the online directory to find a network pharmacy. You can also view the plan formulary (drug list) to see what drugs are covered, and if there are any restrictions.

Prescription Drugs

If the actual cost for a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

ERS continues to offer additional coverage on some prescription drugs that are normally excluded under Medicare Part D drug coverage. Please see your Additional Drug Coverage list for more information.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

Stage 1: Annual Prescription Drug Deductible	\$50			
Stage 2: Initial Coverage (After you pay your deductible)	Retail Cost-Sharing*		Retail Cost Share* in the Extended Days Supply (EDS) Network	
	(30-day supply of non-maintenance drugs)	(30-day supply of maintenance drugs[†])	(31- to 60-day supply)	(61- to 90-day supply)
Tier 1: Preferred Generic	\$10 copay	\$10 copay	\$20 copay	\$30 copay
Tier 2: Preferred Brand	\$35 copay	\$45 copay	\$70 copay	\$105 copay
Tier 3: Non-preferred Drug	\$60 copay	\$75 copay	\$120 copay	\$180 copay
	Mail Order Cost-Sharing*			
	(31- to 60-day supply)		(61- to 90-day supply)	
Tier 1: Preferred Generic	\$20 copay		\$30 copay	
Tier 2: Preferred Brand	\$70 copay		\$105 copay	
Tier 3: Non-preferred Drug	\$120 copay		\$180 copay	
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,820, the plan covers all formulary drugs through the coverage gap at the same copays listed above.			
Stage 4: Catastrophic Coverage	When your out-of-pocket costs reach the \$5,100 limit for the plan year, you move to the Catastrophic Coverage Stage. In this stage, you will continue to pay the same cost share that you paid in the Initial Coverage Stage. The catastrophic coverage will go towards Part D covered medications.			

* Cost-Sharing or Cost Share refer to amounts that a member has to pay when drugs are received.

[†] Please see Additional Drug Coverage for a list of the plan's maintenance drugs.

Required Information

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-855-814-6894 (TTY: 711).

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

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

Premium and/or copayments/coinsurance may change each plan year.

Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

You are not required to use our mail order program through OptumRx, an affiliate of UnitedHealthcare Insurance Company, to obtain a 90-day supply of your maintenance medications. You can purchase your prescriptions at a network retail pharmacy. If you have not used OptumRx mail service, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Please call OptumRx toll-free at (855) 798-5674 (TTY: 711), if you have questions about how to approve your first prescription. 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.

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

You must continue to pay your Medicare Part B premium.

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This page left intentionally blank.



Drug List

Drug List

This is a partial alphabetical list of prescription drugs covered by the plan as of September 1, 2018. This list can change throughout the year. This is not a complete list of the drugs we cover. For a complete list, please call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7a.m. – 7p.m. CT, Monday – Friday and 7a.m. – 3p.m. CT, Saturday.

- Brand name** drugs are in **bold** type. Generic drugs are in plain type
- Covered drugs are placed in tiers. Each tier has a different cost
 - Tier 1: Preferred generic
 - Tier 2: Preferred brand
 - Tier 3: Non-preferred drug
- Each tier has a copay or coinsurance amount
- See the Summary of Benefits in this book to find out what you'll pay for these drugs
- Some drugs have coverage requirements, such as Prior Authorization or Step Therapy. If your drug has any coverage rules or limits, there will be code(s) in the list. The codes and what they mean are shown below

PA Prior authorization	The plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get prior approval, it may not be covered.
QL Quantity limits	The plan only covers a certain amount of this drug for one 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.
ST Step therapy	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/D Medicare Part B or Part D	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.

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3
 Y0066_180627_035701

HRM High-risk medication	This drug is known as a high-risk medication (HRM) for Medicare members 65 and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.
LA Limited access	The FDA only lets certain facilities or doctors give out this drug. It may require extra handling, doctor coordination or patient education.
MME Morphine milligram equivalent	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 one 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.
7D 7-Day limit	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.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a one month supply per prescription.
SP Specialty drugs	This drug is considered a “specialty drug,” meaning it’s not eligible for a lower cost-sharing level.

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

A	
Abacavir/Lamivudine (Tablet),T1 - QL	Acetazolamide ER (Capsule Extended-Release 12 Hour),T1
Acamprosate Calcium DR (Tablet Delayed-Release),T1	Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet, 5% Ointment),T1
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet),T1 - 7D,DL,QL,MME	Adacel (Injection),T2
Acetazolamide (Tablet Immediate-Release),T1	Advair HFA (Aerosol),T2 - QL
	Albenza (Tablet),T3 - QL,SP

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.

Alcohol Prep Pads,T1

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

Alendronate Sodium (35mg Tablet, 70mg Tablet),T1 - QL

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

Allopurinol (Tablet),T1

Alosetron HCl (Tablet),T1 - PA

Alprazolam (Tablet Immediate-Release),T1 - QL

Alrex (Suspension),T3

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

Amiloride HCl (Tablet),T1

Amiodarone HCl (Tablet),T1

Amitiza (Capsule),T2 - QL

Amitriptyline HCl (Tablet),T1 - PA,HRM

Amlodipine Besylate (Tablet),T1

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

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

Amoxicillin (Tablet Chewable, Suspension, Capsule, Tablet),T1

Amphetamine/Dextroamphetamine (Capsule Extended-Release 24 Hour, Tablet Immediate-Release),T1 - QL

Anagrelide HCl (Capsule),T1

Anastrozole (Tablet),T1

Androderm (Patch 24 Hour),T2

Anoro Ellipta (Aerosol Powder),T2 - QL

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

Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution),T1 - QL

Arnuity Ellipta (Aerosol Powder),T2 - QL

Atazanavir Sulfate (Capsule),T1 - QL

Atenolol (Tablet),T1

Atomoxetine (Capsule),T1 - QL

Atorvastatin Calcium (Tablet),T1 - QL

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

Atripla (Tablet),T2 - QL,SP

Atrovent HFA (Aerosol Solution),T3

Aubagio (Tablet),T3 - QL,LA,SP

Auryxia (Tablet),T3 - PA,SP

Avonex (Injection),T2 - SP

Azasite (Ophthalmic Solution),T3

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

Azelastine HCl (0.05% Ophthalmic Solution),T1

Azelastine HCl (Nasal Solution),T1

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

Azithromycin (1gm Packet),T1

Azopt (Suspension),T2

B

Baclofen (Tablet),T1

Balsalazide Disodium (Capsule),T1

Belsomra (Tablet),T2 - QL

Benazepril HCl (Tablet),T1 - QL

Benazepril HCl/Hydrochlorothiazide (Tablet),T1 - QL

Benzotropine Mesylate (Tablet),T1 - PA,HRM

Bepreve (Ophthalmic Solution),T3

Berinert (Injection),T2 - PA,LA,SP

Betaseron (Injection),T2 - SP

Bethanechol Chloride (Tablet),T1

T1 = Tier 1 T2 = Tier 2 T3 = Tier 3

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

Betimol (Ophthalmic Solution),T3

Bevespi Aerosphere (Aerosol),T3

Bicalutamide (Tablet),T1

Binosto (Tablet Effervescent),T3 - QL

Bisoprolol Fumarate (Tablet),T1

Bisoprolol Fumarate/Hydrochlorothiazide (Tablet),T1 - QL

Breo Ellipta (Aerosol Powder),T2 - QL

Brilinta (Tablet),T2 - QL

Brimonidine Tartrate (0.15% Ophthalmic Solution),T1

Brimonidine Tartrate (0.2% Ophthalmic Solution),T1

Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution),T3 - QL,SP

Budesonide (3mg Capsule Delayed-Release),T1

Budesonide (Inhalation Suspension),T1 - B/D,PA

Bumetanide (0.25mg/ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet),T1

Buprenorphine HCl (Tablet Sublingual),T1 - QL

Bupropion HCl (Tablet Immediate-Release),T1

Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent),T1

Bupropion HCl SR, Bupropion HCl XL (Tablet),T1

Buspironone HCl (Tablet),T1

Butrans (Patch Weekly),T3 - 7D,DL,QL

Bydureon Bcise (Auto injector),T2 - QL

Bydureon Injection (Pen, Vial),T2 - QL

Bystolic (Tablet),T2 - QL

C

Cabergoline (Tablet),T1

Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution),T1 - B/D,PA

Calcitriol (3mcg/gm Ointment),T1

Calcium Acetate (667mg Capsule, 667mg Tablet),T1

Captopril (Tablet),T1 - QL

Carafate (1gm/10ml Suspension),T3

Carbaglu (Tablet),T2 - LA,SP

Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release),T1

Carbidopa/Levodopa (Tablet Immediate-Release),T1

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

Carbidopa/Levodopa ODT (Tablet Dispersible),T1

Carbidopa/Levodopa/Entacapone (Tablet),T1

Carvedilol (Tablet),T1

Cayston (Inhalation Solution),T3 - PA,LA,SP

Cefuroxime Axetil (Tablet),T1

Celecoxib (Capsule),T1 - QL

Cephalexin (Suspension, Capsule, Tablet),T1

Chantix (Tablet),T2

Chlorhexidine Gluconate Oral Rinse (Solution),T1

Chlorthalidone (Tablet),T1

Cholestyramine Light (Powder),T1

Cilostazol (Tablet),T1

Cimetidine (Tablet),T1

Cinryze (Injection),T2 - PA,LA,SP

Ciprodex (Otic Suspension),T2

Ciprofloxacin HCl (Tablet Immediate-Release),T1

Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral Solution),T1

Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg

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.

Tablet),T1
Climara Pro (Patch Weekly),T2 - PA,HRM
Clonazepam (Tablet Immediate-Release),T1 - QL
Clonazepam ODT (Tablet Dispersible),T1 - QL
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release, 0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly),T1
Clopidogrel (75mg Tablet),T1 - QL
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet),T1
Clozapine ODT (Tablet Dispersible),T1 - QL
Colchicine (0.6mg Capsule) (Generic Mitigare),T3 - QL
Colchicine (0.6mg Tablet) (Generic Colcrys),T2 - QL
Combigan (Ophthalmic Solution),T2
Combivent Respimat (Aerosol Solution),T2
Cosentyx (Injection), Cosentyx Sensoready Pen (Injection),T3 - PA,LA,SP
Cosopt PF (Ophthalmic Solution),T3
Creon (Capsule Delayed-Release),T2
Crixivan (Capsule),T2 - QL
Cromolyn Sodium (100mg/5ml Concentrate),T1
Cromolyn Sodium (20mg/2ml Nebulized Solution),T1 - B/D,PA
Cromolyn Sodium (4% Ophthalmic Solution),T1
Cyclophosphamide (Capsule),T1 - B/D,PA
D
Daliresp (Tablet),T3 - PA
Dapsone (100mg Tablet, 25mg Tablet),T1
Dapsone (5% Gel),T1
Desmopressin Acetate (0.01% Nasal Rhinal

Tube Solution),T1
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet),T1
Dexilant (Capsule Delayed-Release),T2 - QL
Dextrose 5%/NaCl 0.2% (Injection),T1
Dextrose 5%/NaCl 0.225% (Injection),T1
Dextrose 5%/NaCl 0.33% (Injection),T1
Dextrose 5%/NaCl 0.45% (Injection),T1
Dextrose 5%/NaCl 0.9% (Injection),T1 - B/D,PA
Diazepam (1mg/ml Oral Solution),T1
Diazepam Intensol (5mg/ml Concentrate),T1 - QL
Diclofenac, Diclofenac DR, Diclofenac ER (Tablet),T1
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet),T1 - HRM
Digoxin (0.05mg/ml Oral Solution),T1 - PA,QL,HRM
Digoxin (125mcg Tablet),T1 - QL,HRM
Digoxin (250mcg Tablet),T1 - PA,HRM
Dihydroergotamine Mesylate (Nasal Solution),T1
Diltiazem HCl (Capsule Extended-Release, Tablet Immediate-Release),T1
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid),T1 - PA,HRM
Disulfiram (Tablet),T1
Divalproex Sodium (Capsule Sprinkle Delayed-Release),T1
Divalproex Sodium DR (Tablet Delayed-Release),T1
Divalproex Sodium ER (Tablet Extended-Release 24 Hour),T1
Donepezil HCl (Tablet),T1 - QL
Donepezil HCl ODT (Tablet Dispersible),T1 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution),T1

Doxazosin Mesylate (Tablet),T1

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

Dronabinol (Capsule),T1 - PA

Duavee (Tablet),T2 - PA,HRM

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

Durezol (Emulsion),T3

Dutasteride (Capsule),T1 - QL

Dymista (Suspension),T2

E

Edarbi (Tablet),T3 - QL

Edarbyclor (Tablet),T3 - QL

Elidel (Cream),T2 - ST

Eliquis (Tablet),T2 - QL

Elmiron (Capsule),T2 - SP

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

Enalapril Maleate (Tablet),T1 - QL

Enalapril Maleate/Hydrochlorothiazide (Tablet),T1 - QL

Enbrel (Injection),T2 - PA,SP

Entacapone (Tablet),T1

Entecavir (Tablet),T1

Epclusa (Tablet),T2 - PA,QL,SP

Eplerenone (Tablet),T1

Equetro (Capsule Extended-Release 12 Hour),T3

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

Estradiol (0.1mg/gm Cream, 10mcg Tablet),T1

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

Estradiol (Patch Twice Weekly, Patch Weekly),T1 - PA,QL,HRM

Eszopiclone (Tablet),T1 - PA,QL,HRM

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

Exjade (Tablet Soluble),T3 - PA,SP

Ezetimibe (Tablet),T1

F

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

Fareston (Tablet),T2 - SP

Fenofibrate (Tablet),T1

Fentanyl (Patch 72 Hour),T1 - 7D,DL,QL,MME

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

Firazyr (Injection),T2 - PA,QL,LA,SP

Flovent Diskus (Aerosol Powder),T2 - QL

Flovent HFA (Aerosol),T2 - QL

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

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

Fluocinolone Acetonide (0.01% Otic Oil),T1

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

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

Fluticasone Propionate (50mcg/act Suspension),T1

Forteo (Injection),T2 - PA,SP

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

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.

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

Fuzeon (Injection),T2 - QL,SP

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

G

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

Gammagard Liquid (Injection),T2 - PA,SP

Gemfibrozil (Tablet),T1

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

Gilenya (Capsule),T3 - QL,SP

Glatiramer Acetate (Solution Prefilled Syringe),T1

Glimepiride (Tablet),T1 - QL

Glipizide, Glipizide ER (Tablet),T1 - QL

GlucaGen HypoKit (Injection),T2

Glucagon Emergency Kit (Injection),T2

Guanidine HCl (Tablet),T2

H

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

Harvoni (Tablet),T2 - PA,QL,SP

Humalog (Injection),T2

Humalog Mix (Injection),T2

Humira (Injection),T2 - PA,SP

Humulin (Injection),T2

Hydralazine HCl (Tablet),T1

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

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

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

Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection),T1 - 7D,DL

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

Hydromorphone HCl (2mg/ml Injection),T1 - 7D,DL

Hydroxychloroquine Sulfate (Tablet),T1

Hydroxyurea (Capsule),T1

Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup),T1 - PA,HRM

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

I

Ibandronate Sodium (150mg Tablet),T1 - QL

Ibuprofen (Tablets, Suspension),T1

Ilevro (Suspension),T3

Imatinib Mesylate (Tablet),T1 - PA,QL

Imiquimod (Cream),T1

Incruse Ellipta (Aerosol Powder),T2 - QL

Insulin Syringes, Needles,T1

Intelligence (100mg Tablet, 200mg Tablet),T2 - QL,SP

Intron A (Injection),T3 - PA,LA,SP

Invanz (Injection),T3 - SP

Invokamet, Invokamet XR (Tablet),T2 - QL

Invokana (Tablet),T2 - QL

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

Ipratropium Bromide (0.03% Nasal Solution,

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

0.06% Nasal Solution),T1
 Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution),T1 - B/D,PA
 Irbesartan (Tablet),T1 - QL
 Irbesartan/Hydrochlorothiazide (Tablet),T1 - QL

Isentress (400mg Tablet),T2 - QL,SP

Isoniazid (100mg Tablet, 300mg Tablet, 50mg/5ml Syrup),T1
 Isosorbide Dinitrate (Tablet Immediate-Release, Tablet Extended-Release),T1
 Isosorbide Mononitrate (Tablet Immediate-Release, Tablet Extended-Release 24 Hour),T1
 Ivermectin (Tablet),T1

J

Jadenu (Tablet),T3 - PA,SP

Janumet, Janumet XR (Tablet),T2 - QL

Januvia (Tablet),T2 - QL

Jardiance (Tablet),T2 - QL

Jentadueto, Jentadueto XR (Tablet),T2 - QL

Jublia (External Solution),T3

K

Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet),T3 - PA,LA,SP

Ketoconazole (2% Cream, 2% Foam, 2% Shampoo, 200mg Tablet),T1
 Ketorolac Tromethamine (10mg Tablet),T1 - PA,HRM
 Ketorolac Tromethamine (Ophthalmic Solution),T1

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

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

Korlym (Tablet),T3 - PA,QL,LA,SP

L

Lactulose (Oral Solution),T1

Lamivudine (100mg Tablet),T1
 Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet),T1 - QL
 Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable),T1

Lantus Injection (SoloStar, Vial),T2

Lastacaft (Ophthalmic Solution),T3

Latanoprost (Ophthalmic Solution),T1

Latuda (Tablet),T3 - QL,SP

Leflunomide (Tablet),T1

Letrozole (Tablet),T1

Leucovorin Calcium (Tablet),T1

Leukeran (Tablet),T2 - SP

Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution),T1

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

Levocarnitine (330mg Tablet),T1

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

Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution),T1

Levothyroxine Sodium (Tablet),T1

Lidocaine (5% Patch),T1 - PA,QL

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

Lidocaine/Prilocaine (Cream),T1

Lindane (Shampoo),T1

Linzess (Capsule),T2 - QL

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.

Liothyronine Sodium (Tablet),T1	2.5mg Tablet, 5mg Tablet, 150mg/ml Injection),T1
Lisinopril (Tablet),T1 - QL	
Lisinopril/Hydrochlorothiazide (Tablet),T1 - QL	Meloxicam (Tablet),T1
Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet),T1	Memantine HCl (Tablet),T1 - PA,QL
Loperamide HCl (Capsule),T1	Mercaptopurine (Tablet),T1
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate),T1 - QL	Meropenem (Injection),T1
Losartan Potassium (Tablet),T1 - QL	Metformin HCl (Tablet Immediate-Release),T1 - QL
Losartan Potassium/Hydrochlorothiazide (Tablet),T1 - QL	Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Fortamet), (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR),T1 - QL
Lotemax (0.5% Ointment, 0.5% Suspension),T3	
Lovastatin (Tablet),T1 - QL	Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME
Lumigan (Ophthalmic Solution),T2	
Lupron Depot (1-Month) (3.75mg Injection),T3 - PA,SP	Methazolamide (Tablet),T1
Lupron Depot (1-Month) (7.5mg Injection),T2 - PA,SP	Methimazole (Tablet),T1
Lupron Depot (3-Month) (11.25mg Injection),T3 - PA,SP	Methotrexate (Tablet),T1
Lupron Depot (3-Month) (22.5mg Injection),T2 - PA,SP	Methscopolamine Bromide (Tablet),T1
Lupron Depot (4-Month) (Injection),T2 - PA,SP	Methyldopa (Tablet),T1 - PA,HRM
Lupron Depot (6-Month) (Injection),T2 - PA,SP	Methylphenidate HCl (Tablet Chewable, Tablet Immediate-Release),T1 - QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule),T2 - QL	Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution),T1
Lyrica (20mg/ml Oral Solution),T3 - QL	Metoprolol Succinate ER (Tablet Extended-Release 24 Hour),T1
Lysodren (Tablet),T2 - SP	Metoprolol Tartrate (Tablet Immediate-Release),T1
M	Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 375mg Capsule Immediate-Release),T1
Mavyret (Tablet),T2 - PA,QL,SP	Migergot (Suppository),T3 - SP
Meclizine HCl (Tablet),T1 - PA,HRM	Minocycline HCl (Capsule, Tablet Immediate-
Medroxyprogesterone Acetate (10mg Tablet,	

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Release),T1

Minoxidil (Tablet),T1

Mirtazapine, Mirtazapine ODT (Tablet),T1

Misoprostol (Tablet),T1

Modafinil (Tablet),T1 - PA,QL

Mometasone Furoate (Suspension),T1

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

Morphine Sulfate ER (Capsule Extended-Release 24 Hour) (Generic Kadian), (Tablet Extended-Release) (Generic MS Contin), (Capsule Extended-Release 24 Hour) (Generic Avinza),T1 - 7D,DL,QL,MME

Multaq (Tablet),T3

Myrbetriq (Tablet Extended-Release 24 Hour),T2

N

Nadolol (Tablet),T1

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

Naloxone (Injection),T1

Naltrexone HCl (Tablet),T1

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

Naproxen (125mg/5ml Suspension, Tablet Immediate-Release),T1

Narcan (Nasal Spray),T2

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

Nevanac (Suspension),T3

Niacin ER (Tablet Extended-Release),T1

Niacor (Tablet),T1

Nicotrol (Inhaler),T3

Nitrofurantoin Macrocrystals (Capsule) (Generic Macrochantin),T1 - HRM

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

Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution),T1

Norethindrone Acetate (5mg Tablet),T1

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

Norvir (100mg Capsule, 80mg/ml Oral Solution),T2 - QL

Nuedexta (Capsule),T3 - PA

Nutropin AQ (Injection),T2 - PA,SP

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

O

Olanzapine (10mg Injection),T1

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

Olmesartan Medoxomil (Tablet),T1 - QL

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

Olmesartan Medoxomil/Hydrochlorothiazide (Tablet),T1 - QL

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

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

Omeprazole (20mg Capsule Delayed-Release),T1

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

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

Opsumit (Tablet),T2 - PA,LA,SP

Orenitram (0.125mg Tablet Extended-

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.

Release),T3 - PA,LA

Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release),T3 - PA,LA,SP

Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension),T1 - QL

Osphena (Tablet),T3 - PA,QL

Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet, 300mg/5ml Suspension),T1

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

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

Oxycodone HCl (100mg/5ml Concentrate, Tablet Immediate-Release, Capsule, 5mg/5ml Oral Solution),T1 - 7D,DL,QL,MME

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

P

Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release),T1 - QL

Pazeo (Ophthalmic Solution),T2

Pegasys (Injection),T2 - PA,SP

Penicillin V Potassium (Oral Solution, Tablet),T1

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

Permethrin (Cream),T1

Phenytoin Sodium Extended (Capsule),T1

Phoslyra (Oral Solution),T3

Picato (Gel),T3

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

Pilocarpine HCl (Ophthalmic Solution),T1

Pioglitazone HCl (Tablet),T1 - QL

Polyethylene Glycol 3350 Powder (Generic MiraLAX),T1

Pomalyst (Capsule),T3 - PA,QL,SP

Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release),T1

Potassium Citrate ER (Tablet Extended-Release),T1

Pradaxa (Capsule),T3 - QL

Pramipexole Dihydrochloride (Tablet Immediate-Release),T1

Pravastatin Sodium (Tablet),T1 - QL

Prazosin HCl (Capsule),T1

Prednisolone Acetate (Suspension),T1

Prednisone (Therapy Pack, Tablet, Oral Solution),T1

Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet),T2 - PA,QL,HRM

Premarin (Vaginal Cream),T2

Premphase (Tablet),T2 - PA,QL,HRM

Prempro (Tablet),T2 - PA,QL,HRM

Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet),T2 - QL,SP

Prezista (150mg Tablet, 75mg Tablet),T2 - QL

ProAir RespiClick (Aerosol Powder),T2

Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection),T2 - PA

Procrit (20000unit/ml Injection, 40000unit/ml Injection),T2 - PA,SP

Proctosol HC (Cream),T1

Progesterone (Capsule),T1

Prolensa (Ophthalmic Solution),T3

Prolia (Injection),T2 - QL

Promethazine HCl (Suppository, Tablet),T1 -

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

PA,HRM
 Promethazine HCl Plain (Syrup),T1 - PA,HRM
 Propranolol HCl (Oral Solution, Tablet Immediate-Release, Capsule Extended-Release 24 Hour),T1

Propylthiouracil (Tablet),T1

Pulmicort Flexhaler (Aerosol Powder),T2 - QL

Pyridostigmine Bromide (Tablet Immediate-Release),T1

Q

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

Quinapril HCl (Tablet),T1 - QL

Quinapril/Hydrochlorothiazide (Tablet),T1 - QL

R

Raloxifene HCl (Tablet),T1

Ramipril (Capsule),T1 - QL

Ranexa (Tablet Extended-Release 12 Hour),T2

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

Rapaflo (Capsule),T2 - QL

Rasagiline Mesylate (Tablet),T1

Rasuvo (Injection),T2 - PA

Renagel (400mg Tablet),T3

Renagel (800mg Tablet),T3 - SP

Restasis (Emulsion),T2 - QL

Revlimid (Capsule),T3 - PA,QL,LA,SP

Reyataz (50mg Packet),T2 - QL,SP

Rifabutin (Capsule),T1

Rifampin (150mg Capsule, 300mg Capsule, 600mg Injection),T1

Riluzole (Tablet),T1

Rimantadine HCl (Tablet),T1

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

Rivastigmine Tartrate (Capsule),T1 - QL

Rizatriptan, Rizatriptan ODT (Tablet),T1 - QL

Ropinirole HCl (Tablet Immediate-Release),T1

Rosuvastatin Calcium (Tablet),T1 - QL

Rozerem (Tablet),T3 - QL

S

Santyl (Ointment),T3

Saphris (Tablet Sublingual),T2 - QL,SP

Savella (Tablet),T3

Scopolamine (Patch 72 Hour),T1 - PA,HRM

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

Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet),T2 - QL,SP

Sensipar (Tablet),T3 - B/D,PA,QL,SP

Serevent Diskus (Aerosol Powder),T2 - QL

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

Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet),T1

Shingrix (Injection),T2 - PA

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

Silver Sulfadiazine (Cream),T1

Simbrinza (Suspension),T2

Simvastatin (Tablet),T1 - QL

Sodium Polystyrene Sulfonate (Powder),T1

Sotalol HCl, Sotalol HCl AF (Tablet),T1

Spiriva HandiHaler Capsule, Spiriva Respimat Solution,T2 - QL

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.

Spironolactone (Tablet),T1

Sprycel (Tablet),T2 - PA,SP

Stiolto Respiat (Aerosol Solution),T2 - QL

Suboxone (Film),T2 - QL

Sucralfate (Tablet),T1

Sulfamethoxazole/Trimethoprim DS (Tablet),T1

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

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

Suprax (100mg Tablet Chewable, 200mg Tablet Chewable),T3

Suprax (400mg Capsule, 500mg/5ml Suspension),T3

Symbicort (Aerosol),T2 - QL

SymlinPen (Injection),T3 - PA,SP

Synjardy (Tablet),T2 - QL

T

Tamoxifen Citrate (Tablet),T1

Tamsulosin HCl (Capsule),T1

Targretin (1% Gel),T3 - PA,SP

Tasigna (Capsule),T3 - PA,QL,SP

Tecfidera (Capsule Delayed-Release),T2 - QL,LA,SP

Telmisartan (Tablet),T1 - QL

Telmisartan/Hydrochlorothiazide (Tablet),T1 - QL

Temazepam (Capsule),T1 - QL,HRM

Tenofovir Disoproxil Fumarate (Tablet),T1 - QL

Terazosin HCl (Capsule),T1

Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel),T1

Testosterone Cypionate (Injection),T1

Testosterone Pump (1% Gel),T1

Theophylline (Oral Solution),T1

Theophylline CR, Theophylline ER (Tablet),T1

Timolol Maleate Ophthalmic Gel Forming (Solution),T1

Timoptic Ocudose (Ophthalmic Solution),T2

Tivicay (25mg Tablet, 50mg Tablet),T2 - QL,SP

Tizanidine HCl (Capsule, Tablet),T1

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

Tobramycin/Dexamethasone (Ophthalmic Suspension),T1

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

Toujeo SoloStar (Injection),T2

Tradjenta (Tablet),T2 - QL

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

Tranexamic Acid (Tablet),T1

Travatan Z (Ophthalmic Solution),T2

Trazodone HCl (Tablet),T1

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

Tretinoin (10mg Capsule),T1

Triamcinolone Acetonide (55mcg/act Aerosol),T1

Triamcinolone Acetonide (Cream, Lotion, Ointment, Aerosol Solution),T1

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

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

Trintellix (Tablet),T3 - QL

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

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

Trulicity (Injection),T2 - QL

Truvada (Tablet),T2 - QL,SP

Tymlos (Injection),T2 - PA,QL,SP

U

Uloric (Tablet),T2 - ST

Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule),T1

V

Valacyclovir HCl (Tablet),T1 - QL

Valganciclovir (Tablet),T1 - QL

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

Valsartan (Tablet),T1 - QL

Valsartan/Hydrochlorothiazide (Tablet),T1 - QL

Vascepa (Capsule),T2

Velphoro (Tablet Chewable),T3 - SP

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

Versacloz (Suspension),T3 - SP

Vesicare (Tablet),T2 - QL

Victoza (Injection),T2 - QL

Viibryd (Tablet),T3 - QL

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

Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder),T2 - QL,SP

Vosevi (Tablet),T2 - PA,QL,SP

Vyvanse (Capsule, Tablet Chewable),T2

W

Warfarin Sodium (Tablet),T1

X

Xarelto (Tablet),T2 - QL

Xiidra (Ophthalmic Solution),T2 - QL

Xolair (Injection),T2 - PA,LA,SP

Xtandi (Capsule),T3 - PA,LA,SP

Z

Zafirlukast (Tablet),T1

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

Zenpep (Capsule Delayed-Release),T2

Zirgan (Gel),T3

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

Zolpidem Tartrate (Tablet Sublingual),T1 - PA,HRM

Zonisamide (Capsule),T1

Bold type = Brand name drug

Plain type = Generic drug

OVTX19MP4297274_000

This page is intentionally left blank

Additional Drug Coverage

Additional prescription drug coverage

Your plan includes extra coverage for certain drugs and supplies as shown below.

This is not a complete list of prescription drugs and supplies covered by our plan. For a complete list, please call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

Lower-cost Medicare prescription drugs and supplies

Your plan covers some of your Medicare prescription drugs and supplies at a lower drug tier or copay than in your drug list (formulary). If you have questions, see your Evidence of Coverage or call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

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

These drugs and supplies are part of your Medicare prescription drug coverage.¹

\$0 Copay: Certain cholesterol-lowering medications

Atorvastatin 10mg & 20mg Tablet
Lovastatin 10mg, 20mg & 40mg Tablet
Simvastatin 5mg, 10mg, 20mg & 40mg Tablet

\$0 Copay: Certain colon prep products

GaviLyte-C
GaviLyte-G
PEG-3350/Electrolytes
PEG-3350/NaCl/Na Bicarbonate/KCl
TriLyte

\$0 Copay: Certain diabetic supplies for the administration of insulin

Insulin Syringes & Pen Needles

\$0 Copay: Shingles vaccine

Shingrix
Zostavax

\$0 Copay: Tobacco cessation medications

Buproban 150mg
Chantix
Nicotrol Inhaler
Nicotrol Nasal Spray

Lower-cost non-Medicare over-the-counter drugs

These drugs are covered in addition to the drugs in your plan's drug list (formulary).²

The amount you pay for these additional drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments made for these drugs (made by you or the plan) are treated differently from payments made for the drugs in your plan's drug list (formulary).

If you get Extra Help from Medicare to pay for your drugs, it will not apply to these additional covered drugs.

\$0 Copay: Certain colon preparation products

Bisacodyl Tablets

Magnesium Citrate Solution

Polyethylene Glycol Powder

\$0 Copay: Tobacco cessation medications

Nicotine Gum

Nicotine Lozenges

Nicotine Patches

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

²This non-Medicare drug coverage is in addition to your Medicare drug coverage. Unlike your Medicare drug coverage, you cannot file a Medicare appeal or grievance for non-Medicare drug coverage. If you have questions, please call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday and 7 a.m. – 3 p.m. CT, Saturday.

Bonus Drug List (The Wrap)

The prescription drugs on this list are covered in addition to the drugs on the plan’s drug list (formulary).

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

Although you pay the same copay for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently than payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

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

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the “Coverage Rules or Limits on use” column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. - 7 p.m. CT, Monday - Friday and 7 a.m. - 3 p.m. CT, Saturday.

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

Drug	Tier	Coverage Rules or Limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Choline & Magnesium Salicylates Liquid	1	
Urinary Tract Pain		
Phenazopyridine 200mg	1	
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	

Bold type = Brand name drug Plain type = Generic drug

Y0066_180628_025340

Drug	Tier	Coverage Rules or Limits on use
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Scalp		
Sulfacetamide Sodium Liquid 10% Wash	1	
Sulfacetamide Sodium w/Sulfur Foam 10-5%	1	
Dry Skin		
Urea 40% Cream	1	
Fungal Infections		
Iodoquinol-Hydrocortisone Cream 1%	1	
Fertility agents - drugs to ovulation disorders		
Clomiphene Citrate	1	
Cetrotide Kit	2	
Gonal-F	2	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Analpram HC Cream 2.5-1%	3	
Irritable Bowel		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Cialis	2	QL (maximum of 8 tablets per 30 days)
Sildenafil	1	QL (maximum of 8 tablets per 30 days)
Kidney & Urinary Conditions		
Potassium & Sodium Citrate with Citric Acid Solution	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Urinary Tract Infection		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate	1	
Uryl	3	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Cyanocobalamin Injection (Vitamin B12)	1	
Folic Acid 1mg (Rx only)	1	
Galzin	3	
Phytonadione	1	
Vitamin D (Rx only)	1	
Potassium Supplement		
K-Phos	3	
Potassium Bicarbonate & Chloride Effervescent Tablet	1	
Otic agents - drugs to treat ear conditions		
Ear Infection		
Cortane-B Lotion	3	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		
Cough and Cold		
Benzonatate	1	
Brompheniramine/Pseudoephedrine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorphen CR Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

Maintenance Drug List

The following drugs and supplies may be dispensed in quantities up to but not more than a 90-day supply for members covered under the HealthSelect Medicare Rx plan. Prior authorization may be required for certain drugs. See your Evidence of Coverage for information about copays.

Drug Name	Drug Name
Abacavir Solution & Tablet	Alogliptin Tablet
Abacavir/Lamivudine Tablet	Alogliptin/Metformin Tablet
Abacavir/Lamivudine/Zidovudine Tablet	Alogliptin/Pioglitazone Tablet
Abilify Maintena	Alora Patch
Acamprosate DR Tablet	Alosetron Tablet
Acarbose Tablet	Alphagan P Ophthalmic Solution
Acebutolol Capsule	Amantadine Capsule, Syrup & Tablet
Acetazolamide ER Capsule & Tablet	Amiloride Tablet
Aciphex Sprinkle	Amiloride/Hydrochlorothiazide Tablet
Actemra Injection	Amiodarone Tablet
Actimmune Injection	Amitiza Capsule
Actoplus Met XR Tablet	Amitriptyline Tablet
Adefovir Dipivoxil Tablet	Amlodipine Tablet
Adempas Tablet	Amlodipine/Atorvastatin Tablet
Advair HFA	Amlodipine/Benazepril Capsule
Adzenys XR-ODT Tablet	Amlodipine/Olmesartan Tablet
Aerospan Aerosol	Amlodipine/Valsartan Tablet
Afrezza	Amlodipine/Valsartan/Hydrochlorothiazide Tablet
Albuterol Inhalation, Syrup & (ER) Tablet	Amphetamine/Dextroamphetamine ER Capsule & Tablet
Alcohol Pads	Anagrelide Capsule
Aldactazide Tablet	Anastrozole Tablet
Alendronate Solution & Tablet	Androderm Patch
Alfuzosin ER Tablet	Androxy Tablet
Allopurinol Tablet	

Y0066_180628_025340

Drug Name
Angeliq Tablet
Anoro Ellipta
Antara Capsule
Aplenzin Tablet
Apri Tablet
Apriso Capsule
Aptiom Tablet
Aptivus Capsule & Solution
Arcalyst Injection
Arcapta Neohaler
Aripiprazole Solution & (ODT) Tablet
Aristada Injection
Armodafinil Tablet
Armonair Respiclick
Arnuity Ellipta
Aspirin/Dipyridamole Capsule
Astagraf XL Capsule
Atazanavir Capsule
Atenolol Tablet
Atenolol/Chlorthalidone Tablet
Atomoxetine Capsule
Atorvastatin Tablet
Atripla Tablet
Atropine Sulfate Ophthalmic Solution
Atrovent HFA
Aubagio Tablet
Auryxia Tablet
Austedo Tablet

Drug Name
Avandia Tablet
Avonex
Azasan Tablet
Azathioprine Tablet
Azopt Ophthalmic Suspension
Baclofen Tablet
Banzel Suspension & Tablet
Baraclude Solution
Benazepril Tablet
Benazepril/Hydrochlorothiazide Tablet
Benlysta Injection
Benzotropine Tablet
Betaseron
Betaxolol Ophthalmic Solution & Tablet
Betimol Ophthalmic Solution
Betoptic-S Ophthalmic Suspension
Bevespi Aerosphere
Bevyxxa Capsule
Bidil Tablet
Biktarvy Tablet
Bimatoprost Ophthalmic Solution
Binosto Tablet
Bisoprolol Fumarate Tablet
Bisoprolol/Hydrochlorothiazide Tablet
Breo Ellipta
Brilinta Tablet
Brimonidine Ophthalmic Solution
Briviact Oral Solution & Tablet

Drug Name
Bromocriptine Capsule & Tablet
Brovana Inhalation
Budesonide Inhalation
Bumetanide Tablet
Bupropion (ER, SR & XL) Tablet
Bydureon Injection
Bystolic Tablet
Byvalson Tablet
Calcitonin Spray
Calcitriol Capsule & Solution
Calcium Acetate Capsule & Tablet
Candesartan Tablet
Candesartan/Hydrochlorothiazide Tablet
Captopril Tablet
Captopril/Hydrochlorothiazide Tablet
Carafate Suspension
Carbaglu Tablet
Carbamazepine ER Capaule, Suspension & (ER) Tablet
Carbidopa Tablet
Carbidopa/Levodopa (ER & ODT) Tablet
Carbidopa/Levodopa/Entacapone Tablet
Cardizem LA Tablet
Cardura XL Tablet
Carteolol Ophthalmic Solution
Cartia XL Capsule
Carvedilol ER Capsule & Tablet
Celecoxib Capsule

Drug Name
Celontin Capsule
Cerdelga Capsule
Cevimeline Capsule
Chlordiazepoxide/Amitriptyline Tablet
Chloroquine Tablet
Chlorothiazide Tablet
Chlorpromazine Tablet
Chlorpropamide Tablet
Chlorthalidone Tablet
Cholbam Capsule
Cholestyramine (Light) Powder
Cilostazol Tablet
Cimduo Tablet
Cimetidine Solution & Tablet
Cimzia
Cinqair Injection
Citalopram Solution & Tablet
Climara Pro Patch
Clomipramine Tablet
Clonazepam (ODT) Tablet
Clonidine Patch & (ER) Tablet
Clopidrogel Tablet
Colesevelam Tablet
Colestipol Granules & Tablet
Combigan Ophthalmic Solution
Combipatch
Combivent Respimat
Complera Tablet

Drug Name
Corlanor Tablet
Cosentyx Injection
Cosopt PF Ophthalmic Solution
Cotempla Tablet
Creon Capsule
Crixivan Capsule
Cromolyn Inhalation & Oral Concentrate
Cuvposa Solution
Cyclopentolate Ophthalmic Solution
Cycloset Tablet
Cyclosporine Capsule & Solution
Cystadane Powder for Oral Solution
Cystagon Capsule
Cystaran Ophthalmic Solution
Daliresp Tablet
Dapsone Tablet
Darifenacin ER Tablet
Descovy Tablet
Desipramine Tablet
Desmopressin Nasal Spray & Tablet
Desogestrel/Ethinyl Estradiol Tablet
Desvenlafaxine ER Tablet
Dexilant DR Capsule
Dexmethylphenidate ER Capsule & Tablet
Dextroamphetamine ER Capsule, Solution & Tablet
Diclofenac (DR & ER) Tablet
Diclofenac/Misoprostol Tablet

Drug Name
Didanosine Capsule
Diflunisal Tablet
Digoxin Oral Solution & Tablet
Dilantin Capsule
Dilatrate SR Capsule
Diltiazem CD & ER Capsule and (ER) Tablet
Dilt-XR Capsule
Dipentum Capsule
Dipyridamole Tablet
Disulfiram Tablet
Diuril Suspension
Divalproex Capsule, DR & ER Tablet
Divigel
Dofetilide Capsule
Donepezil (ODT) Tablet
Dorzolamide Ophthalmic Solution
Dorzolamide/Timolol Ophthalmic Solution
Doxazosin Tablet
Doxepin Capsule & Concentrate
Doxercalciferol Capsule
Drospirenone/Ethinyl Estradiol Tablet
Drospirenone/Ethinyl Estradiol/Levomefolate Tablet
Droxia Capsule
Duavee Tablet
Duloxetine Capsule
Duopa Suspension
Dutasteride Capsule

Drug Name
Dutasteride/Tamsulosin Capsule
Dutoprol Tablet
Duzallo Tablet
Dyanavel XR Suspension
Dyrenium Capsule
Edarbi Tablet
Edarbyclor Tablet
Edurant Tablet
Efavirenz Capsule & Tablet
Egrifta Solution
Elestrin Gel
Eliquis Tablet
Elixophyllin Elixir
Emsam Patch
Emtriva Capsule & Solution
Enalapril Tablet
Enalapril/Hydrochlorothiazide Tablet
Enbrel
Enbrel Injection
Entacapone Tablet
Entecavir Tablet
Entresto Tablet
Envarsus XR Tablet
Epitol Tablet
Epivir HBV Solution
Eplerenone Tablet
Eprosartan Tablet
Equetro Capsule

Drug Name
Ergoloid Mesylates Tablet
Esbriet Capsule & Tablet
Escitalopram Solution & Tablet
Esomeprazole DR Capsule
Esomeprazole Strontium DR Capsule
Estradiol Patch, Tablet & Vaginal Cream
Estradiol/Norethindrone Tablet
Estring
Estropipate
Ethacrynic Acid Tablet
Ethosuximide Capsule & Solution
Ethinodiol Diacetate/Ethinyl Estradiol Tablet
Etodolac Capsule & (ER) Tablet
Evamist Spray
Evekeo Tablet
Evotaz Tablet
Exemestane Tablet
Exjade Tablet
Ezetimibe Tablet
Ezetimibe/Simvastatin Tablet
Famotidine Suspension & Tablet
Fareston Tablet
Felbamate Suspension & Tablet
Felodipine ER Tablet
Femring
Fenofibrate Capsule & Tablet
Fenofibric Acid DR Capsule & Tablet
Ferriprox Solution & Tablet

Drug Name
Fetzima Capsule
Finasteride Tablet
Flavoxate Tablet
Flecainide Tablet
Flolipid Suspension
Flovent Diskus & HFA
Fludrocortisone Tablet
Fluoxetine (DR) Capsule, Solution & Tablet
Fluphenazine Concentrate, Elixir & Tablet
Flurbiprofen Tablet
Fluticasone/Salmeterol Inhaler
Fluvastatin Capsule & ER Tablet
Fluvoxamine ER Capsule & Tablet
Forfivo XL Tablet
Forteo Injection
Fosamax + D Tablet
Fosamprenavi Tablet
Fosinopril Tablet
Fosinopril/Hydrochlorothiazide Tablet
Fosrenol Oral Powder
Fulyzaq Tablet
Furosemide Solution & Tablet
Fuzeon Injection
Fycompa Suspension & Tablet
Gabapentin Capsule, Solution & Tablet
Galantamine ER Capsule, Solution & Tablet
Gattex Powder for Injection
Gauze Pads

Drug Name
Gelnique Gel
Gemfibrozil Tablet
Gengraf Capsule & Solution
Genotropin Injection
Genvoya Tablet
Gilenya Capsule
Glatiramer Injection
Glatopa Injection
Glimepiride Tablet
Glipizide (ER & XL) Tablet
Glipizide/Metformin Tablet
Glyburide Tablet
Glyburide/Metformin Tablet
Glyxambi Tablet
Gonitro Sublingual Powder
Gralise Tablet
Guanfacine Tablet
Haloperidol Concentrate & Tablet
Hemangeol Oral Solution
Hetlioz Capsule
Horizant Tablet
Humalog
Humira Injection
Humulin
Hydralazine Tablet
Hydrochlorothiazide Capsule & Tablet
Hydroxychloroquine Sulfate Tablet
Ibandronate Tablet

Drug Name
Ibuprofen Tablet
Imipramine HCl Tablet
Imipramine Pamoate Capsule
Increlex Injection
Incruse Ellipta
Indapamide Tablet
Inderal XL Capsule
Indocin Suppository & Suspension
Indomethacin (ER) Capsule
Ingrezza Capsule
Innopran XL Capsule
Insulin Syringes
Intelence Tablet
Intron A Injection
Invega Trinza Injection
Invirase Capsule & Tablet
Invokamet (XR) Tablet
Invokana Tablet
Ipratropium Bromide Inhalation & Nasal Solution
Ipratropium Bromide/Albuterol Inhalation
Irbesartan Tablet
Irbesartan/Hydrochlorothiazide Tablet
Isentress Suspension & (HD) Tablet
Isoniazid Syrup & Tablet
Isordil Tablet
Isosorbide (ER) Tablet
Isradipine Capsule

Drug Name
Jadenu Sprinkles & Tablet
Janumet (XR) Tablet
Januvia Tablet
Jardiance Tablet
Jentadueto (XR) Tablet
Juluca Tablet
Juxtapid Capsule
Kaletra Tablet
Kalydeco Granules & Tablet
Ketoprofen (ER) Capsule
Kevzara Injection
Khedeza ER Tablet
Kineret Injection
Klor-Con Capsule & ER Tablet
Korlym Tablet
Kristalose Packet
Kuvan Powder for Solution & Tablet
Kynamra Injection
Labetalol Tablet
Lactulose Solution
Lamivudine Solution & Tablet
Lamivudine/Zidovudine Tablet
Lamotrigine (ER & ODT) Tablet
Lanoxin Tablet
Lansoprazole DR Capsule
Lanthanum Tablet
Lantus
Latanoprost Ophthalmic Solution

Drug Name
Latuda Tablet
Leflunomide Tablet
Letrozole Tablet
Levalbuterol Inhalation
Levetiracetam Solution & (ER) Tablet
Levobunolol Ophthalmic Solution
Levocarnitine Solution & Tablet
Levonorgestrel/Ethinyl Estradiol Tablet
Levothyroxine Tablet
Levoxyl Tablet
Lexiva Tablet
Linzess Capsule
Liothyronine Tablet
Lipofen Capsule
Lisinopril Tablet
Lisinopril/Hydrochlorothiazide Tablet
Lithium Carbonate Capsule, Solution & (ER) Tablet
Livalo Tablet
Lo Loestrin Tablet
Lopinavir/Ritonavir Solution
Losartan Tablet
Losartan/Hydrochlorothiazide Tablet
Lovastatin Tablet
Loxapine Capsule
Lumigan Ophthalmic Solution
Lyrica Capsule & Solution
Maprotiline Tablet

Drug Name
Marplan Tablet
Matzim LA Tablet
Meclofenamate Capsule
Medroxyprogesterone Acetate Tablet
Mefenamic Acid Capsule
Mefloquine Tablet
Megestrol Suspension
Meloxicam Tablet
Memantine ER Capsule, Solution & Tablet
Menest Tablet
Menostar Patch
Metadate ER Tablet
Metaproterenol Syrup & Tablet
Metformin (ER) Tablet
Methamphetamine Tablet
Methazolamide Tablet
Methimazole Tablet
Methitest Tablet
Methyclothiazide Tablet
Methyldopa Tablet
Methyldopa/Hydrochlorothiazide Tablet
Methylphenidate CD & ER Capsule, Solution and (ER) Tablet
Methyltestosterone Capsule
Metipranolol Ophthalmic Solution
Metolazone Tablet
Metoprolol (ER) Tablet
Metoprolol/Hydrochlorothiazide Tablet

Drug Name
Mexiletine Capsule
Miglitol Tablet
Miglustat Capsule
Minitran Patch
Minivelle Patch
Minoxidil Tablet
Mirtazapine (ODT) Tablet
Misoprostol Tablet
Modafinil Tablet
Moexipril Tablet
Moexipril/Hydrochlorothiazide Tablet
Molindone Tablet
Montelukast Granules & Tablet
Multaq Tablet
Myalept Injection
Mycophenolate Capsule, Suspension & Tablet
Mycophenolic Acid DR Tablet
Mydayis Capsule
Myrbetriq Tablet
Mytesi Tablet
Nabumetone Tablet
Nadolol Tablet
Nadolol/Bendroflumethiazide Tablet
Namzaric Capsule
Naproxen Suspension and (CR, DR & ER) Tablet
Natazia Tablet
Nateglinide Tablet

Drug Name
Natesto Gel
Natpara Injection
Nefazodone Tablet
Neupro Patch
Nevirapine (ER) Tablet
Niacin ER Tablet
Nicardipine Capsule
Nifedipine Capsule & ER Tablet
Nimodipine Capsule
Nisoldipine ER Tablet
Nitro-Bid Ointment
Nitro-Dur Patch
Nitroglycerin Aerosol, ER Capsule, Patch, Spray & Sublingual Tablet
Nizatidine Capsule & Solution
Norditropin Injection
Norethindrone Tablet
Norethindrone/Ethinyl Estradiol (Fe) Tablet
Norethindrone/Mestranol Tablet
Norgestimate/Ethinyl Estradiol Tablet
Norgestrel/Ethinyl Estradiol Tablet
Norpace CR Capsule
Norvir Capsule, Oral Solution & Powder for Suspension
Noxafil Injection, Suspension & Tablet
Nucala Injection
Nuedexta Capsule
Nuplazid Tablet

Drug Name
Nutropin AQ Injection
Nuvaring
Nymalize Solution
Ocaliva Tablet
Octreotide Injection
Odefsey Tablet
Ofev Capsule
Olanzapine (ODT) Tablet
Olanzapine/Fluoxetine Capsule
Olmesartan Tablet
Olmesartan/Amlodipine/Hydrochlorothiazide Tablet
Omega-3-Acid Ethyl Esters Capsule
Omeprazole Capsule
Onfi Suspension & Tablet
Opsumit Tablet
Oralair IR Sublingual Tablet
Orencia Injection
Orenitram Tablet
Orfadin Capsule & Suspension
Orkambi Tablet
Otezla Tablet
Otrexup Injection
Oxaprozin Tablet
Oxcarbazepine Tablet & Suspension
Oxtellar XR Tablet
Oxybutynin Syrup and (ER) Tablet
Oxytrol Patch

Drug Name
Pacerone Tablet
Paliperidone ER Tablet
Pantoprazole (DR) Tablet
Paricalcitol Capsule
Paroxetine Capsule & (ER) Tablet
Paxil Susp
Peganone Tablet
Pen Needles
Pentasa Capsule
Pentoxifylline ER Tablet
Perforomist Inhalation
Perindopril Tablet
Perphenazine Tablet
Perphenazine/Amitriptyline Tablet
Pexeva Tablet
Phenelzine Tablet
Phenobarbital Elixir & Tablet
Phenyton EX Capsule, Suspension & Tablet
Phoslyra Solution
Phospholine Iodide Ophthalmic Solution
Pilocarpine Ophthalmic Solution & Tablet
Pimozide Tablet
Pindolol Tablet
Pioglitazone Tablet
Pioglitazone/Glimepiride Tablet
Pioglitazone/Metformin Tablet
Piroxicam Capsule
Potassium Chloride ER Capsule, Packets,

Drug Name
Solution and CR, ER & SR Tablet
Potiga Tablet
Pradaxa Capsule
Praluent Injection
Pramiprexole (ER) Tablet
Prasugrel Tablet
Pravastatin Tablet
Prazosin Capsule
Prefest Tablet
Premarin Tablet & Vaginal Cream
Premphase Tablet
Prempro Tablet
Prestalia Tablet
Prevacid Tablet
Prevalite
Prezcobix Tablet
Prezista Suspension & Tablet
Prilosec Powder for Suspension
Primidone Tablet
Proair RespiClick
Probenecid Tablet
Probenecid/Colchicine Tablet
Prochlorperazine Tablet
Procysbi Capsule
Progesterone Capsule
Proglycem Suspension
Promacta Tablet
Propafenone ER Capsule & Tablet

Drug Name
Propranolol ER Capsule, Solution & Tablet
Propranolol/Hydrochlorothiazide Tablet
Propylthiouracil Tablet
Protonix Granules for Suspension
Protriptyline Tablet
Pulmicort Inhaler
Pulmozyme Solution
Quetiapine (ER) Tablet
Quillivant Suspension
Quinapril Tablet
Quinapril/Hydrochlorothiazide Tablet
Quinidine Gluconate CR & ER Tablet
Quinidine Sulfate Tablet
Rabeprazole Tablet
Radicava Injection
Raloxifene Tablet
Ramipril Capsule
Ranexa Tablet
Ranitidine Capsule, Syrup & Tablet
Rapaflo Capsule
Rapamune Solution
Rasagiline Tablet
Rasuvo Injection
Ravicti Liquid
Rayaldee Capsule
Renagel Tablet
Repaglinide Tablet
Repaglinide/Metformin Tablet

Drug Name
Repatha Injection
Rescriptor Tablet
Restasis Ophthalmic Emulsion
Revatio Suspension
Rexulti Tablet
Reyataz Powder for Suspension
Ridaura Capsule
Riluzole Tablet
Riomet Solution
Risedronate (DR) Tablet
Risperidone Solution and (ODT) Tablet
Ritonavir Tablet
Rivastigmine Capsule & Patch
Ropinirole (ER) Tablet
Rosuvastatin Tablet
Rozerem Tablet
Sabril Tablet
Sandimmune Solution
Saphris Sublingual Tablet
Savaysa Tablet
Savella Tablet
Seebri Neohaler
Selegiline Capsule & Tablet
Selzentry Solution & Tablet
Sensipar Tablet
Serevent Diskus
Serostim Injection
Sertraline Concentrate & Tablet

Drug Name
Sevelamer Powder for Suspension & Tablet
Signifor (LAR) Injection
Sildenafil Tablet
Silenor Tablet
Siliq Injection
Simbrinza Ophthalmic Suspension
Simponi Injection & Aria Solution
Simvastatin Tablet
Sirolimus Tablet
Sodium Fluoride Oral Solution & (Chewable) Tablet
Sodium Phenylbutyrate Oral Powder & Tablet
Soliqua Injection
Soltamox Oral Solution
Somavert Injection
Sorine Tablet
Sotalol (AF) Tablet
Sotylike Oral Solution
Spinraza Injection
Spiriva HandiHaler & Respimat
Spironolactone Tablet
Spironolactone/Hydrochlorothiazide Tablet
Spritam Tablet
Stavudine Capsule
Stelara Injection
Stimate Nasal Solution
Stiolto Respimat
Strensiq Injection

Drug Name
Striant Buccal System
Stribild Tablet
Striverdi Respimat
Sucraid Solution
Sucralfate Suspension & Tablet
Sulfasalazine (DR) Tablet
Sulindac Tablet
Sylatron Injection
Symbicort Aerosol
Symfi (Lo) Tablet
SymlinPen
Synjardy (XR) Tablet
Tacrolimus Capsule
Tamoxifen Tablet
Tamsulosin Capsule
Taytulla Capsule
Taztia XT Capsule
Tecfidera Capsule
Tekturna (HCT) Tablet
Telmisartan Tablet
Telmisartan/Amlodipine Tablet
Telmisartan/Hydrochlorothiazide Tablet
Tenofovir Tablet
Terazosin Capsule
Terbutaline Tablet
Testosterone Gel
Tetrabenazine Tablet
Thalomid Capsule

Drug Name
Theo-24 Capsule
Theophylline Soluton, CR & ER Tablet
Thioridazine Tablet
Thiothixene Capsule
Thyrolar Tablet
Tiagabine Tablet
Timolol Ophthalmic Gel & Solution, Tablet
Timoptic Ocudose Ophthalmic Solution
Tirosint Capsule
Tivicay Tablet
Tizanidine Capsule & Tablet
Tolazamide Tablet
Tolbutamide Tablet
Tolcapone Tablet
Tolmetin Capsule & Tablet
Tolterodine ER Capsule & Tablet
Topiramate (ER) Capsule & Tablet
Torseamide Tablet
Toujeo
Toviaz Tablet
Tracleer Tablet
Tradjenta Tablet
Trandolapril Tablet
Trandolapril/Verapamil ER Tablet
Tranlycypromine Tablet
Travatan Z Ophthalmic Solution
Trazodone Tablet
Tremfya Injection

Drug Name
Triamterene/Hydrochlorothiazide Capsule & Tablet
Trifluoperazine Tablet
Triglide Tablet
Trihexyphenidyl Elixir & Tablet
Trimipramine Capsule
Trintellix Tablet
Triumeq Tablet
Trokendi XR Capsule
Trospium ER Capsule
Trulance Tablet
Trulicity Injection
Truvada Tablet
Tybost Tablet
Tymlos Injection
Tyvaso Inhalation
Uloric Tablet
Unithroid Tablet
Upravi Tablet
Ursodiol Capsule & Tablet
Utibron Neohaler
Valganciclovir Oral Solution & Tablet
Valproic Acid Capsule & Solution
Valsartan Tablet
Valsartan/Hydrochlorothiazide Tablet
Vascepa Capsule
Vecamyl Tablet
Velphoro Chewable Tablet

Drug Name
Vemlidy Tablet
Venlafaxine ER Capsule & (ER) Tablet
Ventavis Inhalation
Verapamil ER & SR Capsule, (ER) Tablet
Vesicare Tablet
Viberzi Tablet
Victoza Injection
Videx Oral Solution
Vigabatrin Powder for Solution
Viibryd Tablet
Vimpat Oral Soluton & Tablet
Viracept Tablet
Viramune Suspension
Viread Powder & Tablet
Vivlodex Capsule
Vraylar Capsule
Vyvanse Capsule & Tablet
Warfarin Tablet
Xadago Tablet
Xarelto Tablet
Xeljanz (XR) Tablet
Xermelo Tablet
Xifaxin Tablet
Xiidra Ophthalmic Solution
Xulane Patch
Xultophy Injection
Xuriden Oral Granules
Yuvafem Vaginal Tablet

Drug Name
Zafirlukast Tablet
Zelapar Tablet
Zenpep Capsule
Zenzedi Tablet
Zerit Solution
Zidovudine Capsule, Syrup & Tablet
Zileuton ER Tablet
Zinbryta Injection

Drug Name
Ziprasidone Capsule
Zonisamide Capsule
Zontivity Tablet
Zorbtive Injection
Zortress Tablet
Zurampic Tablet
Zyflo Tablet

This is not a complete list of prescription drugs and supplies covered by our plan. For a complete list, please call us toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday and 7 a.m. – 3 p.m. CT, Saturday.

This information is not a complete description of benefits. Contact UnitedHealthcare Customer Service for more information. Limitations, copays, and restrictions may apply.

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

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

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

UHEX19PD4281670_000






What's Next

Here's What You Can Expect Next

UnitedHealthcare® will process your enrollment

This chart shows you what we will be sending and how we will be contacting you in the coming months.





Material Name	Description	Delivery Method
Member ID Card	We will mail you your member ID card.	
Welcome Packet	Once you're enrolled in the plan, we will mail you a Welcome Packet to review.	
Website Access	Once your coverage is effective, you can register online at www.HSMedicareRx.com for access to all your plan information.	

Start using your plan on your effective date, noted in the paperwork you receive.

Remember to use your member ID card.

We're here for you

When you call, be sure to let the Customer Service advocate know that you are calling about a HealthSelectSM Medicare Rx (PDP). In addition, it will be helpful to have:

-  **Your group number on the front of this book**
-  **Name and address of your pharmacy**
-  **Medicare number and Medicare effective date — you can find this on your red, white and blue Medicare card**
-  **Please have a list of your current prescriptions and dosages ready**

Visit us online anytime

Learn more at
www.HSMedicareRx.com

Toll-free **(866) 868-0609**, (TTY: **711**),
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday

Statements of Understanding

As a member of this plan, I understand the following:

I need to keep my Medicare Part A and/or Part B, and I must continue to pay my Medicare Part B premium if I have Medicare Part B. HealthSelectSM Medicare Rx (PDP) is a Medicare Prescription Drug plan provided through the Employees Retirement System of Texas (ERS). This prescription drug coverage is in addition to my health plan medical coverage.

I can only be in one Medicare Part D Prescription Drug Plan at a time. By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan. If I have prescription drug coverage or if I get it from somewhere other than this plan, I will inform ERS and UnitedHealthcare. Enrollment in this plan is generally for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

I may have to pay a late enrollment penalty for Medicare's prescription drug coverage.

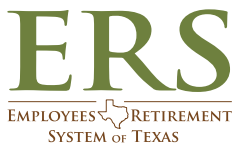
This applies if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare, or if I leave this plan and don't have or get other prescription drug coverage within 63 days. If I have a late enrollment penalty, I will get a letter making me aware of the penalty and my next steps.

I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies. HealthSelect Medicare Rx is available in all U.S. states and territories and the District of Columbia.

I will get a Welcome Guide that includes information on how to get an Evidence of Coverage (EOC). The EOC will have more information about the drug coverage offered by the plan, as well as the terms and conditions. I have the right to appeal plan decisions about payment or services if I disagree.

My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations. Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

Questions? We're here to help.



Toll-free **(866) 868-0609** (TTY: **711**)
7 a.m. – 7 p.m. CT, Monday – Friday
7 a.m. – 3 p.m. CT, Saturday.



Learn more at
www.HSMedicareRx.com

HealthSelectSM Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

Y0066_180508_124751

Important plan information.
UHEX19PD4297841_001